

## Cabinet minutes

Minutes of the meeting of the Cabinet held on Tuesday 11 April 2023 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 10.00 am and concluding at 11.10 am.

## Members present

M Tett, G Williams, S Bowles, J Chilver, A Cranmer, P Strachan, M Winn, P Martin and Z Mohammed

## Others in attendance

R Stuchbury

## **Apologies**

Cllr A Macpherson, S Broadbent and C Harriss

## Agenda Item

### 1 Apologies

Apologies were received from Cllrs Broadbent, Harriss and Macpherson and the Chief Executive, Rachael Shimmin. Cllrs Martin (Deputy Cabinet Member for HS2/EWR) and Mohammed (Deputy Cabinet Member for Public Health) were attending in the place of Cllrs Broadbent and Macpherson.

### 2 Minutes

RESOLVED – That the Minutes of the Meeting held on 21 March 2023 were agreed as a correct record.

### 3 Declarations of interest

There were no declarations of interest.

### 4 Hot Topics

The following hot topics were noted:-

Cabinet Member for Accessible Housing and Resources

The Council was asking for volunteers for the Customer Partnership Panel to listen to views and feedback on the Council's digital vision for the future including the website, council forms and how the Council communicated. This would take the form of online surveys, postal surveys and telephone surveys. This had been

advertised via social media and already 100 volunteers had put their name forward. <a href="https://www.buckinghamshire.gov.uk/your-council/customer-partnership-panel/">https://www.buckinghamshire.gov.uk/your-council/customer-partnership-panel/</a>

### Cabinet Member for Children's Services and Education

A session had been held on partnership working with regard to the Skills agenda for Councillors which had been well received.

### Deputy Cabinet Member for Public Health

The Junior Doctors Strike Action was set to the biggest strike starting at 7am on Tuesday 11 April and ending on Saturday 15 April at 7am. Residents could help by attending their hospital appointment during the strike action unless they were contacted with alternative arrangements, phoning 999 in an emergency, using NHS 111, ensuring prescriptions were up to date and looking out for vulnerable family and friends. If an appointment was not rescheduled this should be followed up with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

https://www.bucksoxonberksw.icb.nhs.uk/about-us/

Following National No Smoking Day, a million smokers nationally would be offered vape 'starter kits' to combat the health risks of smoking and illegal vaping products. In terms of nitrous oxide a government commissioned review had concluded that the possession of nitrous oxide should not be banned, but that additional measures were needed to tackle non-legitimate supply. Nitrous oxide would remain under the Psychoactive Substances Act 2016 but this should be better enforced. The Act made production, supply, and importation of nitrous oxide for inhalation illegal, but not possession. However, national government has recently announced its intention to control nitrous oxide as a Class C drug. From 1<sup>st</sup> April 2023 the healthy lifestyle service, including stop smoking service, would be provided by Be Healthy Bucks: https://bhb.maximusuk.co.uk/

### Deputy Cabinet Member for HS2/EWR

Reference was made to the new Highways Contract which commenced on Saturday 1 April which operated seamlessly with continued maintenance and had been received positively. Briefings have also been held for Town and Parish Councils to explain the new contract. Plane and patch works would commence this week but were weather dependent.

https://www.buckinghamshire.gov.uk/news/buckinghamshire-council-announces-new-highways-contractors/

## **5** Question Time

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

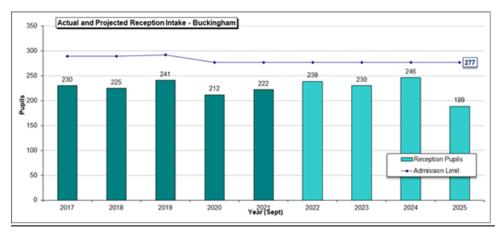
"In view of the rising demand for school places in the Buckingham catchment area, due to housing growth and sixth form places in Winslow not being available, what work is being undertaken to plan for primary and secondary school places in North Buckinghamshire and Buckingham in particular to meet current and future demand?"

### **RESPONSE from Councillor Cranmer**

In response to the question that has been raised in relation to school places in the Buckingham catchment area, I can confirm the following:

### Primary Provision in Buckingham

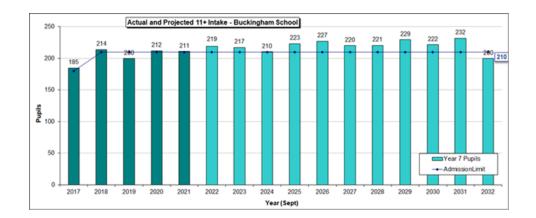
The projections indicate there are currently sufficient school places in the area although there is significant year on year volatility in births. The Council will need to monitor the impact of housing growth in the town and if necessary look to expand Maids Moreton CE School/Buckingham Primary School where feasibility studies have indicated the schools are suitable for expansion.



Secondary Provision in Buckingham

While Buckingham School is currently full in some year groups like most schools it admits a number of children from outside its catchment (i.e. in the 2022 admissions round 18 out-catchment pupils were allocated to the school largely from out county). Under the admissions code of practice, the Local Authority is not able to reserve places at schools for children moving into an area and has a duty to allocate any spare places in response to parental choice. As a result, parents moving into an area after the normal point of entry at Year 7, are at a greater risk of not securing a place at their local catchment school as any spare places may be taken up by children living outside the area.

The projections for Buckingham School suggest greater pressure on places which in the future may result in out catchment children being displaced.



Further, following the closure of its sixth form, Sir Thomas Freemantle School which shares part of Buckingham School's catchment area admitted an additional two bulge classes in Sept 22 and again Sept 23. The Council is currently in discussion with the school about making this change permanent. Cottesloe School which also shares part of its catchment area with the Buckingham School also admitted an additional class in Sept 22 and is proposing to make this increase permanent. It is expected that these changes will reduce the pressure on places at Buckingham School although a feasibility study at the school has indicated that it may be suitable for expansion should there be a requirement subject to planning and consultation.

Predicting primary and secondary school demand is complex due to a number of factors:

- Fluctuations in population migration particularly due to housing growth;
- Population data less reliable since changes to child benefit eligibility rules;
- The shape of Bucks boundary (i.e. long and narrow bordered on all sides by other authorities) encourages significant cross border movement;
- Schools serve a rural population which requires extensive catchment areas;
- Parental choice (e.g. grammar school, independent sector, out-county pupils).

The Council will continue to monitor changes in capacity/trends in the future and if necessary have further discussions with the schools in the area to expand them on a permanent basis.

## 6 Forward Plan (28 Day Notice)

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

### **RESOLVED – That the Cabinet Forward Plan be noted.**

## 7 Buckinghamshire Drugs and Alcohol strategy 2023-28

A new cross-Government 10-year national drugs strategy 'From harm to hope' had been published in April 2022, led by the Home Office. Guidance for local delivery had been published in June 2022. This set out a requirement for local areas to create a multi-agency Combating Drugs Partnership (CDP), undertake a needs assessment

and produce a local drugs strategy delivery plan by the end of December 2022.

The Buckinghamshire Combatting Drugs Partnership had been established on a Buckinghamshire Council footprint, the Senior Responsible Owner was the Director of Public Health, and its remit included alcohol as well as drugs. It had convened its first meeting in October 2022, terms of reference had been agreed and a needs assessment had been produced that was in the process of being published on the Council's website.

The previous Buckinghamshire Drugs and Alcohol Strategy had expired during the pandemic. A new strategy was therefore required, but the timeline was expedited in response to the above national guidance. Partners had worked together to produce the priorities and actions that would be taken locally to meet the national aims.

The Deputy Cabinet Member – Public Health introduced the report and made the following points:-

- This misuse of alcohol, and the use of drugs, could have devastating consequences for the person and for those around them. These issues also carried a significant financial cost to society it was estimated that drug misuse cost £19 billion per year, and the harms from alcohol cost £21 billion. Drugs and alcohol dependence often co-exist with other health and social inequalities, like poor mental health and homelessness. Working collectively to address each individual's range of needs was critical to achieving successful recovery.
- The Strategy was owned and overseen by the Buckinghamshire Combating Drugs Partnership, a strategic group of key agencies all involved with delivering this vision and resulting actions; Buckinghamshire Council, BOB Integrated Care Board, Buckinghamshire Healthcare NHS Trust, Here4YOUth, Jobcentre Plus, One Recovery Bucks, Oxford Health NHS Foundation Trust, Police and Crime Commissioner's Office, Probation Delivery Unit, Thames Valley Police, Violence Reduction Unit.
- Two multi agency workshops took place in July and September 2022 led by the Cabinet and Deputy Cabinet Members for Health and Wellbeing. The discussions within the workshops generated four priority areas; Prevention, Addressing risk factors and additional support needs, Reducing harms and promoting safety and Working Together.
- Accompanying each priority was a description plus 'what we know' (key statistics), 'what we want' (aims and metrics), and 'what we will do' (actions) to achieve success. The actions underpinning each priority have been identified through discussions with stakeholders. Each action had a lead agency accountable for delivery, and a lead officer named and timeframe stated in the accompanying action plan.
- The majority (86%) of adults in Buckinghamshire drink alcohol. Most drinkers report drinking within recommended limits, but over 100,000 Buckinghamshire adults drink at levels that may harm their physical and mental health (14 units per week). Young people consuming drugs or alcohol

- may experience physical and mental health problems, as well as doing less well at school. Personal relationships between families and friends could break down. The impact on a person's work life could range from lost productivity to unemployment, homelessness, and isolation.
- There have been a number of successes including the provision of Naloxone which could reverse life-threatening breathing difficulties in an opiate overdose. In Buckinghamshire 76% of those eligible entering drug treatment have access to naloxone, compared to 53% nationally.
- Clarification was given on the data and where it had been collected; school data came from the OxWell School Survey of which 3,000 children and young people in Buckinghamshire participated out of 31,400 from Buckinghamshire, Oxfordshire, Berkshire and Milton Keynes and Merseyside. A survey would run again this year in Buckinghamshire to ensure there was some benchmarking data. The metrics have been broken down to key focus areas and further metrics would be sought from the National Outcomes Framework once it had been published. The Strategy would be accompanied by a multi-agency Communications Strategy. The Strategy would also focus across the ten Opportunity Bucks areas.

The Leader asked for the following action points to be taken forward with regard to the Strategy:-

- Within the metrics it was important for Cabinet Members to know by the end of Year 1 whether the Strategy was on the right track and therefore an update on these metrics should be supplied then to understand the trajectory run and if any remedial action needed to be taken.
- Some actions and targets could be more detailed so that the Strategy could be held to account in terms of its success rate. An example was given of an action under reducing harms for 'enhancing the identification of people who are responsible for a disproportionate amount of neighbourhood crime'.
- In addition, some metrics were standstill metrics in terms of not making anything worse than they were today and whether these metrics could be used to improve the current situation. The Deputy Cabinet Member reported that he had some concern about changing the standstill metrics as it could mean creating unrealistic targets with the current direction of travel. The Director of Public Health reported that nationally the situation was likely to get worse before it got better because of the impact of the pandemic and the increase in alcohol consumption (alcohol related deaths had risen by a quarter between 2019 and 2021 nationally). Figures were awaited for last year in Buckinghamshire, but before the pandemic Buckinghamshire had higher alcohol consumption than the national average. Some of the metrics had been developed by partners and some were a national target. The metrics would be monitored through the Combatting Drugs Partnership and would be subject to other partners reporting lines. The Leader commented that it would be helpful to obtain increased granularity of data.

- Local Members should be engaged in the development of Strategies before they were agreed at Cabinet so that they were able to influence the development of the Strategy. As this was a partnership document this was more difficult but it would be helpful to obtain local members views so that they could be taken into account before the Strategy was revisited. The Director of Public Health reported that they would be talking to Members about the Strategy through Community Boards and the Strategy could include new initiatives in the future.
- With regard to Nitrous Oxide the UK's Advisory Council on the Misue of Drugs recommended that it not be controlled under the Misuse of Drugs Act. However, last month the Government announced its intention to control nitrous oxide as a Class C drug. The Strategy would need to respond to emerging guidance on nitrous oxide whilst also acknowledging that this was a concern for local residents with regard to littering and also to the health and wellbeing of residents who were misusing this. The Deputy Cabinet Member reported that further information would be available nationally in the next five or six months.
- The Director of Public Health reported that it was a developing Strategy
  which had to be developed quickly to meet the Government deadline. In
  terms of the Communication Strategy the Leader commented it would be
  helpful to get more data so that messaging can be targeted to particular
  communities and what their motivators were in terms of alcohol and drug
  use.

## Other comments were made by Cabinet Members as follows:

- Clarification was given that national guidance referred to combatting drugs, but locally alcohol had been added in. Concern was expressed on whether this spread resources too thinly and whether alcohol and drug use affected two different demographics. The Director of Public Health reported that nationally it was a drugs strategy but they very quickly added guidance that alcohol could be included as they were often co-used and difficult to separate. The same support services were used. The majority of Combating Drugs Partnerships nationally had chosen to include alcohol. Insight work could be used to further identify cohorts of residents to tailor the Strategy's actions.
- A question was asked about engagement with higher education particularly with the alarming statistics relating to young people. The Director of Public Health reported that they were working on getting more detailed data to help inform the ongoing Strategy.
- The statistic that one in five young people of school age had been intoxicated in the last week was also alarming. A Cabinet Member referred to the metrics and the need to ensure that this serious issue was addressed. The Director of Public Health referred to a previous DPH report on alcohol including the pervasive nature of alcohol in society. Work was being

- undertaken with schools on the dangers of alcohol but it was a wider societal issue affecting all demographics. The data would be broken down on demographics and another school survey was being commissioned which would be voluntary but they would be working with children and adult services to increase uptake. Work would also be undertaken in primary and secondary care about the importance of referrals.
- A Member asked whether the metrics were set down in a Government Strategy or whether there was flexibility. In addition whether specific action plans could be set up when targets were not reached. The Director of Public Health reported that there were some national metrics but they had not been published yet. There was some discretion over local targets and some partner targets. There needed to be more referrals into alcohol services and there needed to be an action plan around that. Partners would have their own action plans which might be difficult to influence.
- A Member queried whether this would go to the Voluntary and Community Sector Board and also welcomed the fact that it would be discussed at Community Boards. The Deputy Cabinet Member reported that it would be focussed on the larger Community Boards initially such as High Wycombe and Aylesbury which would disseminate this information to local partners. The Leader emphasised that the granularity of the data was key in terms of knowing how to focus messaging. A Needs Assessment would be published in May which would provide more information.
- The report referred to a number of portfolios in terms of issues such as licensing of alcohol, trading standards and also rough sleeping. Reference was also made to children following the same behavioural patterns as their parents in terms of alcohol and drug misuse and what can be done to prevent this. The Consultant in Public Health reported that under One Recovery Bucks there was a family service within that which helped with this issue which included one to one and family sessions. Training with teachers would help with recognising signs of concern. The Cabinet Member reported that Youth Concern did a lot of work in this area. There would also be a new service for lower level alcohol consumption which might appeal to drinkers from a wider section of society.

Cabinet Members agreed the resolution subject to four conditions as below:-

- 1.Local Members to be given the opportunity to input to the strategy.
- 2. As the granularity of data improves the Council needed to be clearer about which areas needed to be addressed particularly geographical areas impacted and the demographics of the residents who were at risk. The demographics should drive the Strategy.
- 3. A report should be submitted to Cabinet in a year's time with a review on the achievements of the Strategy with annual metrics which also needed to be more specific and measurable.
- 4. Nitrous Oxide as further information became available nationally, reference

needed to be made in the Strategy's Action Plan about how to address use of nitrous oxide.

#### **RESOLVED -**

That the Drugs and Alcohol Strategy 2023-28 be NOTED and ENDORSED.

## 8 Budget Adjustments to the Approved Capital Programme

Cabinet received a report and was informed that changes to budgets within the Council's Capital Programme, where they reprofile or realign the programme agreed at Council, require a Key Decision under the Council's Constitution. The Reprofiles, Releases and Reallocations in this report have been recommended via the Member-Led Capital Boards - Property Board, Highways Board, HIF Board, or Corporate Capital Investment Board.

The Capital Boards had recommended reductions to the Capital Programme of £13.9m from £163.6m at Quarter 2 to £149.7m. This had been factored into the Quarter 3 Capital budget monitoring report. These changes related to:

- Re-profiled into future years £19.6m, across a range of projects.
- Re-profiling funding brought forward £2.6m, relating to Swan Car Park major works, SEALR phase 2 and the Princes Risborough Relief Road.
- Released funding £1.4m, to address inflationary pressures in the Capital Programme the Corporate Capital Investment Board had recommended to release the budgets for projects relating to Housing Renovation grants, some specific buildings maintenance, property investment projects in Wycombe, a contribution to the CCG for adaptations to GP surgeries and for Respite Care.
- Reallocation's £2.0m, across a range of projects.
- Technical Additions of Ringfenced Funding £2.5m, relating to Leisure and Open Spaces funded schemes, new Road Safety projects (funded by HS2) and for the Wendover Community Library Hub.

The technical additions in the report were for new ringfenced funding (specific grants, and specific s.106), and the s.151 officer had delegated authority to make additions to the Capital Programme for these.

### **RESOLVED -**

That the recommended amendments to the approved Capital Programme be APPROVED.

### 9 Date of next meeting

Tuesday 9 May 2023 at 10am.