OXFORDSHIRE COUNTY COUNCIL

To: **Members of the Cabinet**

Notice of a Meeting of the Cabinet

Tuesday, 16 October 2018 at 2.00 pm

Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND

Yvonne Rees
Chief Executive

October 2018

Committee Officer: **Sue Whitehead**
Tel: 07393 001213; E-Mail: sue.whitehead@oxfordshire.gov.uk

Membership

Councillors

Ian Hudspeth	Leader of the Council
Mrs Judith Heathcoat	Deputy Leader
Lawrie Stratford	Cabinet Member for Adult Social Care & Public Health
Ian Corkin	Cabinet Member for Cherwell Partnership
Steve Harrod	Cabinet Member for Children & Family Services
Lorraine Lindsay-Gale	Cabinet Member for Education & Cultural Services
Yvonne Constance OBE	Cabinet Member for Environment
David Bartholomew	Cabinet Member for Finance
Mark Gray	Cabinet Member for Local Communities
Eddie Reeves	Cabinet Member for Transformation

*The Agenda is attached. Decisions taken at the meeting
will become effective at the end of the working day on Wednesday 24 October 2018
unless called in by that date for review by the appropriate Scrutiny Committee.
Copies of this Notice, Agenda and supporting papers are circulated
to all Members of the County Council.
Date of next meeting: 20 November 2018*

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**
- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned….."*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes*"any employment, office, trade, profession or vocation carried on for profit or gain"*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines.
http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1.   Apologies for Absence

2.   Declarations of Interest

- guidance note opposite

3.   Minutes (Pages 1 - 14)

To approve the minutes of the meeting held on 18 September 2018 (**CA3**) and to receive information arising from them.

4.   Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am two working days before the meeting, ask a question on any matter in respect of the Cabinet's delegated powers.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

Questions submitted prior to the agenda being despatched are shown below and will be the subject of a response from the appropriate Cabinet Member or such other councillor or officer as is determined by the Cabinet Member, and shall not be the subject of further debate at this meeting. Questions received after the despatch of the agenda, but before the deadline, will be shown on the Schedule of Addenda circulated at the meeting, together with any written response which is available at that time.

5.   Petitions and Public Address

6.   Financial Monitoring and Medium Term Financial Plan Delivery Report - August 2018 (Pages 15 - 46)

Cabinet Member: Finance
Forward Plan Ref: 2018/091
Contact: Katy Jurczyszyn, Strategic Finance Manager (Finance, Strategy & Monitoring) Tel: 07584 909518

Report by Director of Finance (**CA6**).

The purpose of this report is to set out the forecast position of the revenue budget as at the end of August 2018. This report also includes an update on the delivery of savings, plus forecast reserves and balances.

The Cabinet is RECOMMENDED to:

(a)   note the report;
(b)   note the virements set out in Annex 2b;
(c)   approve the supplementary estimates set out in Annex 2c and paragraph 10;
(d)   approve the bad debt write-offs as set out in paragraphs 21 and 22.

7.   Capital Programme Monitoring Report - August 2018 (Pages 47 - 72)

Cabinet Member: Finance
Forward Plan Ref: 2018/092
Contact: Katy Jurczyszyn, Strategic Finance Manager (Finance, Strategy & Monitoring) Tel: 07584 909518

Report by Director of Finance (**CA7**).

This is the second separate capital programme update and monitoring report and focuses on the delivery of the 2018/19 capital programme based on projections at the end of August 2018 and new inclusions within the overall ten-year capital programme.

The Cabinet is RECOMMENDED to:

(a)   note the report;
(b)   approve the updated Capital Programme at Annex 2 and the associated changes to the programme in Annex 1c;
(c)   approve the stage 0 budget requirement of £2.5m towards the expansion at Radley School within the Basic Need Programme with funding options considered at Stage 1 gateway.
(d)   approve the stage 0 budget requirement of £1.5m towards the expansion at Bardwell School within the Basic Need Programme.
(e)   approve the additional budget requirement of £3.5m towards the Eastern Arc Phase 1: Access to Headington Project, for an overall budget provision of £14.5m.

8.   Director of Public Health Annual Report XI (Pages 73 - 166)

Cabinet Member: Adult Social Care & Public Health
Forward Plan Ref: 2018/160
Contact: Alan Rouse, Business & Planning Manager Tel: 07785 744846

Report by Strategic Director for People and Director of Public Health (**CA8**).

The annual report summarises key issues associated with the Public Health of the County. It is an independent report about the health and wellbeing of Oxfordshire

residents in the broadest terms.

It uses science and fact to describe the health of Oxfordshire and to make recommendations for the future.

The report covers the following areas:

Chapter 1: The Demographic Challenge
Chapter 2: Creating Healthy Communities
Chapter 3: Breaking the Cycle of Disadvantage
Chapter 4: Lifestyles and Preventing Disease Before it Starts
Chapter 5: Promoting Mental Wellbeing and Positive Mental Health
Chapter 6: Fighting Killer Diseases

The report has also been considered at the Oxfordshire Health Overview & Scrutiny Committee meeting on 13 September 2018.

Cabinet is RECOMMENDED to RECOMMEND Council to receive the report and note its recommendations.

9. Operating Model: Implementation Strategy

Cabinet Member: Leader
Forward Plan Ref: 2018/141
Contact: Robin Rodgers, Strategy Manager Tel: 07789 923206

Report by Chief Executive (**CA9 – to be circulated separately**).

In September 2018, Cabinet endorsed a new Operating Model as the basis for transformation of the whole Council to support the delivery of the Thriving Communities vision. Cabinet also agreed a set of delivery principles and directed the Chief Executive to bring further proposals for implementation of the Operating Model back to Cabinet for decision.

The Business Case reviewed by Cabinet in September set out the new design for the Operating Model and the potential benefits delivered through its adoption. The Business Case also considers savings that could be generated through commercialisation and measures to improve the value for money of contracts and other third party spend.

This report goes on to set out the scale of change that implementing the Operating Model and associated workstreams will represent. It sets out a proposed strategy for delivering that change that recognises that the programme can only be successful with full ownership by the Council's members and staff and with clear accountability for delivery sitting with the Council's senior managers. It recommends that to supplement the skills and capacity of the Council's own staff and to provide a tested methodology for change, that the Council works with a strategic partner, noting that other suppliers may be required over the life-time of the programme to work alongside the Council to deliver benefits in the most effective way.

The report also considers decision making on costs and initial funding arrangements

and the required approach towards staff, resident and partner engagement is reviewed. Finally, the report makes recommendations with respect to ensuring appropriate member oversight of this strategic, long-term programme.

The CABINET is RECOMMENDED to:

(a) *Review and approve the approach for implementation set out in paragraph 9;*

(b) *Agree the recommended option for resourcing the approach through supplementing internal capacity with a strategic partnering arrangement (in-accordance with the access agreement entered into with PwC, following Cabinet's approval in July 2018) and alternative commissioned support as required, as set out from paragraph 29;*

(c) *Agree to the proposals for funding programme expenditure within 2018/19 from the Transformation Reserve as set out in paragraph 77;*

(d) *Note the outline future investment requirement set out from paragraph 72, and ask the Director of Finance to bring forward further analysis and proposals for approval through the Service and Resource Planning process;*

(e) *Delegate to the Chief Executive in consultation with the Directors of Finance and of Law and Governance, the Leader, and the Cabinet Member for Transformation, the commercial negotiation and agreement of initial and any required future draw-down of support from PwC in accordance with the August 2018 work order, and the appointment of additional commissioned support, in accordance with normal decision-making procedures;*

(f) *Agree to the establishment of a Cabinet Advisory Group on the Fit for the Future Programme and to delegate finalisation of the group's specific remit to the Director of Law and Governance in consultation with the Leader and the Cabinet Member for Transformation.*

10. Performance Scrutiny Young Carers Deep Dive Recommendations
(Pages 167 - 180)

Cabinet Member: Children & Family Services
Forward Plan Ref: 2018/140
Contact: Katie Read, Senior Policy Officer Tel: 07584 909530

Report by Policy & Performance Service Manager (**CA10**).

To consider and respond to the recommendations from the Performance Scrutiny Committee deep dive into how the Council identifies and supports young carers to reduce the inequalities they face.

The Cabinet is RECOMMENDED to:

(a) *Consider the findings of the Performance Scrutiny Committee's deep dive into young carers.*

(b) *Agree which of the following recommendations the Cabinet will accept:*

     i. *Explore ways of funding the unique support to young carers provided by Be Free Young Carers.*

     ii. *The timescales for completing statutory young carers' assessments and delivering support are reviewed and improved.*

     iii. *There are examples of good practice in identifying and supporting young carers in some schools, e.g. opportunities for young carers to complete homework on school premises. This good practice needs to be recognised, captured and shared.*

     iv. *Ensure Oxfordshire's health and social care system specifically considers the impact of its drive to deliver more community-based care on young carers.*

     v. *Identify a Young Carers Councillor Champion to help people understand the needs of young carers and promote the identification and support of young carers.*

(c) *Ask the Director of Children's Services, in consultation with the Cabinet Member for Children and Family Services, to prepare a response for a future meeting of the Performance Scrutiny Committee.*

11. Business Management & Monitoring Report for Quarter 1 - October 2018 (Pages 181 - 196)

Cabinet Member: Deputy Leader
Forward Plan Ref: 2018/072
Contact: Ian Dyson, Assistant Director of Finance Tel: 07393 001250

Report by Assistant Chief Finance Officer (Assurance) (**CA11**).

This report demonstrates the state of Oxfordshire County Council's (OCC's) business as regards progress towards Corporate Plan priorities at the end of Quarter 1 2018-19. This is the first report using the new OCC Corporate Plan and Outcomes Framework, and the first to focus fully on the high priority outcomes rather than the underlying measures.

Cabinet is RECOMMENDED to note the report.

12. Delegated Powers - October 2018

Cabinet Member: Leader
Forward Plan Ref: 2018/114
Contact: Sue Whitehead, Principal Committee Officer Tel: 07393 001213

To report on a quarterly basis any executive decisions taken under the specific powers and functions delegated under the terms of Part 7.2 (Scheme of Delegation to Officers) of the Council's Constitution – Paragraph 6.3(c)(i). It is not for Scrutiny call-in.

13. **Forward Plan and Future Business** (Pages 197 - 200)

Cabinet Member: All
Contact Officer: Sue Whitehead, Committee Services Manager Tel: 07393 001213

The Cabinet Procedure Rules provide that the business of each meeting at the Cabinet is to include "updating of the Forward Plan and proposals for business to be conducted at the following meeting". Items from the Forward Plan for the immediately forthcoming meetings of the Cabinet appear in the Schedule at **CA13**. This includes any updated information relating to the business for those meetings that has already been identified for inclusion in the next Forward Plan update.

The Schedule is for noting, but Cabinet Members may also wish to take this opportunity to identify any further changes they would wish to be incorporated in the next Forward Plan update.

The Cabinet is RECOMMENDED to note the items currently identified for forthcoming meetings.

14. **EXEMPT ITEM**

In the event that any Member or Officer wishes to discuss the information set out in the Annex to Item 15, the Cabinet will be invited to resolve to exclude the public for the consideration of that Annex by passing a resolution in relation to that item in the following terms:

"that the public be excluded during the consideration of the Annex since it is likely that if they were present during that discussion there would be a disclosure of "exempt" information as described in Part I of Schedule 12A to the Local Government Act, 1972 and specified below the item in the Agenda".

NOTE: The report does not contain exempt information and is available to the public. The exempt information is contained in the confidential annex.

THE ANNEX TO THE ITEM NAMED HAS NOT BEEN MADE PUBLIC AND SHOULD BE REGARDED AS 'CONFIDENTIAL' BY MEMBERS AND OFFICERS ENTITLED TO RECEIVE THEM.

THIS IS FOR REASONS OF COMMERCIAL SENSITIVITY.

THIS ALSO MEANS THAT THE CONTENTS SHOULD NOT BE DISCUSSED WITH OTHERS AND NO COPIES SHOULD BE MADE.

15. **Updated Financial and Resource Contribution Towards The Swan Free School Project in Oxford** (Pages 201 - 208)

Cabinet Member: Education & Cultural Services
Forward Plan Ref: 2018/168
Contact: Allyson Milward, Strategic Lead for Education Sufficiency Tel: 07733 003540

Report by Director for Children's Services and Director for Capital Investment & Delivery (**CA15**).

The information contained in the annexes is exempt in that it falls within the following prescribed category:

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

and since it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that the disclosure could affect both the outcome of the current planning application for delivery of the school and the conduct of the Education Skills and Funding Agency (ESFA).

The paper with annex is produced to provide Members with information on progress with provision of the above school to meet demand for secondary school places In Oxford from September 2019 and to ensure that the county council is in a position to respond quickly to whatever planning decision is taken by Oxford City Council on 15 October 2018.

The project programme has slipped considerably but the stated aim is still to provide the required basic need places required for September 2019 in Oxford. The ESFA team leading the project have Indicated that a revised programme of transfer of assets from the Council will be required to ensure the need for places in 2019 can be met. This requires further approval of Cabinet.

Cabinet is RECOMMENDED to approve one of the alternative options set out in the confidential annex in relation to this project.

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CABINET

MINUTES of the meeting held on Tuesday, 18 September 2018 commencing at 2.00 pm and finishing at 3.45 pm.

Present:

Voting Members:	Councillor Mrs Judith Heathcoat – in the Chair
	Councillor Mrs Judith Heathcoat
	Councillor Lawrie Stratford
	Councillor Ian Corkin
	Councillor Lorraine Lindsay-Gale
	Councillor Yvonne Constance OBE
	Councillor David Bartholomew
	Councillor Mark Gray
Other Members in Attendance:	Councillor Michael Waine (Agenda Item 11)
	Councillor John Howson (Agenda Item 11)
	Councillor Emma Turnbull (Agenda Item 11)
	Councillor Glynis Phillips (Agenda Items 6 & 8)
	Councillor Bob Johnson (Agenda Item 7)
	Councillor Charles Mathew (Agenda Item 7)
	Councillor Liz Brighouse (Agenda Item 9)
	Councillor John Sanders (Agenda Item 10)
	Councillor Laura Price (Agenda Items 4 & 12)

Officers:

Whole of meeting	Peter Clark, Chief Executive; Deborah Miller (Law & Governance).
Part of Meeting Item	
6	Lorna Baxter, Director of Finance;
7	Bev Hindle, Strategic Director Communities; Lorna Baxter, Director of Finance;
8	Lorna Baxter, Director of Finance and Tim Chapple;
10	Susan Halliwell, Director for Planning & Place and John Disley;
11	David Clarke, Deputy Director Education;
12	Steve Munn, Director of Human Resources.

The Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of addenda tabled at the meeting, and decided as set out below. Except insofar as otherwise specified, the reasons for the decisions are contained in the agenda, reports and schedule, copies of which are attached to the signed Minutes.

81/18 APOLOGIES FOR ABSENCE
(Agenda Item. 1)

Apologies for absence were received from Councillors Eddie Reeves and Steve Harrod.

82/18 MINUTES
(Agenda Item. 3)

The Minutes of the Meeting held on 17 July 2018 were approved and signed as an accurate record.

83/18 QUESTIONS FROM COUNTY COUNCILLORS
(Agenda Item. 4)

Councillor Laura Price had given notice of the following question to Councillor Judith Heathcoat:

"Could the Deputy Leader explain why, at a time when Oxfordshire is considering the implementation of a new operating model with significant implications for staff, the creation of 6 new Deputy Director posts was authorised? Where was the public business case for the appointments and how many other senior positions have been created, or are planned to be created without scrutiny?"

Councillor Heathcoat replied:

"Following Cabinet agreement to the Senior Management Review (SMR) in December 2016, the senior management of Communities (specifically the Environment & Economy areas) was left to be reviewed and adjusted during the restructuring processes underway. This was prior to the initiation of the Transformation programme or Fit for the Future. Following the appointment of the Strategic Director for Communities, his first major task was to review and put in place the senior management teams for the new Department. The first stage of that was to establish new Director posts to reflect the direction of the organisation and align this with other departments to fill out how Communities would engage in cross council work participate in the Corporate Leadership Team (CLT) – again this was prior to Transformation getting under way. The new Directors were then tasked with developing structures which could both meet our MTFP commitments, but also meet the emerging challenges we were facing at the time: unitary council, devolution, property issues arising from Carillion and the development of partnership working.

In the autumn of 2017 an operational decision was taken to add Assistant Director posts into Communities. These new posts would be part of restructuring activity to address the volume and nature of the work in Communities and the need to be prepared to deal with Fit for the Future. This injection of capacity and capability would enable us to address some

major issues affecting Communities and indeed the Council. Most significant was how to:

- deal with a failing Carillion contract (prior to their collapse);
- develop and solidify the emerging Growth Deal and Housing Infrastructure Funding proposals;
- develop and deliver a new approach to asset management and investment;
- completely overhaul how we deliver our capital programme; and
- develop and implement the department's part in developing and implementing the emerging target operating model (TOM).

To wait until we agreed the TOM to change our operational leadership structure was not operationally possible because we would not be able to achieve existing MTFP savings (particularly for Planning & Place directorate) and we would not be in a robust position to begin the implementation of the TOM. Similar decisions had been taken previously in People Directorate (both Adults and Children's Services). Although we had no absolute clarity on TOM when we started the process to recruit in January 2018, we knew enough about the emerging layers, the major principles of transformation and the workload priorities to enable us to recruit the skills and capacities we would need to see us through."

Supplementary: "Given the assertion in the answer that these Assistant Directorships were crucial to achieving the savings in the existing Medium Term Financial Plan, could you outline where we will be able to scrutinise the impact of the Directorships in relation to delivering the savings? Would it have been more prudent to wait until we were rolling out the new operating model?"

Councillor Heathcoat asked Peter Clarke to respond as follows: "The appointments of the Assistant Directors within Communities are essential given the scope and scale of the Housing and Growth Deal, the HIFF fund and the half a million potential investment in the infrastructure in Oxfordshire. In reality, the Strategic Director and all directors in communities have been actively involved in the work around the Operating Model and have agreed the full range of principals that relate to the operation of that work, and therefore the appointments were seen as being essential in order for them to fulfil that agenda rather than to wait. The housing and growth deal was made many months ago and we have been actively involved in the Growth Board, we need to get on with fulfilling those requirements and in those circumstances the directors have made the necessary appointments that they feel are necessary in order to fulfil their service. The point on Scrutiny is that is if they fail or there are any issues around performance those will be addressed in Performance Scrutiny."

Councillor Howson had given notice of the following question to Councillor Lindsay-Gale:

"Could you list the revenue balances for all maintained primary schools in Oxfordshire at the end of the 2017/8 financial year and show what percentage of revenue income the balance represents and how the percentage has changed since the end of the previous financial year, as well as the latest available number of pupils on the school roll?"

Councillor Lindsay-Gale replied:

"Please find below the information required for all maintained primary schools in Oxford. This list includes the primary schools maintained as at 31 March 2018 and the data used for the number on roll is at October 2017."

Supplementary: Lord Agnew, the Minister of State told Auditors of Multi Academy Trusts (MATs) and committees that they may approve the virements of cash between schools in a Multi Academy Trust or a Multi Academy Committee. Is the Cabinet Member prepared to ask Multi Academy Trusts or Committees in Oxfordshire not to take money from one school to support another and especially with those Multi Academy Trusts with Headquarters outside Oxfordshire, not to transfer money away from any school in Oxfordshire because we have been a member of the F40 Group and it would be unfair if money was taken from a school in Oxfordshire to support a school in a much better funded part of the Country. If MATs won't agree with this, would the Cabinet Member be prepared to write to the Secretary of State, asking for the same virements arrangements that are available to schools in MATs to be available to the State schools and stand-alone academies."

Councillor Lindsay-Gale responded that she would be very happy to support that as Oxfordshire money should be for Oxfordshire Schools and anything she could do to support that she would be happy to undertake.

84/18   PETITIONS AND PUBLIC ADDRESS
(Agenda Item. 5)

The Leader of the Council had agreed the following requests to address the meeting:-

Item	Speaker
Item 11 – Elective Home Education	Councillor Michael Waine, Chairman of Education Scrutiny Committee; Councillor John Howson, Local Member Councillor Emma Turnbull
Item 6 – Service & Resource Planning Report 2019/20	Councillor Glynis Phillips
Item 7 – Business Case to support Significant	Councillor Bob Johnston Councillor John Sanders

Capital Investment in the Council's Assets	Councillor Charles Mathew

Item 8 – Treasury Management 2017/18 Outturn	Councillor Glynis Phillips
Item 9 – New Operating Model for Oxfordshire County Council	Councillor Liz Brighouse as Chair of Performance Scrutiny Committee
Item 10 – Oxfordshire Joint Statutory Spatial Plan	Councillor John Sanders
Item 12 – Staffing Report – Quarter 1	Councillor Laura Price

85/18 ELECTIVE HOME EDUCATION WORKING GROUP REPORT
(Agenda Item. 11)

The Education Scrutiny Committee agreed to undertake a short investigation into the reasons for an increase in elective home education (EHE) across the County in December 2017. The working group comprised of Councillor Waine and Councillor Smith. The Cabinet had before it a report which presented the findings of the investigation and the recommendations to Cabinet for consideration.

Councillor Michael Waine, Chairman of the Education Scrutiny Committee highlighted the key findings of the deep dive which had been carried out with Councillor Emily Smith who had raised a Motion at Council on the same topic at the same time. He thanked officers for providing timely evidence and support for the Review. The Review's findings were in line with the National picture of a rise in Elective Home Education. The findings mainly focused on those children that had attended School and then had dropped out for some reason, rather than those who home educated from the beginning as a choice.

There was a concern around the legislation and the non- statutory guidance regarding the local authority's responsibility and the authority's ability to enforce it. The working group noted that the comparative lack of High Needs Funding contributed to EHE together with the need to create an inclusive learning environment within schools so that issues could be addressed within the school.

The working group also felt that further data analysis was needed to gain greater understanding of the underlying issues that gave rise to elective home education.

The working group were supportive of the RAG rating that had been introduced. The rating system should mean that parents/carers who had taken a proactive approach to home educating felt supported and

intervention work could be targeted where the authority might have concerns or families needed support. The working group wished to continue to monitor EHE numbers, the impact of the restructure and the introduction of the system to ensure that the right resources were in place.

Councillor Emma Turnbull, Shadow Cabinet Member for Education & Cultural Services drew the Cabinet's attention to two areas in the report which she felt needed to be prioritised: the higher numbers of EHE in SEND Children(highlighting the inadequacy of SEND provision and the urgent need to carry out of the SEND Review) and the need for of a Review of how the County Council communicated and maintained relationships with the parents of EHE children in order to build trust and have a relationship with these families and to fulfil the Council's Statutory responsibility to ensure children are safe from harm and that there learning needs were always met.

Councillor John Howson, local member for St. Margaret's spoke in support of Councillor Michael Waine. He referred to the need to focus on 2 groups, those who had started school but were removed from school at one point or another, particularly at Year 9, and Gypsy Roman and Traveller Groups. He asked the Cabinet to ensure that EHE did not become a route for schools to off-roll those children that cost more to educate for whatever reason and to ensure that children were not denied state education because the school had made it clear to parents that to EHE would be better than a less attractive alternative such as fixed term or permanent exclusion.

Councillor Yvonne Constance, Cabinet Member for Environment welcomed the findings of the report, noting the huge increase of EHE in one year, but felt that the report did not go far enough in highlighting the number of children that had been excluded or suspended or had been driven someway into EHE. She requested that recommendation one be expanded to compare the statistics on EHE with statics of those who had been excluded and suspended to see how they matched up, noting that the increase in exclusions had mainly happened in Years five and nine.

Councillor Ian Hudspeth, Leader of the Council referring to the pockets in the County where EHE was high, queried why 2 primary schools within his Division had some of the Highest numbers. David Clarke, Deputy Director undertook to look into the schools.

Councillor Lorraine Lindsay-Gale, Cabinet Member for Education & Cultural Services introduced the contents of the report and moved the recommendations. She thanked the Elective Home Education Working Group for their work highlighting this issue and agreed to expand recommendation one for further work around the link to exclusion rates.

RESOLVED: to:

(a)   consider the recommendations of the Education Scrutiny Committee Elective Home Education working group;

(b)   agree which of the following recommendations the Cabinet will accept:

(i)   further analysis is undertaken to understand the reasons for higher numbers of EHE at years 5 and 9 through modifications to the EHE parent/carer questionnaire;

(ii)   further analysis is undertaken by officers on a school level and locality basis to understand the trends associated with EHE in locality areas to see if there are links with social deprivation, gender, adoption or SEND provision. This should be reported to the Committee in 6 months' time;

(iii)   the concept of a 2-week cooling off period before taking pupils off the roll at a school is discussed as part of the attendance conference in July, or at another suitable occasion with head teachers, to gauge level of commitment from schools to understand whether it would be feasible to implement a system across Oxfordshire;

(iv)   that the authority advocates that school leaders in include information about numbers of EHE children in their termly reports to governors/directors or other reporting mechanism that may exist;

(v)   schools and colleges in the County are contacted and asked if they would be prepared to provide access to private candidates to expand the range of exam centres in the County for EHE pupils;

(vi)   a named contact on the MASH is identified as a point of contact for EHE issues and concerns; and

(c)   ask the Director for Children's Services, in consultation with the Cabinet Member for Public Health and Education, to prepare a response a future meeting of the Education Scrutiny Committee.

86/18 SERVICE & RESOURCE PLANNING REPORT - 2019/20 - SEPTEMBER 2018
(Agenda Item. 6)

Cabinet had before them the first in a series on the Service & Resource Planning process for the forthcoming year which will culminate in Council setting a budget for 2019/20; a medium-term plan to 2022/23 and capital programme to 2028/29 in February 2019. The initial report set the context and the starting point for the process, and sought approval to the proposed process, including the timetable.

Councillor Glynis Philips, Shadow Cabinet Member for Finance stated that the report reflected the current level of uncertainty and the challenges faced by the County Council. She questioned whether the £46.5 which needed to be taken out of this year's budget was achievable as areas of overspend and risk this year would put pressure on the 2019/20 budget. Whilst the additional funding for the NHS was welcome, there needed to be a significant increase in adult social care funding to reflect the community based services of home care some adults needed before they could be discharged from hospital. This had to be in addition to the Adult Social Care precept which was not keeping up with need.

She welcomed 'Fit for the Future', although it was a high-risk investment, and the investment in the County's roads but queried what was being done about direct services for residents such as our offer for young carers. She urged the Cabinet at the start of this budget process to look at what could be done to improve vital services for the most vulnerable residents.

Councillor David Bartholomew, Cabinet Member for Finance, responded to the points made commenting that a cautious and carful approach was taken to the any risks unknown and known and that very careful attention was paid to overspends. The rise in Adult and Child Social Care was a National Issue and budgets had been increased to significant amounts to deal with this. Everything possible was being done to protect and safeguard vital services.

Councillor David Bartholomew introduced the contents of the contents of the report and moved the recommendations.

RESLOVED: to:

(a)   note the report;
(b)   approve the Service and Resource Planning process for 2019/20; and
(c)   approve a four-year period for the Medium Term Financial Plan and ten-year Capital Programme to 2028/29.

87/18 BUSINESS CASE TO SUPPORT SIGNIFICANT CAPITAL INVESTMENT IN THE COUNCIL'S ASSETS
(Agenda Item. 7)

Cabinet had before it a report which sought approval to the inclusion of significant investment in the Council's assets as part of the proposed Capital Programme to 2029, the funding for which would be included in the proposed Budget for 2019/20 and Medium Term Financial Plan to 2022/23, which was due to be considered by Cabinet in January 2019.

Councillor Bob Johnston, local member for Kennington & Radley, whilst welcoming the recommendations commented on the need to ensure that the correct resource, staff and project management were in place to administer

the investment and to ensure that any potential contractors were also pre-assessed to ensure that they had the right skill sets.

Councillor John Sanders, Shadow Cabinet Member for Environment spoke in support of the report. He believed that the only way out of austerity was to invest and that this was an excellent plan in this regard. He believed that you could not achieve growth without investment and that the growth had the potential to boost funding for the Council. He cautioned the Cabinet to take note of the changes in demography and increase in population as they were key to determining future infrastructure needs and to take note of past contract issues and urged the Cabinet to keep as much of the work in-house as possible and to, at the very, least keep the management of the project in-house.

Councillor Charles Mathew, local member for Eynsham, whilst having sympathy for the need of further investment in schools and highways, expressed concern over further external borrowing in addition to £350m current external borrowing which currently cost the Council £16m per year. He believed the Council should be decreasing not increasing external borrowing. The present plans suggested that the extra potential council tax to 2023/24 could service any extra loan. He cautioned that this was inappropriate measure at this time when all the Council finances were under such pressure. He urged the Cabinet to only use internal borrowing and that external borrowing was used only if there was guaranteed means to repay it.

Councillor David Bartholomew, Cabinet Member for Finance responded to the financial points raised. He reassured members that each project would be dealt with prudence and caution have its own individual business case and would be done over a number of years when the Council was sure that it had the Council Tax base growth to fund it, so that the Council did not spend the money until it was sure the money was available and that resources would be identified at that time.

Although Councillor Bartholomew agreed that internal borrowing was preferable, he did not feel that it was appropriate to tie the Treasury Management Team in to internal borrowing when a much better return could be achieved with external investments.

Councillor Ian Hudspeth, Leader of the Council moved the recommendations and responded to the points made explaining that this investment was key to the growth deal and by investing in the highways and infrastructure now it would free up resource to provide vital services to protect the most vulnerable. This investment together with the growth deal was showing true investment in Oxfordshire's economy. Better connectivity would encourage more businesses to Oxfordshire generating additional business rates which could be reinvested into services. He confirmed that the Council would be taking a cautious phased approach which would include very careful monitoring.

RESOLVED: to:

(a)   note the report; and

(b)   approve the inclusion of significant investment in the Council's assets as part of the proposed Capital Programme to 2029, the funding for which will be included in the proposed Budget for 2019/20 and Medium Term Financial Plan to 2022/23 which will be considered by Cabinet in January 2019.

88/18   TREASURY MANAGEMENT 2017/18 OUTTURN
(Agenda Item. 8)

Cabinet considered a report which set out the Treasury Management activity undertaken in the financial year 2017/18 in compliance with the CIPFA Code of Practice. The report included Debt and Investment activity, Prudential Indicator Outturn, Investment Strategy, and interest receivable and payable for the financial year.

Councillor Glynis Phillips, Shadow Cabinet Member for Finance welcomed the positive report and in particular the repayment of £18m of maturing loans, that the Council's investments were classified as low risk and high return and that Northamptonshire had repaid the £10 million it had borrowed. She noted that Arlingclose had raised as a risk the known uncertainties which would follow the Withdrawal Treaty, new international trading arrangements and the implications of the US and China trade war and the possible effect on the Council's Treasury Management Activity.

Councillor David Bartholomew, Cabinet Member for Finance, responded to the points raised acknowledging that there were uncertain times ahead but gave assurances that this was being very carefully monitored.

Councillor Bartholomew moved the recommendations and introduced the contents of the report, highlighting that benchmarking results confirmed that the Council was achieving higher than average interests on deposits at 31 March 2018, when compared with a group of 135 other local authorities. This had been achieved by placing deposits over a longer than average duration with institutions that were of higher than average credit quality.

RESOLVED: to note the report, and to **RECOMMEND** Council to note the Council's Treasury Management Activity in 2017/18.

89/18   NEW OPERATING MODEL FOR OXFORDSHIRE COUNTY COUNCIL
(Agenda Item. 9)

Cabinet had before them a report (CA9) which set out a proposed Operating Mode which was a detailed description of how the Council would work in the future, with the key aim of putting better outcomes for residents and the delivery of the Thriving Communities Vision at the centre of all plans and operations. Development activity since March had produced a detailed design for the Operating Model and the report sought Cabinet approval for the proposal.

The draft Cabinet Report and Annexes, had been considered by Performance Scrutiny Committee and Audit & Governance Committees on 6 September and by full Council through a themed debate on 11 September, the comments from which were before the Cabinet for consideration.

Councillor Liz Brighouse, Chairman of the Performance Scrutiny Committee spoke to the comments made by the Performance Scrutiny Committee who overall had accepted that there was a need to change the way the organisation worked. Improved coordination across the whole authority for the benefit of Oxfordshire residents must be the way forward, but the risks associated with this change needed to be properly managed. She urged the Cabinet to proceed with the cross party working group as soon as possible.

The points the Committee wished to raise with Cabinet were as follows:

- The business case provided insufficient detail about implementation to give members and the public confidence that there would not have to be further cuts to front line services to make the required savings. No 'Plan B' was outlined in the report.
- There was a lack of evidence in the business case that similar models had worked elsewhere. More evidence should be included to demonstrate the benefits of a different approach and enable Cabinet to make a robust decision.
- Members were sceptical that implementation could be achieved within 3 years. A more realistic timetable should be developed.
- Councillors were great collectors of local intelligence; the interface with councillors and the public as the operating model was embedded and would be important. Elected members needed to be involved in shaping and overseeing this process and there needed to be clear evidence along the way that benefits were being realised.
- The levels of staff engagement and involvement in the design of the model; if staff had not 'bought into' the new ways of working, they were likely to find work arounds which could negate planned efficiencies and savings.
- Members were mindful that potential redundancy costs had not yet been factored into the financial model and were concerned about the impact this could have on the identified savings.
- The need to ensure that vulnerable people were still supported to access vital services, in light of a heavy reliance on technological solutions in the new model. Members queried how we would ensure investment in new technology would deliver the best results.
- The proposed approach to business intelligence had the potential to be transformative in itself and members hoped this would lead to better decision-making and management of the organisation.

Councillor Ian Hudspeth, Leader of the Council in moving the recommendations explained that he felt he had addressed the comments made by the Performance and Scrutiny Committee at Full Council. He agreed that whilst it was important to proceed with a digital agenda, that the

council did need to ensure that people were able to assess the council if they didn't have the technology, using libraries and facilities to provide that assess. This was about redesigning and streamlining the service to make a more efficient Council, providing better access to services, making sure the Council was fit future, taking a long term look to make savings and not having to cut front line services in the future.

He confirmed that moving forward there would be a cross party member group appointed to monitor the model, together with Audit & Governance and Performance Scrutiny to ensure that it was implemented correctly and ensure it was constitutional.

Peter Clark, Chief Executive explained that the proposal was about reshaping the Council and was not about us being in similar situations to many Councils. This was not about reduction or cuts to vital services or budgets, the proposal on the operating modal was about service improvement, better community engagement and effective utilisation of technology to support staff in their essential work. The PWC activity analysis found staff were working very hard but were doing a third more on customer management and a third less service delivery than other comparable authorities showing that the Council was not supporting staff as well as it should. £33m needed to be saved and this could be done by changing the working arrangements and how the council was organised, creating a Council that was fit for the future. The alternative would be to cut meaning less staff with rising demand and less resources to provide the services that so many people rely on.

Councillor Eddie Reeves, Cabinet Member for Transformation would have oversight of the project and subject to the Cabinet approving the proposals, further details on the implementation of the model would come to the Cabinet meeting in October.

RESOLVED: to:

(a) endorse the proposed Operating Model set out in the Business Case in Annex 1 as the basis of whole council transformation planning;

(b) agree to Option 1 (see para. 66), to enable delivery of the estimated range of savings (£34m-£58m) to the fullest extent appropriate;

(c) agree the delivery principles set out in paragraph 77 as the basis for future detailed decision making;

(d) direct the Chief Executive to bring a costed proposal for implementation to Cabinet in October 2018.

90/18 OXFORDSHIRE JOINT STATUTORY SPATIAL PLAN (JSSP); LOCAL DEVELOPMENT SCHEME (LDS) AND STATEMENT OF COMMUNITY INVOLVEMENT (SCI)
(Agenda Item. 10)

The six Oxfordshire Councils and the Oxfordshire Local Enterprise Partnership (OXLEP) had signed the Oxfordshire Housing and Growth Deal with Government in March 2018. Under the terms of the Deal the local District and City authorities had committed to producing an Oxfordshire Joint Statutory Spatial Plan (JSSP) for submission to the Planning Inspectorate for independent examination by 31 March 2020 and adoption by 31 March 2021, subject to examination process.

Oxfordshire County Council was an observer to the process however, Cabinet had before it a report which outlined the Local Development Strategy (LDS) and the Draft Statement of Community Involvement (SCI) for the JSSP as well as the Scoping Document which set out the level of detail and processes associated with the JSSP.

Councillor John Sanders, Shadow Cabinet Member for Environment welcomed the report but queried whether the LTP4 which was referred to in the Spatial Plan was now out of date and urged the Cabinet to ensure that this plan was taken seriously as it was a statutory requirement.

Councillor Ian Hudspeth, Leader of the Council welcomed this forward-looking plan to take a look at connectivity, infrastructure in the right places, delivering homes for people with the correct assess to employment. He welcomed the 3-year land supply and the opportunity to take a good look at rail.

Councillor Yvonne Constance, Cabinet Member for Environment moved the recommendations congratulating officers on their work on the JSSP welcoming the opportunity to provide an Oxfordshire-wide, integrated strategic planning framework and supporting evidence base to support sustainable growth across the county to 2050, including the planned delivery of much needed homes and economic development and infrastructure.

RESOLVED: to:

(a)   note and support the Local Development Scheme (LDS) for the JSSP presented at Annex 1;

(b)   note and support the draft Statement of Community Involvement 2018 for the JSSP, presented at Annex 2, which will undergo a six-week period of formal public consultation;

(c)   note and support the JSSP Scoping Document presented at Annex 3.

91/18 STAFFING REPORT - QUARTER 1 - 2018
(Agenda Item. 12)

Cabinet considered a report that provided an update on staffing numbers and related activity for the period 1 April 2018 to 30 June 2018.

Councillor Laura Price, Opposition Deputy Leader, welcomed the opportunity she had been given to meet with the Cabinet Member and officers to discuss a new format for the staffing report but requested that, particularly in light of the forthcoming operating model, the placement of the staffing report on the Cabinet Agenda be given further consideration to give it greater emphasis and prioritise the way the council looked at staffing and how it related to the wider objectives and to provide a way to monitor the implementation of the operating model.

In relation to the growth in Agency staff, she noted that this mainly seemed to come down to vacancies that had not been able to be filled and expressed concern that there was continuous use of Agency Staff to cover essential business posts and that the Council did not appear to have any data about how those posts that were becoming vacant, correlated to the Council's objectives. She urged the Cabinet to consider whether the new operating model was robust enough to ensure that the council was bridging the gap between where the vacancies existed that needed to be filled and where the reduction in posts in the new operating model needed to come from.

Councillor Judith Heathcoat, Deputy Leader of the Council explained that data would be collected under Fit for Future as the plans develop, and that meeting the Corporate Plan's aims and objectives come to the Business Management Plan so would not want to duplicate work.

RESOLVED: to note the report.

92/18 FORWARD PLAN AND FUTURE BUSINESS
(Agenda Item. 13)

The Cabinet considered a list of items for the immediately forthcoming meetings of the Cabinet together with changes and additions set out in the schedule of addenda.

RESOLVED: to note the items currently identified for forthcoming meetings.

.... in the Chair

Date of signing   ....

Division(s): NA

CABINET – 16 OCTOBER 2018

FINANCIAL MONITORING AND MEDIUM TERM FINANCIAL PLAN DELIVERY REPORT – AUGUST 2018

Report by the Director of Finance

1. The purpose of this report is to set out the forecast position of the revenue budget as at the end of August 2018. This report also includes an update on the delivery of savings, plus forecast reserves and balances.

2. The report sets out an expected overspend on revenue of **£3.3m**. This reflects an overspend of **£10.8m** by directorate services offset by unallocated contingency of **£6.5m,** additional interest of **£0.5m** and additional business rates of **£0.5m**. The report to Cabinet at the same time last year anticipated a directorate overspend of **£11.8m**.

Directorate	Latest Budget 2018/19 £m	Forecast Outturn 2018/19 £m	Forecast Outturn Variance 2018/19 £m	Forecast Outturn Variance 2018/19 %
People	315.9	323.4	+7.5	2.4%
Communities	98.6	101.2	+2.6	2.6%
Resources	19.6	20.3	+0.7	3.6%
Total Directorate Position	**434.1**	**444.9**	**+10.8**	**2.5%**
Contingency	7.7	1.2	-6.5	
Adjusted Directorate Position	**441.8**	**446.1**	**+4.3**	**1.0%**
Strategic Measures	-441.8	-442.8	-1.0	-0.2%
Overall Surplus/Deficit	**0**	**+3.3**	**+3.3**	

3. The following Annexes are attached and referenced in the report:

    Annex 1   Directorate Budgets and Forecast Variation
    Annex 2b   2018/19 virements to note
    Annex 2c   2018/19 Supplementary Estimates to approve
    Annex 3   Grants
    Annex 4   Reserves
    Annex 5   General Balances

Part 1 - Executive Summary

Revenue

4. Annex 1 provides a summary of the forecast position by directorate. Commentary on key variations greater than £0.1m for each service is provided in Part 2 of the report.

5. An overspend of **£6.6m** is forecast for Children's Services which mainly relates to Children's Social Care. An additional **£9.5m** was included in the budget for Children's Social Care in 2018/19 due to significant increase in demand. Savings of **£3m** were also included in the budget to reflect the work of the Children's Services Programme that was established with focus on addressing demand management; strengthening early help and prevention including closer partnership working; strengthening staffing resources and building community resilience. Despite the additional funding demand for Children's Social Care continues to rise beyond expectations, both locally and nationally and savings are taking longer to deliver than anticipated, although are still expected to be met in the Medium Term Financial Plan period.

6. The Communities directorate is forecasting an overspend of **£2.6m**. This relates to overspends on Street Lighting, Defects and Supported Transport.

7. As per the Council's Financial Regulations, action plans are being developed for overspends greater than **£1.0m** by the Director for Children's Services and the Director for Infrastructure Delivery. These are being discussed with the Director for Finance and the Cabinet Member for Finance and will be presented to Cabinet in the December 2018 report.

8. There is also a **£6.0m** overspend forecast on the Dedicated School Grant (DSG) – High Needs Block. This is mainly due to increasing demand for special school places and the need to place children at independent non-maintained schools. This overspend will be met partly by using the **£4.3m** DSG reserves but the remaining overspend will need to be either carried forward or met by council resources as in accordance with the terms of the grant.

Virements and Supplementary Estimates

9. Virements larger than £0.5m or that relate to un-ringfenced grants requiring Cabinet approval under the Virement Rules agreed by Council on 14 February 2018. There are no virements to approve this month. Annex 2b shows virements Cabinet need to note.

10. Supplementary requests this month are set out in Annex 2c. The request relates to two schools converting to academy status with deficit balances as set out in paragraph 40.

Grants

11. As set out in Annex 3 the Council receives ringfenced and un-ringfenced government grants totalling £344.4m. There are no new grants this month.

12. On 2 October 2018 the Department of Health and Social Care announced an additional £240m of funding for Adult Social Care for 2018/19, whilst allocations were not announced at the point this report was finalised, it is expected that the Council will receive approximately £2.3m. Terms and conditions on use of the funding is also still to be announced. An update will be included in the next report.

Reserves

13. Annex 4 sets out the earmarked reserves brought forward from 2017/18 and the forecast position as at 31 March 2019. These reserves are held for specified one-off projects, contractual commitments and to support the Medium Term Financial Plan. Reserves are forecast to reduce by **£27.2m** from **£96.6m** to **£69.4m** at 31 March 2019.

General Balances

14. As set out in Annex 5 general balances were **£25.8m** as at 31 March 2018. The current forecast for general balances as at 31 March 2019 is **£21.4m** after taking into account the forecast overspend of **£3.3m** and the supplementary estimates requiring Cabinet approval set out in paragraphs 10 and 40. This is **£5.1m** higher than the risk assessed level of **£16.3m** as set out in the Medium Term Financial Plan (MTFP) approved by Council in February 2018.

Strategic Measures

15. There have been no changes to the lending list since the last update.

16. The following table sets out average in-house cash balances and average rates of return for June, July and August 2018. In house interest receivable for June, July and August 2018 was **£0.7m**. The current forecast outturn position for in house interest receivable is **£2.7m**, which is **£0.3m** above budget. Which is due to the bank rate increasing earlier than anticipated and higher cash balances than forecast.

Month	Average cash balance	Average rate of return
June	£338.6m	0.79%
July	£351.0m	0.79%
August	£359.0m	0.82%

17. External Fund dividends are paid quarterly. The forecast outturn position for external fund returns is **£1m**, which his **£0.2m** above budget.

18. Interest payable is forecast to be in line with the budgeted figure of **£15.6m**.

19. From the latest forecast provided by the District Councils, the County Council is estimated to receive **£0.5m** from the gain on the business rates pool.

Debt and Loan Write-Offs & Impairments

20. There were 76 general write-offs to the end of August 2018 totalling £5,132 and 53 Adult Social Care Client contribution write offs totalling £61,186.

21. Cabinet is recommended to approve the write-off of a debt of **£14,238** relating to an overpayment to a foster carer. Due to the circumstances surrounding the overpayment and after legal advice it is not considered reasonable to expect the foster carer to repay the overpayment.

22. Cabinet is also recommended to approve the write-off of two adult social care debts totalling **£59,212**. Both of these debt write-offs are required because the service users passed away before applications were made to take over finances and estate tracing agents have confirmed the estate is insolvent with legal services confirming there is no legal recourse.

Medium Term Financial Plan Savings

23. The forecasts shown in this report incorporate savings included in the medium term financial plan agreed by Council in February 2018 and previous years. At this stage of the year, at least **91%** of the planned savings of **£41.0m** are expected to be delivered.

24. In relation to Children's Services, it is anticipated that only 59% of the **£4.7m** planned savings for 2018/19 will be achieved in year. It is however still expected that all savings in the current MTFP will be delivered by the end of the MTFP period.

25. **£1.9m** of savings rated as red consists of **£0.8m** of savings which are currently not anticipated to be made in Home to School Transport, from a total of **£1.2m**. In addition, **£0.6m** of the **£1.6m** saving in relation to Entry to Care is forecast to not be met, although depending on progress to the end of the year this may still be possible, this relates to savings due to controlling entries to care. This is offsetting against significant increased demand, through stronger controls savings are being achieved by challenging high cost placement requests and entries to care. Finally, savings relating to Reconnecting Families of **£0.5m**, against a total of **£1.2m**, is currently forecast to not be achieved in 2018/19, due to a delay in implementation and difficulty in identifying suitable placements to enable children to step down.

26. Adult Social Care currently expects to achieve **77%** of the savings built into 2018/19 budgets. **£1.4m** of the directorate's savings are flagged red or amber. **£0.4m** saving reflecting an expected reduction in the total income impairment required at the end of 2018/19 is currently assessed as red. Saving of **£1m** built into Learning Disabilities budgets is flagged as amber because of the forecast pressures noted within the Adults with Care and Support Needs pooled budget. Revisions to the

Adult Social Care contributions policy were agreed by Cabinet on 22 May 2018 and will be implemented from 1 October 2018. Financial re-assessments are being offered to all service users as part of the implementation and an update on the part – year saving expected to be achieved in 2018/19, and on-going full year effect from 2019/20 will be provided later in the year. The **£2.6m** full year effect of the implementation of the council's new Daytime Support service which has been operating since October 2017 is also expected to be achieved but a further review of the financial position will be carried out later in the year.

27. The Communities directorate is expected to achieve **96%** of the planned savings. **£0.1m** of the directorate savings are flagged Red or Amber. This is due to a risk that additional income from solar panels on property sites will not be realised and reduced costs through joint working will not be fully delivered.

28. Resources are expected to achieve **91%** of the savings agreed. £0.3m of the directorate savings are flagged Red or Amber. This mainly relates to the unachievable target for ICT income from non-OCC users.

# Part 2 – Revenue Service Commentary

People – Children

29. An overspend of **£6.5m (5.6%)** is reported for Children's services.

Education & Learning – £0.5m

30. Home to School Transport is currently forecast to overspend by **£0.5m.** Savings of **£1.2m** are included in the budget for 2018/19 with **£0.8m** of these savings currently at risk. The savings at risk relate to transport for Northfield School and Meadowbrook. The current circumstances at Northfield have made savings more difficult to achieve. There is also a risk savings relating to Meadowbrook won't be achieved in full.

31. Analysis of activity to date has shown in an increase in spend on SEN transport to the end of August 2018 which is 9% higher than last year. This is in line with the increase in demand for special school places and the need to place children at independent non-maintained special schools. If this continues, there is a risk of a further **£0.3m** overspend. To date, there is no material difference in mainstream home to school transport spend.

Children's Social Care - £2.4m overspend

32. **£1.2m** of the overspend relates to an increase in staffing levels within the Social Care Teams due to the increase in demand. In 2017/18 it was possible to manage these pressures within the overall service due to a significant underspend within Family Solutions due to posts being held vacant. Due to increased caseloads there has been a need to fill these vacancies with both permanent and agency staff.

33. In addition, there are overspends and risks within the Leaving Care Service totalling **£0.4m**. This relates to Leaving Care Allowances which reflects to a growth in client numbers. This is likely to become a greater pressure in to the future, as the increase in looked after children numbers move into Leaving Care services. In addition, an increase in the statutory age from 21 to 25 from 1 April 2018 is expected to bring additional pressures. A grant of £25,802 has been received from the Department for Education in relation to this, to increase Personal Adviser support. No additional funding has been received in relation to additional allowances and other support also required by the increase in statutory age. Further work needs to be completed to identify the likely pressure due to the additional requirements once demand can be measured more accurately.

34. As reported previously there is also an overspend of **£0.8m** on Unaccompanied Asylum Seeking Children due to costs exceeding grant funding received.

Children's Social Care Countywide – £3.7m overspend
35. Corporate Parenting is forecasting an overspend of **£3.5m** of which **£2.3m** relates to an increase in demand. Growth in the number of mainstream looked after children in the first five months of the year has been significantly higher than anticipated, which has put a pressure on the budget for this year.

36. An increase of 57 mainstream looked after children from April 2018 to the end of August takes the number of children looked after to 652. Budget provision for 2018/19 was 610 children, a 6% or **£1.1m** growth from 2017/18. This increase means an overspend of **£1.1m** is expected. The forecast **£2.3m** overspend arises from the expectation that numbers will continue to rise a further 10% to the year end. This is in line with growth in the year to date and would give actual growth for the year of circa 24% (against budgeted growth of 6%). It also recognises that there is limited capacity in the system, resulting in the use of higher cost provision, such as independent foster agencies and residential care.

37. The following graph shows how Oxfordshire compares to statistical neighbours, based on the latest information available. At present Oxfordshire is not an outlier, although numbers are higher than the statistical neighbour average.
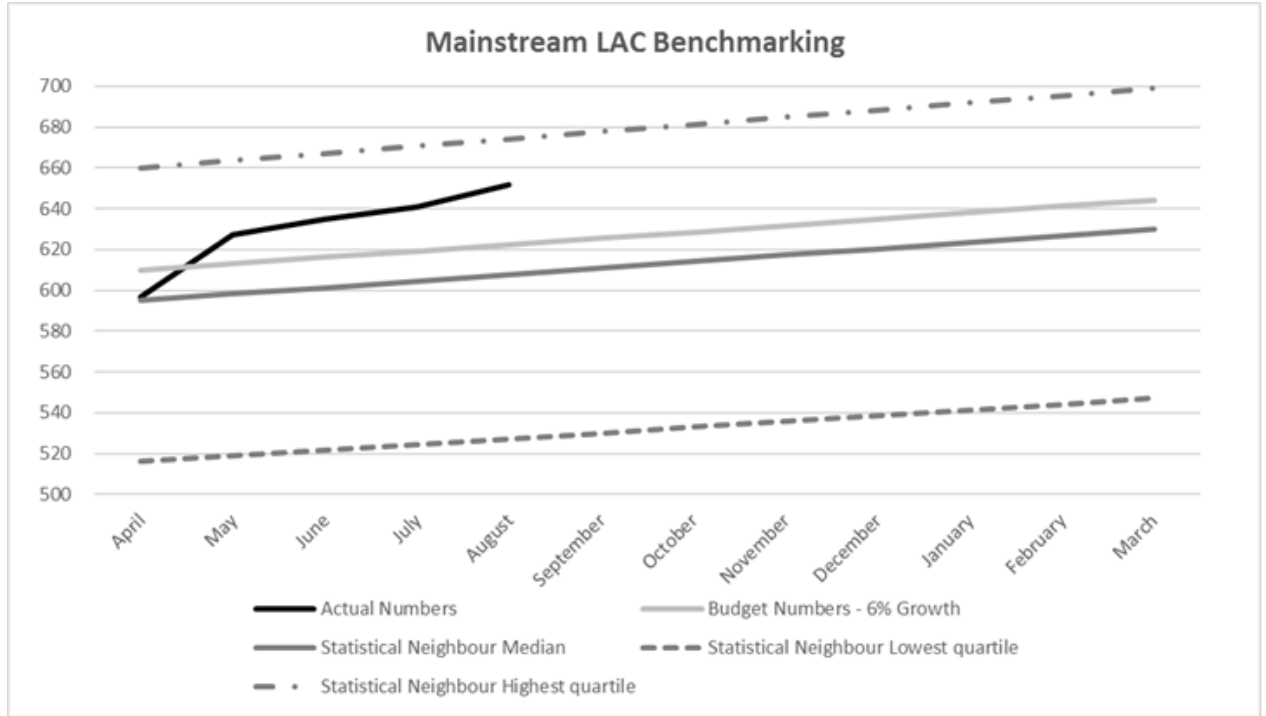
38. The following graph shows the link between the number of mainstream looked after children and the cost of providing placements over a 12-month period.

Page 21
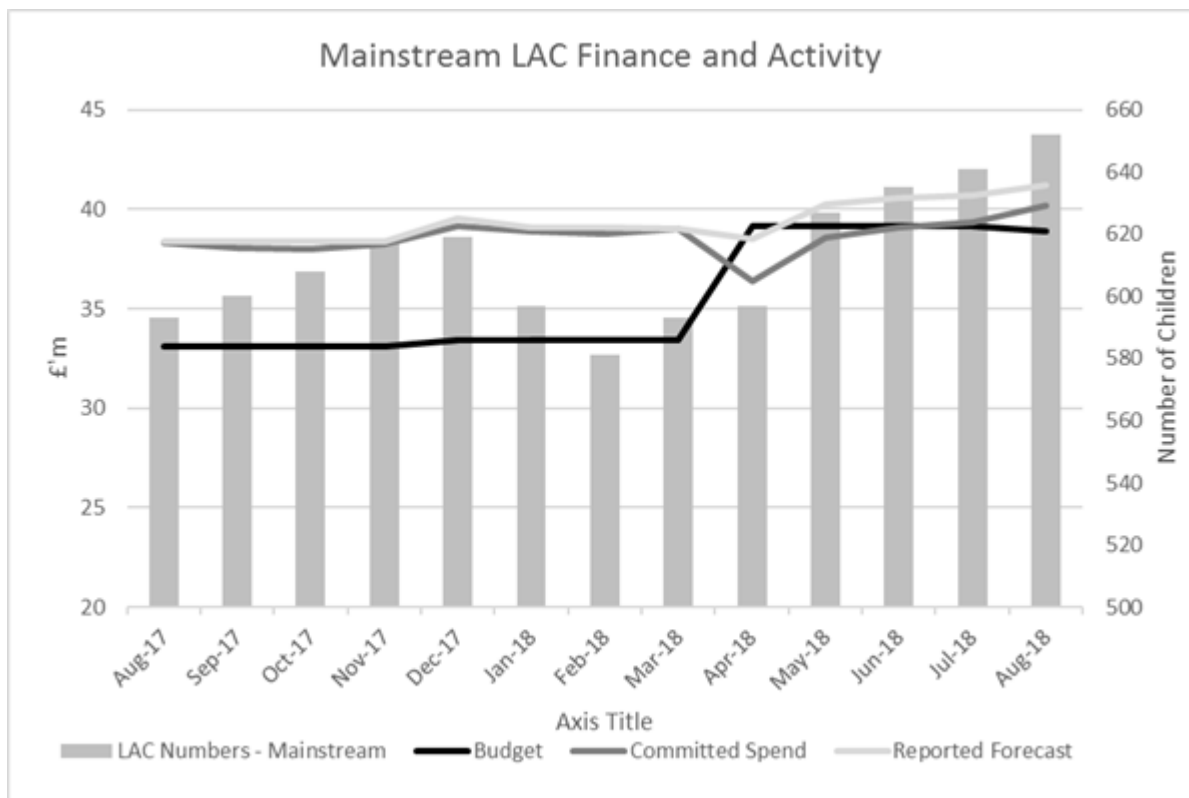
39. The remaining **£1.2m** overspend relates to savings which aren't expected to be achieved in 2018/19 as set out in more detail in paragraphs 24 and 25.

Schools

40. Rose Hill Primary School and Chiltern Edge Secondary School converted to academy status in August and September 2018. The schools currently have accumulated deficits of **£1.1m**, of which **£0.8m** relates to Chiltern Edge School and **£0.3m** relates to Rose Hill School. The conversion process requires the council to fund any accumulated deficits at the point of conversion. A supplementary estimate has been requested for Cabinet approval as set out in paragraph 10.

DSG Funded Services

41. The high needs block is forecast to overspend by **£6.0m** in 2018/19, mainly due to increasing demand for special school places and the need to place children at independent non-maintained special schools. The Strategic Review of High Needs, which will devise a long-term strategy to control demand and improve sufficiency of places, with the aim of reducing spend in the medium-term.

42. In addition, a decision is yet to be made regarding the long-term future of Northfield School, which increases the risk in this budget and is likely to increase spend in the medium term. Until this decision is finalised it will be difficult to calculate the impact on this budget. In order to keep the school open in the short term and to undertake works to the building, the total budget requirement is **£0.9m**, of which **£0.3m** is expected to be charged to revenue.

People – Adult Services

43. Adult Services is forecasting an overspend of **£0.9m (0.5%)**.

44. The pooled budget contributions and risk shares for 2018/19 are yet to be formally agreed with the Oxfordshire Clinical Commissioning Group (OCCG). These are expected to be considered by the relevant Joint Management Group in November 2018 and an update will be provided in the report to Cabinet in December 2018.

Better Care Fund Pool £1.8m overspend (2.3%)

45. Since the health contributions and associated risk share for 2018/19 are yet to be agreed with Oxfordshire Clinical Commissioning Group this report reflects variations for the council elements of the Pooled Budget and excludes any variations against health budgets. Future reports will reflect the position for the whole pool including updates on expenditure for Continuing Health Care. Reflecting the Section 75 agreement and outcomes sought by the Health & Wellbeing Board, the pool combines expenditure on care homes, activity relating to hospital avoidance and prevention and early support activities.

Care Homes

46. The forecast position reflects a **£0.9m** anticipated overspend on care homes placements based on expected activity, an increase of **£1.4m** since the last report. The change relates to a number of new block contracts for which the committed costs have now been included within the forecast and the inclusion of six new service users with the under 65's cohort with physical disabilities. The overspend represents a 0.9% variance on the gross budget for care home placements.

47. This is a demand led service based on need and availability and inevitably this fluctuates from month to month; a net increase of 10 placements at an average cost of £714 per placement per week would increase expenditure by **£0.2m** over the remaining 7 months of the year. The additional cost would potentially be higher than the average if prices are rising generally – often the cost of new placements is higher than ones ending. The average number of new care home placements each week has remained stable since April 2017, with spikes in activity showing in both directions at different times of the year.

48. The forecast also reflects a pressure arising from the **£0.4m** saving built into the Medium Term Financial Plan and previously expected to be achieved as a result of a forecast reduction in Adult Social Care bad debt over six months old. Since the level of debt over six months old has instead increased by **£0.9m** since April 2018 work is underway to take action to improve income collection rates. Further updates will be provided throughout the year.

Hospital Avoidance

49. The service is forecasting an overspend of **£0.7m** this includes an **£0.8m** forecast overspend based on expenditure to date and commitments for home support packages. If this does not reduce by year end **£0.5m** held in reserves for Adult Social Care pressures will be used to offset part of this pressure.

50. Equipment is forecasting an overspend of **£0.2m**. Work is being undertaken to validate this and to provide more assurance about the anticipated future costs.

51. These overspends are offset by an estimated reduction of **£0.3m** in the cost of interim beds which should not be required because of additional reablement activity.

Adults with Care and Support Needs (ACSN) Pool - £2.5m (3.0%) overspend

52. As noted above the risk shares for the Pooled Budgets are yet to be agreed. Since it is not possible to separate the health and social care elements of Learning Disability expenditure within the pool this report assumes the budgets are risked shared on the same basis as in 2017/18 until the 2018/19 risk share has been agreed.

53.   **£2.1m** demography has been added to this budget as part of the 2018/19 Medium Term Financial Plan. Savings of **£1.0m** that need to be achieved through reductions in package costs while continuing to meet assessed needs are also built into the budget. Part of the Adult Social Care precept was used to reduce the original planned saving by **£1.0m** but while cost avoidance is more likely the achievement of the remaining saving will be extremely challenging.

Learning Disabilities

54.   The 2017/18 outturn for the Learning Disabilities element of the pool was an overspend of **£1.6m** and reflected increases in average placement costs and some high cost packages transferring from Children's Social Care late in 2016/17. The forecast position for 2018/19 reflects the continuing pressure from last year and the additional **£0.6m** full year effect of panel decisions made during 2017/18 as well as new changes in 2018/19. Overall the number of service users has not increased but the average size of packages is larger and reflects increasing service user need.

Full Year Effect of LD Packages over £3,000
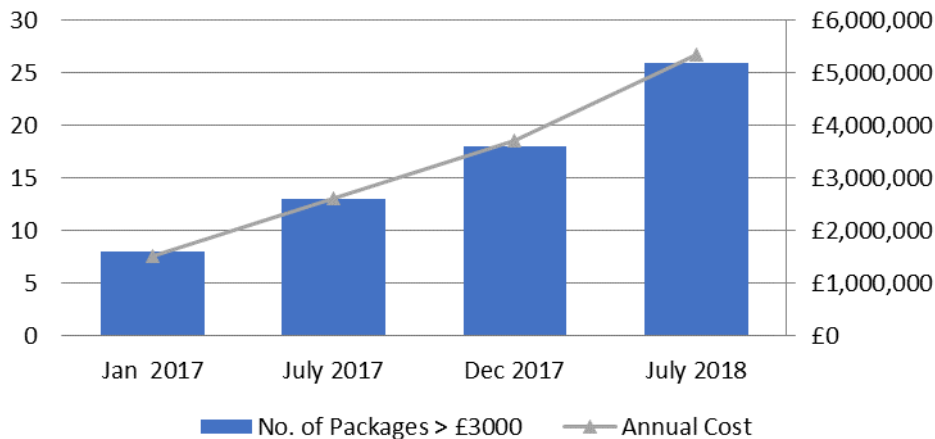
55.   As noted in the last report the effect of Practice Forum decisions are currently forecast to outweigh the net **£1.1m** growth included within the budget by **£0.9m** as indicated in the table below.

2018/19 Forecast Learning Disability Package Changes

Legend:
- ■ New Service Users
- ▨ Increases in packages
- ▥ Decreases in packages
- □ Deaths
- ▨ Net Increase
- ■ Full Year Effect
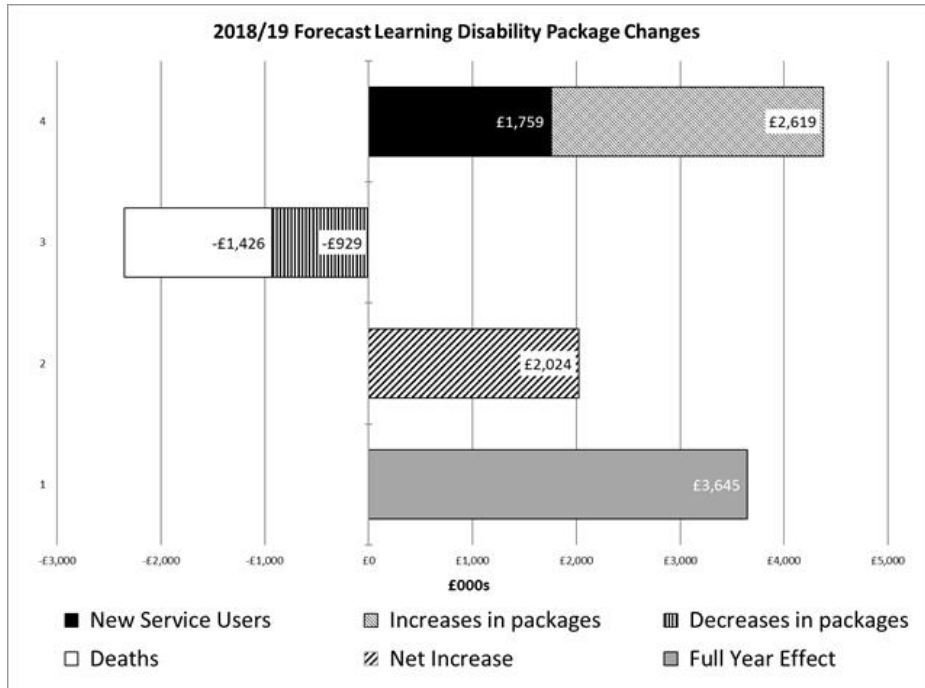
56. Work is continuing to understand the cost drivers behind the growth in the average package size, what the on-going effect is and how future increases can be identified. Factors include a £29 per week (3.5%) increase in the average costs for each service. This partly reflects the number of packages costing over £3,000 per week which has risen by 50% since 2017/18. Updates on the on-going pressure will be provided through the 2019/20 Service and Resource Planning Process.

57. Action is being taken to review activity and packages within the pool and to ensure all known and expected changes to packages and moves to supported living placements, which are generally lower cost than residential placements, have been reflected in the forecast.

Acquired Brain Injury

58. Packages for service users with Acquired Brain Injury are often high cost (typically £4,000 per week) so while the number of users is small a change in one package can have a large impact on the forecast expenditure. There is currently a forecast overspend of **£0.6m** against the budget of £3.0m, a 10% variation. The overspend reflects an increase in service users. Future changes to existing service user packages are expected to reduce the pressure but this may be offset by new service users.

Other Non-Pool Services - £3.4m underspend

59. All other non-pool Adult Social Care Services is currently forecasting an underspend of **£3.4m**, **-19.2%** of the £17.8m budget.

60. The Provider and Support Service is forecasting an underspend of **£0.2m**, arising from vacant posts within the Financial Assessment and Money Management teams.

61. Vacant posts with the Responsible Localities teams are being recruited to and at this stage in the year it is anticipated that the staffing budgets will be fully utilised in 2018/19.

62. The Adult Protection and Mental Capacity service is also forecasting a breakeven position. Included within this forecast is a **£0.4m** overspend in relation to Approved Mental Health Professional Service, which is currently under review. This is offset by a **£0.4m** underspend within the Deprivation of Liberty Safeguards (DoLS) service because of posts agreed to be held vacant. It will be proposed that the budget for the DoLS service is adjusted to match the current team as part of the 2019/20 Service and Resource Planning Process. Funding held in reserves will be used to fund the backlog of out of county assessments on a one-off basis.

63. There is an underspend relating to **£0.7m** one-off funding from the **£2.9m** available through the Adult Social Care precept and **£0.8m** of unallocated base budget held since 2015/16 relating to the Care Act and Independent Living Fund funding which continues to be held outside of the pools but is offsetting part of the pressure on the ACSN pooled budget.

64. There is also an **£1.7m** underspend being reported relating to funding previously earmarked to cover inflationary increase within the Pools no longer being required due to more up to date figures being available and the utilisation of **£1.8m** iBCF to fund the inflationary increases for providers.

People – Public Health

65. There is currently a breakeven position forecast for Public Health. Under the terms and conditions of the ring-fenced Public Health grant require that any under spends are used in future years for Public Health purposes.

Communities

66. An overspend of **£2.6m (2.6%)** is forecast for Communities directorate

Infrastructure Delivery - £1.8m overspend
67. The forecast position reflects an anticipated pressure of **£0.7m** on Street Lighting due to significant increases in energy prices, including over 30% in the latter part of 2017/18. A plan is in place to invest in LED lighting across the Street Lighting network which will reduce energy costs down to an affordable level, with implementation due to start in February 2019. However, the benefits will not be realised in time to reduce the 2018/19 pressure.

68. The forecast position also reflects an anticipated pressure on the Defect Repairs budget of **£1.1m** due to the significant increase in road defects following the abnormal weather over the winter months. Further investment is being sought which could reduce this pressure but at present an overspend is anticipated.

Property & Investment - £0.7m overspend

69. Supported Transport is forecasting an overspend of **£0.7m**. The forecast position reflects a net pressure of £1.3m on the Fleet budget where its new operating model is still to be implemented, now that it mainly delivers transport for term time only SEN students. This has been offset by cost reductions of **£0.2m** due to reduced vehicle numbers and therefore reduced maintenance costs, amendments to staff contacts of **£0.1m** and additional short-term income of **£0.3m** (Bus Service Operators Grant) towards funding the Comet bus. An ongoing Fleet project is looking at ways to further reduce this pressure and the results will be reported in future months.

70. Although a balanced budget is forecast for Property, the business is still designing its operating model, and investing significantly in interim management to implement a new fit for purpose business as usual model. This coupled with the uncertainty over the finalisation of the liquidation of Carillion and the need to establish the condition of the council's estate, with yet unknown consequences, puts at risk the services ability to work within the agreed budgets set for the medium term.

Resources

71. Resources is forecast to overspend by **£0.7m (0.6%)**. This mainly relates to Legal Services due to the cost of external Counsel fees.

RECOMMENDATIONS

72. The Cabinet is **RECOMMENDED** to:

   (a)   note the report;
   (b)   note the virements set out in Annex 2b;
   (c)   approve the supplementary estimates set out in Annex 2c and paragraph 10;
   (d)   approve the bad debt write-offs as set out in paragraphs 21 and 22.

LORNA BAXTER
Director of Finance
Background papers: Directorate Financial Monitoring Reports for June, July and August 2018

Contact Officers: Katy Jurczyszyn, Strategic Finance Manager
                         07584 909518

October 2018

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Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Budget Monitoring

Directorate	BUDGET 2018/19			Outturn Forecast Year end Spend/Income	Projected Year end Variation to Budget	Projected Year end Variance Traffic Light
	Original Budget	Movement to Date	Latest Budget			
					underspend - overspend +	
	£000	£000	£000	£000	£000	
People						
Gross Expenditure	628,461	165,575	794,036	801,549	7,513	G
Gross Income	-312,944	-165,213	-478,157	-478,157	0	G
	315,517	362	315,879	323,392	7,513	A
Resources						
Gross Expenditure	65,015	666	65,681	66,122	441	G
Gross Income	-45,952	-159	-46,111	-45,829	282	G
	19,063	507	19,570	20,293	723	A
Communities						
Gross Expenditure	170,097	319	170,416	172,281	1,865	G
Gross Income	-71,117	-630	-71,747	-71,047	700	G
	98,980	-311	98,669	101,234	2,565	A
Directorate Expenditure Total	863,573	166,560	1,030,133	1,039,952	9,819	G
Directorate Income Total	-430,013	-166,002	-596,015	-595,033	982	G
Directorate Total Net	433,560	558	434,118	444,919	10,801	A

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Budget Monitoring

Directorate	BUDGET 2018/19			Outturn Forecast Year end Spend/Income	Projected Year end Variation to Budget	Projected Year end Variance Traffic Light
	Original Budget	Movement to Date	Latest Budget			
					underspend - overspend +	
	£000	£000	£000	£000	£000	
Contributions to (+)/from (-)reserves	-10,330	-924	-11,254	-11,254	0	
Contribution to (+)/from(-) balances	0		0	-3,363	-3,363	
Public Health Saving Recharge	-500		-500	-500	0	
Contingency	7,481	184	7,665	1,194	-6,471	
Capital Financing	24,070		24,070	24,070	0	
Interest on Balances	-6,020		-6,020	-6,520	-500	
Strategic Measures Budget	14,701	-740	13,961	3,627	-10,334	
Unringfenced Government Grants	-12,862	182	-12,680	-12,680	0	
Council Tax Surpluses	-5,316		-5,316	-5,316	0	
Revenue Support Grant	-5,868		-5,868	-5,868	0	
Business Rates Top-Up	-39,003		-39,003	-39,003	0	
Business Rates From District Councils	-33,170		-33,170	-33,637	-467	
Council Tax Requirement	352,042	0	352,042	352,042	0	

KEY TO TRAFFIC LIGHTS
Balanced Scorecard Type of Indicator

Budget	On track to be within + /- 2% of year end budget	G
	On track to be within + /- 5% of year end budget	A
	Estimated outturn showing variance in excess of + /- 5% of year end	R

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Budget Monitoring

People Directorate	BUDGET 2018/19		Latest Estimate	Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light Indicator
	Original Budget	Movement to Date				
					underspend - overspend +	
	£000	£000	£000	£000	£000	
CEF1 Education & Early Intervention						
Gross Expenditure	72,563	453	73,016	73,516	500	G
Gross Income	-51,320	657	-50,663	-50,663	0	G
	21,243	1,110	22,353	22,853	500	A
CEF2 Children's Social Care						
Gross Expenditure	31,369	1,546	32,915	35,287	2,372	R
Gross Income	-3,109	-1,237	-4,346	-4,346	0	G
	28,260	309	28,569	30,941	2,372	R
CEF3 Children's Social Care Countywide Services						
Gross Expenditure	53,465	152	53,617	57,362	3,745	R
Gross Income	-3,856	-217	-4,073	-4,073	0	G
	49,609	-65	49,544	53,289	3,745	R
CEF4-1 Delegated Schools						
Gross Expenditure	166,684	165,249	331,933	331,933	0	G
Gross Income	-166,684	-165,249	-331,933	-331,933	0	G
	0	0	0	0	0	G
CEF4 Other Schools						
Gross Expenditure	39,963	-1,376	38,587	38,587	0	G
Gross Income	-39,671	1,302	-38,369	-38,369	0	G
	292	-74	218	218	0	G

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Budget Monitoring

People Directorate	BUDGET 2018/19		Latest Estimate	Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light Indicator
	Original Budget	Movement to Date				
					underspend - overspend +	
	£000	£000	£000	£000	£000	
CEF5 Quality & Compliance						
Gross Expenditure	6,271	-694	5,577	5,577	0	G
Gross Income	-609	0	-609	-609	0	G
	5,662	-694	4,968	4,968	0	G
CEF Non Negotiable Support Service Recharges						
Gross Expenditure	12,175	0	12,175	12,175	0	G
Gross Income	0	0	0	0	0	
	12,175	0	12,175	12,175	0	G
SCS1 Adult Social Care						
Gross Expenditure	195,184	-401	194,783	195,679	896	G
Gross Income	-16,108	-317	-16,425	-16,425	0	G
	179,076	-718	178,358	179,254	896	G
SCS2 Joint Commissioning						
Gross Expenditure	6,291	691	6,982	6,982	0	G
Gross Income	-786	-197	-983	-983	0	G
	5,505	494	5,999	5,999	0	G
SCS Non Negotiable Support Service Recharges						
Gross Expenditure	13,695	0	13,695	13,695	0	G
Gross Income	0	0	0	0	0	
	13,695	0	13,695	13.695	0	G

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Budget Monitoring

People Directorate	BUDGET 2018/19		Latest Estimate	Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light Indicator
	Original Budget	Movement to Date				
					underspend - overspend +	
	£000	£000	£000	£000	£000	
PH1 LA Commissioning Responsibilities - Nationally Defined						
Gross Expenditure	17,630	-200	17,430	17,430	0	G
Gross Income	0	0	0	0	0	
	17,630	-200	17,430	17,430	0	G
PH2 LA Commissioning Responsibilities - Locally Defined						
Gross Expenditure	12,525	153	12,678	12,678	0	G
Gross Income	-273	45	-228	-228	0	G
	12,252	198	12,450	12,450	0	G
PH3 Public Health Recharges						
Gross Expenditure	646	2	648	648	0	G
Gross Income	0	0	0	0	0	
	646	2	648	648	0	G
PH4 Grant Income						
Gross Expenditure	0	0	0	0	0	
Gross Income	-30,528	0	-30,528	-30,528	0	G
	-30,528	0	-30,528	-30,528	0	G
Transfer to Public Health Reserve	0	0	0	0	0	G
Directorate Expenditure Total	628,461	165,575	794,036	801,549	7,513	G
Directorate Income Total	-312,944	-165,213	-478,157	-478,157	0	G
Directorate Total Net	315,517	362	315,879	323,392	7,513	A

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Budget Monitoring

Communities Directorate	BUDGET 2018/19		Latest Estimate	Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light Indicator
	Original Budget	Movement to Date				
					underspend - overspend +	
	£000	£000	£000	£000	£000	
EE1 Planning & Place						
Gross Expenditure	12,125	255	12,380	12,380	0	G
Gross Income	-6,519	-251	-6,770	-6,770	0	G
	5,606	4	5,610	5,610	0	G
EE2 Infrastructure Delivery						
Gross Expenditure	59,509	-213	59,296	61,096	1,800	A
Gross Income	-10,968	-46	-11,014	-11,014	0	G
	48,541	-258	48,283	50,083	1,800	A
EE3 Property & Investment						
Gross Expenditure	59,411	421	59,832	59,832	0	G
Gross Income	-30,167	-452	-30,619	-29,919	700	A
	29,244	-31	29,213	29,913	700	A
EE4 Community Safety						
Gross Expenditure	24,809	-144	24,665	24,730	65	G
Gross Income	-1,749	118	-1,631	-1,631	0	G
	23,060	-26	23,034	23,099	65	G
EE9 Recharge income from Grants and External organisations						
Gross Expenditure	0	0	0.00	0	0	
Gross Income	-817	0	-817.00	-817	0	G
	-817	0	-817.00	-817	0	G

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Budget Monitoring

Communities Directorate	BUDGET 2018/19			Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light Indicator
	Original Budget	Movement to Date	Latest Estimate			
					underspend - overspend +	
	£000	£000	£000	£000	£000	
Non Negotiable Support Service Recharges						
Gross Expenditure	14,243	0	14,243.00	14,243	0	G
Gross Income	-20,897	0	-20,897.00	-20,897	0	G
	-6,654	0	-6,654.00	-6,654	0	G
Directorate Expenditure Total	170,097	319	170,415.87	172,281	1,865	G
Directorate Income Total	-71,117	-630	-71,747.10	-71,047	700	G
Directorate Total Net	98,980	-311	98,668.77	101,234	2,565	A

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Budget Monitoring

Resources Directorate	Original Budget	Movement to Date	Latest Estimate	Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light Indicator
		BUDGET 2018/19				
	£000	£000	£000	£000	underspend - overspend + £000	
CEO1 Chief Executive & Business Support						
Gross Expenditure	903	-60	843	968	125	R
Gross Income	0	0	0	0	0	
	903	-60	843	968	125	R
CEO2 Human Resources						
Gross Expenditure	4,649	4	4,653	4,683	30	G
Gross Income	-739	0	-739	-739	0	G
	3,910	4	3,914	3,944	30	G
CEO3 Corporate Finance & Internal Audit						
Gross Expenditure	6,535	-211	6,324	6,324	0	G
Gross Income	-1,772	18	-1,754	-1,754	0	G
	4,763	-193	4,570	4,570	0	G
CEO4 Law & Governance						
Gross Expenditure	10,800	927	11,727	12,127	400	A
Gross Income	-8,157	-56	-8,213	-8,213	0	G
	2,643	871	3,514	3,914	400	R
CEO5 Policy						
Gross Expenditure	3,574	308	3,882	3,882	0	G
Gross Income	-917	-122	-1,039	-1,039	0	G
	2,657	186	2,843	2,843	0	G

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Budget Monitoring

Resources Directorate	BUDGET 2018/19			Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light Indicator
	Original Budget	Movement to Date	Latest Estimate			
					underspend - overspend +	
	£000	£000	£000	£000	£000	
CEO7 Customer Experience						
Gross Expenditure	26,042	-13,413	12,629	12,629	0	G
Gross Income	-3,521	318	-3,203	-3,075	128	A
	22,521	-13,095	9,426	9,554	128	G
CEO8 ICT & Digital						
Gross Expenditure	0	13,111	13,111	12,997	-114	G
Gross Income	0	-317	-317	-163	154	R
	0	12,794	12,794	12,834	40	G
CEO9 Recharge income from Grants and External organisations						
Gross Expenditure	0	0	0	0	0	
Gross Income	-1,912	0	-1,912	-1,912	0	G
	-1,912	0	-1,912	-1,912	0	G
Non Negotiable Support Service Recharges						
Gross Expenditure	12,512	0	12,512	12,512	0	G
Gross Income	-28,934	0	-28,934	-28,934	0	G
	-16,422	0	-16,422	-16,422	0	G
Directorate Expenditure Total	65,015	666	65,681	66,122	441	G
Directorate Income Total	-45,952	-159	-46,111	-45,829	282	G
Directorate Total Net	19,063	507	19,570	20,293	723	A

Financial Monitoring and Delivery Report
CABINET - 16th October 2018

CABINET IS RECOMMENDED TO NOTE THE VIREMENTS AS DETAILED BELOW:

Directorate (CD = Cross Directorate)	Month of Cabinet meeting	Month of Directorate MMR	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
CD	Oct	Jun	Moving Care Governance Lead from Policy Team to Adult Social Care Service Improvement Team	CEO5	Policy	P	-39	0
				SCS1-9	ASC Staffing & Infrastructure	P	39	0
			Temporary Virement to Move 115k back to strategic Measures	CEF3-2	Safeguarding	T	-115	0
				VSMMGT	Stategic Measures	T	115	0
			service improvement adjustments	CEO8	ICT & Digital	P	44	0
				SCS1-3	Provider and Support Services	P	-144	0
				SCS1-6	Other Funding	P	100	0
		Jul	Transfers from Budget Prioritisation Reserve to CEF	CEF5-1	Management & Admin	T	310	0
				VSMMGT	Stategic Measures	T	-310	0
			Chief Officer's Pay Award 2018-19	CEF1-1	Management & Central Costs	P	2	0
				CEF2-1	Management & Central Costs	P	10	0
				CEF3-2	Safeguarding	P	1	0
				CEF3-4	Youth Offending Service	P	1	0
				CEF5-1	Management & Admin	P	2	0
				CEO1	Resources Business Support	P	2	0
				CEO2	Human Resources	P	5	0
				CEO3	Corporate Finance & Internal Audit	P	4	0
				CEO4	Law & Governance	P	3	0
				CEO5	Policy	P	3	0
				CEO7	Transformation	P	5	0
				EE1-1	Planning & Place Management	P	1	0
				EE1-2	Planning Regulation	P	1	0
				EE1-4	Localities, Policy & Programmes	P	1	0
				EE1-6	Local Enterprise Partnership	P	1	0
				EE2-3	Network & Asset Management	P	1	0
				EE2-5	Highways & Waste	P	1	0
				EE2-6	Major Infrastructure Delivery	P	1	0
				EE3-2	Property & Procurement	P	7	0
				EE4-4	Trading Standards	P	1	0
				SCS1-9	ASC Staffing & Infrastructure	P	6	0
				SCS2	Joint Commissioning	P	7	0
				VSMMGT	Stategic Measures	P	-66	0
			Student ICT Equipment	CEO8	ICT & Digital	P	1	0
				SCS1-3	Provider and Support Services	P	-1	0

Financial Monitoring and Delivery Report
CABINET - 16th October 2018

CABINET IS RECOMMENDED TO NOTE THE VIREMENTS AS DETAILED BELOW:

Directorate (CD = Cross Directorate)	Month of Cabinet meeting	Month of Directorate MMR	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
CD	Oct	Aug	Income Team Budget	CEF5-1	Management & Admin	P	-17	0
				EE2-1			-17	0
				SCS1-3	Provider and Support Services	P	82	-48
			Museum Transition Funding to Contingency	CEO7	Transformation	P	-100	0
				VSMMGT	Strategic Measures	P	100	0
CEF	Oct	Jul	Set PCC income budget 2018/19 + correct GL code	CEF3-4	Youth Offending Service	P	-5	5
			Create Income Budget For Grant Received	CEF2-1	Management & Central Costs	P	0	-150
			Create Expenditure Budget For Grant Received	CEF2-1	Management & Central Costs	P	150	0
			Some of The Underspend in Kingfisher to Fund Safeguarding SCT191	CEF2-2	Social Care	P	-255	0
				CEF3-2	Safeguarding	P	255	0
		Aug	budget tidy	CEF1-4	Organisation & Planning	T	54	-54
			Update DSG Budgets to Reflect July 2018 Grant Notification	CEF1-2	Additional & Special Education Needs	P	-483	483
				CEF1-3	Education	P	-326	326
				CEF1-4	Organisation & Planning	P	-78	78
				CEF4-1	Delegated Budgets	P	-3,820	3,820
				CEF4-2	Nursery Education Funding (EY)	P	-1,877	1,877
				CEF4-3	Non-Delegated Schools Costs	P	575	-575
			EVC Training Budget Tidy	CEF1-4	Organisation & Planning	P	8	-8
			transfer of staff & budget from EP0665 EDM to EL1460 Admin	CEF1-1	Management & Central Costs	P	196	0
				CEF1-2	Additional & Special Education Needs	P	-196	0
			transfer of staff & budget from EL1460 Admin to EP0665 EDM PYE	CEF1-1	Management & Central Costs	T	-82	0
				CEF1-2	Additional & Special Education Needs	T	82	0
			CEF Priorities Allocations	CEF1-2	Additional & Special Education Needs	T	600	0
				CEF1-4	Organisation & Planning	T	63	0
				CEF5-1	Management & Admin	T	-663	0
			Supervised Contact Team Additional	CEF3-1	Corporate Parenting	T	67	0
				CEF5-1	Management & Admin	T	-67	0

Financial Monitoring and Delivery Report
CABINET - 16th October 2018

CABINET IS RECOMMENDED TO NOTE THE VIREMENTS AS DETAILED BELOW:

Directorate (CD = Cross Directorate)	Month of Cabinet meeting	Month of Directorate MMR	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
CS	Oct	Jun	Set Legal Services budget 2018/19	CEO4	Law & Governance	P	55	-55
		Aug	Budget for PA posts from Chief Executive's Office to Democratic Services	CEO1	Resources Business Support	P	-60	0
				CEO4	Law & Governance	P	60	0
EE	Oct	Jul	Property Budget Realignement	EE3-2	Property & Procurement	P	350	-350
			Move to 6549 (re P&B saving 19COM6)	EE1-4	Localities, Policy & Programmes	P	250	0
			Move from GL code 3300 (re P&B 19COM6)	EE1-4	Localities, Policy & Programmes	P	0	-250
			Transfer Capital Investment PAs	EE2-3	Network & Asset Management	P	-65	0
				EE3-2	Property & Procurement	P	65	0
			Operations Restructure	EE2-1			359	29
				EE2-2	Asset & Contract Management	P	-294	69
				EE2-3	Network & Asset Management	P	-287	-255
				EE2-4	Delivery	P	11	368
		Aug	2018-19 Waste budget realignment	EE2-2	Asset & Contract Management	P	257	-257
			Daytime Support Ext Assessments	SCS1-3	Provider and Support Services	T	86	0
				SCS1-6	Other Funding	T	-86	0
SCS	Oct	Aug	ASC Income Cost Centre	SCS1-3	Provider and Support Services	P	440	-283
				SCS1-6	Other Funding	P	-157	0
			SCS2 Restructure	SCS1-6	Other Funding	P	-159	0
				SCS2	Joint Commissioning	P	460	-301
PH	Oct	Jul	remove income budget - will not receive	PH2	Public Health - Non-Mandatory Functions	P	0	45
			reduce exp budget as not receiving income	PH2	Public Health - Non-Mandatory Functions	P	-45	0
Grand Total							-4,512	4,512

Page 40

Financial Monitoring and Business Strategy Delivery Report
CABINET - 16th October 2018

Supplementary Estimates

SUPPLEMENTARY ESTIMATES REQUESTED THIS REPORT

Directorate	Month of Cabinet meeting	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
CEF	October	Chiltern Edge School Deficit on conversion to Academy status	CEF4-1	Schools		800	
CEF	October	Rose Hill Primary School Deficit on conversion to Academy Status	CEF4-1	Schools		300	
Grand Total						1100.0	0.0

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Government Grants 2018/19

Ringfenced	Directorate	Issued by	2018/19 Budget Book	In year Adjustments / New Allocations reported previously reported	In year Adjustments/ New Allocations reported this time	Latest Allocation
			£000	£000	£000	£000
	People - Children's Services					
R	Dedicated Schools Grant (DSG) - Schools Block	DfE	130,518			130,518
R	Dedicated Schools Grant (DSG) - Central Block	DfE	4,041			4,041
R	Dedicated Schools Grant (DSG) - High Needs Block	DfE	51,166			51,166
R	Dedicated Schools Grant (DSG) - Early Years Block	DfE	39,655			39,655
R	Pupil Premium	DfE	6,914			6,914
R	Education Funding Agency - Sixth Form Funding and Threshold	DfE	619			619
R	Youth Justice Board	YJB	553			553
R	Asylum (USAC and Post 18)	HO	1,143			1,143
R	PE and Sport Grant	DfE	2,774			2,774
R	Universal Infant Free School Meals	DfE	5,067			5,067
R	Remand Framework	YJB	43			43
R	Extended Personal Adviser Duty Implementation Grant	DfE		26		26
R	Virtual School Heads	DfE		38		38
	TOTAL PEOPLE - CHILDREN'S SERVICES		242,493	64	0	242,557
	People - Adult Services					
R	Improved Better Care Fund	DH	7,504			7,504
	TOTAL PEOPLE - ADULT SERVICES		7,504	0	0	7,504
	Public Health					
R	Public Health Grant	DH	30,528			30,528
	TOTAL PUBLIC HEALTH		30,528	0	0	30,528

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Government Grants 2018/19

Ringfenced	Directorate	Issued by	2018/19 Budget Book	In year Adjustments / New Allocations reported previously reported	In year Adjustments/ New Allocations reported this time	Latest Allocation
			£000	£000	£000	£000
	Communities					
R	Bus Service Operators Grant	DfT	795			795
R	Natural England	DEFRA	242			242
R	Housing and Growth Deal Capacity Funding	MHCLG	2,500			2,500
	Subtotal Communities Grants		3,537	0	0	3,537
	Grants held on behalf of Local Enterprise Partnership					
R	Oxford Innovation Business Support	BEIS	205			205
R	Careers & Employment Centre		75			75
R	European Regional Development Fund		40			40
R	DCLG (Local Enterprise Partnership Funding)	MHCLG	500			500
R	City Deal Skills Grant	ESFA	0			0
	Subtotal Grants held on behalf of Local Enterprise Partnership		820	0	0	820
	TOTAL COMMUNITIES		4,357	0	0	4,357
	Resources					
R	Music	DfE	827			827
	TOTAL RESOURCES		827	0	0	827
	Strategic Measures					
U	Lead Local Flood Authority	DEFRA	42			42
U	Extended Rights to Free Travel	DfE	278			278
U	Fire Revenue Grant	MHCLG	213			213
U	Troubled Families - Service Transformation Grant	MHCLG	200			200
U	Troubled Families - Payment by Results	MHCLG		60		60
U	Troubled Families Attachment Fees - Phase 2	MHCLG		492		492
U	New Homes Bonus	MHCLG	3,366			3,366
U	New Homes Bonus Adjustment Grant	MHCLG	0			0

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
Government Grants 2018/19

Ringfenced	Directorate	Issued by	2018/19 Budget Book	In year Adjustments / New Allocations reported previously reported	In year Adjustments/ New Allocations reported this time	Latest Allocation
			£000	£000	£000	£000
U	New Burden Grant - Property Searches	MHCLG		3		3
U	Local Reform & Community Voices Grant	DH	515			515
U	Adult Social Care Grant	DH	1,432			1,432
U	Independent Living Fund	DH	3,562			3,562
U	Education Services Grant	DfE	0			0
U	Special Educational Needs Reform Grant	DfE	0			0
U	Special Educational Needs Implementation Grant	DfE	331			331
U	Special Educational Needs Preparation for Employment Grant	DH	97			97
U	Mockingbird Funding	DfE		164		164
U	School Improvement and Brokering Grant	DfE		231		231
U	Transition Funding	MHCLG	0			0
U	Section 31 Grant for Business Rate Compensation	MHCLG	2,775			2,775
U	Revenue Support Grant	MHCLG	5,868			5,868
U	Business Rates Top-Up	MHCLG	39,003			39,003
	TOTAL STRATEGIC MEASURES		57,682	950	0	58,632
	Total All Grants		343,391	1,014	0	344,405

Ringfenced
R   Ringfenced
U   Un-ringfenced

Issued by
DfE   Department for Education
YJB   Youth Justice Board
HO   Home Office
DH   Department of Health
MHCLG   Ministry of Housing, Communities and Local Government

ESFA   Education & Skills Funding Agency
BEIS   Department for Business, Energy & Industrial Strategy
DEFRA   Department for Environment, Food & Rural Affairs
CO   Cabinet Office

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
EARMARKED RESERVES

	2018/19			Last reported forecast as at 31 March 2018	Change in closing balance to last forecast	Commentary
	Balance at 1 April 2018	Movement	Forecast Balance at 31 March 2019			
	£000	£000	£000	£000	£000	
Schools' Reserves	15,177	-978	14,199	14,199	14,199	In accordance with the Education Reform Act 1988, the scheme of Local Management of Schools provides for the carry forward of individual schools surpluses and deficits. These reserves are committed to be spent on schools. Other School Reserves cover a number of miscellaneous education activities, including amounts loaned to individual schools against school reserves, and School Partnership Accounts which are operated in respect of inter-school activities, primarily relating
Vehicle and Equipment Reserve	2,760	-2,117	2,743	2743	2,743	Includes funding for Fire & Rescue Service vehicles and equipment.
Grants and Contributions Reserve	13,539	-6,162	8,403	8403	8,403	Includes £1.2m Public Health Grant.
Government Initiatives	587	0	587	587	587	Funding for government initiatives, including adoption reform work.
Trading Accounts	658	-68	590	590	590	Holds surplus funds from self-financing services such as Oxfordshire Safeguarding Children's Board
Council Elections	158	150	308	308	308	This will be used to fund future elections. In years where no County Elections take place any underspend on the Council Elections budget will be transferred to this reserve.
Partnership Reserves	654	0	654	654	654	To be spent on LEP related project expenditure and the Growth Deal
On Street Car Parking	2,311	-1,000	2,311	2311	2,311	This surplus has arisen under the operation of the Road Traffic Regulation Act 1984 (section 55). The purposes for which these monies can be used are defined by statute.
Transformation Reserve	2,482	718	0	0	0	This reserve was established as part of the 2016/17 budget process to utilise one-off grant funding from the Government to fund the Council's Fit for the Future Transformation programme.
Budget Prioritisation Reserve	16,966	-15,860	4,522	4522	4,522	This reserve is being used to support the implementation of the Council's proirities and the Medium Term Financial Plan.
Insurance Reserve	8,515	-1,000	7,515	7515	7,515	This reserve covers the County Council for insurance claims that, based on the previous experience of the County Council, are likely to be received, as well as a number of insurance related issues.
Business Rates Reserve	150	405	555	555	555	This reserve is to smooth the volatility of Business Rates income.
Capital Reserves	31,316	0	31,316	31316	31,316	This reserve has been established for the purpose of financing capital expenditure in future years.
Budget Equalisation Reserve	1,293	-1,304	-11	-11	-11	This reserve is being used to manage the cash flow implications of the variations to the Medium Term Financial Plan.
Total Reserves	96,566	-27,216	73,692	73,692	73,692	

Financial Monitoring and Delivery Report
CABINET - 16th October 2018
General Revenue Balances

Date	Forecast 2018/19 £m	£m	Budget 2018/19 £m
General Balances: Outturn 2017/18	25.718		16.300
County Fund Balance		25.718	16.300
Planned Contribution to Balances			
Planned Contribution from Balances			
Original forecast outturn position 2018/19		25.718	16.300
Additions			
		0.000	0.000
Calls on balances deducted			
		0.000	
Automatic calls on/returns to balances			
		0.000	
Additional Strategic Measures			
Forecast Strategic Measures Overspend /Underpsend			
		0.000	
Other items			
		0.000	
Net General Balances		25.718	16.300
Total Gross Expenditure Budget		797.065	797.065
Balances as a % of Gross Expenditure		3.23%	2.05%
Net Balances		25.718	
Calls on / returns to balances agreed but not actioned			
		0.000	
Calls on / returns to balances requested in this report			
Schools coverting to Academies		-1.100	
		-1.100	
Forecast Variation at Year End			
Less forecast directorate overspend (as set out in Annex 1)		-3.363	
Revised Outturn position		21.255	

CABINET – 16 OCTOBER 2018

CAPITAL PROGRAMME UPDATE AND MONITORING REPORT

Report by the Director of Finance

Introduction

1. This is the second separate capital programme update and monitoring report and focuses on the delivery of the 2018/19 capital programme based on projections at the end of August 2018 and new inclusions within the overall ten-year capital programme.

2. The following annexes are attached:

    Annex 1   Capital Programme Monitoring
    Annex 2   Updated Capital Programme

2018/19 Capital Monitoring

3. The capital monitoring position set out in Annex 1a, shows the forecast directorate programme expenditure for 2018/19 is **£126.6m** (excluding school's local capital). This has increased by **£11.0m** compared to the latest approved capital programme. The table in the following paragraph summarises the variations by portfolio area.

4. The variations in 2018/19 include the approved recommendations from the July 2018 Cabinet meeting and schemes that have been re-profiled accordingly. Significant in-year variations for each directorate are listed in Annex 1b. New schemes and total programme/project budget changes are listed in Annex 1c.

Portfolio Area	Last Approved Programme * £m	Latest Forecast Expenditure £m	Variation £m
People: Children's Services	29.1	24.9	-4.2
People: Adult Services	6.9	6.9	+0.0
Communities: Transport	53.3	65.3	+12.0
Communities: Other Property	11.0	13.7	+2.7
Resources	15.3	15.8	+0.5
Total Directorate Programmes	**115.6**	**126.6**	**+11.0**
Schools Local Capital	1.2	1.2	+0.0
Earmarked Reserves	11.1	10.6	-0.5
Total Capital Programme	**127.9**	**138.4**	**+10.5**

* Approved by Cabinet 17 July 2018

5. Within the Children's Services Programme there has been a reprofiling of **£4.5m** from 2018/19 into later years on the new Secondary School for South West Bicester. This is to reflect the revised delivery timeframe as the contract award is held pending land issues. The total budget provision is **£16m**.

6.   Within the basic need programme, three projects at Fitzwaryn, Faringdon Community College and Sutton Courtenay Schools have recently been completed. For other projects, a number of pre-agreed contingency plans in order to accommodate the additional pupils have been implemented.

7.   Within Communities, the Highways programme now includes the following schemes that were approved in the last report to Cabinet in July 2018:

a)   An additional **£10m** Highway Maintenance programme for 2018/19 funded from future years highways maintenance allocations;

b)   **£1.0m** (£0.5m for each package of schemes) to develop the Strategic Outline Business Cases for the Access to Didcot Garden Town and the West Oxfordshire A40 Smart Corridor Housing Infrastructure Fund (HIF) bids to Government. This is being forward funded from corporate resources;

c)   The Botley Road Corridor scheme of **£9.1m**, with **£1m** profiled in 2018/19. This project will improve cycling and pedestrian infrastructure support safety of non-motorised users, improve journey time reliability for all modes, and reduce overall journey times especially for bus users along this key arterial route in and out of Oxford; and

d)   The Street Lighting LED replacement programme of **£40.8m**, of which **£0.7m** is profiled in 2018/19. This scheme will replace 51,000 traditional lanterns with LED and also replace 24,000 end of life street light columns. The programme will be funded by prudential borrowing, repaid from the savings in the energy budget the programme will generate.

8.   The A361 Road Safety Improvement and the Witney A40 Downs Road junction contribution have been reprofiled.

9.   Within the Communities Property Programme, the Council's contribution towards the Oxford Flood Relief Scheme has been re-profiled from 2019/20 to 2018/19 as the full **£5.3m** contribution will be made in March 2019.

10.   Within the Resources Programme, **£0.5m** of new in-year financial contributions towards Local Growth Fund projects delivered by third parties have been agreed by the Oxfordshire Local Enterprise Partnership (OxLEP). This relates to the Agritech Centre project.

Actual Expenditure to Date

11.   Excluding forecast expenditure on third party schemes (OxLEP funded schemes and the Housing and Growth Deal Affordable Housing element), the 2018/19 programme reduces from **£126.6m** to **£114.7m**. Actual capital expenditure as at the end of August for Council controlled projects was **£15.0m** with in year commitments at **£33.9m**. The combined value is **43%** of the forecast expenditure. These figures are based on paid invoices at the end of August, so delivery levels are likely to be higher than this.

12. The Capital Governance and Capital Finance Teams are working with teams to report of a greater range of Key Performance Indicators. This work will give more detail and assessment of delivery confidence, to monitor progress and spend and minimise risk of under delivery.

Ten Year Capital Programme Update

13. The total ten-year capital programme (2018/19 to 2027/28) is now **£868.3m**, an increase of **£51.4m** compared to the capital programme approved by Cabinet in July 2018. The updated capital programme is set out in Annex 2. The following table summarises the variations by directorate and the main reasons for these variations is explained in the following paragraphs.

Portfolio Area	Last Approved Total Programme (2018/19 to 2027/28) *	Latest Updated Total Programme (2018/19 to 2027/28)	Variation
	£m	£m	£m
People: Children Services	157.0	161.1	+4.1
People: Adults Services	26.5	26.5	+0.0
Communities: Transport	397.0	442.6	+45.6
Communities: Other	36.4	39.4	+3.0
Resources	98.2	99.2	+1.0
Total Directorate Programmes	**715.1**	**768.8**	**+53.7**
Schools Local Capital	6.3	6.3	+0.0
Earmarked Reserves	95.5	93.2	-2.3
Total Capital Programme	**816.9**	**868.3**	**+51.4**

* Approved by Cabinet 17 July 2018

14. The capital programme now includes the following schemes that were approved by Cabinet in July 2018:

   a) Three developer built New Primary Schools funded from S106 contributions at Crab Hill, Wantage, Curbridge, West Witney and Graven Hill, Bicester, that have a combined total of **£4.5m**.

   b) The Street Lighting LED replacement programme of **£40.8m** (see paragraph 7 above).

   c) The Botley Road Corridor scheme of **£9.1m** of which **£5.0m** is funded from the National Productivity Investment Fund, **£3.2m** from the Housing & Growth Deal Infrastructure funding and **£0.9m** from S106 contributions.

   d) The Didcot Library & Community Hub project with a budget of **£1.6m** for better utilisation of facilities.

15. The Resources programme includes **£1.0m** of financial contributions towards Local Growth Fund projects delivered by third parties and agreed by the OxLEP. The Council, as Accountable Body for OxLEP, will receive **£11.8m** of Local Growth Fund grant in 2018/19 to contribute to schemes agreed by the OxLEP.

16. Other inclusions, include a further **£0.7m** towards the Cogges Manor Farm project that was also approved by Cabinet in July 2018 as part of a separate agenda item and **£0.5m** towards the New Salt Stores and Accommodation at two depot sites approved by the Community Infrastructure Programme Board (this increases the overall budget to **£4.9m**).

Capital Programme Approvals

17. The Community Infrastructure Programme Board (CIPB) recommend that Cabinet approve the following schemes and programmes for inclusion in the capital programme. The business case documents presented to CIPB are available as background papers.

Basic Need Programme – Beyond 2019/20

18. The following basic need projects have reached stage 0 gateway and require Cabinet approval to enter the capital programme:

19. Expansion at Radley CE Primary School from 0.5 form entry to 1 form entry through additional accommodation and alterations with an initial budget requirement (Stage 0) of **£2.5m**. The expansion can only proceed with the acquisition of additional land. The initial development work will be forward funded from the basic need programme, with progress beyond the stage 1 gateway subject to further funding considerations.

20. Expansion at Bardwell Special School to create an additional 16 pupil places with an initial budget requirement of **£1.5m**. The cost of this project will be funded from the government SEN Capital grant and from S106 developer contributions.

Eastern Arc Phase 1: Access to Headington

21. Cabinet is recommended to approve an additional **£3.5m** funded from the Housing & Growth Deal Infrastructure grant towards the Eastern Arc Phase 1: Access to Headington project.

22. The construction programme has been deferred on 2 occasions due to network occupancy constraints (utility emergency works) which meant that the current phase of work, Phase 3 Headley Way, has started 12 months after originally intended. The revised completion date is September 19 with the overall budget provision at **£14.5m**.

RECOMMENDATIONS

23.   The Cabinet is **RECOMMENDED** to:

(a)   note the report;
(b)   approve the updated Capital Programme at Annex 2 and the associated changes to the programme in Annex 1c;
(c)   approve the stage 0 budget requirement of £2.5m towards the expansion at Radley School within the Basic Need Programme with funding options considered at Stage 1 gateway.
(d)   approve the stage 0 budget requirement of £1.5m towards the expansion at Bardwell School within the Basic Need Programme.
(e)   approve the additional budget requirement of £3.5m towards the Eastern Arc Phase 1: Access to Headington Project, for an overall budget provision of £14.5m.

LORNA BAXTER
Director of Finance

Background papers:

ED936 Radley – Stage 0
ED935 Bardwell – Stage 0
Eastern Arc Phase 1: Access to Headington

Contact Officers: Katy Jurczyszyn, Strategic Finance Manger
                             (Financial Strategy & Monitoring)
                             07584 909518
October 2018

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Capital Programme Update & Monitoring Report - Cabinet 16 October 2018
Capital Programme 2018/19 to 2027/28
Summary

Directorate	Latest Approved Capital Programme (Cabinet July 2018)			Latest Forecast			Variation			Current Year Expenditure Monitoring				Performance Compared to Original Programme (Council February 2018)		
	Current Year	Future Years	Total	Current Year	Future Years	Total	Current Year	Future Years	Total	Actual expenditure to date	Commitments	Expenditure Realisation Rate	Actuals & Commitments	Current Year	Variation	Use of Resources Variation
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	%	%	£'000s	£'000s	%
People: Children	29,101	127,858	156,959	24,951	136,198	161,149	-4,150	8,340	4,190	5,209	6,946	21%	49%	30,800	-5,849	-19%
People: Adults	6,895	19,558	26,453	6,895	19,558	26,453	0	0	0	5,904	486	86%	93%	1,457	5,438	373%
Communities: Transport	53,365	343,670	397,035	65,285	377,364	442,649	11,920	33,694	45,614	2,814	22,748	4%	39%	50,424	14,861	29%
Communities: Other Property Development Programmes	10,983	25,380	36,363	13,733	25,630	39,363	2,750	250	3,000	1,292	3,311	9%	34%	10,328	3,405	33%
Resources	15,278	82,947	98,225	15,778	83,447	99,225	500	500	1,000	-6	405	0%	3%	12,256	3,522	29%
Total Directorate Programmes	**115,622**	**599,413**	**715,035**	**126,642**	**642,197**	**768,839**	**11,020**	**42,784**	**53,804**	**15,213**	**33,896**	**12%**	**39%**	**105,265**	**21,377**	**20%**
People: Schools Local Capital	1,154	5,142	6,296	1,154	5,142	6,296	0	0	0	170	0	15%	15%	850	304	36%
Earmarked Reserves	11,100	84,410	95,510	10,600	82,583	93,183	-500	-1,827	-2,327					13,936	-3,336	0%
OVERALL TOTAL	**127,876**	**688,965**	**816,841**	**138,396**	**729,922**	**868,318**	**10,520**	**40,957**	**51,477**	**15,383**	**33,896**	**11%**	**36%**	**120,051**	**18,345**	**15%**

Capital Programme Update & Monitoring Report - Cabinet 16 October 2018
Capital Programme 2018/19 to 2027/28

In-year Expenditure Forecast Variations

Project / Programme Name	Previous 2018/19 Forecast* £'000s	Revised 2018/19 Forecast £'000s	Variation £'000s	Comments
People: Children Capital Programme				
Existing Demographic Pupil Provision (Basic Needs Programme)	7,927	4,777	-3,150	Projects being developed. Draw down of budget provision for the projects below.
Sutton Courtenay - Expansion to 1FE (ED883)	250	400	150	Complete Sept 2018.
Bloxham, Warriner - 2FE Expansion (ED901)	0	3,000	3,000	Stage 2 approved. On-site. Forecast completion August 2019.
Bicester, South West - Secondary (Alchester)	5,000	500	-4,500	Reprofiled due to revised delivery timeframe.
West Witney, Curbridge - 1.5FE Primary School	0	150	150	Cabinet July 18 - Stage 0 approved.
Bicester, Graven Hill - 2FE Primary School	0	200	200	Cabinet July 18 - Stage 0 approved.
North East Wantage, Crab Hill - 2FE Primary School	0	200	200	Cabinet July 18 - Stage 0 approved.
Project Development Budget	100	0	-100	
New School Programme Completions	100	0	-100	Settlement of final account.
Temporary Classrooms - Replacement & Removal	350	230	-120	Great Milton complete Sept 18. £120k budget transfer to Northfield School project.
Northfield Special School	375	495	120	£120k - Accommodation at Iffley Academy
PEOPLE: CHILDREN TOTAL IN-YEAR VARIATION			**-4,150**	
Communities: Transport Capital Programme				
Growth Deal Infrastructure Programme	13,500	13,117	-383	Projects being developed. Draw down of budget provision to individual projects.
Oxford, Botley Rd (NPIF-funded)	70	1,005	935	Cabinet - July 18
HIF1 Didcot Garden Town OBC development	0	500	500	Cabinet - July 18
Riverside routes to Oxford city centre	609	1,126	517	
A361 Road Safety Improvements	2,177	700	-1,477	Revised project delivery timeframe
HIF2 West Oxon OBC development	0	500	500	Cabinet - July 18
Witney, A40 Downs Road junction (contribution)	500	1,250	750	Developer delivered 2018/19
Street Lighting	912	422	-490	Budget transfer to Street Lighting LED programme
Street Lighting LED replacement	0	715	715	Cabinet - July 18
Highways & Associated Infrastructure	0	10,065	10,065	Cabinet - July 18
Oxford, Cowley Road	300	0	-300	Revised project delivery timeframe
NPIF programme 2017-18	765	1,234	469	
Other Small Variations			119	
COMMUNITIES: TRANSPORT TOTAL IN-YEAR VARIATION			**11,920**	
Communities: Other Property Development Capital Programme				
Asset Utilisation Programme	500	400	-100	Projects being developed. Draw down of budget provision for the projects below.
Didcot Library & Community Hub (CS19)	0	100	100	Cabinet - July 18
Oxford Flood Relief Scheme	2,500	5,250	2,750	Re-profiled
COMMUNITIES: OTHER PROPERTY DEVELOPMENT TOTAL IN-YEAR VARIATION			**2,750**	
Resources Capital Programme OXFORDSHIRE LOCAL ENTERPRISE PARTNERSHIP				
LGF3 Agritech Centre	0	500	500	New inclusion
RESOURCES TOTAL IN-YEAR VARIATION			**500**	
CAPITAL PROGRAMME TOTAL IN-YEAR VARIATION			**11,020**	

*As approved by Cabinet 17 July 2018

Capital Programme Update & Monitoring Report - Cabinet 16 October 2018
Capital Programme 2018/19 to 2027/28

New Schemes & Budget Changes

Project / Programme Name	Previous Total Budget* £'000s	Revised Total Budget £'000s	Variation £'000s	Comments
People: Children Capital Programme				
Existing Demographic Pupil Provision (Basic Needs Programme)	85,450	79,883	-5,567	Projects being developed. Draw down of budget provision for the projects below.
Sutton Courtenay - Expansion to 1FE (ED883)	1,431	1,593	162	Complete Sept 2018.
Bloxham, Warriner - 2FE Expansion (ED901)	585	5,700	5,115	Stage 2 approved. On-site. Forecast completion August 2019.
West Witney, Curbridge - 1.5FE Primary School	0	1,300	1,300	Cabinet July 18 - Stage 0 approved.
Bicester, Graven Hill - 2FE Primary School	0	1,630	1,630	Cabinet July 18 - Stage 0 approved.
North East Wantage, Crab Hill - 2FE Primary School	0	1,550	1,550	Cabinet July 18 - Stage 0 approved.
Temporary Classrooms - Replacement & Removal	2,816	2,696	-120	Great Milton complete Sept 18.
Northfield Special School	400	520	120	£120k - Accommodation at Iffley Academy
PEOPLE: CHILDREN TOTAL PROGRAMME SIZE VARIATION			**4,190**	
Communities: Transport Capital Programme				
Housing & Growth Deal Infrastructure Programme	150,000	146,367	-3,633	Projects being developed. Draw down of budget provision to individual projects.
Oxford, Botley Rd (NPIF-funded)	120	9,100	8,980	Cabinet - July 18 (incl Growth Deal funding)
HIF1 DGT OBC development	0	500	500	Cabinet - July 18
Riverside routes to Oxford city centre	3,667	4,031	364	Growth Deal funding
HIF2 West Oxon OBC development	0	500	500	Cabinet - July 18
Street Lighting	9,361	7,401	-1,960	Budget transfer to Street Lighting LED programme
Street Lighting LED replacement	0	40,813	40,813	Cabinet - July 18
Other Small Variations			50	
COMMUNITIES: TRANSPORT TOTAL PROGRAMME SIZE VARIATION			**45,614**	
Communities: Other Property Development Capital Programme				
Didcot Library & Community Hub (CS19)	0	1,600	1,600	Cabinet - July 18
Oxford Flood Relief Scheme	5,000	5,250	250	
Cogges Manor Farm	375	1,050	675	Cabinet - Jul 18
New Salt Stores & Accommodation	4,480	4,955	475	Budget Increase approved by CIPB
COMMUNITIES: OTHER PROPERTY DEVELOPMENT TOTAL PROGRAMME SIZE VARIATION			**3,000**	
Resources Capital Programme				
OXFORDSHIRE LOCAL ENTERPRISE PARTNERSHIP				
LGF3 Agritech Centre	0	1,000	1,000	New inclusion - OxLEP Scheme
RESOURCES TOTAL PROGRAMME SIZE VARIATION			**1,000**	
CAPITAL PROGRAMME TOTAL PROGRAMME SIZE VARIATION			**53,804**	

*As approved by Cabinet 17 July 2018

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CAPITAL PROGRAMME: 2018/19 TO 2027/28

Programme	Capital Investment Programme (latest forecast)						CAPITAL INVESTMENT TOTAL
	Current Year	Firm Programme	Provisional Programme				
	2018 / 19	2019 / 20	2020 / 21	2021 / 22	2022 / 23	up to 2027 / 28	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
People: Children	24,951	36,652	29,730	14,460	9,350	46,006	161,149
People: Schools Local Capital	1,154	800	792	700	650	2,200	6,296
People: Adults	6,895	1,875	12,378	2,284	3,021	0	26,453
Communities: Transport	65,285	71,729	77,760	61,553	77,370	88,952	442,649
Communities: Other Property Development Programmes	13,733	12,577	7,157	2,796	550	2,550	39,363
Resources	15,778	28,427	36,270	3,500	3,000	12,250	99,225
TOTAL ESTIMATED CAPITAL PROGRAMME EXPENDITURE	127,796	152,060	164,087	85,293	93,941	151,958	775,135
Earmarked Reserves	10,600	27,820	17,492	629	10,262	26,380	93,183
TOTAL ESTIMATED CAPITAL PROGRAMME	138,396	179,880	181,579	85,922	104,203	178,338	868,318
TOTAL ESTIMATED PROGRAMME IN-YEAR RESOURCES	118,596	180,151	181,647	100,635	86,731	141,999	809,759
In-Year Shortfall (-) /Surplus (+)		-19,800	271	68	14,713	-17,472	-36,339	-58,559
Cumulative Shortfall (-) / Surplus (+)	58,559	38,759	39,030	39,098	53,811	36,339	0	0

CAPITAL PROGRAMME: 2018/19 TO 2027/28

SOURCES OF FUNDING		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s	CAPITAL RESOURCES TOTAL £'000s
SCE(C) Formulaic Capital Allocations - Un-ringfenced Grant		88,353	100,326	100,002	46,178	58,658	111,125	504,642
Devolved Formula Capital- Grant		850	800	792	700	650	2,200	5,992
Prudential Borrowing		11,668	36,060	35,842	19,398	18,869	2,943	124,780
Grants		11,808	11,147	10,298	4,595	0	0	37,848
Developer Contributions		19,954	30,039	31,207	15,037	5,487	6,604	108,328
District Council Contributions		0	0	226	0	0	0	226
Other External Funding Contributions		301	0	0	14	0	0	315
Revenue Contributions		379	300	210	0	0	0	889
Schools Contributions		28	0	0	0	0	0	28
Use of Capital Receipts		5,055	1,208	3,002	0	20,539	36,369	66,173
Use of Capital Reserves		0	0	0	0	0	19,097	19,097
TOTAL ESTIMATED PROGRAMME RESOURCES UTILISED		138,396	179,880	181,579	85,922	104,203	178,338	868,318
TOTAL ESTIMATED IN YEAR RESOURCES AVAILABLE		118,596	180,151	181,647	100,635	86,731	141,999	809,759
Capital Grants Reserve C/Fwd	16,219	0	0	0	7,033	500	0	0
Usable Capital Receipts C/Fwd	22,335	19,056	19,630	20,001	27,681	16,742	0	0
Capital Reserve C/Fwd	20,005	19,703	19,400	19,097	19,097	19,097	0	0

PEOPLE: CHILDREN'S SERVICES CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast						Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		Firm Programme		Provisional Programme						
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s			
Primary Capital Programme Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Secondary Capital Programme										
King Alfred's (ED928)	0	625	100	100	0	0	0	825	825	200
Secondary Capital Programme Total	**0**	**625**	**100**	**100**	**0**	**0**	**0**	**825**	**825**	**200**
Provision of School Places (Basic Need)										
Existing Demographic Pupil Provision (Basic Needs Programme)	2,932	4,777	12,801	10,867	8,000	7,000	33,506	79,883	76,951	72,174
11/12 - 16/17 Basic Need Programme Completions	0	248	158	0	0	0	0	406	406	158
Chilton - Expansion to 1.5FE (ED893)	1,580	190	14	0	0	0	0	1,784	204	14
Sutton Courtenay - Expansion to 1FE (ED883)	1,147	400	46	0	0	0	0	1,593	446	46
Matthew Arnold - 1FE Expansion (ED877)	1,003	2,000	356	0	0	0	0	3,359	2,356	356
Faringdon Community College - 2FE Expansion (ED876)	3,090	2,400	100	700	0	0	0	6,290	3,200	800
East Hanney, St James - Expansion to 1FE (ED859)	215	1,600	200	118	0	0	0	2,133	1,918	318
Fitzwaryn - Expansion (ED900)	28	575	25	0	0	0	0	628	600	25
Bloxham, Warriner - 2FE Expansion (ED901)	585	3,000	1,800	315	0	0	0	5,700	5,115	2,115
Provision of School Places Total	**10,580**	**15,190**	**15,500**	**12,000**	**8,000**	**7,000**	**33,506**	**101,776**	**91,196**	**76,006**

| Project/ Programme Name | Previous Years Actual Expenditure £'000s | Latest Forecast | | | | | | Total Scheme Cost £'000s | Capital Investment Total (excluding previous years) £'000s | Future Capital Investment Total (excluding previous and current years) £'000s |
| | | Firm Programme | | Provisional Programme | | | | | | |
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s			
Growth Portfolio - New Schools	Note: This section of the programme shows available funding and not the full scheme cost, unless specified Project Approval number displayed									
Didcot, Great Western Park - Secondary (Phase 1) (ED836) Aureus	20,252	0	1,419	0	0	0	0	21,671	1,419	1,419
Didcot, Great Western Park - Primary 2 (14 classroom) (ED835) Aureus	5,639	1,100	411	0	0	0	0	7,150	1,511	411
Bicester, South West - Secondary (Alchester)	870	500	6,000	6,630	2,000	0	0	16,000	15,130	14,630
Oxford - Barton (West) - 1.5FE Primary School	259	500	3,700	2,500	241	0	0	7,200	6,941	6,441
Banbury, Southam Road - 1FE Primary School	21	500	3,000	2,500	129	0	0	6,150	6,129	5,629
The Swan Free School (Financial Contribution)	24	700	800	500	76	0	0	2,100	2,076	1,376
West Witney, Curbridge - 1.5FE Primary School	0	150	250	600	300	0	0	1,300	1,300	1,150
Bicester, Graven Hill - 2FE Primary School	0	200	300	750	380	0	0	1,630	1,630	1,430
North East Wantage, Crab Hill - 2FE Primary School	0	200	300	700	350	0	0	1,550	1,550	1,350
Project Development Budget	6	0	100	100	100	100	0	406	400	400
New School Programme Completions	0	0	298	0	0	0	0	298	298	298
Growth Portfolio Total	**27,071**	**3,850**	**16,578**	**14,280**	**3,576**	**100**	**0**	**65,455**	**38,384**	**34,534**

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast						Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		Firm Programme		Provisional Programme						
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s			
Annual Programmes										
Schools Access Initiative	0	400	400	300	300	300	900	2,600	2,600	2,200
Temporary Classrooms - Replacement & Removal	0	230	566	350	350	350	850	2,696	2,696	2,466
Schools Accommodation Intervention & Support Programme	0	100	100	100	100	100	500	1,000	1,000	900
School Structural Maintenance (inc Health & Safety)	0	3,111	2,200	2,000	1,800	1,500	5,250	15,861	15,861	12,750
Northfield Special School	0	495	25	0	0	0	0	520	520	25
School Estate	0	0	0	0	0	0	5,000	5,000	5,000	5,000
Annual Programme Total	**0**	**4,336**	**3,291**	**2,750**	**2,550**	**2,250**	**12,500**	**27,677**	**27,677**	**23,341**
Other Schemes & Programmes										
CEF Transformation Programme - Children & Family Centres (ED895)	1,088	200	212	0	0	0	0	1,500	412	212
Capacity Building - Early Yrs Entitlement	2,282	500	500	500	204	0	0	3,986	1,704	1,204
Free School Meals (ED862)	0	0	63	0	0	0	0	63	63	63
Loans to Foster/Adoptive Parents (Prudentially Funded)	0	75	75	100	130	0	0	380	380	305
Small Projects	114	25	15	0	0	0	0	154	40	15
Other Schemes & Programmes Total	**3,484**	**800**	**865**	**600**	**334**	**0**	**0**	**6,083**	**2,599**	**1,799**

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast						Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		Firm Programme		Provisional Programme						
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s			
Retentions & Oxford City Schools Reorganisation										
Retentions & OSCR Total	**100**	**150**	**318**	**0**	**0**	**0**	**0**	**568**	**468**	**318**
Schools Capital										
Devolved Formula Capital	0	1,154	800	792	700	650	2,200	6,296	6,296	5,142
School Local Capital Programme Total	**0**	**1,154**	**800**	**792**	**700**	**650**	**2,200**	**6,296**	**6,296**	**5,142**
PEOPLE: CHILDREN CAPITAL PROGRAMME EXPENDITURE TOTAL	**41,235**	**26,105**	**37,452**	**30,522**	**15,160**	**10,000**	**48,206**	**208,680**	**167,445**	**141,340**
PEOPLE: CHILDREN ADJUSTED CAPITAL PROGRAMME EXPENDITURE TOTAL	**41,235**	**24,951**	**36,652**	**29,730**	**14,460**	**9,350**	**46,006**	**202,384**	**161,149**	**136,198**

PEOPLE: ADULTS CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Firm Programme		Provisional Programme				Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s			
Public Health Directorate										
PUBLIC HEALTH PROGRAMME TOTAL	0	0	0	0	0	0	0	0	0	0
SOCIAL CARE FOR ADULTS PROGRAMME										
Adult Social Care										
Adult Social Care Programme	563	300	750	750	750	1,137	0	4,250	3,687	3,387
Residential										
HOPs Phase 1- New Builds	0	0	0	10,503	0	0	0	10,503	10,503	10,503
Specialist Housing Programme (inc ECH - New Schemes & Adaptations to Existing Properties)										
ECH - New Schemes & Adaptations to Existing Properties	776	1,000	1,000	1,000	1,500	1,884	0	7,160	6,384	5,384
Deferred Interest Loans (CSDP)	0	125	125	125	34	0	0	409	409	284
SOCIAL CARE FOR ADULTS PROGRAMME TOTAL	1,339	1,425	1,875	12,378	2,284	3,021	0	22,322	20,983	19,558
Disabled Facilities Grant										
Disabled Facilities Grant	0	5,438	0	0	0	0	0	5,438	5,438	0
DISABLED FACILITIES GRANT PROGRAMME TOTAL	0	5,438	0	0	0	0	0	5,438	5,438	0
Retentions & Minor Works	0	32	0	0	0	0	0	32	32	0
PEOPLE: ADULTS CAPITAL PROGRAMME EXPENDITURE TOTAL	1,339	6,895	1,875	12,378	2,284	3,021	0	27,792	26,453	19,558

Latest Forecast

COMMUNITIES: TRANSPORT CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Firm Programme		Provisional Programme				Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s			
HOUSING & GROWTH DEAL - INFRASTRUCTURE										
Infrastructure Programme	0	13,117	20,000	22,737	34,992	55,521	0	146,367	146,367	133,250
Oxford, Botley Rd (NPIF-funded)	10	1,005	3,621	2,627	8	1,829	0	9,100	9,090	8,085
Oxford Parks Cycle Route (con'n)	0	19	0	0	0	0	0	19	19	0
GROWTH DEAL PROGRAMME TOTAL	**10**	**14,141**	**23,621**	**25,364**	**35,000**	**57,350**	**0**	**155,486**	**155,476**	**141,335**
CITY DEAL PROGRAMME										
Science Transit										
Kennington & Hinksey Roundabouts	7,373	100	0	0	0	0	0	7,473	100	0
Hinksey Hill Northbound Slip Road	768	188	524	5,655	336	1,229	0	8,700	7,932	7,744
Access to Enterprise Zone										
Harwell Link Rd Section 1 B4493 to A417	10,756	110	783	0	0	0	0	11,649	893	783
Harwell Link Rd Section 2 Hagbourne Hill	5,326	532	157	0	0	0	0	6,015	689	157
Featherbed Lane and Steventon Lights	2,340	1,000	1,769	2,615	0	0	0	7,724	5,384	4,384
Harwell, Oxford Entrance	321	1,123	387	169	0	0	0	2,000	1,679	556
Northern Gateway										
Loop Farm Link Road	533	2,500	4,036	231	0	0	0	7,300	6,767	4,267
Other City Deal Programme spend	187	0	-93	0	0	0	0	94	-93	-93
Completed Projects										
Cutteslowe Roundabout	4,949	31	197	0	0	0	0	5,177	228	197
Wolvercote Roundabout	5,286	5	71	0	0	0	0	5,362	76	71
CITY DEAL PROGRAMME TOTAL	**37,839**	**5,589**	**7,831**	**8,670**	**336**	**1,229**	**0**	**61,494**	**23,655**	**18,066**

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast						Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		Firm Programme		Provisional Programme						
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s			
LOCAL PINCH POINT PROGRAMME										
Milton Interchange	12,003	175	175	153	38	0	0	12,544	541	366
A34 Chilton Junction Improvements	9,675	100	400	350	358	0	0	10,883	1,208	1,108
LOCAL PINCH POINT PROGRAMME TOTAL	**21,678**	**275**	**575**	**503**	**396**	**0**	**0**	**23,427**	**1,749**	**1,474**
LOCAL GROWTH FUND PROGRAMME										
Eastern Arc Phase 1 Access to Headington	5,192	4,784	82	1,107	0	0	0	11,165	5,973	1,189
Science Vale Cycle Network Improvements	390	430	307	3,328	45	0	0	4,500	4,110	3,680
Oxford Science Transit Phase 2 - A40 Public Transport improvements (project development)	1,896	475	0	1,129	0	0	0	3,500	1,604	1,129
Didcot Northern Perimeter Road 3 (project development)	524	226	0	0	0	0	0	750	226	0
A34 Lodge Hill Slips (project development)	99	3,017	1,805	9,675	1,213	0	0	15,809	15,710	12,693
Oxford Queen's Street Pedestrianisation	571	470	429	0	0	0	0	1,470	899	429
LOCAL GROWTH DEAL PROGRAMME TOTAL	**8,672**	**9,402**	**2,623**	**15,239**	**1,258**	**0**	**0**	**37,194**	**28,522**	**19,120**
SCIENCE VALE UK										
Milton Park Employment Access Link: Backhill Tunnel	1,026	85	163	0	0	0	0	1,274	248	163
Wantage, Crab Hill (contribution)	0	0	2,000	2,500	0	0	0	4,500	4,500	4,500
HIF1 DGT OBC development	0	500	0	0	0	0	0	500	500	0
SCIENCE VALE UK LOCALITY PROGRAMME TOTAL	**1,026**	**585**	**2,163**	**2,500**	**0**	**0**	**0**	**6,274**	**5,248**	**4,663**

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast						Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		Firm Programme		Provisional Programme						
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s			
OXFORD										
Oxford, Rising Bollards	0	229	20	0	0	0	0	249	249	20
Iffley Fields Controlled Parking Zone	5	25	220	0	0	0	0	250	245	220
Woodstock Rd, ROQ	142	558	0	11	0	0	0	711	569	11
Riverside routes to Oxford city centre	943	1,126	1,862	100	0	0	0	4,031	3,088	1,962
OXFORD LOCALITY PROGRAMME TOTAL	1,090	1,938	2,102	111	0	0	0	5,241	4,151	2,213
BICESTER										
Bicester Perimeter Road (Project Development)	0	250	750	0	0	0	0	1,000	1,000	750
BICESTER LOCALITY PROGRAMME TOTAL	0	250	750	0	0	0	0	1,000	1,000	750
BANBURY										
A361 Road Safety Improvements	18	700	3,388	30	0	0	0	4,136	4,118	3,418
BANBURY LOCALITY PROGRAMME TOTAL	18	700	3,388	30	0	0	0	4,136	4,118	3,418
WITNEY AND CARTERTON										
A40 N G'way (Ox N) bus lane	0	0	0	0	0	0	0	0	0	0
HIF2 West Oxon OBC development	0	500	0	0	0	0	0	500	500	0
Witney, A40 Downs Road junction (contribution)	0	1,250	0	0	0	0	0	1,250	1,250	0
WITNEY AND CARTERTON LOCALITY PROGRAMME TOTAL	0	1,750	0	0	0	0	0	1,750	1,750	0

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast						Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		Firm Programme		Provisional Programme						
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s			
COUNTYWIDE AND OTHER										
East-West Rail (contribution)	59	737	737	737	737	737	6,574	10,318	10,259	9,522
Small schemes (developer and other funded)	463	552	2	107	416	0	0	1,540	1,077	525
Completed schemes	262	28	130	111	83	0	0	614	352	324
COUNTYWIDE AND OTHER INTEGRATED TRANSPORT TOTAL	784	1,317	869	955	1,236	737	6,574	12,472	11,688	10,371
INTEGRATED TRANSPORT STRATEGY TOTAL	71,117	35,947	43,922	53,372	38,226	59,316	6,574	308,474	237,357	201,410
STRUCTURAL MAINTENANCE PROGRAMME										
Carriageways	1,154	1,684	1,455	1,079	1,942	1,295	10,000	18,609	17,455	15,771
Surface Treatments	7,608	8,484	7,930	7,803	6,750	3,175	32,500	74,250	66,642	58,158
Footways	959	722	752	750	946	62	4,000	8,191	7,232	6,510
Drainage	782	1,037	900	900	876	900	4,500	9,895	9,113	8,076
Bridges	1,984	2,091	2,150	1,877	1,877	2,000	10,000	21,979	19,995	17,904
Public Rights of Way Foot Bridges	75	139	100	100	93	100	500	1,107	1,032	893
Street Lighting	1,537	422	285	285	222	775	3,875	7,401	5,864	5,442
Traffic Signals	156	250	172	247	319	250	1,250	2,644	2,488	2,238
Section 42 contributions	642	1,494	839	828	828	575	2,875	8,081	7,439	5,945
Highways & Associated Infrastructure	0	10,065	0	0	0	0	9,935	20,000	20,000	9,935
STRUCTURAL MAINTENANCE ANNUAL PROGRAMMES TOTAL	14,897	26,388	14,583	13,869	13,853	9,132	79,435	172,157	157,260	130,872

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Firm Programme 2018 / 19 £'000s	Firm Programme 2019 / 20 £'000s	Provisional Programme 2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s	Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
Major schemes and other programme										
Street Lighting LED replacement	0	715	9,411	9,411	9,411	8,922	2,943	40,813	40,813	40,098
Embankment Stabilisation Programme	799	0	0	0	8	0	0	807	8	8
Henley Rd (Flowing Springs)	1,159	0	0	0	0	0	0	1,159	0	0
A420/A34 Botley Junction & Cumnor Bypass	476	0	0	0	15	0	0	491	15	15
Kennington Railway Bridge	978	750	1,316	0	40	0	0	3,084	2,106	1,356
Oxford, Cowley Road	73	0	1,997	0	0	0	0	2,070	1,997	1,997
A478 Playhatch Road (project development)	124	0	0	0	0	0	0	124	0	0
Network Rail Electrification Bridge Betterment Programme	408	250	500	1,108	0	0	0	2,266	1,858	1,608
NPIF programme 2017-18	1,653	1,234	0	0	0	0	0	2,887	1,234	0
Completed Major Schemes	-1	1	0	0	0	0	0	0	1	0
STRUCTURAL MAINTENANCE MAJOR SCHEMES TOTAL	**5,669**	**2,950**	**13,224**	**10,519**	**9,474**	**8,922**	**2,943**	**53,701**	**48,032**	**45,082**
STRUCTURAL MAINTENANCE PROGRAMME TOTAL	**35,096**	**29,338**	**27,807**	**24,388**	**23,327**	**18,054**	**82,378**	**240,388**	**205,292**	**175,954**
COMMUNITIES: TRANSPORT CAPITAL PROGRAMME EXPENDITURE TOTAL	**91,683**	**65,285**	**71,729**	**77,760**	**61,553**	**77,370**	**88,952**	**534,332**	**442,649**	**377,364**

COMMUNITIES: OTHER PROPERTY DEVELOPMENT CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Firm Programme 2018 / 19 £'000s	Firm Programme 2019 / 20 £'000s	Provisional Programme 2020 / 21 £'000s	Provisional Programme 2021 / 22 £'000s	Provisional Programme 2022 / 23 £'000s	Provisional Programme up to 2027 / 28 £'000s	Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
Fire & Rescue Service										
Fire Equipment (SC112)	547	103	0	0	0	0	0	650	103	0
Relocation of Rewley Training Facility	0	50	450	75	25	0	0	600	600	550
F&RS - Replacement Fire Doors	0	100	100	0	0	0	0	200	200	100
Carterton Fire Station	38	0	0	0	0	0	0	38	0	0
Fire Review Development Budget	0	250	2,700	275	196	0	0	3,421	3,421	3,171
COMMUNITY SAFETY PROGRAMME TOTAL	585	503	3,250	350	221	0	0	4,909	4,324	3,821
ASSET UTILISATION PROGRAMMES										
Asset Utilisation Programme	55	400	1,000	1,500	792	0	0	3,747	3,692	3,292
Didcot Library & Community Hub (CS19)	0	100	1,000	350	150	0	0	1,600	1,600	1,500
ASSET UTILISATION PROGRAMME TOTAL	55	500	2,000	1,850	942	0	0	5,347	5,292	4,792
ENERGY EFFICIENCY IMPROVEMENT PROGRAMME										
SALIX Energy Programme	440	150	130	10	0	0	0	730	290	140
Electric Vehicles Charging Infrastructure	0	50	60	0	0	0	0	110	110	60
ENERGY EFFICIENCY IMPROVEMENT PROGRAMME TOTAL	440	200	190	10	0	0	0	840	400	200

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast							Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		Firm Programme		Provisional Programme							
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s				
PROPERTY (Non-School) PROGRAMMES											
Minor Works Programme	0	525	290	200	200	200	800	2,215	2,215	1,690
Health & Safety (Non-Schools)	0	75	75	75	75	100	500	900	900	825
Non-Schools Estate	0	0	0	150	150	250	1,250	1,800	1,800	1,800
Re-provision of Maltfield (ED932)	0	0	500	2,000	500	0	0	3,000	3,000	3,000
Defect Liability Programme	30	430	0	0	0	0	0	460	430	0
ANNUAL PROPERY PROGRAMMES TOTAL	**30**	**1,030**	**865**	**2,425**	**925**	**550**	**2,550**	**8,375**	**8,345**	**7,315**
WASTE MANAGEMENT PROGRAMME											
Waste Recycling Centre Infrastructure Development	0	100	1,000	1,350	339	0	0	2,789	2,789	2,689
Alkerton WRC	0	50	400	931	369	0	0	1,750	1,750	1,700
WASTE MANAGEMENT PROGRAMME TOTAL	**0**	**150**	**1,400**	**2,281**	**708**	**0**	**0**	**4,539**	**4,539**	**4,389**
CORPORATE PROPERTY & PARTNERSHIP PROGRAMMES											
Broadband (OxOnline) Project	14,102	2,590	3,060	0	0	0	0	19,752	5,650	3,060
Oxford Flood Relief Scheme	0	5,250	0	0	0	0	0	5,250	5,250	0
Cogges Manor Farm	38	250	762	0	0	0	0	1,050	1,012	762
New Salt Stores & Accommodation	423	3,250	1,050	232	0	0	0	4,955	4,532	1,282
CORPORATE PROPERTY & PARTNERSHIP PROGRAMMES TOTAL	**14,563**	**11,340**	**4,872**	**232**	**0**	**0**	**0**	**31,007**	**16,444**	**5,104**
Retentions (completed schemes)	0	10	0	9	0	0	0	19	19	9
COMMUNITIES: OTHER PROPERTY DEVELOPMENT CAPITAL PROGRAMME EXPENDITURE TOTAL	**15,673**	**13,733**	**12,577**	**7,157**	**2,796**	**550**	**2,550**	**55,036**	**39,363**	**25,630**

RESOURCES CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast						Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		Firm Programme		Provisional Programme						
		2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	up to 2027 / 28 £'000s			
COMMUNITY SERVICES PROGRAMME										
Bicester Library (CS13)	710	300	250	190	0	0	0	1,450	740	440
Westgate Library - Redevelopment	2,527	300	701	72	0	0	0	3,600	1,073	773
Cowley Library (Development budget)	1	10	69	0	0	0	0	80	79	69
Barton Library Access (CS20)	0	89	0	0	0	0	0	89	89	0
COMMUNITY SERVICES PROGRAMME TOTAL	3,238	699	1,020	262	0	0	0	5,219	1,981	1,282
Children Services - ICT (Phase 1&2)	292	1,500	1,100	108	0	0	0	3,000	2,708	1,208
Operational Assets	136	1,400	1,264	400	2,000	2,000	5,000	12,200	12,064	10,664
Organisational Redesign	0	250	1,000	3,500	1,500	1,000	7,250	14,500	14,500	14,250
PORTFOLIO AREA TOTAL	428	3,150	3,364	4,008	3,500	3,000	12,250	29,700	29,272	26,122
OXFORDSHIRE LOCAL ENTERPRISE PARTNERSHIP **Local Growth Fund** Didcot Station Car Park Expansion (contribution)	7,284	2,166	50	0	0	0	0	9,500	2,216	50
Advanced Engineering & Technical Skills Centre	3,737	263	0	0	0	0	0	4,000	263	0
DISC project	457	1,500	1,043	0	0	0	0	3,000	2,543	1,043
Smart Oxford Culham City	57	1,000	943	0	0	0	0	2,000	1,943	943
LGF3 Agritech Centre	0	500	500	0	0	0	0	1,000	1,000	500
Housing & Growth Deal Affordable Housing	0	6,500	21,500	32,000	0	0	0	60,000	60,000	53,500
OXFORDSHIRE LOCAL ENTERPRISE PARTNERSHIP, HOUSING & GROWTH DEAL TOTAL	11,535	11,929	24,036	32,000	0	0	0	79,500	67,965	56,036
Completed Projects	14	0	7	0	0	0	0	21	7	7
RESOURCES CAPITAL PROGRAMME EXPENDITURE TOTAL	15,215	15,778	28,427	36,270	3,500	3,000	12,250	114,440	99,225	83,447

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DIRECTOR OF PUBLIC HEALTH FOR OXFORDSHIRE

ANNUAL REPORT XI

Reporting on 2017/18
Produced: August 2018

Contents

Foreword

Every Director of Public Health must produce an Annual Report on the population's health.

This is my 11th Annual Report for Oxfordshire.
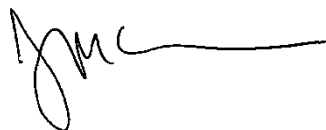
It uses science and fact to describe the health and wellbeing of Oxfordshire and to make recommendations for the future.

It is for all people and all organisations.

I hope you find it interesting, but more than that I hope it is found to be useful in stimulating debate and in shaping the County's services for the future.

I am responsible for its content, but it draws on the work of many colleagues. I thank you all for your help, support and encouragement.

With best wishes,

Dr Jonathan McWilliam
Director of Public Health for Oxfordshire.
August 2018

Acknowledgements

Introduction and Overview

This is an independent report about the health and wellbeing of Oxfordshire residents in the broadest terms. It focusses on the two main questions which we face as a County, namely:

How do we cope with demographic growth and change
and
How do we adapt to the stresses and strains of modern life that affect our health.

The solutions lie in:
- ➢ Working together to meet the challenges of population growth and ageing by creating communities which help to promote good health, prevent disease and which encourage a stronger sense of community.
- ➢ Joining up our efforts to prevent ill health more coherently.
- ➢ Adapting lifestyles to increase physical activity and reduce obesity.
- ➢ Looking after our mental health by learning how to promote our mental wellbeing.
- ➢ Focussing on services for all which also target disadvantage.
- ➢ Remaining on our guard about infectious diseases.

My assessment of progress in the last year is positive overall:
- ➢ There is strong evidence that health and wellbeing in Oxfordshire is good compared with England as a whole and indicators of disadvantage on the whole are improving. Nonetheless pockets of disadvantage remain to be tackled.
- ➢ Unemployment remains low and the economy relatively prosperous.
- ➢ Organisations are working together more smoothly and creatively – there are many green shoots.
- ➢ We are working well with Government to attract investment and keep the value of the 'Oxfordshire Pound' high.

Relative prosperity also brings with it challenges, particularly around high house prices and workforce shortages.

The increasing number and proportion of older people remains a major challenge for services as does the rising rate of obesity.

The report documents these themes throughout.

The challenge is to now press home the gains we have made for the benefit of all while tackling the challenging topics and areas of persistent disadvantage.

In summary the main message is:

From a health and wellbeing point of view, the old distinctions between health planning, place planning, infrastructure planning and economic planning no longer hold good. They are inextricably intertwined and we must deal with them as a whole to ensure our future health and prosperity.

Chapter 1: Meeting the Demographic challenge

Demographic change is having an impact on the way we live in Oxfordshire. The big question is, how do we cope with it?

We all know that life is changing rapidly…….

Everyone says the pace of life has never been so fast. Many of us are busier than ever, our roads are crowded, many things are done on-line, and if it can't be delivered next day we are disappointed…….and you need a pretty good job (often with a partner) to get on the housing ladder at all.

Our young people are 24/7 plugged into electronic devices.

Food shops display a bewildering array of goods catering for a myriad of global cuisines.

GPs are hard pressed and instead of the traditional appointment you may well have a phone call, skype call or be seen by a nurse instead.

Our forebears simply wouldn't have recognised it.

Despite everything though, we are living longer and many diseases which carried people off 25 years ago (heart attacks and many cancers) are more under control…… this is great in itself, but brings its own 'new crop' of issues in its wake – loneliness, an ageing population of carers and the rise of diseases such as dementia.

Also, there are still the 'haves' and 'have-nots' in our County: there are still disadvantaged groups in which good health is less likely.

So, as this report is all about a factual, current portrait of the health of people in Oxfordshire, I want to use it to take a look at some of these issues and how we might tackle them.

Chapter 1 looks at the biggest issue – demographic change - and what that means for us all.

Chapter 2 looks at how we can cope with change by improving the design of our towns and villages. This is called creating healthy communities and it is one of the most promising new developments to emerge over the last decade.

Chapter 3 looks more closely at disadvantage and how it affects us

Chapter 4 looks at the contribution of modern lifestyles and the particular impact of obesity.

Chapter 5 considers how to be mentally healthy in a fast-moving world

Chapter 6 takes a look at infectious disease - the *'Captain of the Men of Death'* still biding its time in the wings.

So, looking at demographic change directly, what do the facts show?
First, we'll take a look at the engine that drives demographic change: population growth.
Basically, populations grow for two reasons which make common sense:

1) More people are born each year than die each year and;
2) More people move into a place than move out.

We can look at each in turn. First, births and deaths. The chart below shows the recent trends:

Oxfordshire: total number of births and deaths per year 2002 to 2017
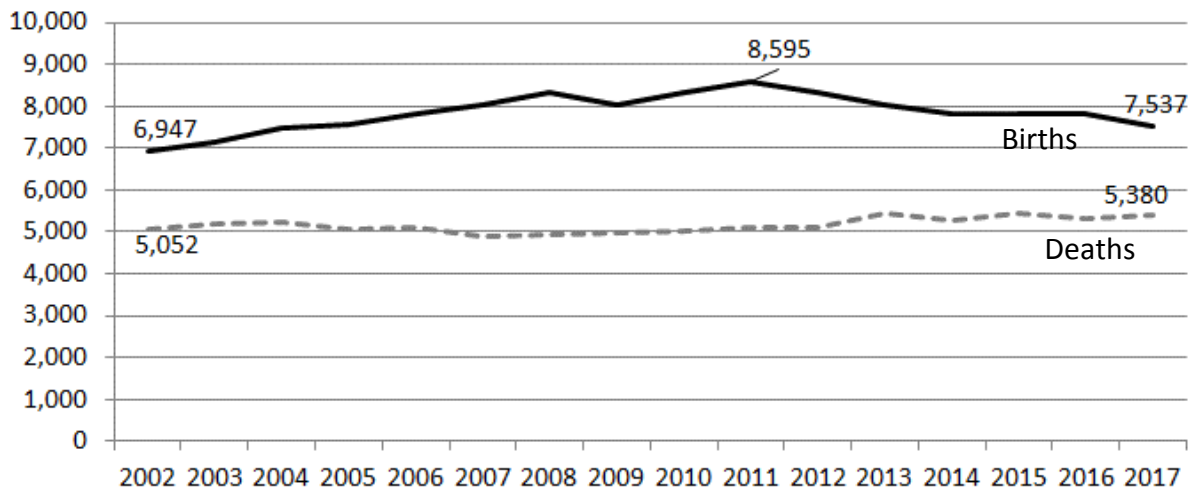
ONS mid-year population estimates

The chart shows that:

➢ The number of births has grown overall from 6,947 per year to 7,537 per year and has fluctuated over time with a peak around 2011. This is a rate of 57.1 births per 1,000 women aged 15 to 44 (called the general fertility rate).

➢ The number of deaths has been fairly constant over the last 25 years at just over 5,000 deaths per year.

➢ **The number of births is greater than the number of deaths by roughly 2,500 per year – so, if all else were equal, the population would grow.**

However, people don't just stay put all their lives. They move around a lot within the UK and go overseas. Similarly, new migrants arrive from other countries. This is summed up in 'migration statistics'. Over the last 15 years, Oxfordshire has had 'net inward migration' of roughly 2,000 additional people per year.

Putting together population increase due to more-births-than-deaths (called 'natural change' in the jargon) and change due to migration gives the following picture:

Oxfordshire: Natural Change and Net Migration (ONS)

ONS mid-year population estimates
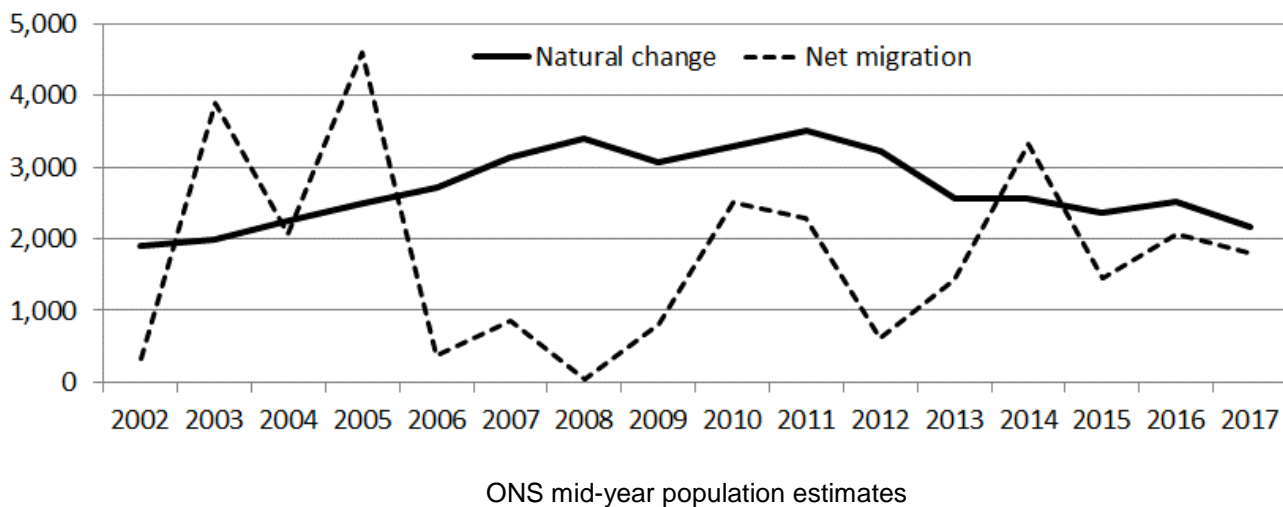
The chart shows that:

➢ The population of Oxfordshire is increasing each year.

➢ The size of the increase fluctuates widely from a minimum of around 2,200 more people per year to a maximum of around 7,200 more people per year.

➢ The average increase is around 5,000 more people per year.

➢ Almost every year births and deaths contribute more to the total than does migration.

➢ Natural change (births minus deaths) has been above net migration (internal and international, in-migration minus out-migration) for each year since mid-2002 with the exceptions of 2003, 2005 and 2014.

This is the engine of population growth. This is why Oxfordshire is growing.

Of course, some migrants settle in Oxfordshire and start families here too. The table below shows births in 2016 in Oxfordshire by their mother's country of birth.

Births by Mothers Country of Birth
Births in Oxfordshire by mother's country of birth (2016)

	within UK		EU incl. 'New EU'*		New EU*		Rest of Europe (non EU)		Middle East and Asia		Africa		Rest of World	
Cherwell	1,328	72%	249	14%	179	10%	28	2%	114	6%	56	3%	61	3%
Oxford	894	49%	315	17%	165	9%	57	3%	325	18%	102	6%	118	7%
South Oxon	1,229	80%	159	10%	105	7%	14	1%	51	3%	43	3%	44	3%
Vale of WH	1,098	76%	139	10%	77	5%	9	1%	86	6%	56	4%	48	3%
West Oxon	959	85%	102	9%	66	6%	7	1%	24	2%	20	2%	22	2%
Oxfordshire	5,508	71%	964	12%	592	8%	115	1%	600	8%	277	4%	293	4%
England		*71%*		*11%*		*8%*		*1%*		*10%*		*5%*		*2%*

Source: ONS live births by parent's country of birth; *The 'New EU' constitutes the countries which joined the European Union (EU) between 2004 and 2016.

The table looks a bit dry on the face of it, but it hides some interesting facts as follows:

➢ 7 out of 10 births are to mothers born in the UK and 3 out of ten mothers aren't born in the UK.

➢ This is the same as for England as a whole and shows just how mobile people are these days.

➢ In Oxfordshire as a whole, 21% of births in 2016 were to mothers born in Europe (excluding UK), 8% from the middle East and Asia and 4% from Africa.

➢ The same figures differ widely between the Districts: in Cherwell for example, 16% of mothers were from Europe (excluding UK), 2% from the Middle East and Asia and 2% from Africa.

➢ In the City a very different picture is seen, with 29% of mothers coming from Europe (excluding UK), 18% from the Middle East and Asia and 7% from Africa.

➢ This means that in the City, just over half of all births are to mothers not born in the UK.

Demographic Change in the 85 plus age group

Let's drill down now into some of the more specific changes which demographic change brings.

The first big change is by now very familiar – the increase in older people as a result of living longer on average – fantastic news, which also brings challenges for services.

What does it look like across Oxfordshire for those aged 85+?

Cumulative growth in population aged 85+ in Oxfordshire 2016 to 2031
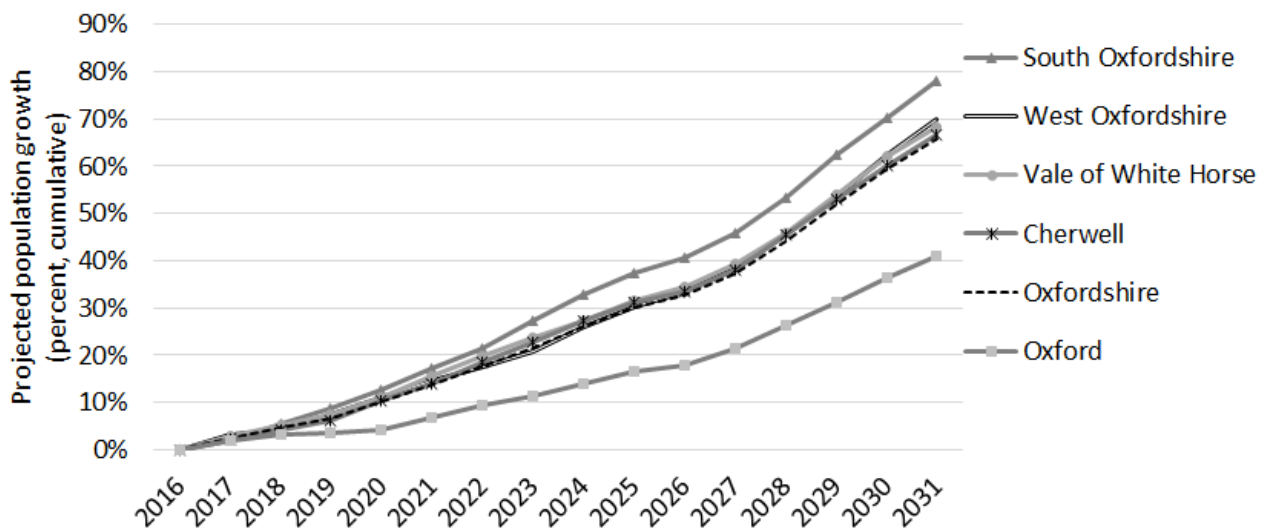
Office for National Statistics 2016-based population projections

The chart shows that:

➢ Over the next 15 years the 85+ population will continue to increase rapidly at between 60%-80% in all Districts......

➢ Except for the City where the growth will be lower – at around 40% - because of a younger population

This means that services will continue to find difficulty in coping with this most needy section of society in terms of health and social care. New methods of delivering care will need to be found which do not require intensive travel and which rely as little as possible on centralised hospital beds. New ways of keeping people healthier for longer will need to be found. The pressures on services experienced over the last decade are set to continue.

Life Expectancy

I've said already that this change is driven by longer lifespans and the chart below gives more information on life expectancy:

Change in Life Expectancy in Oxfordshire – males and females to 2014-16
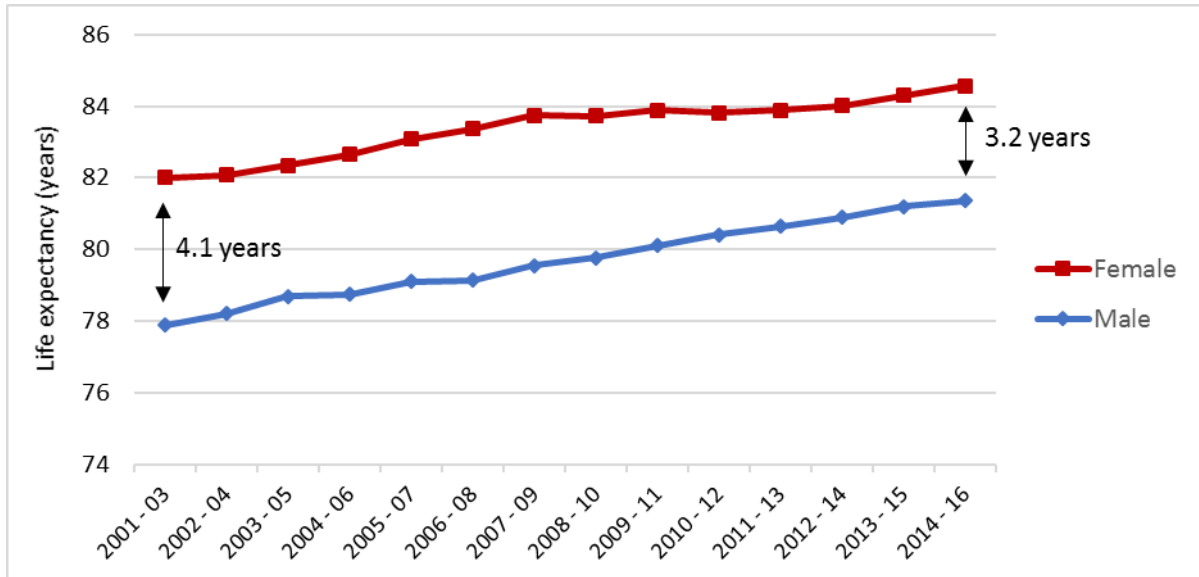
Source: ONS Figures are based on the number of deaths registered and mid-year population estimates, aggregated over 3 consecutive years. Note that scale does not start at 0

The chart shows:

➢ Both males and females are living longer – the trend looked to be plateauing out a few years ago, but now is swinging up again so that women are now living on average to over 84 and men to just over 81.

➢ Women live longer on average than men - the gap is now 3.2 years, a slight increase on 3.1 years last year.

An ageing population is to be celebrated, but it also brings challenges. For example, longer life and a decline in heart disease and some cancers means that more people live for long enough to suffer from dementia.

Dementia

The chart below shows the current recorded cases of dementia as a percentage of those on GP's books.

Percentage of patients with a recorded diagnosis of dementia in the GP registered population –
2006/07 to 2016/17
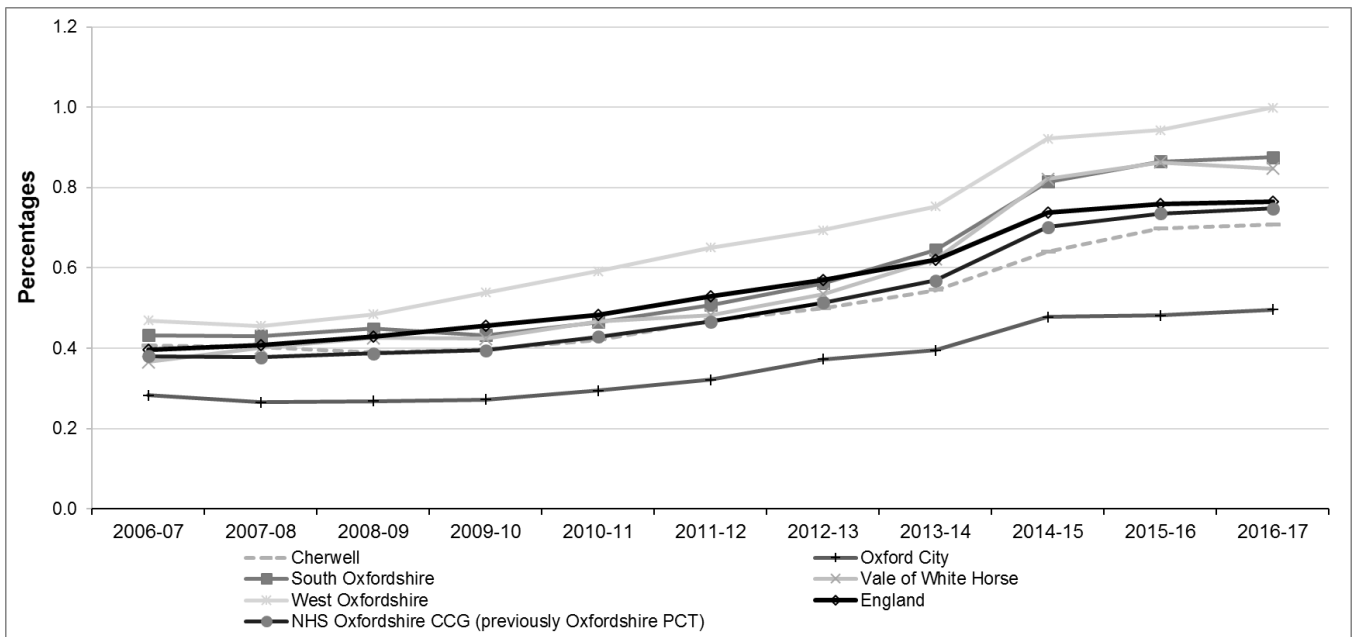
Source: Quality Outcomes Framework 2016/17

Some of this increase is due to better awareness of dementia in general, and better detection of dementia by GPs and some of it will reflect that there are more people surviving into the age groups where dementia is more common.

Chapter 2 looks at how communities might be designed better to help with this, and Chapter 4 looks at promoting mental wellbeing and positive mental health and looks at how dementia might be prevented or delayed.

Physical Disability

Old age also brings with it, on average, more physical disability. The chart below shows the percentage of people by age group who feel that they are limited by ill health or disability.

Percentage of residents in households* by age with daily activities limited by ill health or disability (a little or a lot) 2011, Oxfordshire vs South East and England
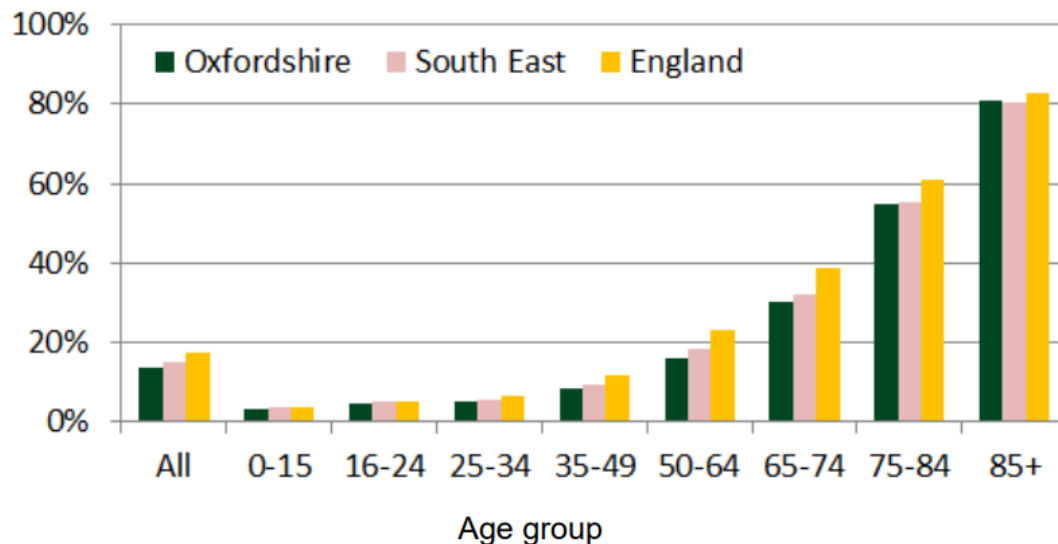
Source: ONS Census 2011 from nomis, table DC3302 *excludes people living in communal establishments such as care homes

The chart shows that:

➢ The percentage of people affected rises sharply with age – up to around 80% of people aged 85+ report ill health or disability of some kind.

➢ The figures for Oxfordshire are slightly better than for England as a whole but broadly mirror the national and regional pictures.

The positive message in these statistics is that there is scope to work with people in their 50s and 60s to find ways to prevent or delay chronic disease and disability.

Impact on carers

The other impact of an ageing population is the impact on carers of older people, many of whom are in their 60s and 70s themselves. The national survey of carers, carried out in 2016 gives a rough indication of the numbers of local carers.

➢ Around 60,000 Oxon residents provide unpaid care for others, of whom around 17,000 provide 20 or more hours per week.

➢ Many of the carers are over 65 and are suffering from ill health themselves.

➢ Around 35% of those who responded to the survey said that they had seen their GP because of their caring role.

Page 84

These figures are inexact, but show that as a society we are heavily reliant on the ability of carers (usually family members or spouses) to care. Looking after their wellbeing remains a high priority. Continuing to work with this group to help them to stay healthy for longer is essential.

Ageing - there is good news!

Ageing brings its difficult issues but there would also seem to be compensations – Chapter 4 Promoting Mental Wellbeing and Positive Mental Health shows that many measures of wellbeing and contentment shoot up following retirement age.

Loneliness

Another fact of modern life is that many people experience loneliness.

A report on the Impact of Loneliness from Public Health England in 2017 highlighted the impact on individuals and for services:

Impact on individuals:

➢ Social isolation and loneliness are harmful to physical and mental health and increase the risk of illness and early death.

➢ Social isolation and feelings of loneliness can also cause stress resulting in behaviour that is damaging to health - such as drinking too much.

➢ Having good social networks and friendships not only have an impact on reducing the risk of early death or developing certain diseases, but they also help individuals to recover better when they do fall ill.

In terms of impact on services, lonely people are likely to:

➢ visit their GP more often;

➢ have higher use of medication;

➢ use accident and emergency services more;

➢ use adult social care more;

➢ make more use of mental health services;

➢ have early admission to residential or nursing home care.

Public Health England also found evidence to suggest a strong relationship between low socioeconomic status and social isolation. *In other words, disadvantage and loneliness go hand in hand – yet another reason for continuing to tackle social disadvantage. Social disadvantage experienced earlier in life can also increase the risk of isolation in younger age groups.*

Using national figures from the Community Life Survey the table below shows that it is estimated that 20,400 (around 1 in 6) older people in Oxfordshire (aged 65+) experience loneliness at least some of the time, of which **3,500** older people experience loneliness "often or always".

Table 1 Estimate of the number of older people (65+) in Oxfordshire experiencing loneliness

	Oxfordshire population mid-2016	Lonely often/always		Lonely some of the time		TOTAL estimate
		Percentage	Oxfordshire estimate (count)	Percentage	Oxfordshire estimate (count)	
people aged 65-74	65,500	2.89	1,900	11.38	7,500	9,300
people aged 75+	55,500	2.95	1,600	17.04	9,500	11,100
TOTAL	121,000		3,500		16,900	20,400

Sources: ONS mid 2016 population estimate original release; Percentages are from ONS 2016-17 Community Life Survey (not including confidence intervals) as cited in ONS Analysis of characteristics and circumstances associated with loneliness in England

Developing new national measures of loneliness

The government is developing a strategy to alleviate loneliness in response to the report of the Jo Cox Commission on Loneliness published in December 2017. As part of this, the Office of National Statistics (ONS) is working on new national measures of loneliness with the help of a cross-government group, charities, academics and other stakeholders. This is to be welcomed.

A recently published (April 2018) ONS analysis, found three profiles of people at particular risk from loneliness:

➢ Younger renters with little sense of belonging to their area

➢ Unmarried, middle-agers with long-term health conditions.

➢ Widowed older homeowners living alone with long-term health conditions.

As this work develops it should give us better information with which to plan future communities and future services to help tackle loneliness.

What about demographic changes in the population of young children?

Well, it depends on what you count! If you just use the current birth rate, you would predict a fall in the number of very young children by 2031, but if you add in planned housing growth you get an increase.

The chart below shows the disparity – looking at Vale of White Horse District and Cherwell District for example, without housing growth one might expect a decrease but with housing growth one would expect a 36% increase – that's 2,700 more children in the Vale and 3,400 more children in Cherwell - a massive difference.

Count of children aged 0-4, 2016 and 2031, ONS vs Oxfordshire County Council projections

	ONS 2016-based				Oxfordshire County Council 2016-based			
	2016	2031	difference		2016	2031	difference	
Cherwell	9,269	8,346	-923	-10%	9,400	12,800	3,400	36%

Oxford	9,033	7,449	-1,584	-18%	9,100	8,000	-1,100	-12%
South Oxfordshire	8,161	7,638	-523	-6%	8,200	10,900	2,700	33%
Vale of White Horse	7,647	7,208	- 439	-6%	7,600	10,300	2,700	36%
West Oxfordshire	6,248	5,697	-551	-9%	6,200	7,500	1,300	21%
Oxfordshire	40,358	36,338	-4,020	-10%	40,300	49,300	9,000	22%
South East	542,383	515,877	-26,506	-5%				
England	3,429,046	3,269,597	-159,449	-5%				

The data in the table is shown below in a more user-friendly format and shows the difference housing growth is predicted to make to the County as a whole.

Count of children aged 0-4 2016 to 2031:
Oxfordshire County Council vs Office of National Statistics projections
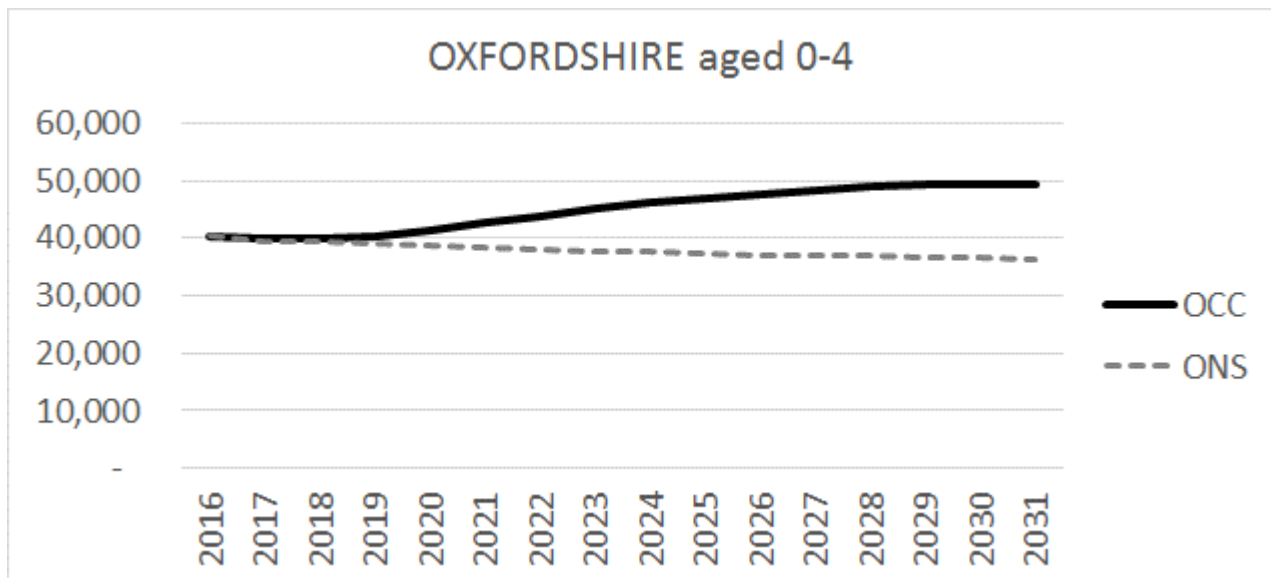
The chart clearly shows an increase from 40,000 to 50,000 children in the 0-4 age group by 2031 if one takes housing growth into account. These are clearly the figures we need to use for planning and they will have a clear impact on our future need for schools, health visitors, social services and GP services.

Housing Issues

I want to turn now to look at the impact of housing on demographic growth. More people means that more accommodation is needed to house them. Oxfordshire's Strategic Housing Market Assessment sets out a need for 100,060 additional homes between 2011 and 2031.
In the 5 years 2011-12 to 2016-17, a total of 16,800 new homes have been built in Oxfordshire (an average of 3,000 per year). This leaves 82,300 to be built by 2031, this is equivalent to a rate of just under 6,000 homes per year.

The table below shows the number of houses planned by each District up to 2031. In total, 47,000 homes are planned.

Homes built in Oxfordshire and expected housing growth in Oxfordshire 2011 to 2031

Page 87

	Total new homes needed over 20 years 2011 to 2031 (inc re-allocation of Oxford's unmet housing need)	Homes built 2011/12 to 2016/17	Remainder by 2031 to meet 100,060 new homes
Cherwell	27,200	4,579	22,621
Oxford City	13,700	1,744	11,956
South Oxfordshire	20,450	3,397	17,053
Vale of White Horse	22,760	4,680	18,080
West Oxfordshire	15,950	2,369	13,581
Oxfordshire	100,060	16,769	83,291

The map on the next page shows where the areas of housing growth are most likely to be. The bigger and the darker the spot, the more houses are planned.

You can see at a glance that:

➢ Planned housing growth is spread across the County.

➢ Didcot and Bicester stand out as areas of particular growth with clusters of development around Banbury, Oxford and many of our market towns

➢ The expected growth around market towns such as Faringdon, Grove and Carterton is smaller but significant. The growth is less than elsewhere but is high compared to the number of existing homes, which may affect the character of the local community.
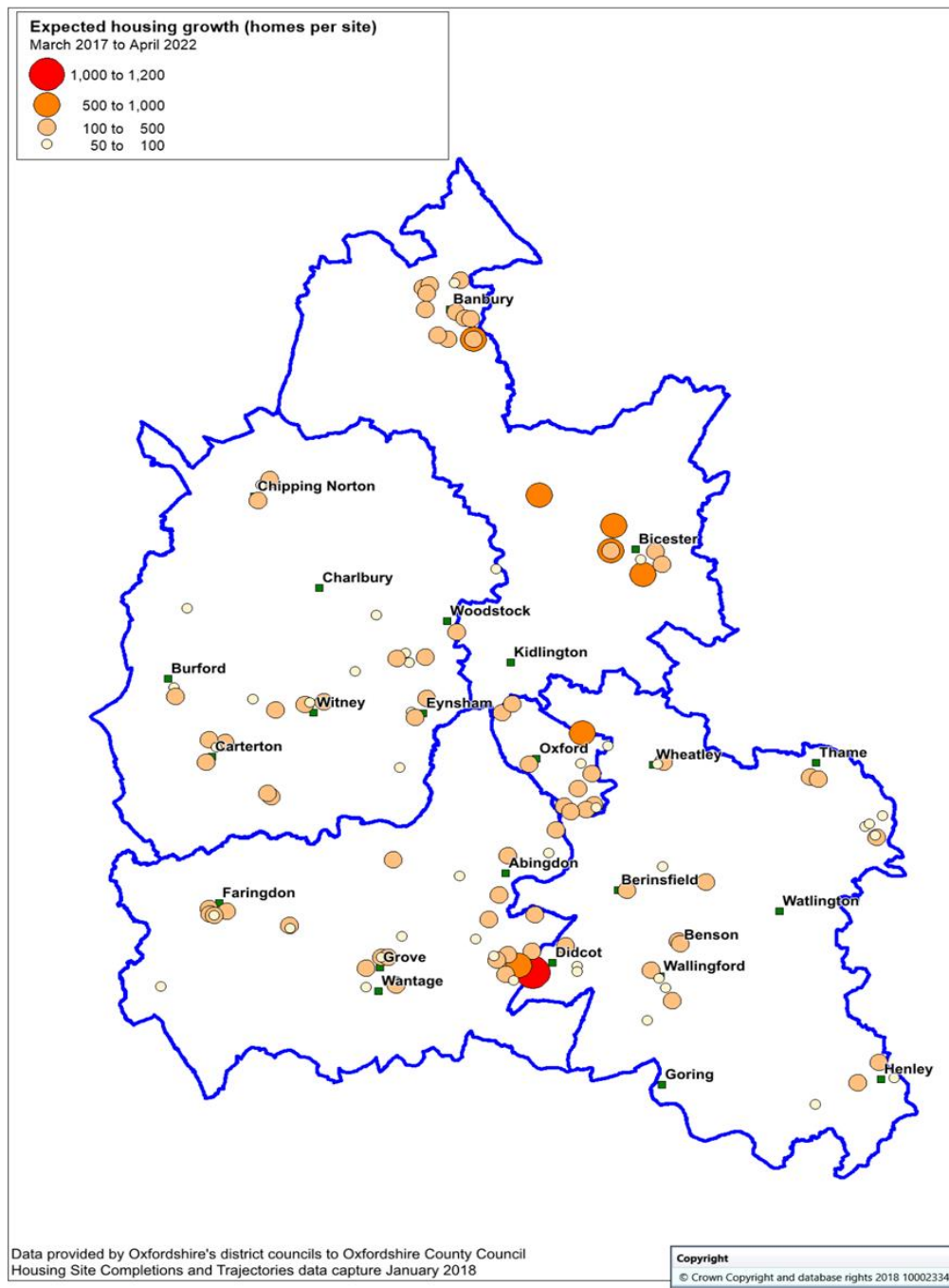
House prices and stresses in the care market

Of course, building houses is one thing. Being able to afford to live in them is another - and is a pressing problem in Oxfordshire. Expensive housing makes it difficult for lower paid workers and their families to live in Oxfordshire. This leads to the staff shortages we see across the County – for example, there are over 500 nursing vacancies in Oxfordshire at any one time and 'home care' workers are also strongly affected.

Unemployment is very low in Oxfordshire and the local economy is one of the most buoyant in the UK. This success has a down side however – an equally buoyant - and therefore expensive - housing market…….

The table below shows the latest data on average house prices.

Median house prices 2007 to 2017

The chart below shows how house prices in Oxfordshire have outstripped England's prices and topped the South-East Region's prices.

20 year trend in Median house prices (year ending) September 1997 to September 2017
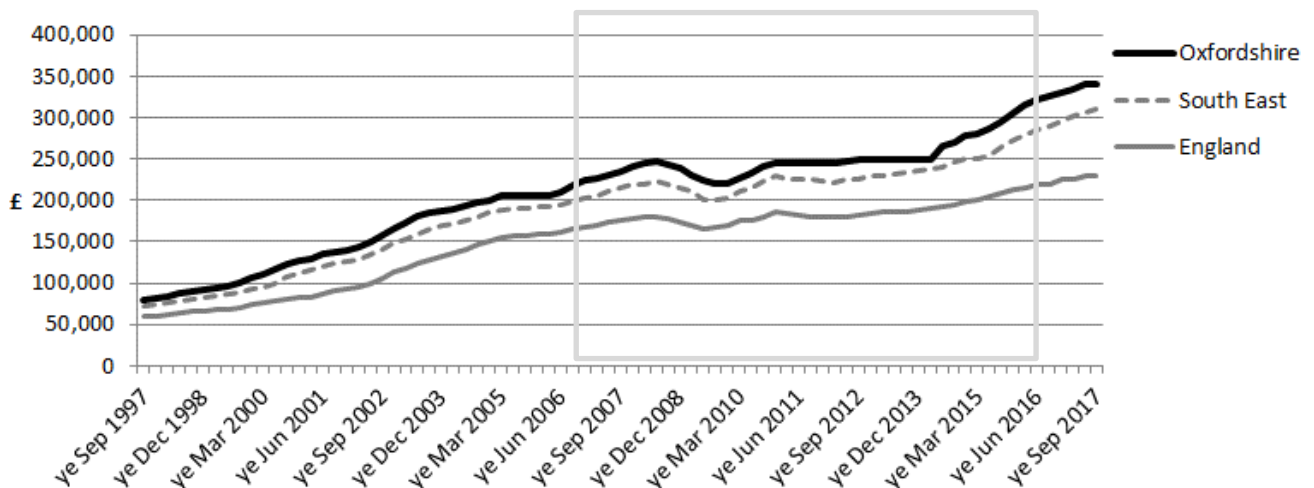
Source: ONS Median house prices for administrative geographies, released April 2018

The table below shows prices across the Districts, looking at the cost of a mid-priced house.

Median house prices 2007 to 2017

	Year ending Sept 2007	Year ending Sept 2017	*Difference*	*%*
Cherwell	£195,000	£297,500	*£102,500*	*+53%*
Oxford	£250,000	£400,000	*£150,000*	*+60%*
South Oxfordshire	£270,000	£380,000	*£110,000*	*+41%*
Vale of White Horse	£244,950	£340,000	*£95,050*	*+39%*
West Oxfordshire	£230,000	£329,995	*£99,995*	*+43%*
Oxfordshire	**£235,000**	**£340,000**	***£105,000***	***+45%***
South East	£215,000	£310,000	*£95,000*	*+44%*
England	£175,000	£230,000	*£55,000*	*+31%*

Source: ONS Median house prices for administrative geographies, released April 2018

The chart shows that:

➢ Oxfordshire's average house price is well above the average for England and above the South East as a whole.

➢ Prices have risen sharply over the past 10 years – more sharply than in England or the South East - making a sort of 'Oxon inflation factor' of 45% compared with 44% in the South East and 31% for England as a whole.

➢ Within the County, prices in the City have risen faster than elsewhere, up 60%, making working in the city's hospital services and living locally even more difficult for lower paid staff.

➢ During the same period house prices in Cherwell have also risen dramatically by 53%

So, to sum up:

Demographic change presents a distinct cocktail of triumphs and challenges to Oxfordshire:

➢ Health is generally good and the local economy buoyant.

➢ The population is growing fast.

➢ House prices are high and recruitment to essential staff groups is difficult.

➢ Housing growth is set to continue which will bring more young families and children

➢ The population is increasingly culturally diverse.

➢ The population is ageing and new patterns of disease have emerged eg dementia.

➢ Carers are vital to service delivery.

So, what do we do?

We can't spend our way out of this situation given the current financial situation, so we have to innovate our way out.

For public services this means:

➢ Working together in a more joined-up way and working positively across organisational boundaries

➢ Linking the planning work of the NHS, Social Care, District and City Councils and Public Health together much more strongly

➢ Finding solutions which use the new technologies now available to support people electronically rather than face to face contacts.

➢ Helping communities and residents to help themselves.

➢ Preventing problems before they start and joining up our preventative services more coherently.

➢ Systematically targeting services at those who are already ill and in whom further deterioration can be prevented. This means getting 'upstream' and working with people who have chronic diseases or care needs to stabilise them and keep them healthier for longer.

➢ Using all of these factors to create a new range of services

➢ Using all these factors to design communities which support good health.

These issues and solutions are amplified throughout this report. The next chapter looks at bringing together health concerns with local planning to create healthy communities. Chapter 3 looks at the challenges of those particularly at risk – the disadvantaged. Chapter 4 looks more closely at obesity and its impact on disease patterns, and chapter 5 looks at promoting good mental health which is a key ingredient to staying well for longer.

What did we say last year and what did we do about it?

Last year's recommendations called for a much more joined-up planning system overall across Oxfordshire. And there are many positive initiatives to report. All local authorities are working together to create a Joint Strategic Spatial Plan. This is good progress. We also secured a Growth Deal with Government enabling infrastructure to keep pace with housing growth (see chapter 2 for details)

The Healthy New Towns approach (also discussed in detail in the next chapter) has also moved forward and the shared learning from this has begun to influence planning of new and existing settlements in the County -this is very good news.

NHS, Social Care and Public Health services are now working much more closely together under a re-designed Health and Wellbeing Board. A new strategy for services for older people is being drafted as I write. This change was helped by a Care Quality Commission review of services for people going into, through and out of the hospital system which strongly supported better joined-

up working under a re-organised Health and Wellbeing Board. All organisations are responding strongly and positively.

The NHS nationally has the bit between its teeth when it comes to promoting preventative initiatives at scale through a policy known as 'Population Health Management' which is also being embraced by Local Government. This means looking at whole populations, or subgroups, identifying why people become ill, and creating services aimed at preventing further deterioration. This is a very important shift in thinking and is to be welcomed. This includes the coordination of preventative services across the County recommended in last year's report.

The NHS has begun to change the basis on which it works in a helpful way. Health policy five years ago was dominated by creating 'internal markets' in health care with distinct commissioning and providing organisations linked by negotiated contracts. This policy is now giving way to a more collegiate approach in which all organisations work together for the good of Oxfordshire, drawing on one 'bag' of tax-payers' money. This also includes finding new ways of working with social care and public health services. This is a positive development.

Recommendations

1. The Health and Wellbeing Board should develop as a priority a Joint Health and Wellbeing Strategy which embraces the philosophy of 'population health management' as well as creating a new strategy for older people and targeting inequalities.

2. Joint work between the NHS, County Council and District Councils to get health and wellbeing issues into the planning of places and highways should continue apace.

3. Work already begun to coordinate preventative services better between all Local Authorities, the NHS and Social Care should continue as a priority.

Chapter 2: Creating Healthy Communities

There has been a sea change in thinking about how we should plan communities over the last decade – and it is still gathering pace. It is no longer a matter of simply planning houses and sewers and roads, it is a matter of planning vibrant communities which support people to live healthier lives – and it is a vitally important issue.

If we are to cope as a society we need to integrate health and wellbeing issues into the way we plan our communities locally, regionally and nationally.

I'm talking here about health concerns on the large scale - issues such as:

➢ coping with demographic growth

➢ building health promotion into community design to prevent obesity, chronic disease and loneliness and to be 'dementia friendly'.

➢ coping with an ageing population structure and planning for a projected 2 million cases of dementia nationally by 2030.

➢ hard-wiring provision of future health services into planning systems

➢ designing community facilities and schools which reach out to engage the whole community

➢ considering ambulance journeys and patient access in the design of new roads

➢ planning major roads that make the best use of hospitals across the country and beyond

All easy to say, but difficult to do without teamwork, creativity and political will at all levels - and harder to do in times of financial restraint.

Why is it a challenge?

The existing planning system is complex and labyrinthine, depending as it does on a cocktail of government policy, local plans, agreements between Local Authorities, deeply held public views, developer contributions, legislative frameworks and the commercial interests of developers.

Major schemes are even more complex, requiring the interaction of many government departments, multiple agencies, pressure groups and many local authorities across neighbouring counties.

Money is scarce, and the prizes go to schemes which also deliver more economic growth and more houses for more people who must then also be catered for in terms of health and social care, schools and amenities.

The goal is to achieve a 'winning hand' combining future economic prosperity with communities one actually wants to live in. These in turn must make healthy lives easier to lead and build in access to the facilities we will all need.

I want to use this chapter to review some of the key stages of our local journey along this path and to showcase the contribution of the Cherwell District Council and City Council led Healthy New Towns.

The initiatives of local leaders to put health issues into planning.

The key stages I have seen in recent years towards these goals have been:

➢ Closer working between key organisations to achieve important deals from Government resulting in road improvements around the County (e.g. at Harwell and the Oxford ring road), the Growth Deal and current work on a Housing Infrastructure Fund bid. Close working between all Local Authorities, the Local Enterprise Partnership and the Universities has been an important success factor.

➢ Strategic infrastructure planning has also benefitted, first with a shared assessment of Oxfordshire's strategic requirements and secondly through the agreement to have a Joint Strategic Spatial Plan for Oxfordshire which will be put together over the next few years and which will incorporate health and wellbeing issues from the outset.

➢ The successful bidding for two of the ten Healthy New Town pilot sites in England led by Cherwell District Council and Oxford City Council (see more below).

➢ The initiative of local leaders to generalise the lessons learned from putting health into planning through local conferences culminating in an event earlier this year hosted by Cherwell District Council and the City Council. At this event Leaders and senior officers from Local Authorities, the NHS, the Local Enterprise Partnership and other key organisations met to review progress made through the Healthy New Towns and began to discuss how to generalise the emerging lessons.

➢ Discussions held over the last 18 months between Chief Executives of our two large NHS Trusts, Local Government the Local Enterprise Partnership and our Universities to discuss the long-term planning aspirations of those bodies.

➢ During this time, the Public Health team have worked closely with the County Council Communities team so that it is now second-nature to include active travel and features such as cycle paths in new developments. This can be seen clearly in our Local Transport Plan.

➢ The recent re-design and strengthening of the Health and Wellbeing Board also improves opportunities for it to work alongside the Growth Board as part of a constructive dialogue.

➢ …………And last but not least, the recent difficult discussions over the recent consultation about re-shaping health care across the County really did serve to put the issues of transport, travel and access issues at the top of the agenda, showing that these issues cannot be considered in isolation.

In all this I need to say that I am a doctor, not a planner. I come at this from a public health point of view, but over the last five years there has been a really creative exchange of ideas between us as the penny has dropped that we won't cope with population growth and ageing unless we plan for health and wellbeing as part of infrastructure and housing planning.

The acid test for all these approaches to get health and wellbeing into planning is: do they actually work on the ground?

That is where the value of the Healthy New Town pilots comes in - they are practical experiments in what can actually be done and are therefore extremely valuable to us all. *The learning from these two sites is pure gold and a real gift to Oxfordshire.*

Focus on the Healthy New Towns in Bicester and Barton.

I believe that many of the initiatives in the Healthy New Towns can be applied in other areas across the County and that they help point the way forward for the County as a whole. I think it is vital that this learning is shared so I am going to go into the topic in some detail.

The Healthy New Towns chime with so many of the concerns raised in this report and link to:

Chapter 1 on population growth, house prices, dementia and loneliness

Chapter 3 on tackling inequalities and disadvantage

Chapter 4 on obesity and healthy lifestyles and 'shifting to prevention'

Chapter 5 on mental wellbeing.

The Healthy New Towns offer new solutions to some of the key problems facing Oxfordshire over the next decade – that is why they are vital and that is why they are exciting, and that is why the learning should be sustained.

To push the point home, I am including below a checklist of the types of issue that can be tackled. You will see that they are the pressing priorities for the County as a whole:

Potential Benefit to Oxfordshire of the Heathy New Towns: Checklist	
Plan healthy communities and healthy housing growth: bring organisations together with a common ambition	✓
Engage local people in planning and health care	✓
Encourage exercise	✓
Fight obesity	✓
Help to cope with dementia	✓
Fight loneliness	✓
Bring together NHS and Local Authority planners and developers	✓
Involve the voluntary and community sector	✓
Work with local schools to improve children's health	✓
Find new ways of delivering health services	✓
Help tackle chronic diseases like diabetes	✓
Reduce social disadvantage and inequalities	✓
Promise help to an overburdened NHS	✓

What does the term 'creating healthy communities' mean?

As set out in the previous chapter we know that one of the key challenges for Oxfordshire is population growth linked to the need to provide more housing. The shortage of affordable homes is particularly acute in Oxfordshire and this has been one of the driving forces for the county and district councils agreeing a Growth Deal with national government to build 100,000 new homes by 2031.

The scale of the Growth Deal means that Oxfordshire now has a great opportunity to ensure that it supports the creation of healthy communities, not just large housing estates. Creating healthy communities is described as:

'a collaborative process which aims to create sustainable, well designed communities where healthy behaviours are the norm and which provide a sense of belonging, a sense of identity and a sense of community'

Crucially, creating healthy communities is not just about new developments; it applies to any place experiencing significant housing growth and is a mechanism for integrating new estates with existing communities so that all residents have the opportunity to benefit in terms of health and wellbeing.

Over the past two years Bicester and Barton in Oxford have been testing out how to create healthier communities as two of ten demonstrator sites for NHS England's Healthy New Towns programme. NHS England has provided three years of modest funding for these sites to test out innovative ways of shaping communities to promote health and wellbeing, prevent illness and rethink the way that health and care services are provided. They are the test beds for all our futures.

The following section describes the progress that both sites have made over the past two years in testing innovations in the built environment, working creatively with local people through 'community activation', and developing new models of care, and how they have started to share the learning with a view to replicating this approach across Oxfordshire.

Barton Healthy New Town

Barton is an area on the western outskirts of Oxford, just outside the ring road, bounded by the A40 only 3.5 miles from Oxford City Centre. Built in 1946, the estate was originally developed to provide social housing for residents of Oxford. The population of the Barton and Sandhills ward has grown by 9% since 2006 and now stands at 7,411. With a further 885 new homes planned at Barton Park (delivered by Barton Oxford LLP a joint venture between Oxford City Council and Grosvenor) in the next 7 years, a further 3,000 new people are likely to move into the area as a result of the new development.

The 2015 Index of Multiple Deprivation showed Barton to be among the 20% most deprived areas in England. Life expectancy at birth in Barton and Sandhills is 77.5 years for males, 81.6 for females. For males this is 12.6 years less than North Oxford ward (about 4 miles away) and 5.5 years less for females.

The Barton Healthy New Town programme is being delivered through a partnership between Oxford City Council, which is the lead delivery partner, Grosvenor Developments Ltd, Oxfordshire County Council's Public Health team and Oxfordshire Clinical Commissioning Group. The project aim was set early on in year one for '***All Barton residents (Barton and Barton Park) to have an equal opportunity to good physical and mental health and good health outcomes***.'

Bicester Healthy New Town

> ### *Bicester Healthy New Town*
>
> *Bicester is a market town located within Cherwell District Council's administrative area in North Oxfordshire. The town currently has approximately 13,000 dwellings and a population of about 30,000 people. Over the next 20-30 years a further 13,000 homes are planned to be built which will effectively double the size of the population. Cherwell District Council has recently adopted its Local Plan (July 2015) which allocates housing and commercial sites for development in Bicester and covers the period from 2011- 2031. Bicester was designated as a Garden Town in 2014 under the government's Garden Cities initiative and is a strategic location for growth within the Oxfordshire Strategic Economic Plan.*

The programme is a partnership initiative led by Cherwell District Council, Oxfordshire Clinical Commissioning Group, Oxford Academic Health Science Network, A2 Dominion (developer of the ecotown Elmsbrook at North West Bicester), and supported by a further 25 different community organisations, health and care providers and Bicester schools and businesses. In Bicester the two key priorities are:

- ➢ **To increase the number of children and adults who are physically active and a healthy weight. (In Bicester 1 in 4 of children aged 2-10 are overweight or obese and 58% of women and 65% of men are overweight or obese)**

- ➢ **To reduce the number of people who feel socially isolated or lonely in order to improve their mental wellbeing (17% of older people are in contact with family, friends and neighbours less than once a week).**

How can the built environment encourage healthy living?

The **Neighbourhood Centre located in Barton** is undergoing a major refurbishment, funded through pooling of 'section106 funding' (the money developers pay to contribute to new infrastructure like schools and road access), City Council funding from capital investment from the 'Investing in Barton' regeneration programme and from its maintenance programme. This will see the **expansion of the medical practice**, which will **triple primary care space** from 74m^2 to 249m^2, providing enough capacity for existing and new residents in Barton. This is alongside the **modernisation of the community and youth spaces**, including the installation of youth art, **dementia friendly signage and improvements** to the reception area. All of this will convert the Neighbourhood Centre into a **Health and Wellbeing Hub**, with additional capacity to cope with the increased demands from the new population within six months of the first occupants moving in.

Over the last year Barton took part in the Town and Country Planning Association's (TCPA) Developers and Wellbeing project to look at how working with developers improves health. The project culminated with a parliamentary launch in February 2018 which featured a profile on Barton. This initiative was also featured by the Local Government Association as part of its 'Planning Positively through Partnership' publication.

As a result of the project, spatial planners now have a much richer understanding of how development can shape the health and wellbeing of future generations and the project has had a permanent impact on planning policy within the City Council including a policy within the Oxford Local Plan 2036 stipulating that '*for major development proposals of more than 9 dwellings or 1000m^2 the Council will require a health impact assessment to be submitted to include details of implementation and monitoring*'.

Other initiatives at Barton include *a **wayfinding project with three new dementia-friendly trails**.* These provide opportunities for people to be more active, create routes between community facilities and link the new development with existing areas in Barton and neighbouring communities. These are due to be launched in spring 2019 when Barton's Park opens (a 3.84 hectare linear park) connecting Barton and Barton Park.

In Bicester **three 5K circular Health Routes for walkers, joggers and runners** have been marked out in blue in residential areas of the town to encourage people to get active. There is no cost to participation and it is suitable for a wide range of ages, at any time of the day. When **'Bicester's blue lines'** were launched they attracted over 50,000 views on Facebook, resulted in an increase in footfall of 27% along one of the routes, and are supporting community cohesion with people walking them with family and friends and using them to explore different parts of Bicester. **They have been so popular that a new Discovery Walk is planned** for Bicester town centre to encourage people to take a **brisk 15 minute walk during their lunchbreak**. The graphic below gives the idea:

Other built environment initiatives in Bicester include the installation of **wayfinding signs** across the town which provide **information on cycling and walking times** to key local destinations, and the opening of **a 'community house'** at Elmsbrook, to provide an early facility for residents to support them to come together and run community events and activities and develop a sense of community in the eco development in Bicester.

Building social cohesion and enabling people to live healthier lives through 'Community Activation'

Community activation builds on the idea of actively engaging communities to be partners in the development of new ideas which will benefit both individuals and the whole community. The notion was floated in the NHS's 'Five Year Forward View' and, is about putting into practice the principles set out in the graphic below through the real and dynamic involvement of local people and communities:

fyfv@nationalvoices.org.uk 2016. Six principles for engaging people and communities

Over the last year **Bicester's primary and secondary schools** have been actively supporting young people in a range of ways to increase both their physical and mental wellbeing. **Five primary schools have introduced the 'Daily Mile'** into the school day with the result that 2,000 children now run a mile a day at school promoting not just their physical health but aiding concentration and mental wellbeing. All schools in the town took part in **Walk to School Week** in May to encourage parents and children to leave the car at home for their school commute and **Cherwell's Sports Activators have trained play leaders to increase active play** at break time providing more playtime equipment and activities.

Page 101

Encouraging children to be active outside of school hours is equally important and *St Edburg's school has successfully tested a family fun club* in the early evening to get families together and take part in fun and healthy activities. Across the 10 week programme there was a total of 173 attendances with new friendships formed between families as well as enthusing them to have active family time. There has been a 50% increase in children attending the *active fun clubs run in the school holidays* by Cherwell District Council.

Addressing the *mental health of young people* is equally important and *Healthy New Town Ambassadors in the secondary schools have provided input into the development of a website by the local mental health trust offering access to mental health advice and services for young people, parents and teachers.*

Training has also been provided to primary school teachers to promote the mental wellbeing of under 11s, with practical 'SATS relax' sessions provided in all schools to help reduce any stress felt by Year 6 children as they took their exams.

In Barton, there has been a particular emphasis on building and embedding community resilience using an 'asset-based community development approach'. In practice, this means working with local voluntary and community groups to use their strengths to address health issues in their community supported by small grants. Through the grants programme in year one, 11 pilot projects were funded, supporting over 1,800 people, with several project levering in additional external funding to continue the projects when NHS funding comes to an end in March 2019.

The funding was complemented with special training for 122 professionals and in community development skills to support directly those who need help the most. Skilling-up local people and professionals in this way will make the legacy of the project last longer than the end of NHS England's funding. The fruits of this are shown by the local Community Association having health and wellbeing as their number one priory in their strategy for 2017 – 2020.

One of the local organisations funded was Getting Heard, which was piloting an 'Appointment Buddies' project. This project provided advocacy for older people attending a health appointment to ensure that they understood the information they received, especially around medication or any secondary care referral. The project was successful and went on to successfully apply for £*204,326* of Big Lottery funding to expand the project over a 3 year period.

Year two saw an increase in 'social prescribing' (prescribing activities like exercise and hobbies instead of the traditional 'pills and powders') and led to commissioning a range of physical activity sessions. For example, a Zumba session started in late 2016 in partnership with Barton Community Association and Oxford City Council's Sport and Physical Activity Team and has now been running for two years and attracts around 30 local residents each week.

Testing new ways of delivering health and social care

In both Barton and Bicester, a range of **service innovations** have been tested designed to *prevent problems and to reach out to people before crises occur*. The emphasis has been on providing services in a community setting and promoting self-care.

In Barton an 'asset mapping' exercise was undertaken to understand current services, how well-used they are and service gaps. A range of new services started in January 2018 to fill those gaps. This included local GP Practices running a **Proactive Population Health Management** initiative (defined in Chapter 1). This involved the ***two GP surgeries which serve Barton sending proactive, direct invitations to patients with long term conditions inviting them to attend the practice for preventative and early interventions*** specific to their health needs. In schematic form it works like this:
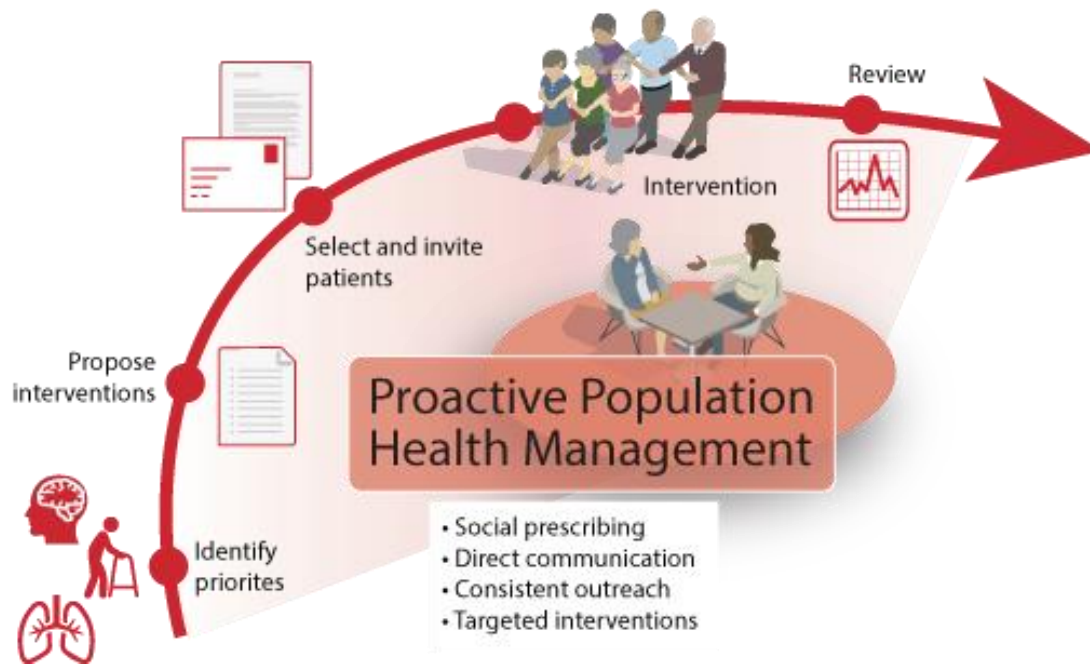
A promising example is the prevention of falls which often lead to hospital admission in the elderly. In a small pilot project, local GPs sent out invitations to people at risk of falls to take part in dance sessions designed to improve their balance and coordination. In the three months this pilot project ran, 53 patients with long term conditions took part with 29 patients sustaining participation. This approach is now being scoped for replication in other Oxford localities, as part of a Health Inequalities Commission joint project between Oxford City Council and Oxfordshire Clinical Commissioning Group.

Other initiatives include:

➢ Oxfordshire Clinical Commissioning Group running the ***National Diabetes Prevention Programme*** and;

➢ ***coaching to 12 unemployed people experiencing mental health issues***, to support them back to employment.

The point here is to experiment with new ways of reaching out to people to improve health, prevent further deterioration and avoid crises. A key lesson is that the ***involvement of the voluntary sector*** can enhance health care and use the whole community's resources.

In year three in Barton, the programme has been specifically funded to develop and deliver a 'Team Around the Patient' (TAP) for frequent users of health and public services, linking in with

a city-wide health inequalities project. GPs will work with the local Accident and Emergency Department, Ambulance Service, Social Housing providers and other partners to identify individuals who place the highest demand on services. A TAP meeting is convened to find the root causes of their frequent use of services, and a support package is provided to address these root causes, which may be more social than clinical.

In Bicester there has been a focus on *improving care for people with diabetes*. *Digital technology* is now being used by GPs to *access expert advice remotely* from consultant colleagues, ensuring that *patients only travel to Oxford for specialist care when they really need it*. Patients have been encouraged to get active to help control their diabetes, with practices in Cherwell making the most referrals in the county to *motivational coaching support* services run by the District Council and Oxfordshire Sports Partnership so that people access activities that meet their interests. Practices have also been working closely with diabetic nurses and consultant colleagues to *coordinate the care they provide with the result that there has been a 7% increase in people receiving all the care they need.*

For many people diabetes stems from being overweight and in efforts to prevent this Bicester has launched a *'Healthy Bicester' Facebook Page to provide regular tips on how to be active and eat more healthily.* It promotes self-care through the use of *Public Health England apps* and over the last year 414 people in the Bicester area have downloaded apps such as 'Active 10'.

Looking ahead to 2018/19

2018/19 is the last year of central funding from NHS England and so both sites will be focusing on completing delivery of planned short term initiatives, evaluating the impact of various interventions, sharing the learning from the programme and planning for development of creating further healthy communities in the next three years.

How do we keep this approach going?

We are reaching an important point for the Healthy New Towns. They have promised much, they have fulfilled their role as test-beds for innovation and the lessons learned are important. Realistically three years isn't long enough to demonstrate the full value of these trailblazing projects – Titanics take time to turn, engaging communities is a lengthy process and finding the initiatives that really fly all require a degree of experimentation.

The real gain will come from generalising the learning across the whole planning system – and this is precisely what the recent event held in Bicester described above was intended to do.

So, the question is how do we keep this learning and this initiative going in some form? The answer to that question will be taxing leaders across the County during this year and into next. In my view, these projects press so many positive buttons for future success that between all organisations we need to find a way – and that is the basis for my recommendation for this chapter.

Recommendation

Leaders of all organisations should continue to find ways of keeping the learning from these initiatives alive until the long-term benefits emerge, and they should continue to explore ways to

generalise the learning, making it an integral part of the planning system for new developments and for health services.

What did I say last year and what has happened since?

Last year I looked in detail at the health effects of poor air quality. There is little new health information about these effects during the year and last year's recommendation to see this as another way of 'getting health into planning' still holds good and reinforces the message of this chapter. If we can include health issues in planning, we can build in improved air quality too.

I also recommended close monitoring of progress for 'Healthy New Towns' and, as this chapter demonstrates, this has been achieved.

Chapter 3: Breaking the Cycle of Disadvantage

Part 1
Keeping the Torch aflame: The Health Inequalities Commission

What was the Health Inequalities Commission?

➢ The independent Health Inequalities Commission for Oxfordshire was commissioned by the Health and Wellbeing Board and carried out its work throughout 2016.

➢ The idea was to take an independent look at inequalities across Oxfordshire and to make recommendations for action.

➢ It took two years of persistent effort to create it.

➢ The Clinical Commissioning Group, the County Council's Public Health team, along with many other partners, including Oxfordshire Healthwatch, played a midwife role.

➢ The report of the Commission was presented by the independent Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and at a launch event on 1st December, chaired by the Leader of the County Council, attended by the media and a wide range of partners.

➢ The Health Inequalities Commissioners were independent members selected from statutory and voluntary sector organisations and academia.

➢ The report made 60 recommendations covering a very wide range of topics. The recommendations were just that – recommendations – they have no force apart from our willingness to consider them and make changes where appropriate.

➢ The practical work is being taken forward by a multiagency implementation group.

This was an important piece of work and I want to use this report to keep the torch aflame

Progress has been reported regularly to the Health and Wellbeing Board and the Health Overview and Scrutiny Committee (HOSC) for the last 18 months.

So what is happening?

➢ The Health and Wellbeing Board agreed that organisations need to adapt and develop existing ways of working to ensure that health inequalities were identified and addressed. This will form part of the to-be-revised Joint Health and Wellbeing Strategy.

➢ Rather than set up a range of new, possibly short-lived projects, the Implementation Group wants to see existing projects develop a stronger focus on tackling inequalities, maybe by targeting particular localities or groups of people instead of just taking a general approach for everyone.

➢ The Commission also highlighted the need to step up the whole 'prevention agenda' aimed at including people who are likely to have worse outcomes. This is now gaining traction and the Clinical Commissioning Group are working with the Public Health Team to join up their preventative action across the County.

Has anything changed?
There are some good signs of progress but entrenched health inequalities will not be eradicated overnight. This is a long haul and it is only by sustaining the effort and really embedding inequalities in all our work that lasting improvements will be seen – hence my desire to keep the torch aflame. We need to keep going. It is about considering inequalities in every one of our new strategies and plans that will make the difference.

Q: Universal or targeted?
A: Both!

There is an old question: should we aim to reduce inequalities right across the board, or should we start off with those who are the worst-off? The answer is both – we need a general approach to increase benefit for everyone – and narrow the gap between best and worst….. and target those at the very end of the scale.

The good signs so far include:

➢ The big-ticket item is that health inequalities and their reduction are now included in all our major strategies. Increasingly, vulnerable groups are having specific work focussed on them e.g. people suffering from domestic abuse.

➢ Establishment of a (very modest) Innovation Fund through the Oxfordshire Community Foundation which will be used to fund projects to have a measurable impact on health inequalities. Working with Oxfordshire Community Foundation has already meant more money can be added to the pot.

➢ Social prescribing initiatives (prescribing things like walks or joining clubs rather than having a prescription for medicine) are being developed across the county, including a project in North and West Oxfordshire with West and Cherwell District Councils which has won national funding. More people will be "prescribed" activities instead of medicine to help with their health problems and prevent them getting worse. (see chapter two on Healthy New Towns for further examples).

➢ A new analysis of areas of the county which have worse outcomes for some health issues has been published and is being used to target services.

➢ Well@Work activities in the NHS, local authorities and the private sector are being used to raise awareness of mental wellbeing and the benefits of physical activity

What else is still needed?

➢ Reporting success and good practice will fuel the flame and keep the momentum going – we need to learn from each other.
➢ Better data for use in needs assessments and equity audits is coming on-stream and needs to be used more widely.

Page 107

➢ The new Joint Health and Wellbeing Strategy and other major strategies need to address inequalities issues and be explicit about what can be done.

➢ The 'population health management' initiative mentioned in Chapter 1 will help to combat inequalities and spread preventative activity.

Part 2

Report on the Basket of Indicators

Two years ago I identified a basket of high quality indicators which would help us to measure progress in the fight against disadvantage. I set a baseline figure for comparison (shown as a vertical dotted line on the charts in this chapter) and will report on progress against these one by one.

Indicator 1. Child Poverty

The proportion of families classed as having 'children in poverty' fell both nationally and locally last year after a worrying upward' blip' last year. **This is good news.**

The correct name for this is indicator is 'relative poverty'. Poverty is not an absolute – it is a comparison of the best-off with the worst-off. Poverty in a 'wealthy' country might look like wealth in a 'poor' country. An individual is considered to be living in relative poverty if their household income is less than 60% of median national income. Nationally two-thirds of children classified as being in poverty are living in households where at least one adult is in work. The most up to date data comes from 2015.

Percentage of Children in poverty (Under 16 years)
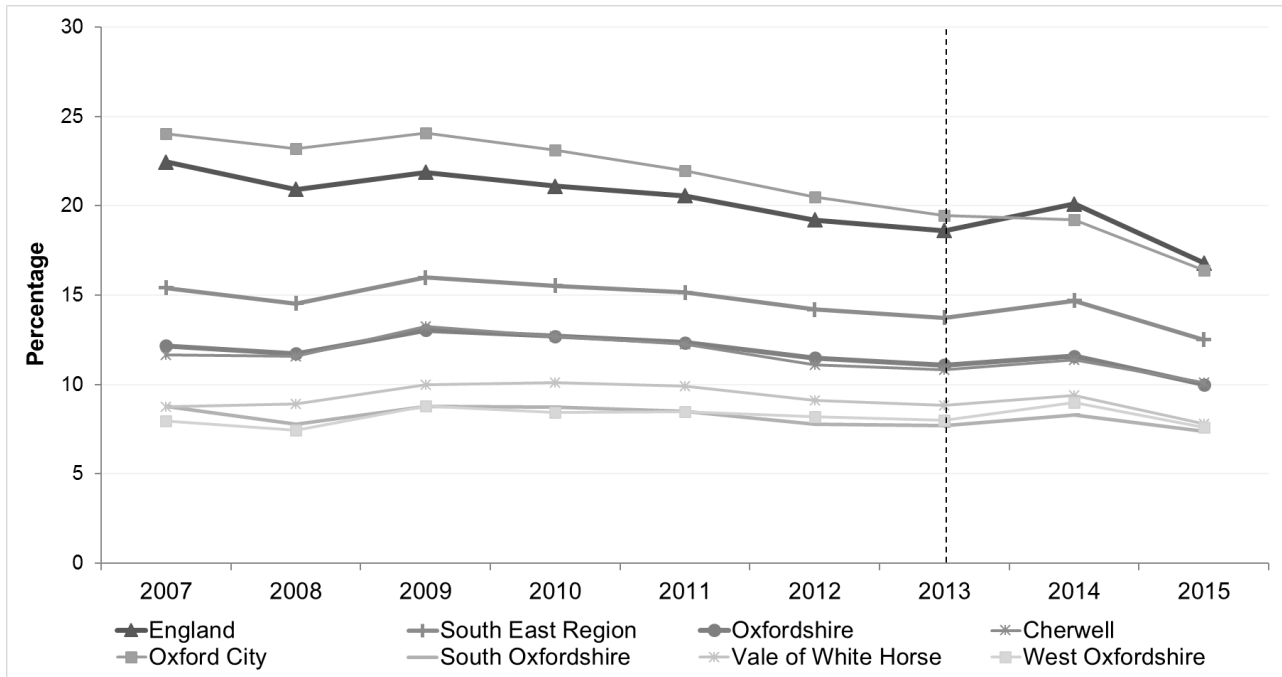
Public Health Outcomes Framework, from PHE

The chart shows that:

➢ There is a national and local trend downwards – this is very welcome.

➢ Overall Oxfordshire has a significantly lower percentage of children in low-income families than England. This is good news.

➢ Oxford City has had a significantly higher percentage of children in low-income families than England until more recently – it has been lower than or similar to the national figure for the last couple of years. This is encouraging.

➢ All other districts in Oxfordshire have significantly lower levels of children in low-income families.

Indicator 2. Teenage Pregnancy

This indicator measures all conceptions in females under 18 years of age whether the pregnancy ends in birth or termination.

Under 18 conception rate per 1,000 female population aged 15-17 years
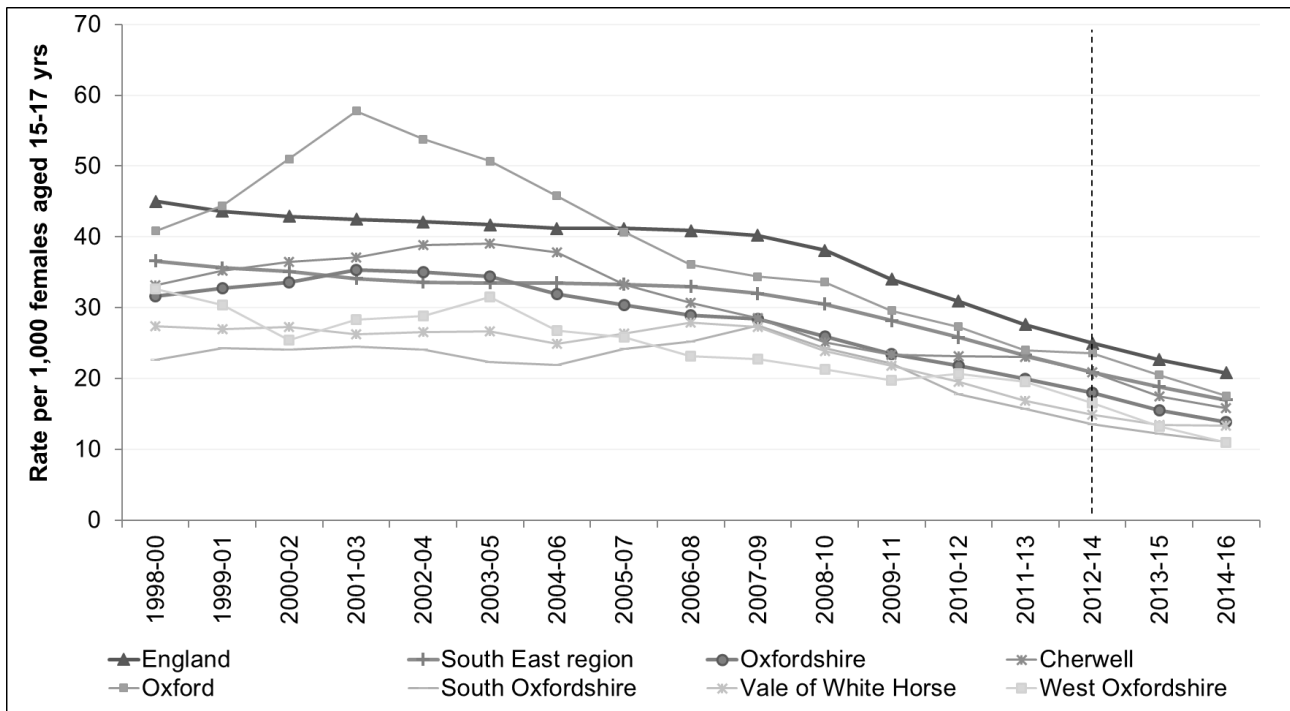
Office for National Statistics

The chart shows that:

➢ The general downward trend in under 18 conceptions continues. More good news.

➢ The teenage conception rate in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national and regional trends.

➢ There has been a welcome sharp decline in Oxford City since 2001-03

➢ Most recent data (2014-16) continues on a downward trend across all geographies.

➢ This is a good result.

Indicator 3. Teenage mothers

Not all teenage conceptions end with a live birth. About half result in termination. This indicator measures live births to mothers under 18 as a percentage of all births. These children will, on the whole, be at risk of experiencing disadvantage and poorer life chances.

The chart below shows a percentage, but to give a more human context we are talking about 30 births to mothers in this age group in 2016/17 and this number has more than halved over the last decade.

Percentage of births where mother is aged <18 years
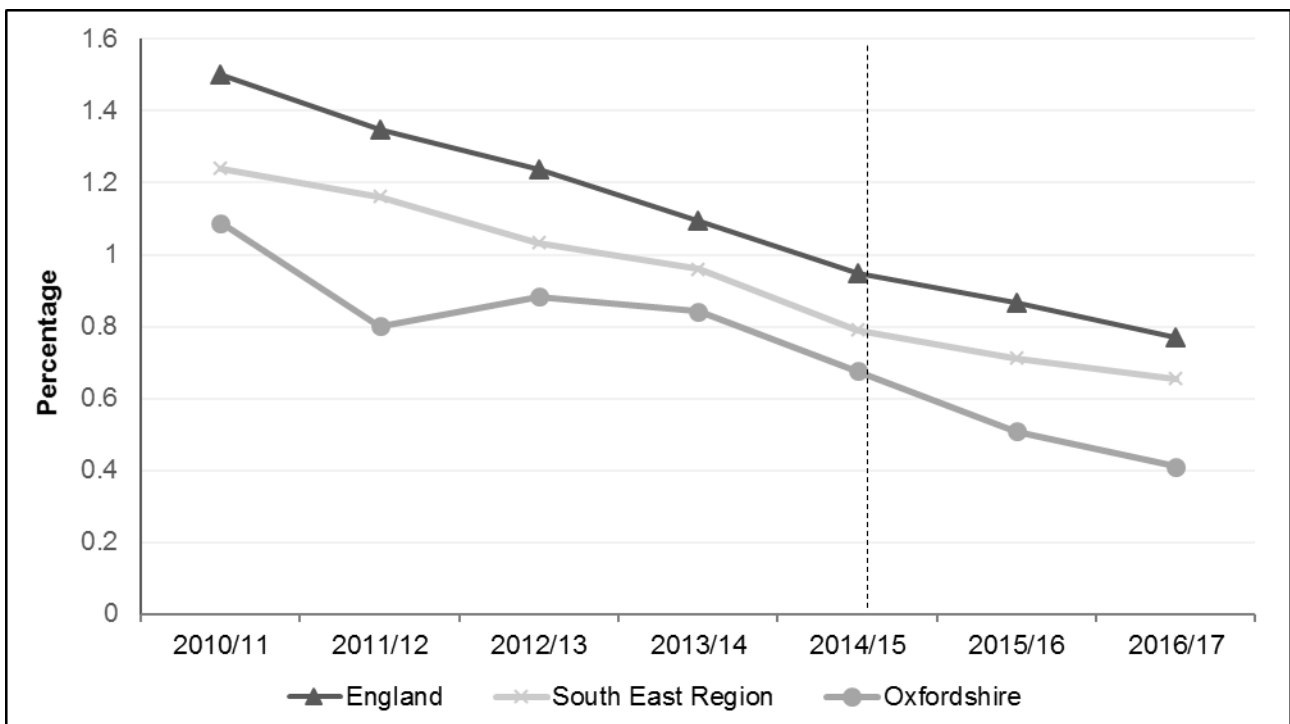
Hospital episode statistics (HES), from PHE

The chart shows that:

➢ In Oxfordshire, the proportion of births where the mother is under 18 is significantly lower than in the South East and England, and is decreasing.

➢ This is very good news. It means that a lower proportion of children in Oxfordshire are at risk from this form of disadvantage.

Indicator 4. Breastfeeding at 6-8 weeks.

Breastfeeding gives children a great start in life. Its positive effects on health are long-lasting and as well as providing a perfect diet and providing immunity from disease. The breastfeeding rate at 6-8 weeks remains high in Oxfordshire compared to England at just over 60%. England's figure is 15 to 20 percentage points lower. We should remember however that despite best efforts not all mothers can breastfeed.

The challenge is to get the rates higher in the lowest areas which are historically: Banbury, Bicester, Kidlington, Didcot, Wantage and South East Oxford.

Percentage of infants aged 6-8 weeks who are breastfed
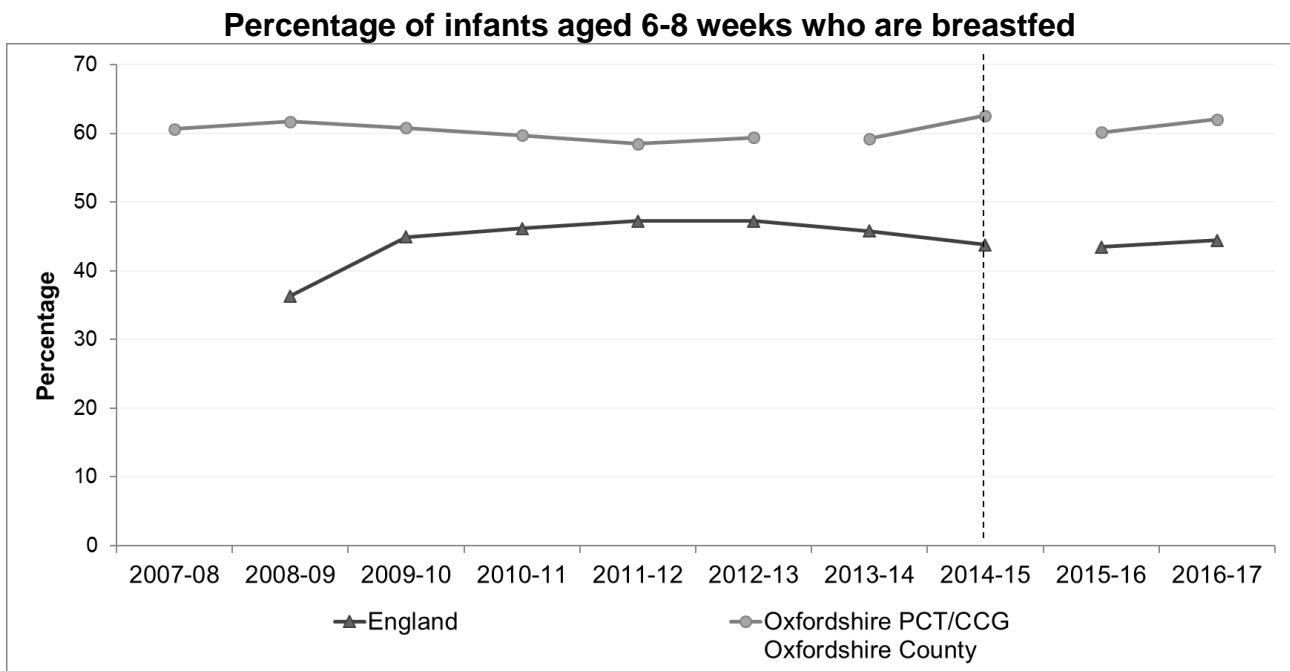
Public Health England National Child and Maternal Health Intelligence Network

NB Breaks in the Oxfordshire line indicate that 1) reorganisation from PCT to CCG, and 2) change in methodology which has not yet been backdated – breastfeeding data is now reported by county (i.e. residence) rather than CCG (i.e. GP population).

The chart shows that:

➢ Oxfordshire has a significantly higher percentage of infants breastfed at 6-8 weeks than the national and South-East averages.

➢ The Oxfordshire figure has increased slightly.

➢ Nationally the prevalence of breastfeeding at 6-8 weeks increased and now appears to be levelling off.

➢ This is another good result.

Indicator 5. Childhood Immunisation

Immunisation for Measles, Mumps and Rubella is a good proxy measure for the take up of all immunisations. Children should receive two Measles, Mumps and Rubella (MMR) vaccinations, the first by the time they are 2 years old and the second by 5 years old. All immunisation rates are monitored thoroughly through the Public Health Protection Board and through the Health Improvement Board. Oxfordshire's results are very good and NHS England and Public Health England are to be congratulated. The key is to monitor these figures really closely and respond to the smallest dip.

Percentage of 2 year olds that have received one dose of MMR vaccination
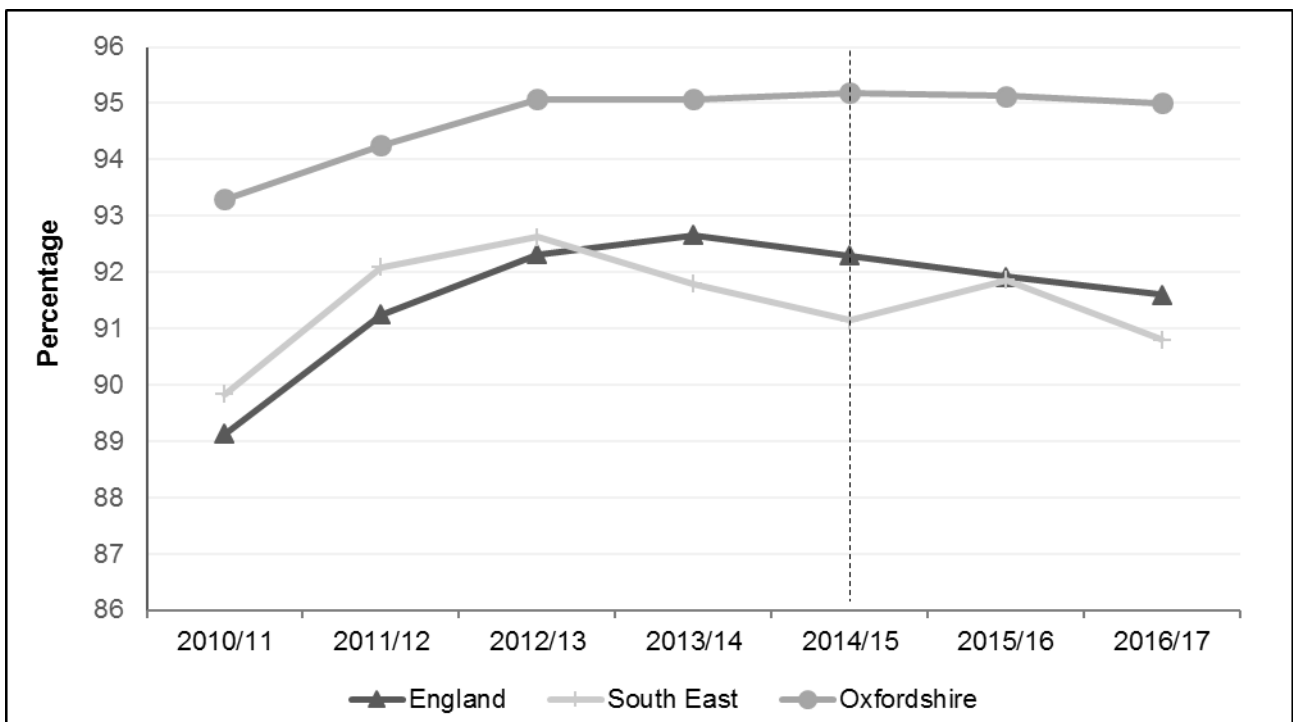
Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Please note axis does not start at zero.

The chart shows that:

➢ The percentage of eligible children receiving MMR vaccination has consistently been better in Oxfordshire than in the South East and England overall.

➢ Vaccination coverage in Oxfordshire is among the highest in the region at 95% - the national target - which very few areas meet.

➢ Oxfordshire's coverage appears stable over the past five years, where regional and national coverage has decreased. This is due in part to the very close scrutiny we give to these figures quarter by quarter.

Indicator 6. School Readiness: the percentage of children achieving a good level of development at the end of reception year.

This is a useful measure of health in its broadest sense of 'life potential' and a useful marker for disadvantage between different groups of children. This indicator measures children defined as 'having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children'. Children are defined as having reached a good level of development if they achieve at least the expected level in their 'early learning goals' in the following areas: personal, social and emotional development; physical development and, communication and languages, as well as early tests of mathematics and literacy.

School Readiness: the percentage of children achieving a good level of development at the end of reception
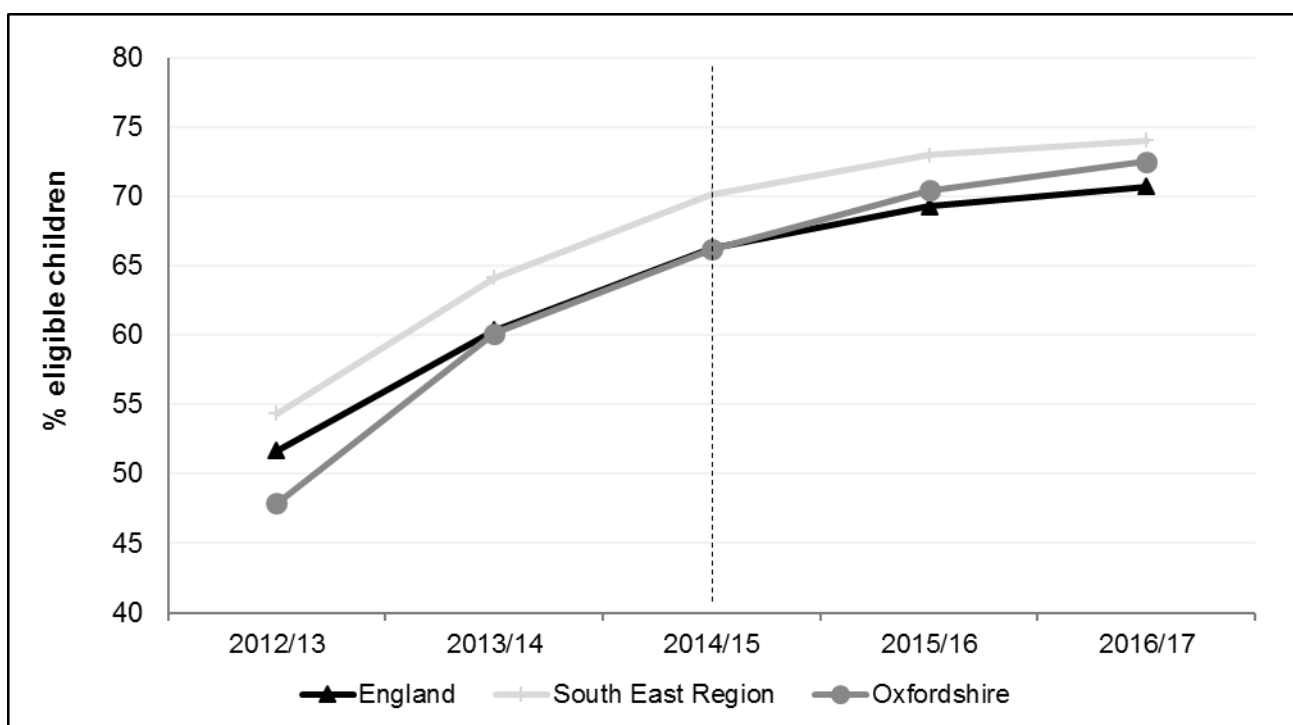
Department for Education (DfE) EYFS Profile. Please note axis does not start at zero.

The chart shows that:

➢ Since 2012 Oxfordshire has been gradually 'catching up' with rest of our Region – this is very encouraging.

➢ In 'catching up', Oxfordshire's figure was 'lagging behind' the England figure but has now overtaken it – another good result.

➢ It should be noted that if one drills down into this data, the results for children in receipt of free school meals an indicator of disadvantage) are lower than the group who do not receive free school meals (see more detail below).

Indicator 7. School results

Educational attainment is a fundamental and profound indicator of disadvantage. **It is an indicator of a child's life chances.** How our children perform compared with all children nationally is important and helpful information.

The national system for measuring educational attainment is changing. Looking at our overall performance in GCSEs over the last decade shows two main trends:

1. Gradual improvement on an initially weak position compared with neighbours

2. Concerns that (as elsewhere in the country) children identified as having a disadvantage either because of poverty or ethnicity performed less well on the whole.

The section below sets out some of the new ways of comparing our children's performance with elsewhere.

Because this is an important indicator I am going to explore the figures in some depth.

The first measure, in Year One (age 6), is the 'phonics screening check'. Phonics is a method of teaching people to read by learning the sounds that letters make. The test takes 5 to 10 minutes and tests children's ability to read short words or bits of words that form the building blocks for longer words e.g. cat, sand, windmill. It also includes nonsense words to make sure children can really link the writing to a spoken sound.

Oxfordshire's performance compared with regional and national figures looks like this:
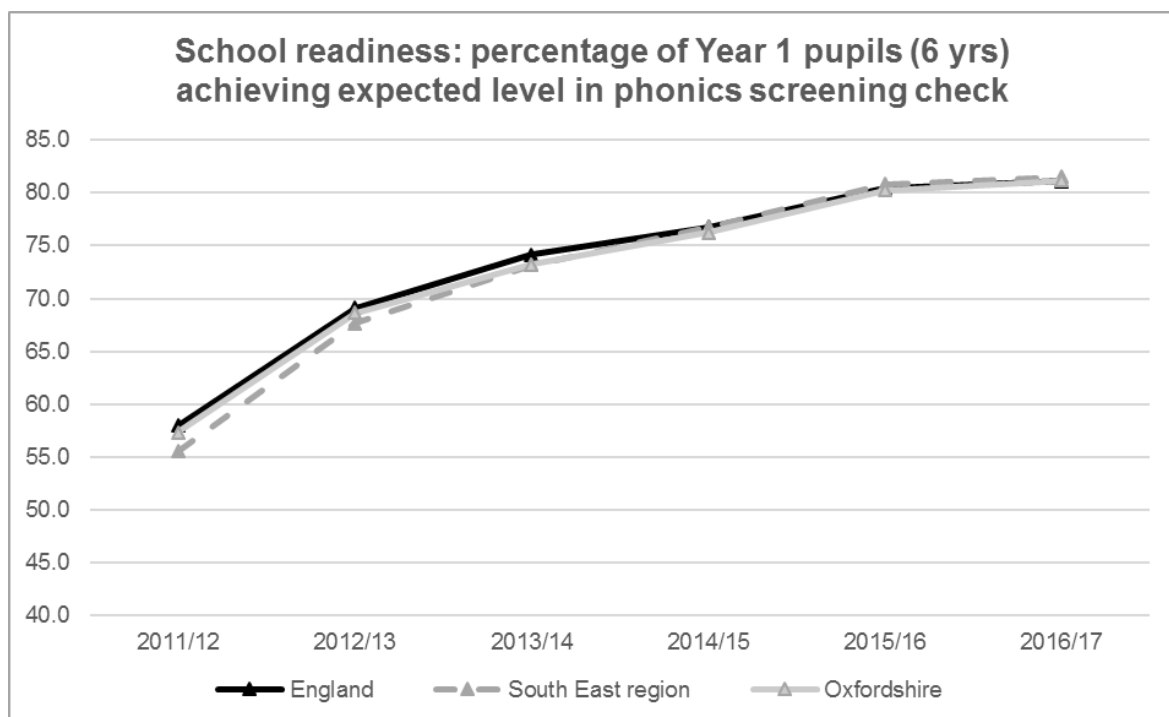
Please note axis does not start at zero

The chart shows that there are no notable differences in the phonics test results across England, South East and Oxfordshire and all follow a similar upward trend.

However, if we look at the children who receive free school meals, we get the following picture:

School Readiness: percentage of Year 1 pupils (6 yrs) with free school meal status achieving expected level in phonics screening check
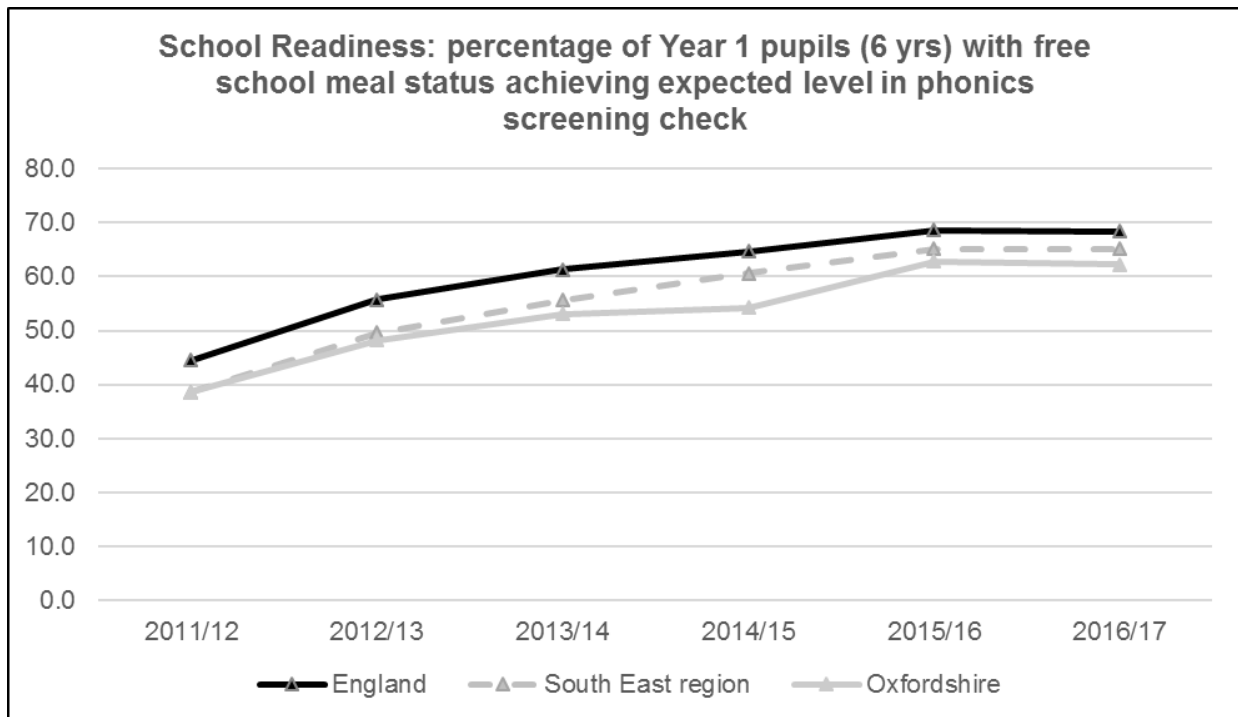
The chart shows that:

➤ Oxfordshire's attainment for phonics for children receiving free school meals is lower than national and regional levels.

➤ This is a concerning result. It shows we have work left to do to at least catch up with, if not exceed, the national figure.

Ethnicity

The results for school readiness are not spread evenly across ethnic groups – highlighting a further source of potential inequality. Recent results are shown in the table below:

% achieving a good level of development	White	Mixed	Asian	Black
Cohort in Oxon.	6239	526	460	174
Oxfordshire	**74 (72)**	**74 (71)**	**68 (59)**	**68 (65)**
National	72 (70)	73 (71)	69 (68)	70 (68)
Similar Local Authorities (average score)	73 (72)	74 (71)	68 (70)	64 (63)

The figures in brackets show last year's results, so the picture is generally improving.

The table shows that a lower proportion of children from Asian and Black ethnic groups score lower on this measure.

This finding is similar to those seen in England and amongst similar Local Authorities and gives an indication of ongoing disadvantage.

Gender

There is a further inequality in this data regarding phonics – girls outperform boys overall. This may mirror underlying genetic and social differences in some way. The chart below shows the picture for measures of school readiness regarding phonics:
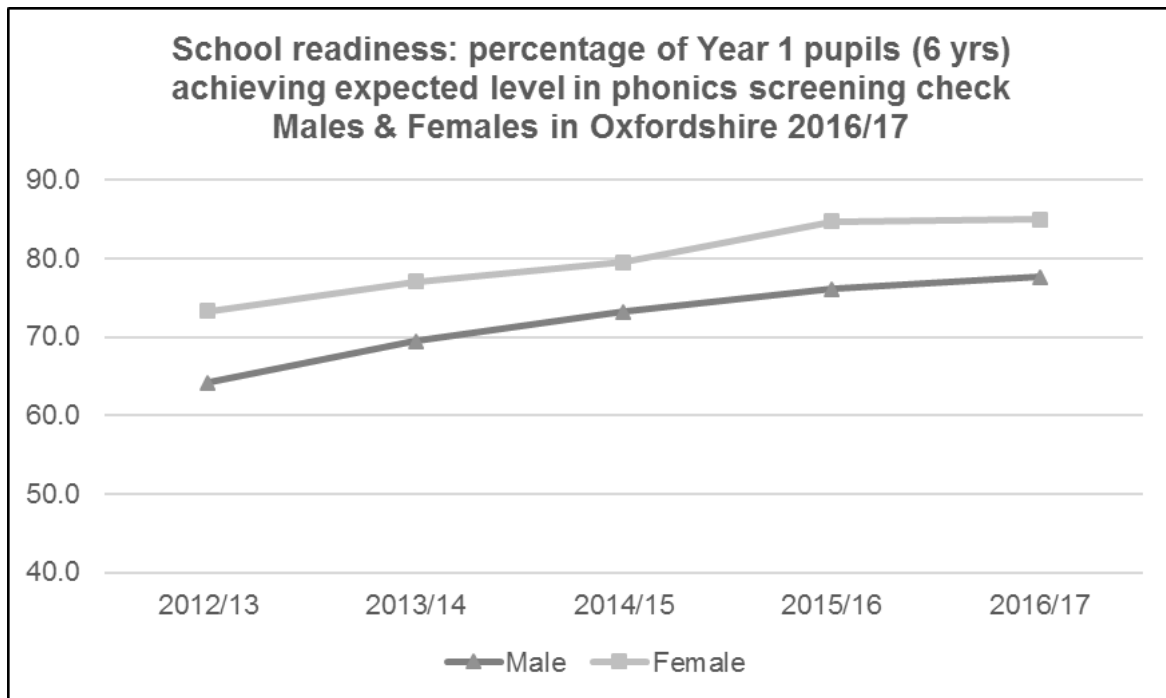
Please note axis does not start at zero

The chart shows that:

➢ Girls achievement stands at around 85%, boys' at around 78%

➢ Achievement for both genders has been steadily improving.

Other Key Stage 1 results

Summarising the other County's many other results at key stage 1 (6-7 years), in the interests of space, gives the following comparative position and shows mixed results. Taken as a whole, the figures are better than England and lower than in similar Authorities indicating again that there is room for improvement.

Test	Oxon compared to similar counties	Oxon compared to England
Maths	Just below	Just above
Reading	Just below	Above
Science	Similar	Above
Writing	Slightly below	Slightly below

Results at Key Stage 2 (age 10-11 years)

At Key Stage 2 (10-11 years) the method of assessment has changed. Data for 2017 shows the following picture. It combines reading, writing and maths. The results look like this, comparing Oxfordshire with similar Local Authorities:
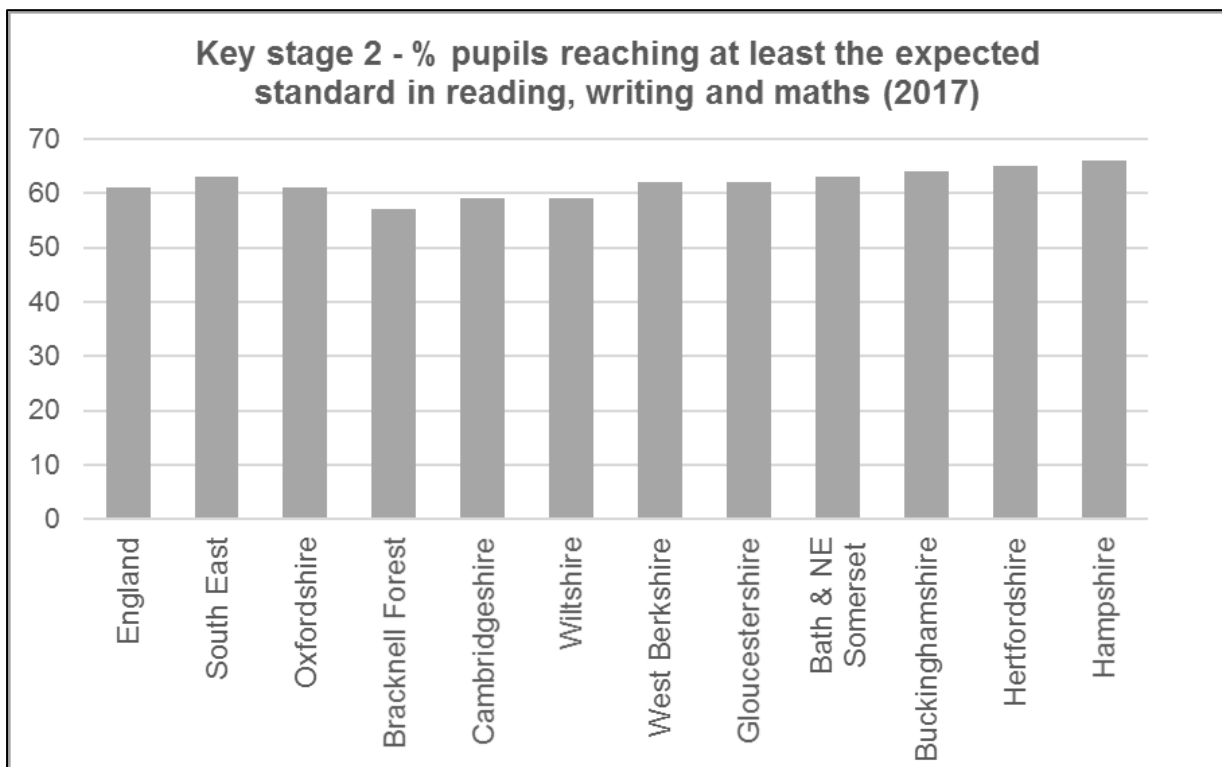
The chart shows that Oxfordshire's performance is around the national average and slightly below the regional average. The results for similar Local Authorities show a mixed picture with some performing less well than Oxfordshire and some better. It will be important to monitor these results to see what trend emerges over time.

Looking at Key Stage 2 results for ethnicity shows the following results:

KS2 attainment by major Ethnic groups, 2017

Ethnic group	England	Oxon
Black	61	49
Asian	64	56
All Pupils	62	61
White	61	62
Mixed	63	64
Chinese	78	67
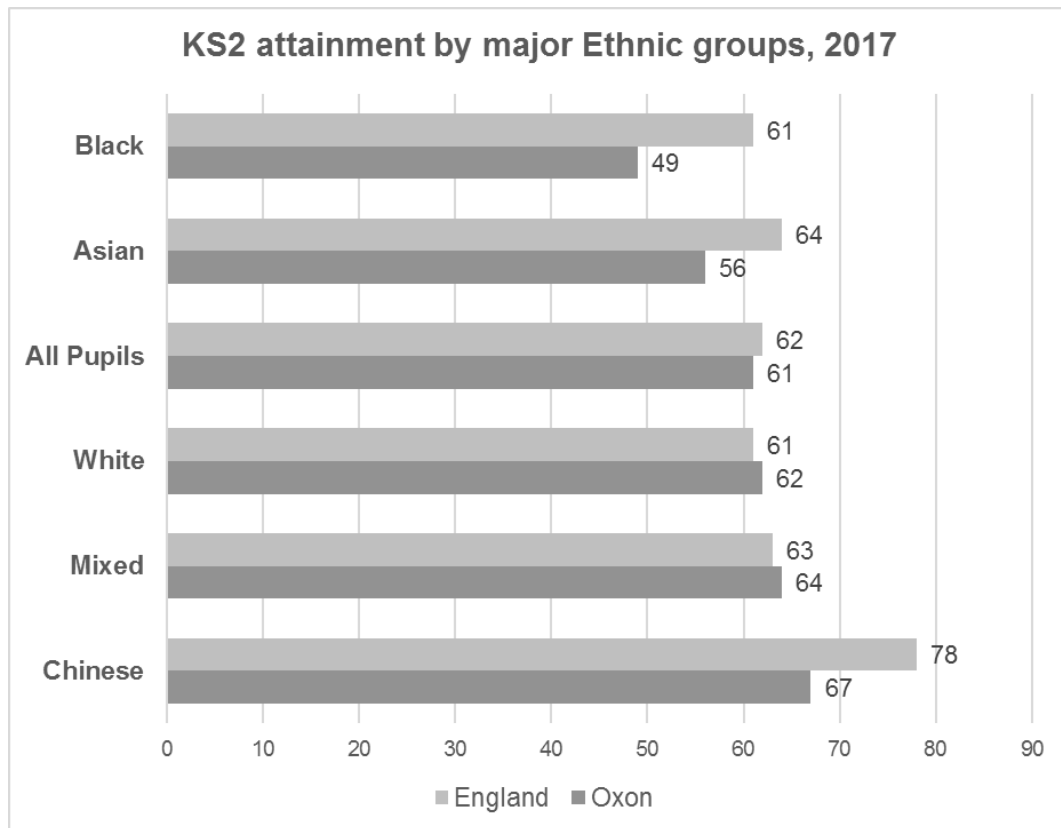
The chart shows that:

➢ Attainment at the end of key stage 2 varies between different ethnic groups. Chinese pupils are the highest achieving group in 2017 as in the last few years, although this cohort is only 13 pupils, and so the statistics are less reliable.

➢ Attainment of 'mixed', 'white' and all pupils is broadly similar to the national average.

➢ Pupils from Black and Asian background are lower in attainment than the England average and this is a source of inequality, although the numbers of students in Oxfordshire are small and so the statistics are less reliable.

Results at the end of secondary school

The new system aims to capture the progress a pupil makes from the end of primary school to the end of secondary school in measures called Attainment 8 and Progress 8. New GCSE qualifications will be added in 2018 and 2019 so measures may not be comparable over time.

Attainment 8 scores add up attainment in 8 subjects and average them. Results are shown below:

Attainment 8 - England, Oxfordshire and statistical neighbours - 2017
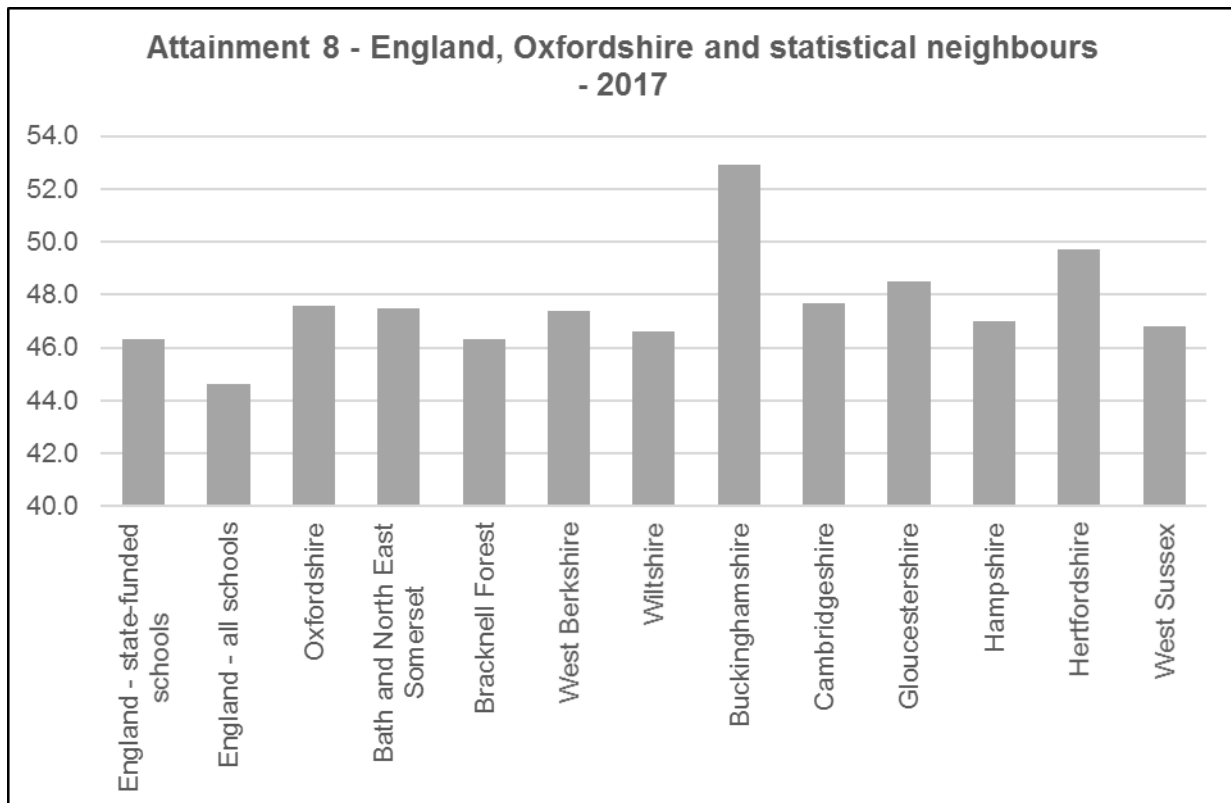
NB the axis does not start at zero so differences will appear visually to be magnified.

The chart shows that:

➤ Oxfordshire performs better than England and is comparable with similar Authorities, although some, such as Buckinghamshire score higher.

Progress 8 is a measure of improvement between key stage 2 and key stage 4 (i.e. during secondary schooling). Oxfordshire's children are compared with a similar national peer group to see if they do better or worse than the peer group. Oxfordshire scores 0 which means we do as well as the average. However, compared with similar authorities, five of our statistical neighbours have a below average score and three have an above average score.

Regarding free school meals, the attainment 8 gap in Oxfordshire is slightly wider in Oxfordshire than that recorded nationally and shows that this inequality persists throughout the 'school career'.

We need to keep a watching brief on these new scores as they develop and more data is added.

Overall for school attainment the themes are:

➢ Oxfordshire's scores are improving overall.

➢ However, inequalities are a cause for concern amongst children with free school meals and children from Asian and Black ethnic groups.

Indicator 8. 16-17 year olds not in education, employment or training.

From September 2016 the Department for Education changed the requirement on Authorities to track school age 18-year-olds. Local Authorities are now only required to track and submit information about young people up to the end of the academic year in which they have their 18th birthday i.e. academic age 16 and 17-year-olds. This means that accurate comparisons can't be made as before.

In the new system only one year of data is available, the results are shown below for males and females:

Percentage of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known - 2016
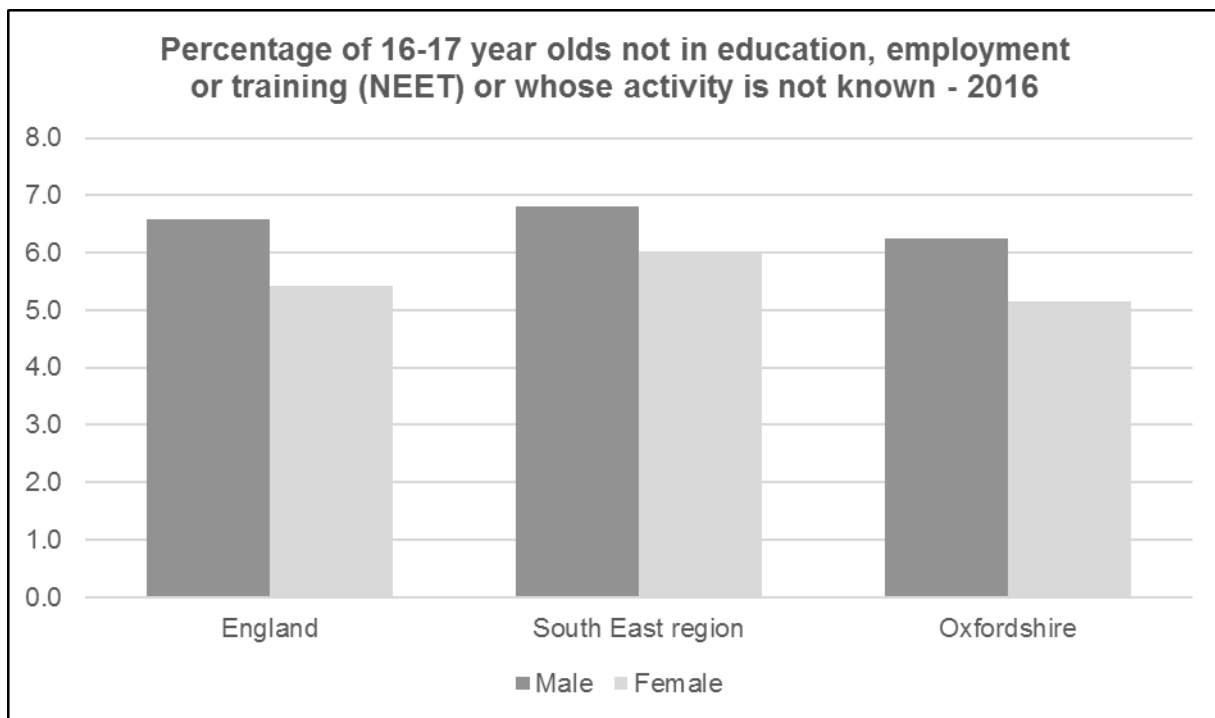
The chart shows that:

➢ Oxfordshire's figures for males and females are better (i.e. lower) than both the national and regional figures at just over 6% for males and just over 5% for females.

➢ This is a good result.

Improvement is possible however as some similar Local Authorities have lower figures – Hertfordshire for example is around 3% overall.

National figures show the following result:

Percentage of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known - England - 2016

Decile	
Least deprived decile	
Second least deprived decile	
Third less deprived decile	
Fourth less deprived decile	
Fifth less deprived decile	
Fifth more deprived decile	
Fourth more deprived decile	
Third more deprived decile	
Second most deprived decile	
Most deprived decile	

There is an 'inequalities gradient' at play here in the national data, with children in the most disadvantaged tenth of the population being about 2% more likely to be not in education, employment or training than those in the least disadvantaged tenth.

Indicator 9. Obesity in children in reception year.

Obesity is one of the biggest threats to health and wellbeing and it starts young. This indicator looks at children as they enter school. Obesity is more common in disadvantaged children.

Percentage of children in Reception Year who are obese
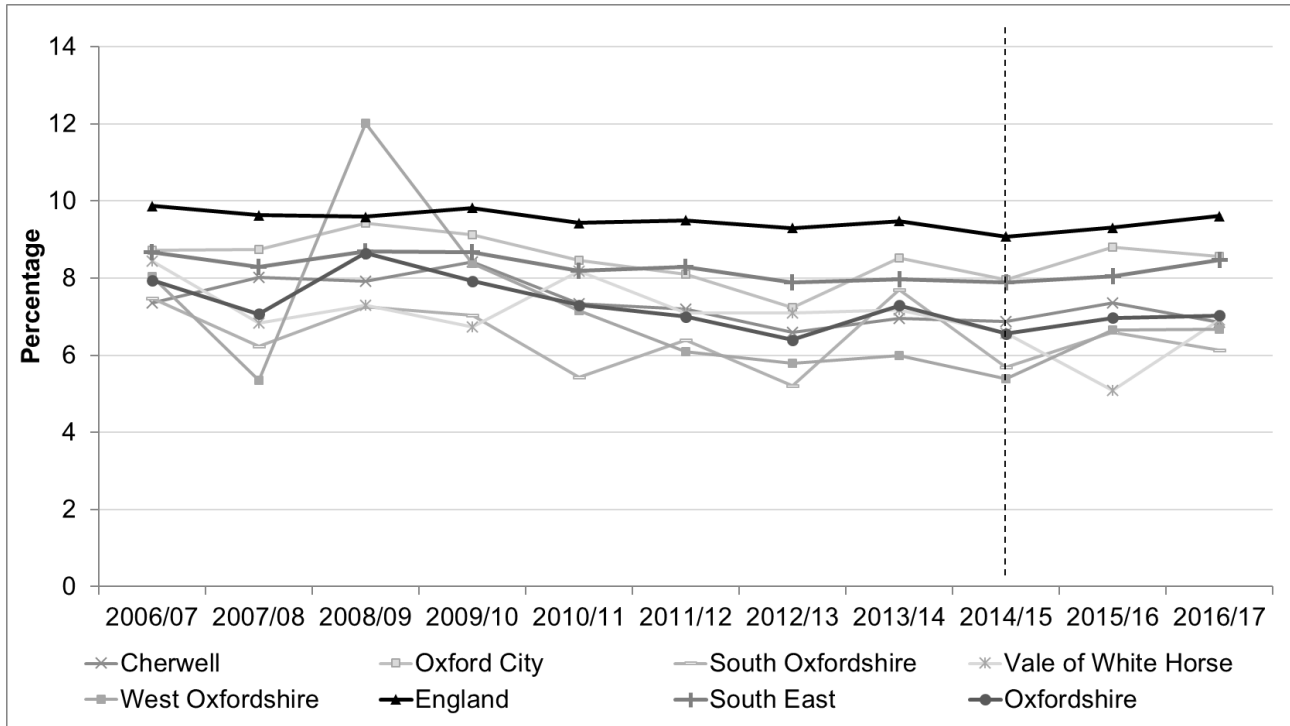
National Child Measurement Programme (NCMP)

The chart shows that:

➢ Oxfordshire continues to buck the national trend, having obesity levels in reception year of around 7% compared with almost 10% nationally. Both these figures are too high – but it is a good result for Oxfordshire comparatively speaking.

➢ The trends are fairly static over time.

➢ Oxford City continues to have a higher rate – this will be due largely to higher levels of social disadvantage. The figure for more disadvantaged parts of the City will be higher still as the poor result is offset by very low levels in more affluent parts of the City.

Indicator 10. Obesity in year 6 (10/11 year olds)

The last indicator showed an average of 7% obesity for Oxfordshire's children in reception year. By the time children become 10-11 years old the Oxfordshire figure rises to around 17%. This is better than England's figure of 20%, but it is still a concerning increase in such a short time. This trend continues into adulthood when over 50% of people are overweight or obese.

Percentage of Year 6 children who are obese

National Child Measurement Programme (NCMP)
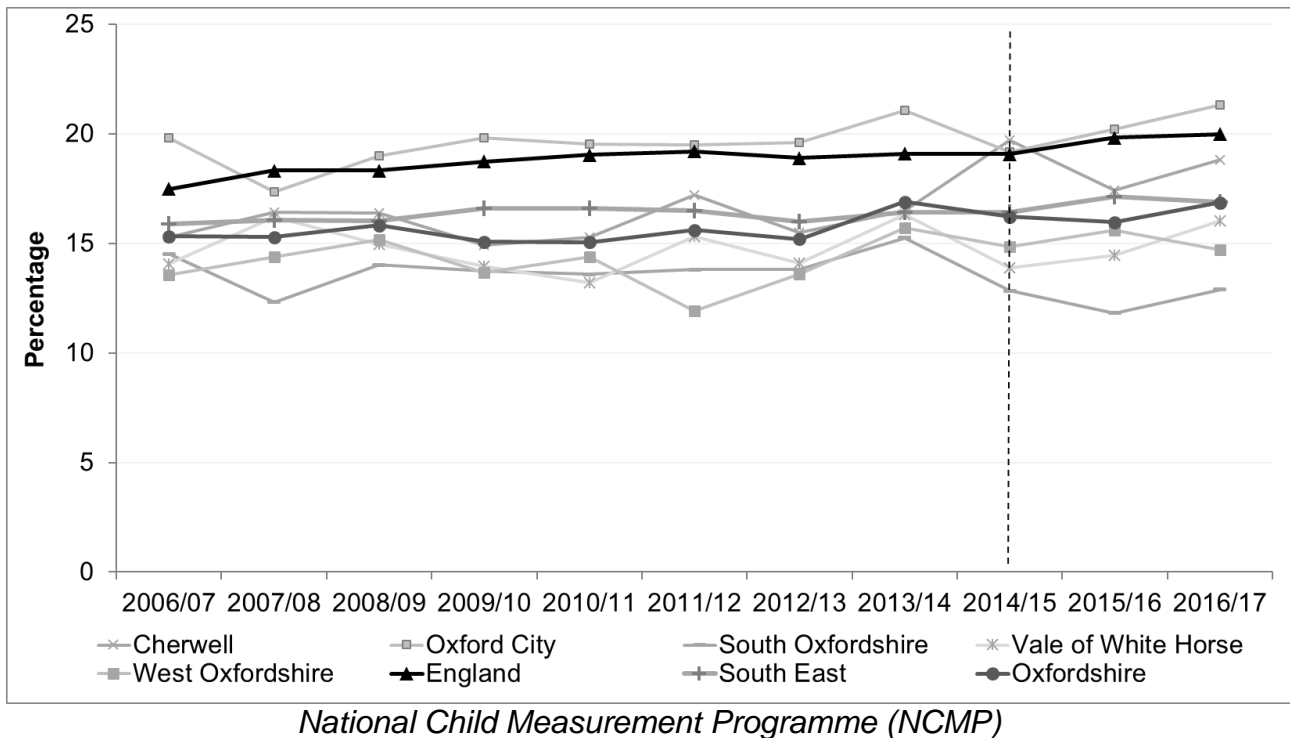
The chart shows that:

➢ Oxfordshire as a whole performs significantly better than the national average for prevalence of obesity in Year 6 children.

➢ Oxford City and Cherwell are the only districts which do not have significantly lower rates than England, and the City's figure is higher. This is a reflection of the fact that these areas have a greater number of disadvantaged children.

➢ Over time childhood obesity shows a slow gradual rise with some possible levelling off over recent years.

Indicator 11. Homeless Households

To be homeless is a direct measure of disadvantage and gives us a useful overall indicator.

Statutory homelessness: crude rate per 1,000 households, Oxfordshire, the South East and England.
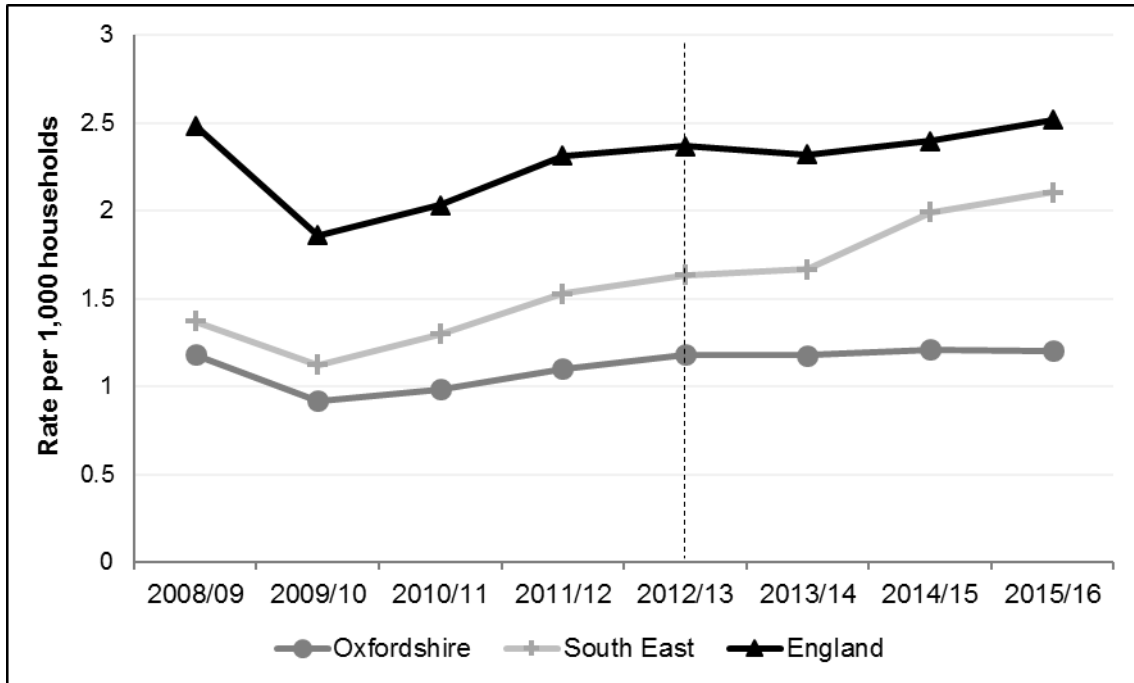
Department for Communities and Local Government

The chart shows that:

➢ The Oxfordshire figure is much lower than the regional and national average.

➢ The Oxfordshire rate is stable at just over 1% of households while national and regional rates are rising and more than double this figure.

➢ This is a good result which bucks the national trend.

If we drill down into the Oxfordshire data we get the following picture at District level:

Statutory homelessness: crude rate per 1,000 households, Districts in Oxfordshire.
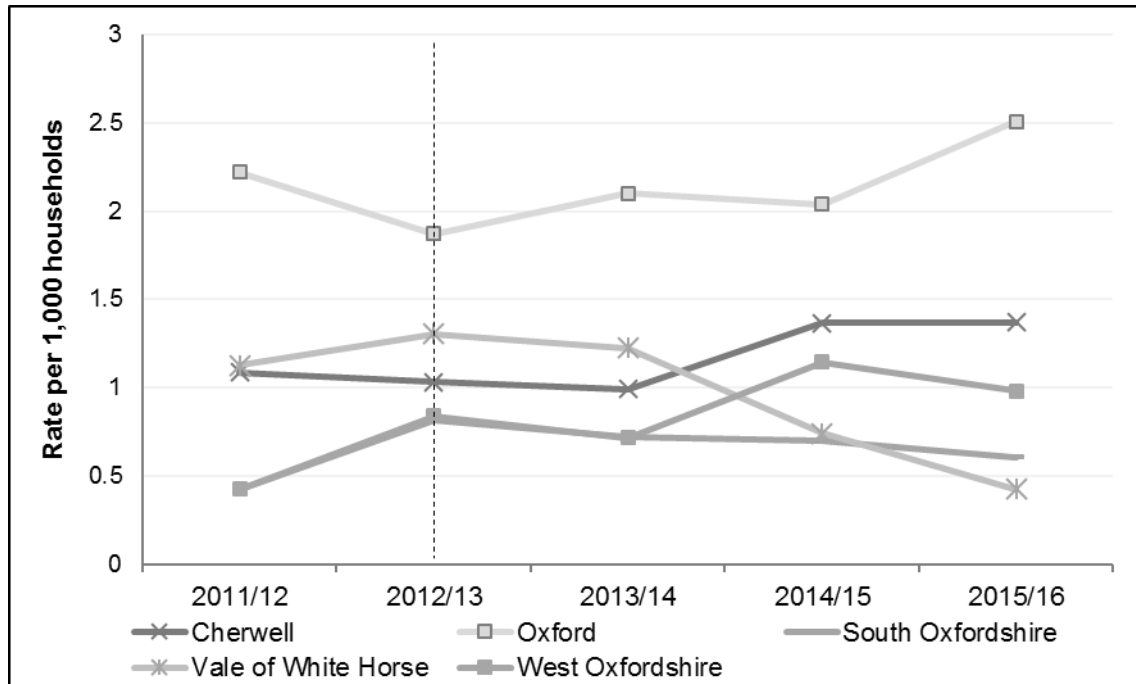
Department for Communities and Local Government

The chart shows that:

➤ Homelessness is most prevalent in Oxford City and is similar to the England rate.

➤ All other districts are significantly lower than England.

Indicator 12. Households in temporary accommodation

Placing homeless families in temporary accommodation is a means of preventing homelessness and provides a stop-gap. It is also an indicator of significant disadvantage. The first chart shows the big picture:

Households in temporary accommodation, Oxfordshire, the South East and England
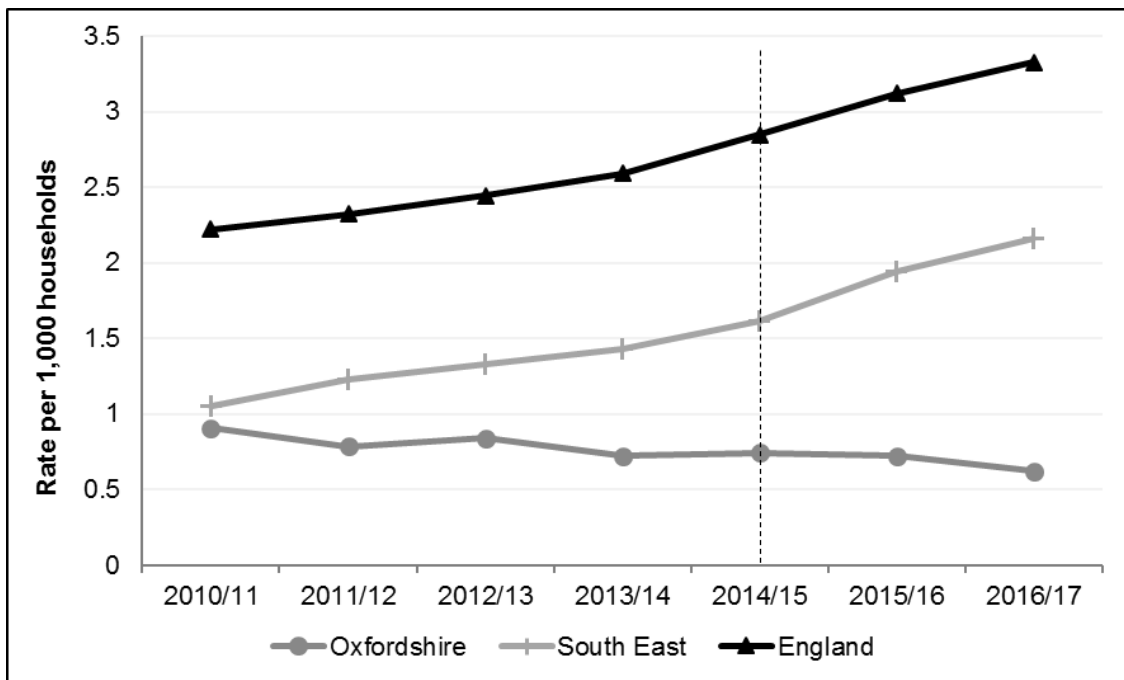
Department for Communities and Local Government

The chart shows that:

➢ Oxfordshire performs very well indeed on this measure. The rates are falling and are much lower than the national figures. In contrast the national figures are rising steeply.

➢ This is an excellent result.

The next chart shows the same data at District level:

Households in temporary accommodation, Districts in Oxfordshire
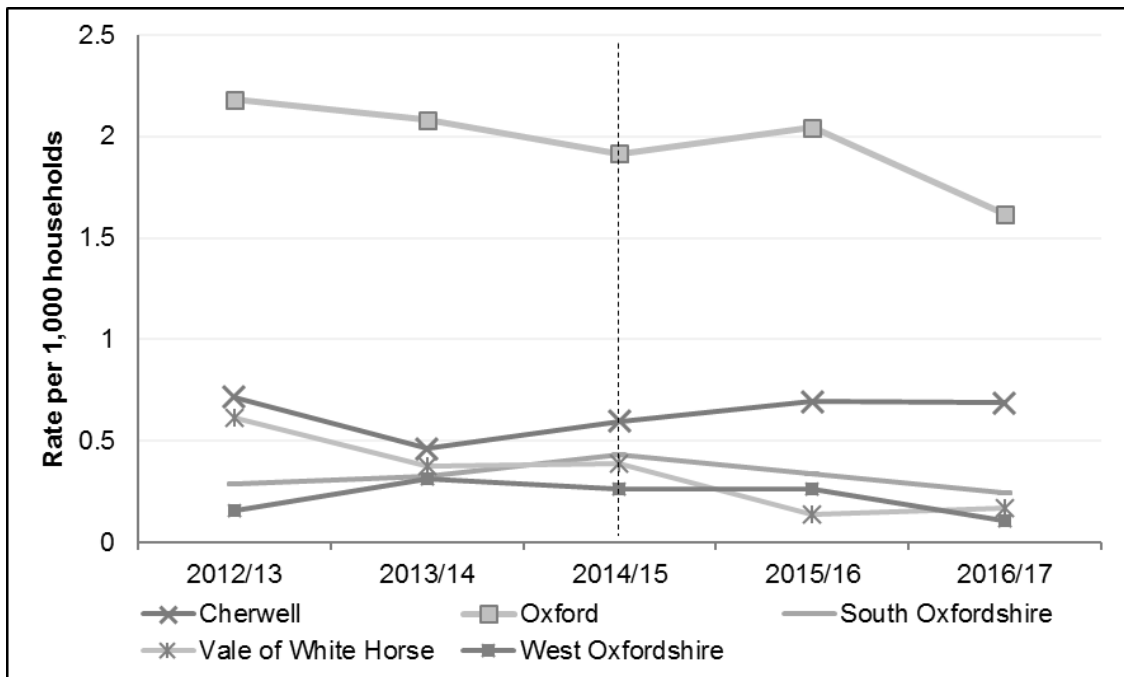
Department for Communities and Local Government

The chart shows:

➢ Another very good result over the last year's data overall.

➢ Rates in general are low.

➢ Rates in Oxford are higher but have fallen sharply and are lower than the national average.

➢ Rates in Cherwell are steady.

➢ Rates in Vale of White Horse, West Oxfordshire, and South Oxfordshire are among the lowest in the region.

Overall Assessment and Conclusion

Overall the indicators show a general reduction in these measures of disadvantage over the year which is a heartening result. However, inequalities are hard-wired into our society based on income, education, ethnicity and gender. We need to take a systematic and sustained approach to tackling disadvantage in Oxfordshire – we are on the right track at present, but vigilance is required.

Educational attainment among children with free school meals and from Asian and Black ethnic groups is a source of concern.

What did we say last year and what has happened since?

For convenience I have inserted last year's recommendations and have given an assessment of progress beneath each one.

Recommendations from last year

1. The Health and Wellbeing Board should ensure that the work of the Health Inequalities Commission continues to be taken forward.
   This is being achieved.

2. The Basket of indicators of inequalities in childhood should be reported in the DPH annual report next year. The Health Improvement board should monitor homeless acceptances closely during the year.
   This has been achieved.

3. The next phase of the Oxfordshire Sustainability and Transformation Plan should target disadvantaged groups and seek to level up inequalities. The service 'offer' should not be 'one size fits all' and the needs of different parts of the county should be recognised.
   This has been superseded by the intervening review of the Health and Wellbeing Board outlined in Chapter 1. This recommendation is now being taken on actively by the Health and Wellbeing Board.

Recommendations

1. The Health and Wellbeing Board should ensure that dealing with inequalities features prominently in the new Joint Health and Wellbeing Strategy and that all health and social care and public health strategies plan for such reductions.

2. The basket of indicators of inequalities in childhood should be reported in the DPH annual report next year.

Chapter 4: Lifestyles and Preventing Disease Before It Starts

If you want to boost your odds of a long and disease-free life, your lifestyle really matters.
I've said it before and I'll say it again.

We are what we eat, drink, breathe, think and do.

These things shape our whole lives.

In this chapter we're going to look at some lifestyle choices and their consequences, and we're going to start with the most important issue of the last decade or two: diet, exercise and obesity.

Obesity – why it matters.

Everything in our current culture pushes us towards obesity. We enjoy:

- ➢ Less physical labour
- ➢ A cornucopia of foods from across the world on tap
- ➢ Cars and public transport
- ➢ Relatively more cash to spend
- ➢ Every shape and size of restaurant
- ➢ A vivid advertising industry – now messaging us 24/7
- ➢ Many, many fast food options – delivered from armchair to front door if we want it – as close as the nearest app
- ➢ Cheap alcohol and relaxed licensing laws
- ➢ Electronic communication so we don't even have to go out to have company

The snag is that these things are a cocktail that tends to end up in one place – Under-exercised. Overweight. Obese.

It's been creeping up on us for years, just like it has already in a more extreme form in the USA.

And as a result, more than half of all adults are overweight or obese. And once it becomes the new norm, who notices?

People in the UK are around 20% less active now than in the 1960s. If current trends continue, we will be 35% less active by 2030.

'We are the first generation to need to make a conscious decision to build physical activity into our daily lives.'

So what's the catch? What's the problem?

Well, *unfortunately obesity leads to more of all the long-term things we don't want.* It increases our chances of heart disease, stroke, diabetes, cancer, dementia and makes any disability worse and it costs the national economy an estimated £27bn, the NHS £6bn and social care £350m each year.

Of course, it's also a big inequalities issue and affects women more than men, unskilled workers more than skilled and Black and Asian ethnic groups more than White.

The UK Millennium Cohort Study showed in 2017, for example, that the higher a woman's educational level the less likely is it was her children will be overweight.

Definitions of Physical Activity and Obesity

Physically active: *Percentage of adults (aged 19+) who meet Chief Medical Officer recommendations for physical activity (150+ 'moderate intensity equivalent minutes' – which means doing enough to make you breathe a little harder - per week).*

Physically inactive: *Percentage of adults (aged 19+) that are physically inactive (less than 30 'moderate intensity equivalent minutes' per week).*

Excess weight: *Percentage of adults (aged 18+) classified as overweight or obese, based on Body Mass Index (BMI) which is your weight in Kgs divided by your height in metres squared. For most adults, a BMI of:*
- *18.5 to 24.9 means you're a healthy weight*
- *25 to 29.9 means you're overweight*
- *30 to 39.9 means you're obese*
- *40 or above means you're severely obese*

So why do we keep going in this direction?

Well, lifestyles are hard to turn around. They are the warp and weft of what we are day to day and changing is difficult – we are programmed for short term pleasure rather than long term wisdom - and changing and sticking to a change in lifestyle is even more difficult…… ask anyone who has lost weight on a diet how easy it is to keep the pounds off long term – it isn't easy, is it?

What is the situation in Oxfordshire?

We have already looked at obesity in children in detail in Chapter 3 on inequalities. To recap, by the time they reach school, 7% of children are obese. More are overweight. By the time they are in Year 6, the figure is more like 17% and so it goes on increasing into adulthood.

The Active Lives Survey tells us that the picture for adults from who have 'excess weight' in our Districts and county looks like this:

Excess weight in adults (18+)
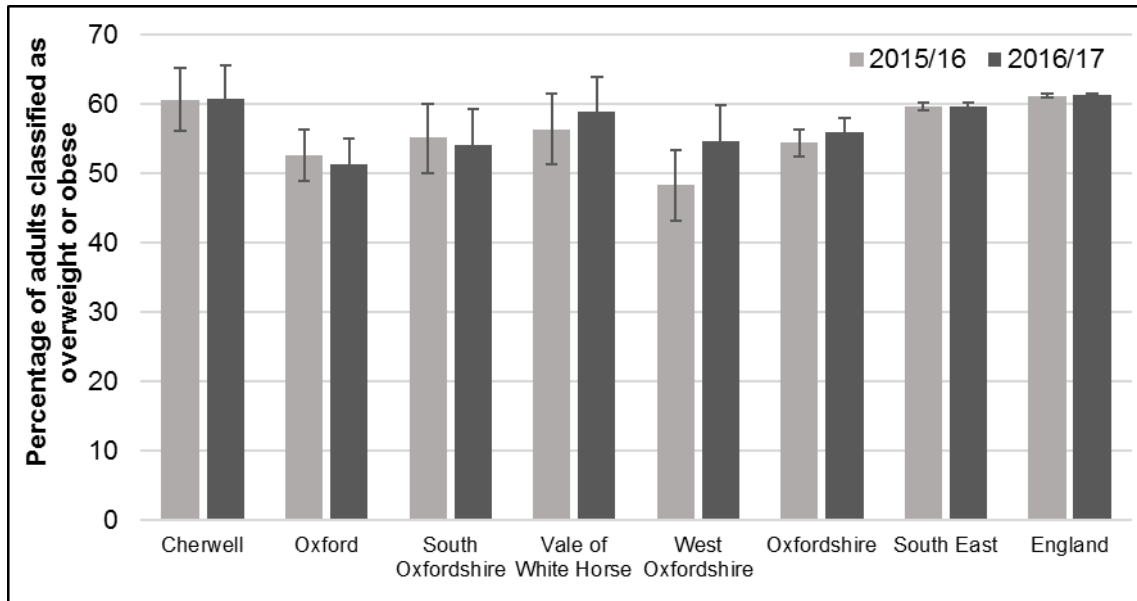
Active Lives Survey

The chart shows that:

➢ In Oxfordshire, over 5 in every 10 adults are either overweight or obese.

➢ Oxfordshire has had a significantly lower proportion of adults overweight or obese than in England overall. This is relatively good news.

➢ The chart reflects the different age-structures of the different Districts, the younger structure of the City keeping its figure lower.

Let's take a look at some of the factors underpinning obesity. Physical activity is very important as it burns calories and thus burns fat…… and any physical activity is OK, even standing instead of sitting, or taking one flight of stairs, or getting off the bus a stop early – it doesn't need to come clad in lycra!

Physical activity in adults (19+)

Active Lives Survey
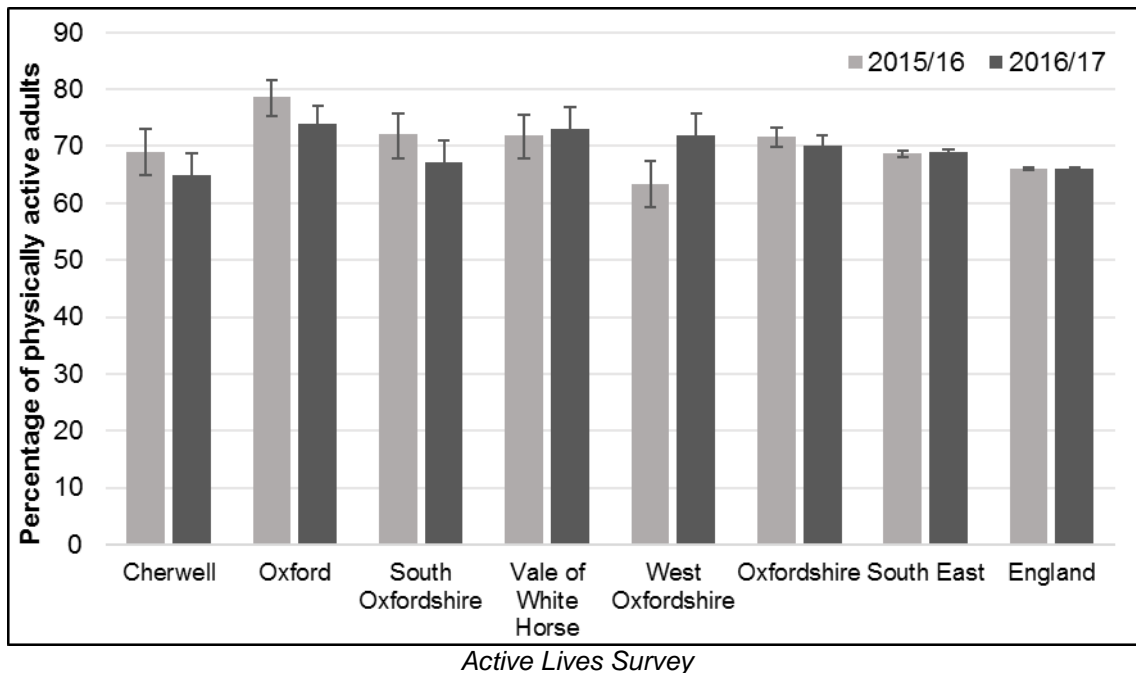
The chart shows that:

➢ Oxfordshire has had a higher proportion of physically active adults than England in both survey years. This is good news.

➢ Again, the differences between Districts will mostly be due to different age structures – younger adults being more active than older ones.

Inequalities are at work in the realm of physical activity too:

➢ Those who are working are more likely to be active than those unemployed or economically inactive

➢ Those less disadvantaged are more likely to be active than those more disadvantaged

➢ Those of White or Mixed ethnicity are more likely to be active than those from Asian, Black, Chinese, or Other ethnicities

➢ Males are more likely to be active than females

➢ Participation in physical activity decreases with age. Nationally, 76% of 19-24 year olds were physically active in 2016/17 compared to 26% aged 85+

So what do we do about it?

The answer set out in last year's report holds good:

'the answer has to come through teamwork between the individual, family, government, employers, planners and organisations. It's about 1000 adjustments to 1000 tillers to turn the flotilla we all sail in.'

To be more specific, I think the answer comes at 3 levels:

1. Government/ National

2. County/District

3. Personal

Government/ National level

Government can help to create an overall climate in which exercise and healthy eating become easier.

This has begun with initiatives such as the sugar tax, food labelling and starting a debate on protecting children from advertising. **This is gradual work.** It begins with voluntary agreements and ends in legislation. **It is for the long haul and Public Health England have done a good job in championing the debate**….. but…… *we* are the electorate and the consumer, and *we* have to want these changes too… which means that *we* have to understand the issues and want change. Once they become ballot-box issues we should see the pace of change increase. The ever-increasing demand on the NHS due in part to obesity-generated diseases may in time provide the fillip policy makers need.

Government can make changes in many other helpful ways too e.g. emphasising exercise in the curriculum and onto Ofsted's agenda; also through rewarding transport schemes which reward active travel and so reduce traffic congestion. These things are happening, but the pace is gradual.

The national campaigns on nutrition such as '5 a day' have been very effective in raising public awareness. You can tell when campaigns are effective as the message enters the vernacular.

At County and District level there is much we can do too - especially if Government supplies the framework and the incentives.

This is the level at which we plan the road schemes, put in the cycle paths, design the communities, and work with the schools and local organisations and assemble the Growth Deals.

This is where 'getting health into planning' comes in. Initiatives such as the Healthy New Towns initiative and all the other measures detailed in chapter 2 are excellent examples of how we can work together to reduce the threat of obesity, as well as reducing heart disease, cancer and reducing the impact of dementia (and thus demand on our hospitals). It is also the level at which

we work with schools on travel plans not involving cars, social prescribing by our GPs and enticing people into using parks and green spaces.

On a personal level.

If you cast your eyes back to the list of modern lifestyles that heads up this chapter, the changes we all need to make are pretty obvious and you don't need a Director of Public Health to tell you what to do. The point is,

This isn't nannying, it is enlightened self-interest. It is backing your own team in the game of life – and it's up to you.

We can all do a little more activity and we can all eat a little healthier, and it's those small daily changes that add up to make the difference…….

How are we doing overall in Oxfordshire?

There are three main points to make in summary:

➢ We are still better than the national averages on exercise and obesity measures – this is good progress.

➢ The Health Improvement board is taking a sound approach to coordinating effort – this needs to continue and the recent interest in prescribing activity for people is a great boost.

➢ The addition of a stronger 'getting health into planning' aspect of this work has tremendous potential if it can be tapped – this would be a major step forward. Chapter 2 is all about this.

On the strength of this assessment I would make the following recommendations.

Reviewing what I said last year, the recommendations have the same thrust but good progress on the Healthy New Towns and spreading their message more widely means that I am repeating these recommendations more emphatically this year.

Recommendations

1. The Health Improvement Board should continue to coordinate this work and ensure that the Health and Wellbeing Board retains an overview. The current emphasis on prevention within the NHS is very promising.

2. All organisations should work together to generalise the benefits of initiatives such as the Healthy New Towns and find a way to build health issues squarely into the planning process.

Smoking and Tobacco Control

Smoking tobacco continues to be the single most harmful thing you can do to damage your health. Smoking causes conditions ranging from cancers, heart attacks, strokes, rheumatoid arthritis and dementia.

In Oxfordshire, the prevalence of adult smokers has seen a continued decline in the past few years. This is excellent news. The decline is shown in the chart below. The prevalence of adults who smoke in Oxfordshire is currently estimated to be around 11% which is lower than the national prevalence of around 15%. **This is very good for the health of Oxfordshire.** The estimated rates in Districts will vary from year to year because the numbers are small.

Smoking prevalence in individuals aged 18+ by District in Oxfordshire

Active People Survey
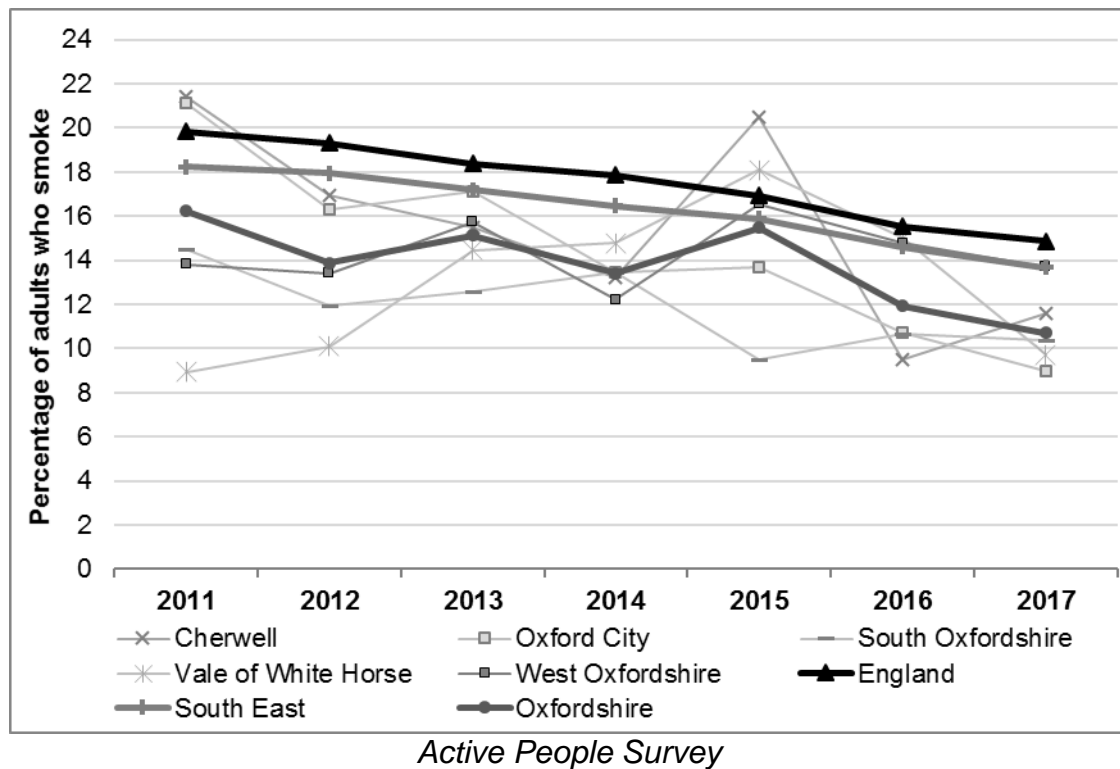
The chart shows:

➢ The general decrease in the number of smokers at all levels. This bodes well for the future.

➢ The fact that Oxfordshire performs better than national and regional levels.

➢ The variation between Districts – caused mainly by the modest sample size of the survey.

While falling smoking rates in the County are what we want to see, there is no room to be complacent. ***There is still a large inequality in who smokes, with much higher levels of smoking found in more disadvantaged communities.*** **The level of smoking in routine and manual workers in the County is 24.4%, more than double the average.** To meet the need, services are being targeted at the groups who need it most.

The chart below shows the higher figures for smokers in manual groups across the County.

Adults smoking: 18+ in Routine and Manual groups

Active People Survey
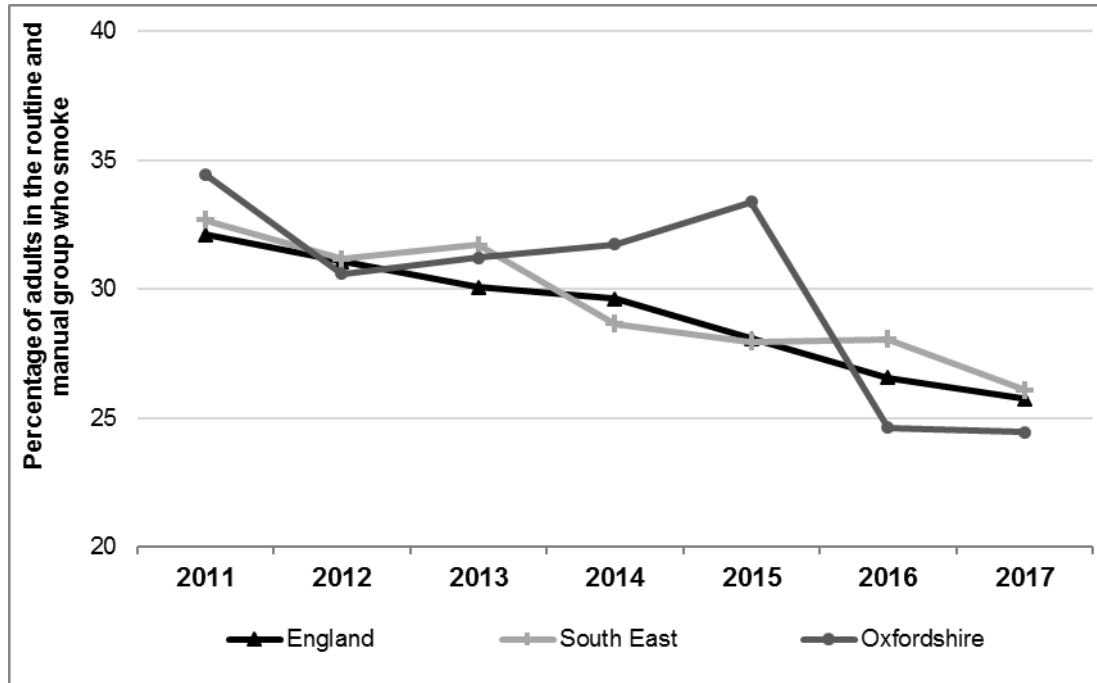
Active People Survey

The chart shows:

➢ The higher levels of smoking in manual workers at all geographical levels.

➢ The same downward trend as for all smokers.

➢ Oxfordshire's figure showing variation year on year but currently lower than regional and national averages.

Tobacco Control

Tobacco control is an umbrella term used to describe a broad range of activities aiming to reduce smoking and the problems it causes. In 2017, the Government published a new Tobacco Control Plan, to pave the way for what they dubbed a 'smoke free generation'. Since the introduction of the last Tobacco Control Plan, smoking prevalence among adults in England has dropped from 20.2% to just 15.5%—the lowest level since records began.

The National Plan prioritises working with NHS organisations in reducing smoking in pregnancy, the harm to disadvantaged communities and the harm to people with mental health conditions.

Locally the County Council and other local stakeholders have a responsibility alongside central Government to help reduce smoking rates. To achieve this the Oxfordshire Tobacco Alliance has been established as a partnership between organisations to monitor the situation, advocate stopping use of tobacco, and coordinate activities across the County. This will help us to act as a single unit in the fight against tobacco.

Last year I recommended that a new stop-smoking service should be commissioned that targets stop-smoking effort at the groups with the highest smoking rates.   This has been achieved. I also recommended that the Health Improvement Board should monitor the situation which has also been done.

Recommendations

➢ The Health Improvement Board should continue to monitor activities of local stop-smoking services and wider agencies to help people quit smoking and also not to start in the first place.

➢ The Oxfordshire Tobacco Alliance should develop coordinated plans to reduce the use of tobacco in Oxfordshire.

NHS Health Checks

NHS Health Checks (commissioned from GPs by the County Council's Public Health team since 2013) specifically target the top seven causes of preventable death: High blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.

Eligible individuals aged 40-74 years are invited for a check every 5 years (191,000 people). The 40- 74 years age range of the programme was set nationally because this is the group in which detection and prevention of heart and circulatory disease is most cost effective.

Since 2013 in the first five years of the programme in Oxfordshire, 190,000 invitations (98.7% of eligible population) were sent to residents. **There were 95,485 health checks given to residents -** 50.4% of those invited - which is a good result compared to other areas. The programme has achieved the following impressive results:

➢ **26,422 people were given advice about their weight**

➢ **21,173 people were informed they had high blood pressure**

➢ **9,072 people were given smoking cessation advice**

➢ **8,426 people were advised to increase physical activity**

➢ **4,522 people were given advice on lowering alcohol consumption**

➢ **3,494 people were told they were on the threshold of developing Type 2 diabetes**

➢ **1,357 people were informed they were Type 2 diabetic**

➢ **900 people were diagnosed with Chronic Kidney Disease**

What we said before and what we are doing about it

Last year I recommended that we should continue to market the NHS Health Check programme in new and innovative ways to increase its uptake. *This is being done and a comprehensive programme is in place.*

I recommended that we should continue to work with GPs to improve on the uptake of Health checks and investigate new ways to improve the way people are invited. *Currently plans are being developed to advertise Health Checks on-line, targeting the catchment areas of the local practices as invitations go out.*

I recommended that we should better identify and engage with high risk groups to take up the offer of a free NHS Health Check. *A health equity audit has identified groups in the community who are not taking up the offer of the free health check. We are working with minority groups to learn why they do not have a health check and what can be done to their take-up.*

I recommended that we should continue to work with partners to improve on the quality of the programme locally and to the knowledge base supporting the programme nationally. All the GPs have signed up to continue delivering the health check programme. *We are continuing to work with the practices on auditing services to deliver continued quality improvements.*

Recommendations for NHS Health Checks

The first five years of the NHS Health Check programme have been a success locally and is well embedded in the health system. While it is well received by the public, we cannot be complacent. 50.4% of people offered had their free health check which is commendable, but 49.6% of people didn't. We need to reach out to these people and do more to encourage them to have a free health check. The concerted efforts to raise the profile of this programme with the public and improve on the programme must be maintained. In order to achieve this the public health team should:

1. Continue to market the NHS Health Check programme in new and innovative ways which take advantage of emerging technologies.

2. Continue to work with GPs to improve on the uptake of the offer of a free NHS Health Check.

3. Better identify and engage with high risk groups to take up the offer of a free NHS Health Check.

Oral Health The marked improvement in oral health and the number of adults keeping their teeth is a result of better brushing with fluoride toothpaste and more awareness of oral health. This is welcome. Tooth decay is one of the most easily preventable diseases.

The picture in children

Local data is based on national surveys whose sample size is really too small to draw firm conclusions beyond a County basis. Looking at the national data we can see that tooth decay is linked with other measures of general social disadvantage and so is a further source of inequality in the County. Latest data from the 2016/17 oral health survey of five-year-old children shows that in Oxfordshire 80% of 5 year old children were free from any decay which is significantly better than the national average of 77%. This is a good improvement locally from 67% who were

free of decay in the 2012 survey. The range of decay is still unequal in the county, 76% of children in Oxford are decay free whereas in South Oxfordshire this number is 84%.

Children's Oral Health: Decay experience in 5 year olds
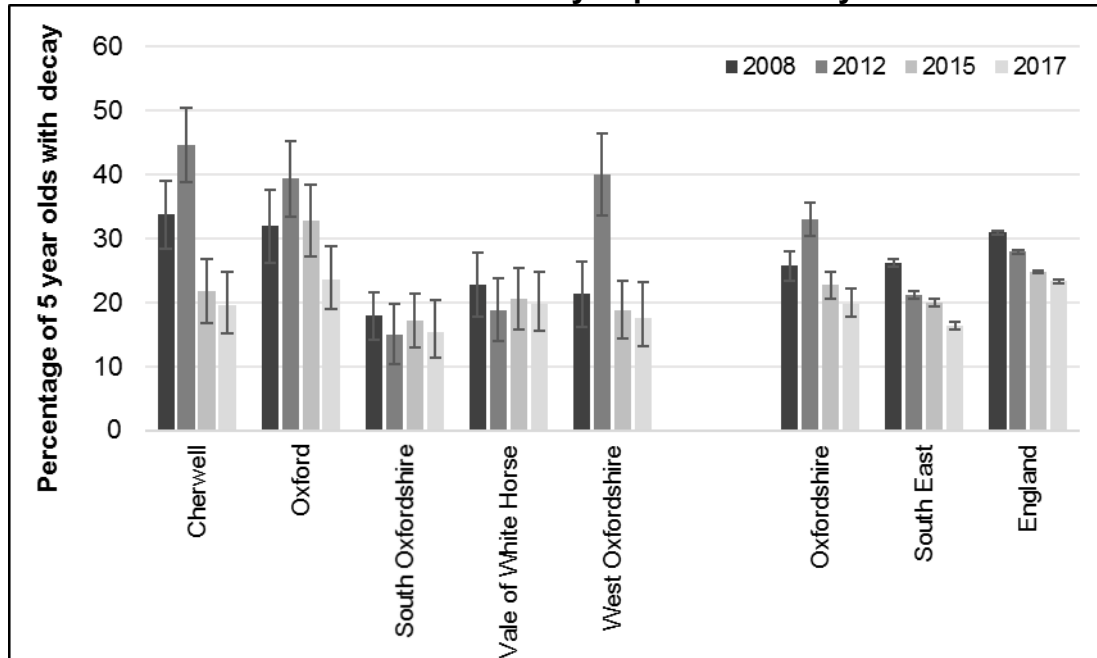
National Dental Epidemiology Programme for England, Oral Health Survey of five-year-old children

The chart shows that:

➢ These are estimated figures, making it hard to draw firm conclusions. The small bars at the top of the columns on the graph indicate the amount of uncertainty about the figures – they are best estimates. The taller the thin line, the bigger the uncertainty.

➢ There is an improving trend over time in Oxfordshire which mirrors improvement in the South East and in England.

➢ Oxfordshire performs better than England but not as well as the South East as a whole.
Last year I recommended that the oral health promotion service should continue its policy of training staff in oral health so that a small 'army' of professional can reach out to educate people about oral health in setting such as maternity, schools and care homes. *This has been achieved and these principles will inform the re-commissioning of the service.*

Recommendations re oral health

1. The Director of Public Health should continue to monitor trends in tooth decay.

2. A new oral health service should be commissioned which aims to train front line workers in oral health promotion

A word about alcohol

Alcohol consumption continues to fall nationally and locally. This is part of a secular trend. In its wake, indicators such as alcohol related deaths are also improving. At the same time, our partnership group working on reducing harm from alcohol has continued to make good progress, and so, apart from this update I am not going to report further on this topic this year.

Last year I recommended that opportunities should be taken to give people brief advice about drinking and alcohol related harm. *This is now also part of the 'Making Every Contact Count' programme. The work is progressing at a steady pace and is being led at Buckinghamshire-Oxfordshire-West Berkshire level.*

Chapter 5: Promoting Mental Wellbeing and Positive Mental Health

For the past 2 years I have looked in detail at the mental health of young people.

This year I want to devote a major part of this report to mental wellbeing, positive mental health and promoting mental wellbeing for all age groups.

It isn't an easy topic to capture for a number of reasons that are worth stating up-front:

➢ Mental wellbeing and mental health problems are less easy to define than physical health problems. The two often occur together and it is better to treat the whole person.

➢ The statistics reflect this – there is a notorious dearth of good hard data on mental health and wellbeing – it is quite different from physical health.

➢ We tend to know when we don't experience good mental health e.g. when we are anxious or depressed, but we tend to overlook it when we do have it.

➢ Talking about mental health problems can be stigmatising. Coming forward to seek help can be difficult leading to many problems staying undetected. This is less of an issue than 20 years ago, and our young people of school age are coming forward with problems much sooner than they used to.

So, let's look at some definitions.

The World Health Organisation defines positive mental health as:

'... a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.'

This is an interesting definition. It includes the concept of stresses of life as a cause of problems and has contributing to the community as a yardstick of positive mental health.

It's worth unpacking stress as something that makes us lose our sense of mental wellbeing. This seems to operate in 3 ways:

1. Stress early in life can predispose us to mental health problems in later life

2. Stress in the day to day sense can veil our sense of mental wellbeing leading to discontent or dissatisfaction…..something many people feel much of the time. This can be as simple as coping with the daily round – exams – young children – work.

3. Stress can also act as a trigger in those predisposed to serious mental illnesses such as schizophrenia and bipolar disorder.

Looking at stress more closely in younger people led the Chief Medical Officer to evidence the following list of factors which build resilience in young people and so helps them withstand the stresses and strains of modern life. These are:

 ➢ Positive relationships with caring adults
 ➢ Effective caregiving and parenting
 ➢ Intelligence and problem-solving skills
 ➢ Self-regulation skills
 ➢ Perceived efficacy and control
 ➢ Achievement / motivation
 ➢ Positive friends or romantic partners
 ➢ Faith, hope, spirituality
 ➢ Beliefs that life has meaning
 ➢ Effective teachers and schools

The reverse of this list leads to decreased resilience and vulnerability to stress.

We can get a handle on mental wellbeing in over 16s from a UK survey which asked about people's levels of satisfaction with life, happiness and anxiety. It shows some surprising results. The results are shown below in 5-year age bands from age 16 onwards below

Average personal wellbeing ratings in the UK by age, 2016-17
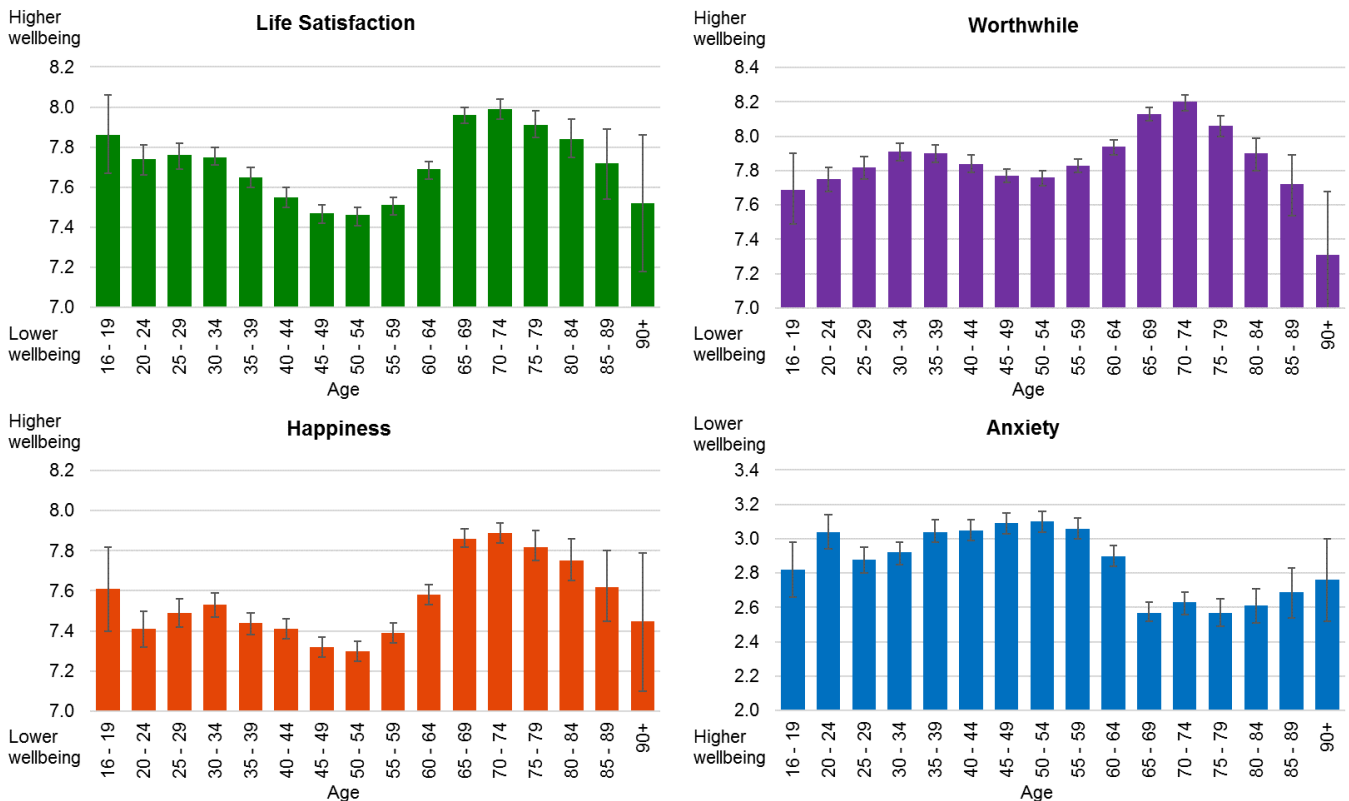
Source: Office for National Statistics

The results show:

➤ All measures of happiness and wellbeing tend to start well in one's teens and early twenties, dip rather steeply and progressively in the 30s, 40s and 50s and then improve dramatically around retirement age.

➤ Anxiety levels do the opposite – they are lower in the teens and early twenties, rise in adults of working age and then fall dramatically.

➤ As older age increases, life satisfaction and happiness do fall, and anxiety increases a little.

It is tempting to see this as evidence of the stresses of life mounting as jobs, families and mortgages add to responsibilities leading to increasing measures of mental unrest. This leads to a general period of wellbeing in the retirement years with some decline as the stresses of old age take effect.

Just how common are mental health problems across the age groups?

The following facts from Public Health England and Government sources tell the story – and the numbers are surprisingly high.

Children and Young People

➤ 1 in 5 children have a mental health problem of some kind. In Oxfordshire this equates to 28,700 children in the 0-17 age group

➤ In those suffering lifelong mental health problems, 50% have begun by age 14 and 75% by age 25.

➤ Children from the poorest 20% of households have a 3-fold greater risk of mental health problems than children from the wealthiest 20%

Mental health of all Adults

➤ 1 in 4 adults suffer from a mental health disorder at some point.

➤ 15 million working days were lost in England due to stress, depression and anxiety in 2014 – up 24% from 2009.

➤ 1 in 6 people of working age have a mental health disorder

➤ Mental health problems are the biggest single reported form of disability.

➤ Of people with long term conditions, 1 in 3 have a mental health disorder, usually anxiety or depression.

➤ People with mental health problems in England and Wales have a reduced life expectancy of about 10 years compared with those who do not.

Impact of work and impact on the economy

➢ 19% of long term sickness is due to mental health problems.

➢ Each year mental ill health is estimated to cost the economy £70bn in lost productivity, NHS costs and care benefits.

Women and Maternity

➢ Postnatal depression affects 1 in 10 women within a year of giving birth. In Oxfordshire this equates to around 700 women per year.

Learning Disability

➢ People with learning disabilities have six times the risk of developing mental health problems.

Older People

➢ Depression in over 65s affects around 22% of men and 28% of women. In Oxfordshire this equates to around 12,400 men and 18,700 women.

➢ 850,000 people are living with dementia in the UK – by 2020 the figure will top 1 million. In 2016-17 there were almost 5,500 GP-registered patients in the Oxfordshire Clinical Commissioning Group with a diagnosis of Dementia and Alzheimer's disease, up from 5,200 in 2015-16. The estimated total number of people living with dementia in Oxfordshire (diagnosed and undiagnosed) is thought to be around 8,000.

These facts give an eloquent picture of just how common mental disorders are and just what a prize mental wellbeing really is.

The facts and figures above refer to the general population. The figures are even higher in specific groups. This is set out in the section below.

Vulnerable groups and inequalities in those at risk of mental health problems

The Local Government Association reports that the risk of mental health problems is higher in the following groups of people experiencing:

➢ Poverty
➢ Homelessness
➢ Disability
➢ Long term illness
➢ Violence or abuse

The risks are also higher in the following groups:

➢ Veterans
➢ Lesbian, gay, bisexual and transgender communities
➢ Looked after children
➢ Refugees and asylum seekers
➢ Some Asian, black and minority ethnic groups.

Here we see the all too familiar impact of social disadvantage and inequalities. The take-home message has to be that,

'Tackling inequalities also reduces the burden of mental health problems and promotes positive mental health'

I would also add carers to the list of people particularly at risk – 57% of carers in the latest Oxfordshire survey reported general feelings of stress. Just under half reported feeling depressed.

Protecting ourselves and promoting good mental health

There seem to be several factors that nurture mental wellbeing and promote good mental health. Together these could be seen as a programme of 'mental health self-defence'. They are easy to list but rather more difficult to achieve in practice.

Protective factors are:

➢ A nurturing childhood.

➢ Good community design which fosters safety, communication, access to greenspaces, makes exercise easy and is 'dementia friendly'.

➢ Being more active in everyday life.

➢ Investing in one's 'life assets' i.e. maintaining a network of friends, maintaining hobbies and interests, contributing to the local community.

➢ Practising Mindfulness and the '5 ways to wellbeing' (see below)

➢ Achieving a healthy work-life balance.

➢ Being in steady work.

➢ Catching problems early.

➢ Reducing social inequalities.

➢ Proactive and early help for vulnerable groups.

So, reviewing these factors, how well are we doing in Oxfordshire?

This is a massive topic and there is only space to give a high-level overview in this report. My view would be:

A nurturing childhood

We are doing a lot to support families to achieve this through our Community Midwifery and Health Visiting Services, through our school health nurse service, through partnership work in the Children's Trust and through the Children's Safeguarding Board.

For example we can look more closely at the County Council's **Health Visiting** service provided by Oxford Health NHS Foundation Trust. It is rated by the Care Quality Commission as 'outstanding'. **Health Visitors assessed 7,253 new mothers for maternal mood last year by the time baby was 8 weeks old, this is 97.1% of the eligible population and is a very good result.**

Mental wellbeing is promoted at every Health Visiting contact and women with existing mental health problems receive additional support.

If there is a mild to moderate risk of mental health problems then the service uses the 'Knowing Me Knowing You' model which helps mothers to help themselves to find long term solutions and strengthen the all-important bond with their baby. There is also a focus on building a good social network through meeting other mothers and community groups.

The low figures for **teenage conceptions** in Oxfordshire mentioned elsewhere in this report are also a positive indicator of future mental wellbeing. Oxfordshire's high figures for **breastfeeding** are also helpful to the bonding process between mother and child.

Although still concerning, levels of **childhood poverty** are relatively low**,** providing another useful positive indicator.

Referral to children's social care gives us another side-light on children who are in difficulties. In 2016-17, 6,429 children were referred to **children's social care**. This number is increasing but is in line with similar Local Authorities and is part of a national trend.

Overall our Children's social care service is rated by Ofsted as 'good' which is an excellent result. Services are working with partners to offer **'early help'** to intervene before situations reach a crisis. This has been successful and early help assessments have risen steadily throughout the year. It is expected that over 1,300 of these assessments will be carried out in Oxfordshire this year. This is a good development aimed at solving problems early.

There is also a welcome emphasis on **children leaving local authority care**, aiming to build their resilience and maximise their life chances. This is a good development. By March 2017 there were 230 known care leavers in Oxfordshire. The County Council stays in touch with 94% of care leavers and takes an active interest in their lives. This compares with the England average of 90% - a good result.

Schools of course have a vital part to play in young people's mental wellbeing. The County Council's **school health nurse service** (run by Oxford Health NHS Foundation Trust and rated by the Care Quality Commission as 'outstanding') shows just how important this is. **In 2017/2018 school health nurses saw children for emotional wellbeing or psychological**

Page 147

support on 7,665 occasions from a total of 33,276 interventions (22%). This was a rise from 7,224 occasions the previous year. Emotional and psychological problems were the most common reason young people saw a school health nurse. Our school health nurse service is more comprehensive than in neighbouring areas and this is a major weapon in our fight to detect and treat problems early. Our nurses are trained in common childhood mental health and wellbeing issues including self-harm, low mood, eating disorders and building resilience. They may help the child directly or signpost them on to other services.

Good Community Design

This is the subject of Chapter 2 of this report and it is of vital importance. If we can design communities to strengthen social interaction, make exercise easy, make access to good food easy and help people with conditions such as dementia, we are hard-wiring mental wellbeing into the fabric of our villages and towns.

The Healthy Towns initiative really does point the way forward. Please see Chapter 2 for more detail.

Exercising and increased physical activity

Exercising makes people feel good both mentally and physically and makes us more resilient to the stresses and strains of life. It also protects against anxiety, depression, heart disease, stroke, cancer and dementia - it is a real all-round winner!

We have high levels of exercise in Oxfordshire, but we still need to make it easier to stay active. A number of useful initiatives have been strengthened over the last year:

➢ Building in cycleways and walkways has become standard in transport planning – this is good news.

➢ Our Healthy New Towns have had success with their planned parks and 'blue lines' which map out 5 kilometre and 2 kilometre walks.

➢ Our Sports Partnership which aims to promote sport across the County has been re-branded and re-launched as Active Oxfordshire. Their mission is to Get Oxfordshire Active - Every person in Oxfordshire including sport & physical activity as an essential part of their daily routine.

➢ 21 Oxfordshire primary schools are participating in an initiative called 'WOW'. WOW is run by Living Streets, the UK charity for everyday walking, as part of their Walk to School Campaign and it has been proven to make pupils healthier and happier, as well as reducing congestion around school gates. The County Council's Public Health team have contributed funding towards this programme. The baseline rate of active travel amongst the 21 participating schools in September 2017 was 65%. In July 2018 this had risen to 86%.

➢ Oxfordshire School Sport Games, during the 2016-17 academic year, 95% of primary schools and 100% of secondary schools took part, involving nearly 30,000 participants.

➢ School Health / College Health Improvement Plans also focus on mental health and wellbeing and physical activity within the education community

Page 148

➢ See chapter 2 for involvement of schools in Bicester in getting more exercise through the Healthy New Towns initiative.

Overall this is a positive story for Oxfordshire.

Social Prescribing

Social prescribing means prescribing exercise or participation in clubs and hobby groups instead of traditional prescribing. It is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focused on improving mental health and physical well-being.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

The City GP Locality of the Clinical Commissioning Group have an established programme and have 'care navigators' who link to GP practices and signpost people to activities.

North & West GP localities have won a national bid for funding of a social prescribing scheme and are working with Cherwell and West District Councils and Citizens Advice locally from September 2018. This is a good development.

Details of social prescribing as part of the Healthy New Towns initiative are detailed in Chapter 2

Mental health self-defence – 5 Ways to wellbeing

The excellent programme of what I call 'mental health self-defence' - the 5 ways to wellbeing - is becoming better known. This is something everyone can practise and I recommend it. Researchers have set out 5 practical and simple things anyone can do to improve mental wellbeing. They are:

According to the 'NHS Choices Moodzone' webpages they are:

➢ **Connect** – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.

➢ **Be active** – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life.

➢ **Keep learning** – learning new skills can give you a sense of achievement and new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?

➢ **Give to others** – even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.

➢ **Be mindful** – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.

I've also seen this set out as 7 things you can do via the Mental Health Foundation and the Civil Servants' Charity website:

1. **Keep active** Physical activity does wonders for your mental health

2. **Talk about it** Get together with friends, family or colleagues and have a good old natter!

3. **Eat well** Good food is another great way to support your mental health. Vitamins and other nutrients can protect your mental wellbeing.

4. **Drink sensibly** Why not pass on the alcohol and have a mocktail party? By replacing alcohol with your favorite juices, you might discover a new favorite whilst having a healthy evening in.

5. **Keep in touch** Spending time with friends and loved ones, whether it's a BBQ or full on dinner party is a great way to open up and share your story with the people that matter most.

6. **Be mindful** Learn a technique called mindfulness to help yourself cope during stressful times.

7. **Be you** We're all different. Do what you're comfortable with. By talking about mental health locally, you will be helping to break down some of the stigma surrounding mental health issues.

The point I want to make here is that there is a growing awareness of these common things that improve people's sense of wellbeing in the broadest sense. It's something you do for yourself.

For example, there is a thriving workplace 'mindfulness' group which County Council staff run for themselves, and this sort of initiative is expanding rapidly…… try it!

Earlier this year the County Council's Public Health Team worked with MIND to run a 5 Ways to Wellbeing campaign which used social media, posters and Tea and Talk events in libraries all around the county to highlight mental health and wellbeing. Mind also used the launch event at event at County Library in Oxford to display their World Mental Health Day book – a collection of stories and contributions from their clients and supporters.

The campaign gained good coverage on social media and in the press. Overall more than 9000 people saw the campaign via Facebook and 8000 on Twitter, while others attended the library sessions to join in small group discussions.

Work-life balance

This is a difficult issue given the pace of modern life and the nature of working patterns. Duncan Selbie, Public Health England Chief Executive has said,

'Having a job is good for our health, but the quality of our jobs makes the difference. Ensuring people have a safe, encouraging and supportive working environment will help keep them well and in work for longer. This is something that all employers should take steps to achieve'

Good quality work is important for good mental wellbeing: The Health Foundation report that over 1 in 4 employees feel depressed when they work long hours. They also report that 61% of workers in insecure employment have worked when unwell for fear of losing their job or pay. The TUC report that in-work training and further education makes people happier and more effective at work.

This is a matter for individual employers but it begins close to home. In the County Council for example there has been a real emphasis placed on training and development of staff over the last year. It's good for the employee and good for the employer, and it promotes good mental health. We also have a long-standing programme of Health in the Workplace events led by our Human Resources team which promotes physical activity, health checks and mental health self-defence.

Being in steady work

Being out of work is decidedly bad for mental wellbeing. Chapter 3 reports on our very low levels of employment which is a boon, but, as Duncan Selbie points out above, the quality of the job also matters a great deal.

Domestic abuse

This topic covers a wide range of issues from domestic violence to controlling and coercive behaviour covering physical, psychological and sexual aspects. This is a major stress and puts mental health seriously at risk. An estimated 28,000 residents aged 15 + are thought to be affected altogether, around 1000 people access specialist services and around 300 individuals are classed as 'high risk'.

A major review of services for domestic abuse was carried out in 2016 and a new service was launched on the 4th of June 2018. This pulls together all services, County and District, into a single 'pathway' under a new service provider A2 Dominion. This is a major step forward. It is too early to evaluate the service yet and it requires a watching brief.

Armed Forces and Veterans

There are more than 8,500 military personnel and almost 5,000 family members living and working in the county. The nature of their work means that they are vulnerable to emotional pressures both in active service and as veterans. Partnership work is strong and Oxfordshire's close relationship with the military is cemented in the Community Covenant, which is a statement of mutual support between the civilian community and the local armed forces. An updated Covenant was signed by a wide range of partners in June 2018, signifying their willingness to continue to work together for the good of armed forces, families and local communities.

The County Council Armed Forces Champion co-chairs the Veterans' Forum which meets annually and oversees a wide range of work to ensure that veterans are able to get the services they need locally. Although a huge network of organisations supports the armed forces community, the Veterans Forum highlighted that finding the right service or assistance is not always easy. In response the 'Veterans' Gateway' was launched last year (June 2017) as a single point of contact for veterans and their families to enable them to get the right advice and support from local organisations both within and outside the armed forces sector: https://www.veteransgateway.org.uk/

Special consideration has been given to ensuring access to mental health services over the last few years not only for veterans but for families of serving personnel too. Local NHS providers have been able to fast-track individuals who need treatment for Post-Traumatic Stress Disorder, for example. Oxfordshire Mind have also delivered training and support services to families of serving personnel on the Oxfordshire military bases, helping them through times when members of their families were on active service in war zones and returning home. Grants from the Community Covenant Fund have enabled this work to expand. In addition, the Armed Forces Primary Care Services personnel regularly attend training set up by the Public Health team to help them identify and give treatments such as brief advice on alcohol use, which may be linked to mental health concerns.

Reducing inequalities

Any action to reduce health inequalities and reduce social disadvantage is highly likely to improve mental wellbeing and protect against mental health problems. Chapter 3 deals with this issue in more detail, but it is very clear that any programme of mental health improvement will also be a programme which reduces inequalities.

Preventing dementia

Dementia is estimated to cost the UK £11.6 Bn in unpaid care, £4.5 Bn on state funded social care and £4.3 Bn on health care. It is a massive issue with the number of cases set to top the 1 million mark in the UK by 2025.

The good news is that it can be prevented or delayed to some extent – how? Public Health England point to the following factors:

At societal level:

➢ By helping people to give up smoking or never start – some cases of dementia are linked to disease of the blood vessels.

➢ By improving environments where people can be more active – another boost for the healthy New Towns initiative.

➢ By promoting healthy eating

➢ By addressing loneliness and creating better community spaces

At an individual level (reminiscent of the 5 ways to wellbeing mentioned above):

➢ By volunteering and socialising
➢ By reading, doing puzzles and crosswords
➢ By learning new things such as a second language

The great work of the Voluntary and Community Sector and Faith Groups

The work of many charities is key to keeping people mentally healthy. Charites such as MIND RESTORE and Age UK do a great deal to improve the quality of people's lives and to improve their social networks. It doesn't stop with the big specific charities though – carers groups and the different condition-based support groups for sufferers and families have a major role to play too. Any organisation which promotes better connections, more activity and a sense of purpose is contributing to mental wellbeing.

Faith groups have a tremendous part to play too as does the scouting movement and groups like the WI.

All of these endeavours promote a really crucial sense of focus, purpose, creativity and belonging which is highly effective in promoting mental wellbeing. It protects the mental health of the users of these services and is also protective for those who organise them and take part.

The examples are too numerous to cover here – I would simply like to pay a heartfelt tribute to the work done by 1000s of (largely unsung) heroes and heroines across the County who carry out this work.

Mental Wellbeing: Conclusion

This a major public health issue now and increasingly in the future. Everyone has a role to play from individuals, to community groups, to organisations, to employers, to schools, to Government. We have many useful initiatives in place. We now need to take this work to the next level as organisations and coordinate our activities better. The recommendations below drive at this, but first I want to review what I said last year.

What the report said last year and what's been done about it.

Last year I reported on children's mental health problems and self-harm. There was particular concern as the number of referrals to children and young people's mental health services were increasing and that services were under pressure to cope – this is part of a national issue.

The reality is that we are dealing with a new phenomenon – children and young people coming forward in increasing numbers seeking help with emotional distress. This is a good development. The question is, how should services cope?

The significant contribution our School Health Nurses are making has been highlighted earlier in the chapter.

The latest data on referrals looks like this:

**Number of Oxfordshire residents referred to Oxford Health mental health services
2011-12 to 2016/17**
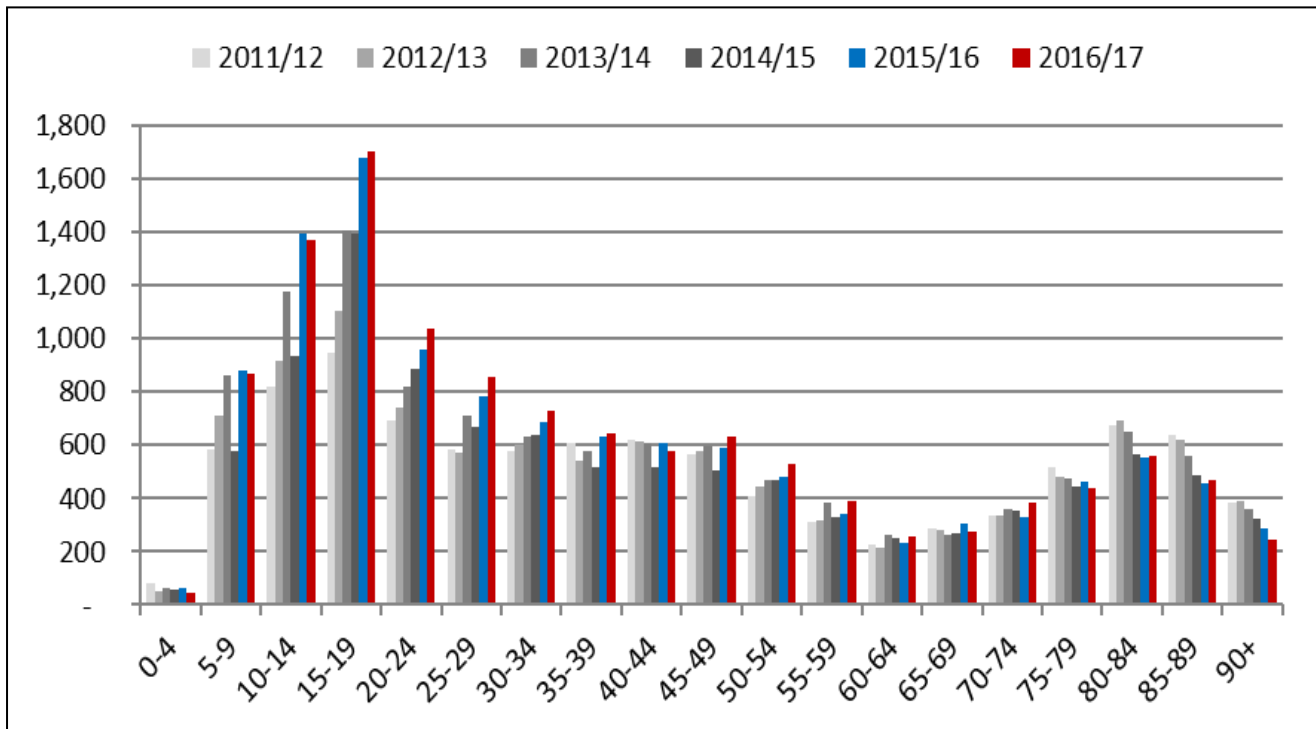
This shows that:

➢ Referrals for 0-4s, 5-9s, 10-14s all fell slightly in latest data, and referrals for 15-19 rose slightly.

➢ Referrals in the 10–19 year age group are by far the highest in any age group and this is mirrored nationally.

In terms of action taken:

Waiting times for Children's mental health services remain a huge challenge locally and nationally as services try to cope with the ever-increasing number of referrals and the increasing number of children waiting for a first appointment.

The local service model implemented over the last year is sound, but it has taken longer to settle in than expected. Crucially, the overall service is supported as the model of choice by children and parents as well as by the professionals.

The aim now is to be more ambitious in trying to increase self-referral by young people rather than waiting for a professional referral. This is likely to increase demand further but is felt to be the right thing to do. This will allow assessment to be done 'live' and immediately on the phone and treatment begun immediately rather than waiting for cumbersome referral processes. This also helps to not medicalise and stigmatise these common emotional problems.

Oxford Health NHS Foundation Trust (which runs the service) is also putting together an improvement plan to reduce the number waiting by seeing if additional support can be brought in to help with initial assessments.

Time will tell if these initiatives are effective.

Regarding hospital admissions for self-harm, the figures remained broadly similar to last year and are broadly in line with national and regional trends. The specific numbers of admissions fluctuate year on year in the different age groups. In 15-19 year olds in Oxfordshire the rate has risen for the past three years, and is just above the England average. The rate is lower for 10-14 year olds. This fluctuation is to be expected as the numbers are statistically fairly small overall. The key fact is that this is a national trend.

In terms of specific action:

The County Council Public Health team commissioned the play 'Under My Skin' for the third year in a row. It is a play performed in schools by Pegasus Theatre to raise awareness of self-harm for Oxfordshire's young people, and access to support services. It was developed via the multi-agency self-harm network in collaboration with Pegasus Theatre. This was a response to an increase in self-harm rates in the north of the County.

Headline Outcomes for the play

➢ Year on year outcomes continue to be excellent

➢ 26 schools in Oxfordshire received the play with a total of 28 performances

➢ 5078 young people in Years 8 and 9 saw the play

➢ The cost was £3.94 per pupil

➢ 95% of young people said their awareness of self-harm had increased since seeing the play

➢ 90% know where to get support since seeing the play

➢ 87% felt using theatre was a good way of learning about difficult topics

➢ 69 young people saw their School Health Nurse on the topic of self-harm in the immediate two weeks post performance

The play will be commissioned again for 2018/2019 school year.

Recommendations regarding mental wellbeing and mental health promotion

1. There is good activity across the County. This now needs to be taken to the next level.

2. The Health Improvement Board should receive a specific Joint Needs Assessment on mental health issues alongside this annual report and should use these to direct planning by the end on 2018/19

3. The Health Improvement Board should coordinate this effort and should create a new framework for mental health promotion activity by the statutory sector and beyond.

Chapter 6: Fighting Killer diseases

Part 1. Epidemics, Flu and Antimicrobial Stewardship

The improvement in the quality of our living conditions and the advances in modern medicine have meant that threat of major illness and large numbers of deaths due to communicable disease are considered as a problem from the past or a problem for poor and developing countries.

Most people don't see or know about the efforts made to keep them safe from infectious diseases. There are still stark reminders of the continuing threat that can arise at any time and present a very real risk to us all irrespective of countries and borders, as seen with Ebola and Zika in recent years. The concerns about flu last winter is a reminder of the continued vigilance that is still needed to safeguard our population's health from communicable disease.

A lot of the work that goes on to protect the community from communicable diseases is relatively unseen and out of the public eye. This work must still be a priority and continue to be delivered every day of the year to make sure that suitable preparations are in place for the worst scenarios. Directors of Public Health and their teams have worked closely with Public Health England and the NHS across the Thames Valley to make sure we can respond when the need arises. **This cooperation and 'behind the scenes' effort is vital.**

The right response continues to be systemic and calm planning. We need to ensure that we are organised so we can respond when the need arises without fear or panic. The need to remain vigilant continues to hold true.

Last winter saw an increase in the level of flu compared to the previous few years of low activity. This put pressure on the health system and caused the cancellation of planned procedures nationally. This increased flu activity was expected and world-wide surveillance helped us in planning how to limit the effect of flu during the winter season. This included a concerted effort to encourage people who work as carers of vulnerable people in our community to take up a free flu vaccine.

The threat of **antibiotic resistance** and the rise of "superbugs" remains a cause for concern. Antibiotics are important drugs in the fight against bacterial infections which were once life threatening in animals and humans. Bacteria are highly adaptable and the widespread misuse of antibiotics and inappropriate prescribing of antibiotics continues to lead to increasing numbers of bacteria which have developed resistance to antibiotics which once were effective.

Failure for us all to act responsibly now could see antibiotics becoming ineffective and the return of people dying of once curable infections and returning us to the situation before the discovery of penicillin.

How do we keep this work going?

Success depends on several key elements:

➢ Maintaining a well-qualified and well-trained cadre of Public Health specialists in Local Government.

➢ Continuing to build and maintain long standing relationships with colleagues in Public Health England and the NHS.

➢ Mainstreaming our plans by working with the Police, Military and many of the other organisations under the auspices of the Thames Valley Local Resilience Forum (LRF).

➢ Educating and advising the public of their role as individuals in limiting antibiotic resistance.

Our work on this in Oxfordshire has been strong. It is vital to keep the specialist workforce we have now to continue with this important work.

Part 2. Infectious and Communicable Diseases

Health Care Associated Infections (HCAIs)

Infections caused by superbugs like Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C. diff.) continue to be an important cause of avoidable sickness and death, both in hospitals and in the community. These infections do not grab headlines as they have in the past but they still need everyone to remain vigilant to limit an increase in the incidence of infection.

Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA is a bacterium found commonly on the skin. If it gains entry into the blood stream (e.g. through an invasive procedure or a chronic wound) it can cause blood poisoning (bacteraemia). It can be difficult to treat people who are already very unwell so it is important to continue to look for causes of the infection and identify measures to further reduce our numbers of new cases of infection. MRSA has fallen gradually in Oxfordshire in response to the direct measures taken by hospital and community services to combat it. The local situation is shown below.

Infections can be limited by using traditional hygiene methods. Nationally there is a zero-tolerance policy and the rate of MRSA is still higher than we would like to see. The improvements over the past years in Oxfordshire have reflected the efforts to reduce MRSA and continued vigilance is still required by all hospital and community services to combat MRSA infections.

Methicillin Resistant Staphylococcus aureus (MRSA) - crude rate per 100,000 population (2008/09 – 2016/17)
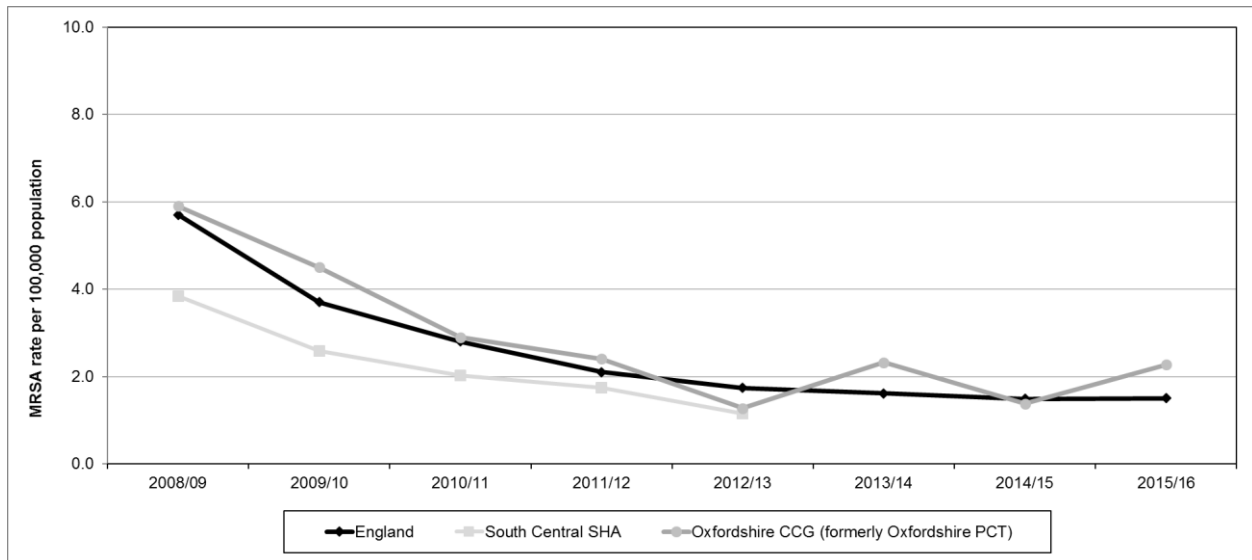
Public Health England (PHE), Health Protection Agency (HPA)

Clostridium difficile (C.diff)

Clostridium difficile is a bacterium that causes mild to severe diarrhoea which is potentially life-threatening especially in the old and infirm. This bacterium commonly lives harmlessly in some people's intestines but commonly used broad spectrum antibiotics can disturb the balance of bacteria in the gut which results in the C.diff bacteria producing illness.

The focussed approach on the prevention of this infection has resulted in the steady reduction of cases in Oxfordshire since 2007/08 as shown in the chart below which is in line with the national trend. This reduction in C. diff involved coordinated efforts of healthcare organisations to identify and treat individuals infected and careful use of the prescribing of certain antibiotics in the wider community.

Clostridium Difficile Infection (CDI) - crude rate per 100,000 population (2007/08 to 2016/17)
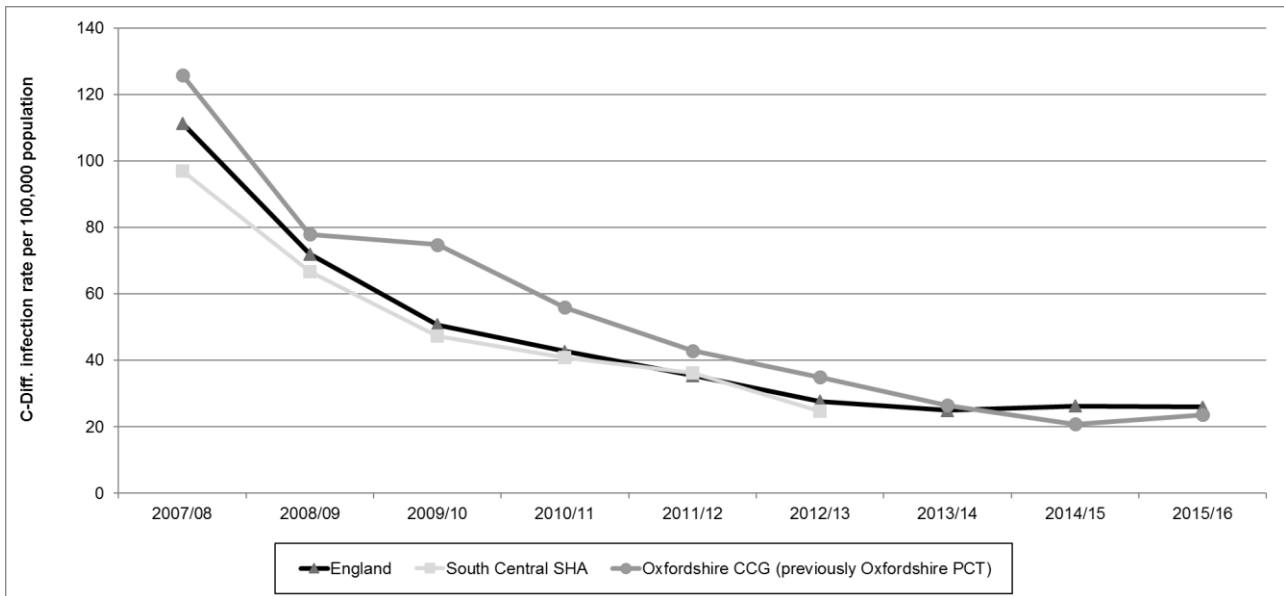
Public Health England (Health Protection Agency)

Tuberculosis (TB) in Oxfordshire

TB is a bacterial infection caused by Mycobacterium Tuberculosis which mainly affects the lungs but which can spread to many other parts of the body including the bones and nervous system. If TB is not treated, active TB can be fatal.

In Oxfordshire, the numbers of cases of TB at local authority level per year are very low. The local figures are shown below.

Tuberculosis (TB) – Incidence rate per 100,000 population (2000-2 to 2014-16)
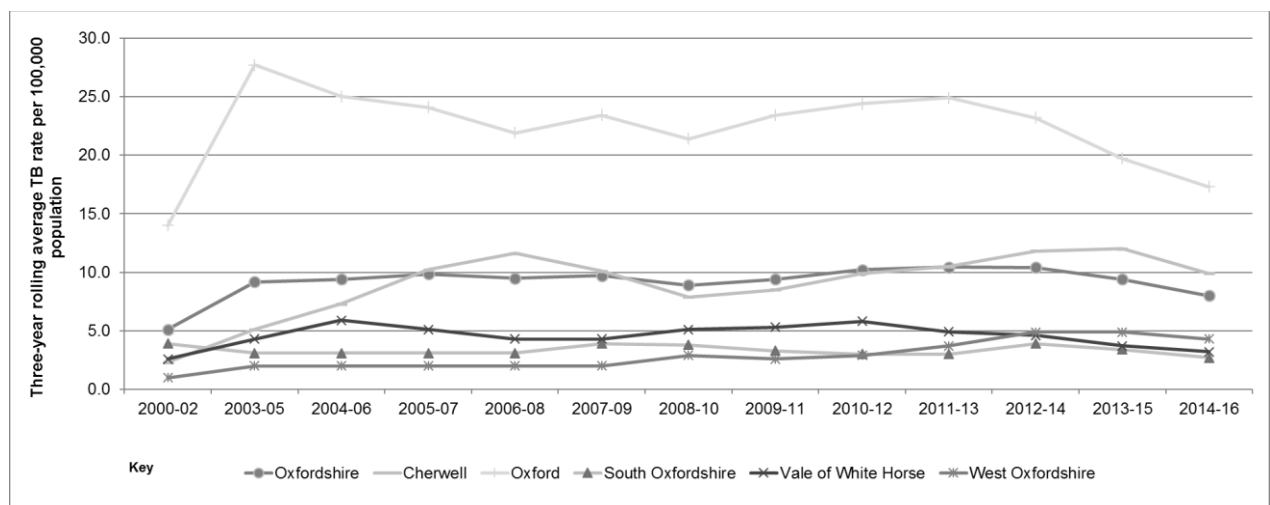
Public Health England, Health Protection Agency (HPA) Enhanced Tuberculosis Surveillance

The levels of TB in the UK are continuing to show a reduction due to the ongoing coordinated efforts by TB control boards across England to improve TB prevention, treatment and control.

Page 161

The rate of TB in Oxfordshire remains lower than the national average and is similar to average levels in Thames Valley. In the UK, the majority of cases occur in urban areas amongst young adults, those moving into the area from countries with high TB levels and those with a social risk of TB (e.g. homeless). This is reflected in the higher rate of TB in Oxford compared to other districts in the County.

The National TB strategy which has been developed by Public Health England is beginning to realise a reduction in the levels of TB in England.

Sexually transmitted infections

HIV & AIDS

HIV does not raise public alarm like it did in the 1980s, but it remains a significant disease both nationally and locally. Due to the advances in treatment, HIV is now considered a long-term condition and those who have HIV infection can now expect to have a longer lifespan in health than previously expected by HIV carriers. As such we expect to have more people living with HIV long term. 2016 data shows that there were 463 people diagnosed with HIV living in Oxfordshire, 233 out of these 463 were living in Oxford City. This trend is shown in the chart below and shows another decrease this year across the County.

Percentage of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 years. England, South East region, Oxfordshire and districts
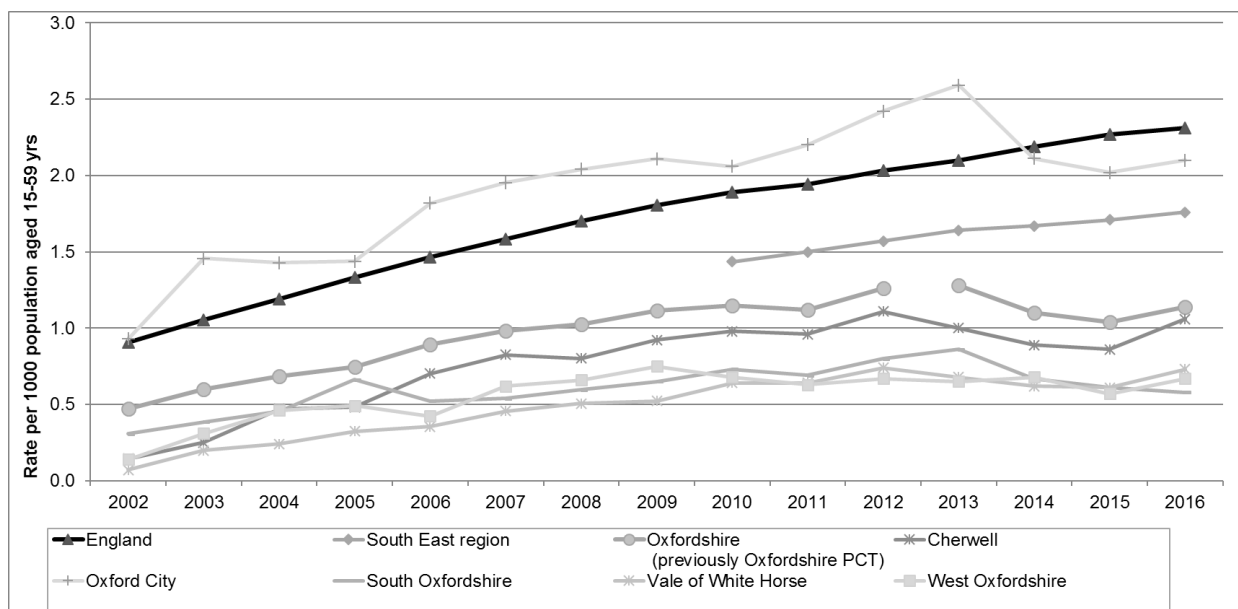
Public Health England Sexual and Reproductive Health Profiles

Finding people with HIV infection is important because HIV often has few symptoms and a person can be infected for years, passing on the virus before they are aware of the illness. The sooner an infected individual begins their treatment the more effective treatment is with a better prognosis for the individual concerned. Trying to identify people with undiagnosed HIV is vital. We do this in three ways:

> ➢ Providing accessible testing for the local population. In 2017 the sexual health service provided 15,495 HIV tests.

> ➢ Through community testing. Local residents who are at high risk of HIV can now access a testing kit online which is part of a national service led by Public Health England. This increases convenience and accessibility of testing.

> ➢ Prevention and awareness. Educating the local population about safe sexual practices and the benefit of regular testing in high risk groups. The eligibility for accessing our condom scheme is available to men who have sex with men (MSM) and commercial sex workers, both groups being higher risk of contracting HIV.

Once diagnosed, the prognosis for HIV sufferers is now good, with effective treatments available. HIV still cannot be fully cured but the progression of the disease can be slowed down considerably, symptoms suppressed and the chances of passing the disease on greatly decreased. The trial of using drugs to halt transmission in high risk groups (PrEP) is currently being conducted nationally by NHS England. Local services are part of this trial and residents who meet the criteria can take part. The outcome of this trial is expected in a couple of years.

Sexual Health

Sexually Transmitted Infections (STIs) are still fairly common in England with the greatest number of cases in young heterosexual adults, and men who have sex with men (MSM). STIs are preventable through practicing 'safe sex'. Total rates of STIs in Oxfordshire are still below the national average except in the City which has improved since 2013. The local picture is shown in the chart below.

All new sexually transmitted infections (STIs) rate per 100,000 population aged 15-64 years - 2012 to 2017
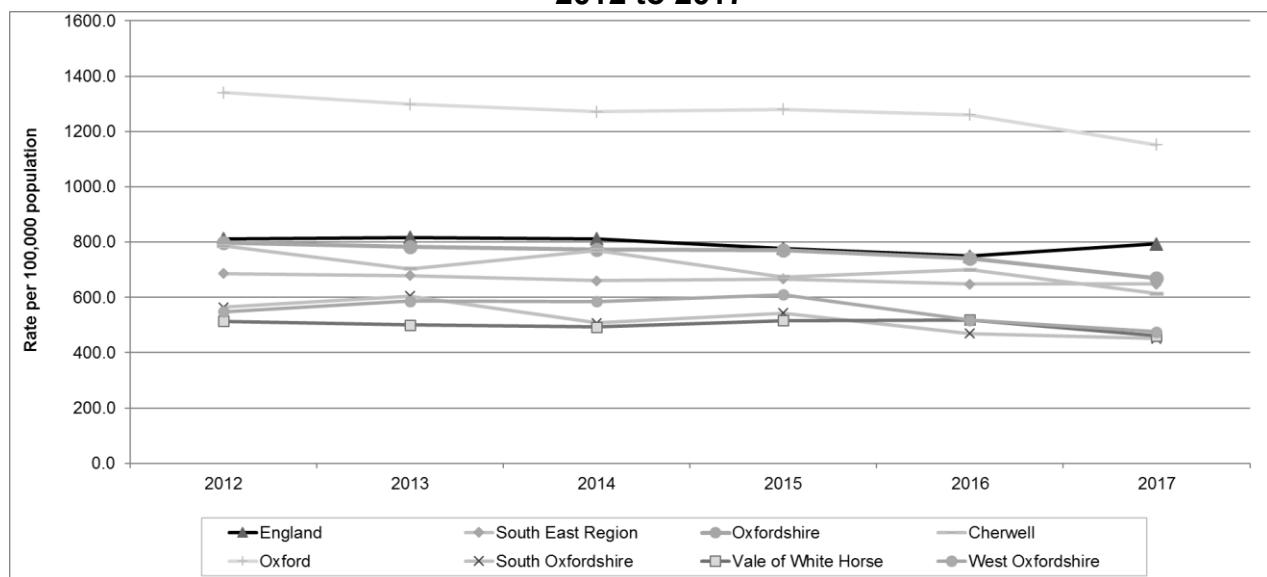
Public Health England / Health Protection Agency - Sexual and Reproductive Health Profiles

The different types of STI each show a mixed picture which is generally still good. Looking at each disease in turn gives the following picture.

Page 163

➢ Gonorrhoea - Is below the national average for Oxfordshire overall and all districts except in Oxford City. The systems of testing which were introduced to reduce the number of false positive diagnoses has produced the expected decrease in the number of diagnosed cases.

➢ Syphilis - there was a slight increase which is in line with national activity. However, the rates are still below the national average in all Districts.

➢ Chlamydia - levels are lower than the National average in all Districts.

➢ Genital Warts – rates are still below national average and have seen a decline in line with the National trend. Oxford City still has significantly higher number of cases (reflecting the significantly younger age group) but the trend is still declining rates. With Human Papilloma Virus vaccination programmes in place nationally we anticipate a decline in rates over the coming years.

➢ Genital Herpes – rates are similar to national average except in the City which has higher levels. Again, this reflects the predominantly younger population of the City.

The County Council's integrated sexual health service which began in 2014 continues to see good levels of activity and this is welcomed.

In addition to the integrated service our GP surgeries have provide contraception services and pharmacies have provide access to emergency hormonal contraception.

The established partnership of local organisations continues to work together to identify and address priorities locally to further meet the sexual health needs of Oxfordshire.

Recommendation

The Director of Public Health should report on progress of killer diseases in the next annual report and should comment on any developments.

Annual Report of the Director of Public Health 2017/18

Recommendations from the Oxfordshire Joint Health Overview & Scrutiny Committee from its meeting on 20 September 2018

The Oxfordshire Joint Health Overview & Scrutiny Committee considered the annual Report of the Director of Public Health at its meeting on 13 September 2018 and agreed the following recommendations for Cabinet:

To:

(a) Ask Cabinet to consider lobbying the Government for a minimum price on alcohol and a watershed of 9pm for the advertising of fast food on TV; and

(b) Recommend Cabinet to ensure that there is an evaluation of the Healthy Towns project when it comes to an end and also to ensure decisions are made on how to spread the learning arising from the project.

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CABINET – 16 OCTOBER 2018

PERFORMANCE SCRUTINY DEEP DIVE REPORT ON YOUNG CARERS

Report by Policy and Performance Service Manager

Introduction

1. In 2016 the Health Inequalities Commission was sponsored by Oxfordshire's Health and Wellbeing Board to review the current state of health inequalities in the county and make recommendations for their reduction.

2. As part of its report the Commission emphasised the significant impact that *older* carers have on the lives of those they care for and the positive contribution they make to the economy, but also how, all too often, they do not get the practical and emotional support they need. It acknowledged the importance of providing *older* carers with the very best support to help them in their caring role, but did not make the same reference to young carers or highlight the inequalities they face.

3. Whilst reviewing the Council's progress on implementing the Commission's recommendations the Performance Scrutiny Committee raised concern about this. In response, a deep dive group was established to uncover the many hidden issues faced by young carers, and understand how they are identified and supported across Oxfordshire.

4. The initial lines of inquiry were:
   - ➢ The profile and number of young carers in Oxfordshire;
   - ➢ Understanding the key challenges faced by young carers;
   - ➢ The range of ways that young carers can access support;
   - ➢ Services currently offered to support young carers; and
   - ➢ How the Young Carers Service works in partnership (across service areas and with other organisations) to identify and support young carers.

5. The deep dive was led by Councillor Nick Carter with the support of Councillors Emily Smith and Glynis Phillips. This report presents the findings, conclusions and recommendations of the deep dive that were reviewed and endorsed by the Performance Scrutiny Committee on 6 September 2018.

6. The report contains a number of recommendations for Cabinet to consider and respond to.

Who is a young carer?

7. The term 'young carer' refers to children and young people under 18 who provide regular or on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child.

8. Some of the ways young people may care for another person are:
   - staying in the house a lot to be there for the person,
   - non-attendance at school to be available to care,
   - helping the person to get up, wash or dress, use a toilet and other levels of intimate care,
   - taking an inappropriate level of responsibility for the medication of the cared-for person,
   - doing lots of the household chores like shopping, cleaning and cooking,
   - taking responsibility for the care of younger brothers or sisters,
   - providing emotional support.

Issues faced by young carers

9. It is clear that having a caring role is likely to have an impact a young person's emotional or physical well-being, educational achievement and life chances. It can also lead to a loss of self-esteem and confidence.

10. An analysis of young carers undertaken by the Children's Society in 2013[1] found that:
    - Young carers are one and a half times more likely to have a special educational need or long-standing illness or disability,
    - One in 12 young carers is caring for more than 15 hours per week,
    - Approximately one in 20 miss school because of their caring responsibilities,
    - Young carers tend to have significantly lower educational attainment at GCSE-level,
    - Young carers are more than one-and-a-half times as likely to be from Black, Asian or minority ethnic communities, and are twice as likely not to speak English as a first language,
    - Young carers are more likely than the national average to be 'not in education, employment or training' (NEET) between the ages of 16 and 19.

11. As a result of their caring role, around a third of young carers in Oxfordshire have school attendance below 85%. 13% are less likely to achieve Level 4 or higher at Key Stage 2 and 22 % less likely to gain five or more A* to C at GCSEs. 38% of young carers are identified as having special educational needs.[2]

12. The latest statistics from the Oxfordshire Education, Employment and Training Service show that 6% of 16-18 year olds who are known to be not in education, employment or training (NEET) are young carers. However, officers report that this is unlikely to be a fair representation the number of young carers who are NEET, and the type of data and methodology for collecting data on young carers in under review.

13. Unfortunately, the deep dive group did not have the opportunity to meet with young carers directly, therefore the voice of young carers in Oxfordshire is not reflected in

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[1] 'Hidden from View: The experiences of young carers in England', Children's Society, 2013
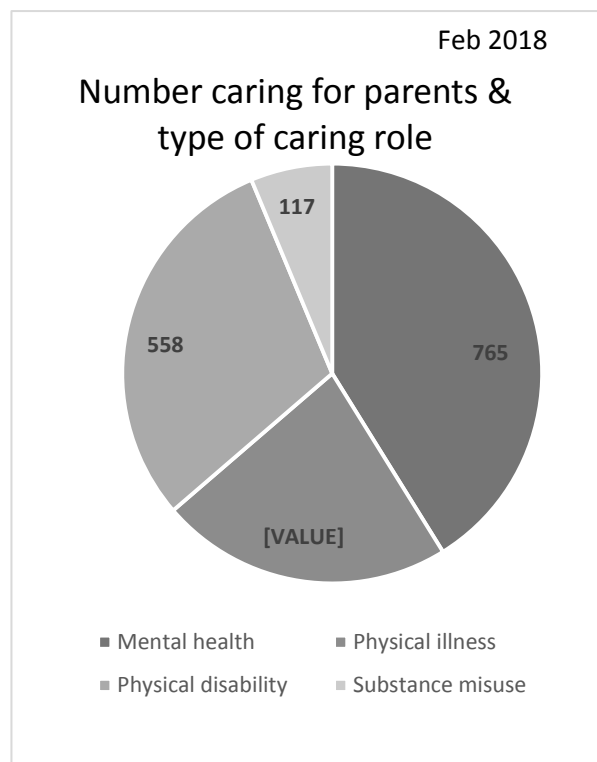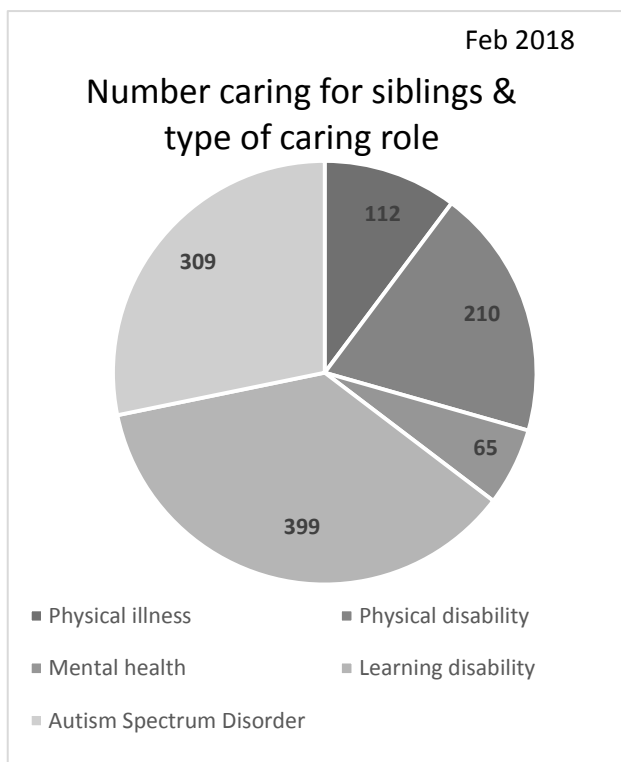[2] Statistics from 'Oxfordshire Uncovered' – Oxfordshire Community Foundation, 2016

this report. However, the Performance Scrutiny Committee agreed that the focus on young carers should not stop after this deep dive. The Young Carers Service supports a Young Carers Forum, whose membership is currently being refreshed, and the Councillors involved in the deep dive intend to attend a future meeting to hear young carers' views directly. The outcome of this will be reported back to the Committee, to inform any further work.

The profile of young carers in Oxfordshire

14. In a 2016 report by the Oxfordshire Community Foundation – 'Oxfordshire Uncovered' – the number of young carers thought to be in the county was as many as 12,000 more than those already identified (based on census data).

15. The number of young carers known to the Oxfordshire Young Carers Service continues to grow each year and there are currently more than 2,900 identified in Oxfordshire. Between November 2017 and February 2018 alone an additional 374 young carers were identified – an increase of 12.8%.

Total young carers identified – Feb 2018 (by Hub)		2,914 (100%)
Banbury	15.4%	North area total 24.9%
Bicester	9.5%	
East Oxford	11.3%	City area total 22.3%
Littlemore	11.0%	
Southeast Oxfordshire	17.3%	South area total 34.2%
Southwest Oxfordshire	16.9%	
West Oxfordshire	14.9%	West area total 14.9%
Unknown	3.8%	

16. Alongside the Young Carers Service, the charity Be Free Young Carers supports more than 550 young people with caring roles in South Oxfordshire and the Vale of White Horse. Some of these individuals are also known to the Service.

17. The charity's Director, John Tabor, and Chair of Trustees, Lesley Legge, reported that there can be as many as 7 new referrals for support to them each week. These come from families, young carers themselves, schools, GPs, social and health care teams and other statutory professionals. Whilst Be Free Young Carers predominantly work with young people aged 8 to 18, the largest cohort of young carers they currently work with are in their early teens.

18. Of the young carers identified, the Council's Young Carers Service has seen a significant increase in the number of young people caring for more than one person (19%). Their caring responsibilities range from caring for a parent with drug and alcohol problems, to caring for a severely disabled sibling. The most common caring responsibility is supporting parents with mental ill-health. The youngest carer referred to the Service was just 3 years old.

Number caring for siblings & type of caring role

112

210

65

399

309

- Physical illness
- Physical disability
- Mental health
- Learning disability
- Autism Spectrum Disorder

Number caring for parents & type of caring role

117

765

558

[VALUE]

- Mental health
- Physical illness
- Physical disability
- Substance misuse

The Council's statutory responsibilities

19. Under the Children and Families Act 2014 and the Care Act 2014 the Council has legal duty to take reasonable steps to identify young carers up to the age of 25 and carry out a statutory assessment that considers the impact of the caring role on the child and whole family. The assessment must determine the extent to which the young carer provides or intends to provide 'inappropriate' or excessive' care, defined by the Care Act as anything which is likely to have an impact on the child's health and wellbeing or education, or which is unsuitable for the child.

20. Where a young carer is moving into adulthood a transition assessment is required under the Care Act to examine their needs after 18. In these assessments a 'young carer' is someone under the age of 18 who cares for an adult. Whilst this excludes young carers who look after a younger sibling, a different assessment can be offered under the Carers (Recognition and Services) Act, but only for children who have had a disability assessment.

21. One of the biggest challenges for the Council is identifying young carers; they are often isolated and hidden from view and may not see their role as anything 'out of the norm'. Where an adult with disabilities is known to the Local Authority, systems are in place to ensure identification, but if a young person's responsibilities are excessive or inappropriate because of another's misuse of alcohol and substances, or domestic violence, these young carers are more difficult to find. In these cases, schools, the Police, GPs and other agencies play a vital role in identifying and referring potential young carers.

<u>Oxfordshire's Young Carers Service</u>

22. The Council has had a Young Carers Strategy since 2008 and a Young Carers Service since 2010. Prior to 2017 the Young Carers Service was a specialist service with an in-house team delivering direct support, and a third sector provider undertaking statutory assessments for young carers.

23. Following a review of the service in 2016 the assessment and support functions were brought together under a single County Council service of 13 staff, including social work qualified staff. Statutory young carers assessments are undertaken by specialist workers in the service and the threshold of needs[3] is used to identify the needs of children and families in Oxfordshire and provide appropriate support.

24. In June 2018 the service moved from Corporate Parenting into the Family Solutions Service[4] which works with a much wider range of vulnerable families in need. This change is expected to increase awareness of young carers and the support available across social care, and promote earlier identification of young carers through collaborative working with early help and social care practitioners. Members of the service will be based in Children & Family Centres, developing local community links and advising early help practitioners and social workers on a consultative basis in relation to the assessment and support of young carers.

> *The Performance Scrutiny Committee agreed to review the impact of moving the Young Carers Service into the Family Solutions Service in 12 months' time.*

<u>Referrals</u>

25. Despite the obstacles faced in identifying young carers, the number of referrals to the Young Carers Service has been increasing. In February 2018 officers reported that there were 200 active cases and 91 children awaiting assessment. In 2017 a total of 377 referrals were made to the service – a 9% increase on the previous year – with a significant majority being new referrals. A large proportion of these referrals came from the north and south of the county.

Total young carer referrals 2017	379 (100%)
City area	16.1%
North area	30.6%
West area	19.5%
South area	33.8%

26. The service uses a simple allocation checklist to internally triage and prioritise cases. This includes an appraisal of whether the cared for person is a single parent of the child, if the cared for person is terminally ill, whether the young person cares for a number of people and if the family is known or open to other early help or children's

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[3] The Threshold of Needs Matrix can be found at: http://www.oscb.org.uk/wp-content/uploads/Oxfordshire-Threshold-of-Needs_Final.pdf

[4] A locality based service delivering early help and support, and statutory safeguarding interventions from eight Children and Family Centres across the county.

services. In 2017 a total of 97 Young Carers assessments were completed following referral to the service, although more than 130 were still waiting to be assessed. 79 of these young people received support after their assessment.

> ***Recommendation to Cabinet: The timescales for completing statutory young carers' assessments and delivering support are reviewed and improved.***

The Council's support offer

27. The Young Carers Service works with children aged 4 to 18 and young adult carers aged 19 to 25. The type of support currently provided by the service includes:
    a. Liaison with schools and other professionals involved with a child and their family;
    b. Referrals for and/or liaison with services providing support to the 'cared for' person;
    c. Signposting to other support activities and organisations; and
    d. Short term specialist provision focused on building emotional resilience and getting child's voice heard (typically 1:1 sessions).

28. 1:1 interventions are usually delivered by the young carers specialist support workers (7.5 members of staff). The sessions last for as long as they are required, either to reduce a young person's level of need or until another professional takes over their support. In some cases a young person may only need one or two sessions, but others will have been directly supported in this way for more than a year. Depending on the young carer's needs assessment this direct support may be provided by another professional, e.g. an Early Help worker already working with them, who they have an existing relationship with. The support would be provided by whoever is best placed to deliver it.

29. The service is also researching the benefits and practicalities of providing outcome-focused therapeutic interventions to build young carers' resilience and help them understand risks. Such targeted group work is no longer part of the core offer of the Early Intervention Service, but these sessions could help young carers identify with their peers, relate to others with shared experiences, and provide them with a better understanding of their own situation.

30. General group activities for young carers, as with any specific cohort of vulnerable children, are not offered by the Council and open-access youth groups that were run by Early Intervention Hubs, stopped in 2017. Families and professionals are now signposted to the Family Information Service to find broader activities in their local area and in some areas community groups are trying to replicate previous universal, open-access services. Instead of general activities, the service's preference is to build lasting links for young carers by connecting them with their own communities through more targeted interventions.

> *The Performance Scrutiny Committee agreed the recommendation to support the development of good quality, evidence-based targeted group therapeutic work for young carers within the Young Carers Service.*

31. The wider role of the service is to equip professionals across a range of settings to support young carers more informally. Not all young carers are eligible for support from the County Council, but there are a number of community groups and charities offering broader support to young people with a range of needs. For example, the charity Be Free Young Carers offers respite trips, activities, training and emotional support for young carers in the south of the county.

32. To measure the impact of the service's work, a performance dashboard is being developed that will include a focus on:
    - referrals for assessment,
    - young carers who are also children in need or on child protection plans,
    - the outcomes of these plans, and
    - children supported in the community.

Cross-service / agency working

33. The Young Carers Service works in partnership with health partners, schools, the Oxfordshire Safeguarding Children Board and voluntary sector providers. There is a well-developed Young Carers School Standards Awards Project which was recently highlighted by the Local Government Association as an effective way of meeting the health and wellbeing needs of young carers[5]. However, the Standard is not checked on an ongoing basis and the scheme duplicates the national Young Carers in School Award run by Children's Society, therefore the Oxfordshire scheme is likely to be phased out.

34. There are particularly well-established links with the School Health Nursing Service. They are well place to identify young carers and the wider impacts of a child's caring role. It is therefore, surprising that there is poor take-up of the Young Carers Service training offer for School Health Nurses and only some have received training from the Department of Health on young carers. More work is needed to explore whether schools who have counsellors could do more to support young carers.

35. The service has established is a good model with Adult Social Care, whereby dependent children are identified through an adult carers' assessment. The Adult Social and Healthcare Team works closely with Carers Oxfordshire to get carers assessments for any person over the age of 18. However, when a young carer is identified as part of an adult social care assessment the case is not automatically prioritised; there was a clear desire among officers to review the system of 'flagging' cases.

36. Since the Young Carers Service has been using the threshold of needs matrix to assess young carers' needs there has been better join up with other teams across children's services. This approach is reinforcing the message that young carers should be considered like any other child with needs and not as a special case – an ethos that is supported by the revisions to 'Working Together to Safeguard Children

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[5] Local Government Association & Bright Futures, 'Meeting the Health and Wellbeing Needs of Young Carers', Jan 2018. Available at: https://www.local.gov.uk/meeting-health-and-wellbeing-needs-young-carers

2018' (Department for Education) which now refers to young carers under the early help arrangements. The service's main aim is to embed young carers in all frontline services and they are now planning a joint event with all managers from Early Help and social work teams to promote this approach.

Support for young carers in the community

37. Outside of the statutory assessment and support offered by the Young Carers Service there is a lack of specific support for young carers in the community. As far as known, the only organisation working with this cohort is the charity Be Free Young Carers, operating in the South Oxfordshire and Vale of White Horse areas.

38. Currently Be Free Young Carers offers social activities, training, workshops and opportunities for relaxation to young carers, which they report are popular with young people and reduce their feelings of stress, anxiety and isolation. Every young carer referred to the charity receives a home visit to have an assessment of their caring activities and the positive and negative outcomes of this. Whilst the charity currently has simple mechanisms for gauging the impact of their work, they are striving to develop methods that clearly demonstrate the impact of their support on young carers over time through reviewing these initial assessments. More information about the organisation is included in Appendix A.

39. As a charity they are heavily reliant on donations, grants and fund raising, and despite existing for more than 23 years, the organisation has been at risk of closure at least twice – once in June this year – because of issues with the sustainability of funding. In recognition of the work the charity does they are well supported financially by the local town, parish and district councils. However, there is still a significant shortfall in their annual income, currently over £100k. They receive no financial support from organisations who frequently refer young carers to them e.g. the County Council, Oxfordshire Clinical Commissioning Group and Academy schools.

> ***Recommendation to Cabinet: Explore ways of funding the unique support to young carers provided by Be Free Young Carers.***

40. Despite their working relationship with the Council, the charity leaders shared that they feel their relationship with the Local Authority is an uneven one. The Council refers and signposts to the charity if a young person does or does not meet the threshold for a statutory support, but if the charity refers young carers to the Council, this does not guarantee the offer of statutory support and in some cases the young person may be signposted back to the charity.

41. The charity's leaders also reported that awareness of young carers varies significantly from school to school and they expressed concern that pastoral care in schools is being marginalised due to a lack of resources, which could increase young carers' disadvantage. They claimed that schools often prefer to refer to the charity rather than the Council because of the length and complexity of referral forms and the assessment process; they perceive access to support through Be Free Young Carers to be much quicker. More worryingly they claimed that many families

they meet do not want to approach the Council because of the fear of family break up through contact with social services.

> ***Recommendation to Cabinet: There are examples of good practice in identifying and supporting young carers in some schools, e.g. opportunities for young carers to complete homework on school premises. This good practice needs to be recognised, captured and shared.***
>
> *The Performance Scrutiny Committee agreed to ask the Schools Forum and Governors' Association to ensure schools train their staff to identify where a child may be undertaking a caring role, to understand the impact of that responsibility, and what support is available to minimise the impact.*
>
> *The Committee also agreed to scrutinise the range quality and impact of the pastoral care in schools and colleges provided by School Health Nurses and commissioned by Public Health, particularly in relation to young carers.*
>
> *In addition, the Performance Scrutiny Committee referred two recommendations to the Education Scrutiny Committee:*
> - *The Committee reviews the measures used by Ofsted to assess the standard of support delivered to young carers as vulnerable learners, and to scrutinise the effectiveness of this regulatory oversight.*
> - *The Committee's working group focused on rates of school attendance to gives specific attention to young carers, as a cohort at particular risk.*

42. The charity also expressed concern that the local health-system's emphasis on moving to a more community-based system of care has the potential to put significantly more pressure on young people to take on caring responsibilities.

> ***Recommendation to Cabinet: Ensure Oxfordshire's health and social care system specifically considers the impact of its drive to deliver more community-based care on young carers.***
>
> *The Performance Scrutiny Committee agreed to ask the Joint Health Overview and Scrutiny Committee to review this as part of its scrutiny of transformational change across the system.*

Conclusions

43. The information and data gathered through this deep dive suggests that only a small proportion of young carers in the county have been identified and many young people with caring responsibilities remain hidden. Taking a whole family approach, raising awareness and intelligently sharing information across statutory agencies and community organisations is therefore vital. Basing the Young Carers Service in a front-facing service area is expected to help, but the impact of this change is too early to assess.

Recommendation to Cabinet: Identify a Young Carers Councillor Champion to help people understand the needs of young carers and promote the identification and support of young carers.

44. Nevertheless, the Council's Young Carers Service has identified a significant number of young carers in the county and as a result of their work an increasing number are being found every year. However, the Council's focus on delivering statutory assessments and 1:1 support to those most in need has left a vacuum of broader support for young carers. More work is needed on effective practice in provision of support for this specific group of vulnerable young people

Monitoring Progress

45. It is anticipated that a report on the Cabinet's response to these recommendations will be delivered to the next available Performance Scrutiny Committee meeting.

46. The lead Member for the deep dive and scrutiny officer will ensure that a review of progress against accepted recommendations is scheduled into the future work programme of the Committee. The Performance Scrutiny Committee has agreed to review progress against the deep dive recommendations in 12 months' time, after actions have been agreed by Cabinet.

Financial and Staff Implications

47. The financial or staffing impacts arising from this deep dive are dependent on whether and how each recommendation is progressed. To aide Cabinet's discussion and decision, officers from Children's Services have provided an initial feasibility assessment for each recommendation and outlined how these align with current or planned work (Annex B).

48. The Cabinet may wish to ask for more detailed work to be undertaken by the Young Carers team before considering its response to each of the recommendations set out in this report.

Equalities Implications

49. The recommendations arising from the review aim to ensure that adequate support and training is in place to reduce the inequalities experienced by young carers. It is expected that equalities implications will be considered when Cabinet responds to the recommendations and implements those that are accepted.

RECOMMENDATION

50. The Cabinet is RECOMMENDED to:

(a)   Consider the findings of the Performance Scrutiny Committee's deep dive into young carers.

(b)   Agree which of the following recommendations the Cabinet will accept:

i. Explore ways of funding the unique support to young carers provided by Be Free Young Carers.

ii. The timescales for completing statutory young carers' assessments and delivering support are reviewed and improved.

iii. There are examples of good practice in identifying and supporting young carers in some schools, e.g. opportunities for young carers to complete homework on school premises. This good practice needs to be recognised, captured and shared.

iv. Ensure Oxfordshire's health and social care system specifically considers the impact of its drive to deliver more community-based care on young carers.

v. Identify a Young Carers Councillor Champion to help people understand the needs of young carers and promote the identification and support of young carers.

(c) Ask the Director of Children's Services, in consultation with the Cabinet Member for Children and Family Services, to prepare a response for a future meeting of the Performance Scrutiny Committee.

BEN THREADGOLD
Policy and Performance Service Manager

Contact Officer: Katie Read, Senior Policy Officer
April 2018

Appendix A –Be Free Young Carers

The charity's background

- The organisation has existed for 23 years. It was originally established by the County Council as one of three centres supporting adult carers, operating across South Oxfordshire and the Vale of White Horse area.

- In 2011 the Centre became independent charity after the carers service was recommissioned and a contract was awarded to a separate single organisation. The other two centres closed. The charity is now based at the Harwell Campus and still covers South and Vale.

- The Care Act 2014 introduced statutory obligations for the Council to support adult carers; there was less of an opportunity for the Centre to be impactful. The charity undertook a review of carers support across the County from which it identified a clear gap in support for young carers; as a result, the adult service was closed and the focus of the charity was readjusted to support young carers.

- With funding from the Oxfordshire Community Foundation the organisation rebranded and relaunched as 'Be Free Young Carers' (BFYC) in 2017, to make its focus clear and not tie the charity to one geographic area, with the clear ambition to become a Countywide organisation when funding permitted.

- The charity is funded entirely through its own efforts in fundraising; it has been at risk of closure due to a lack of funding on two occasions - once in 2014 and again in 2018.

- In June 2018, the charity decided it did not have sufficiently sustainable funding to support the increasing number of young carers and decided it had no option but to close. As a result of publicity around the planned closure, the charity has received a number of donations which has enabled it to avoid closure and remain open for 6 – 12 months. There is now a need to find sustainable funding during this time.

Overview of the charity

- BFYC not a statutory provider. The charity offers social activities (organised activities and trips), training (in first aid, cookery and nutrition), workshops, opportunities for relaxation for young carers and, in partnership with BETTER Leisure, a young carers discount leisure card. All activities are intended to give young people time away from caring, time for themselves to make friends, socialise and be a child. These activities are popular and reduce the stress, anxiety and isolation that so many young carers say they feel.

- The charity describes a young carer as someone under 18 who is caring for a member of their family or a friend who is ill, disabled or misusing drugs or alcohol – BFYC follows the NHS definition of young carer.

- As part of the registration process, BFYC assess each newly referred young carer in their home using MACA (Multidimensional Assessment of Caring Activities) PANOC (Positive and negative outcomes of caring) assessments (also used by the Council's Young Carers Service). They flag and report any other concerns, e.g. safeguarding, and signpost to statutory support for the young carer and cared-for person where necessary.

- The charity currently supports 556 young carers. There can be as many as 7 new referrals for support each week; referrals come from families, young carers self-referring, schools, GPs, social and health care teams and other statutory professionals. BFYC predominantly works with young carers aged 8 to 18 and provides some support for young adult carers up to the age of 25 through its Leisure Card. The largest cohort of young carers they currently work with are in their early teens.

- The charity has good working relationships with statutory agencies and regularly liaises with schools and colleges to share good practise and advise on supporting young carers.

- The charity employs 5 part-time staff with specific skills (a director, a volunteer co-ordinator, a schools liaison officer, and two support workers). It has 6/7 volunteers and a Board of Trustees. The charity is partnered with another charity that provides pro-bono fundraising and back office support.

- The charity's current annual turnover is c. £150k-170k. It receives no income from the County Council. It is well supported by the parish and town councils and South Oxfordshire District Council, who provide in the region of £46k each year. The charity's remaining income is as a result of regular donations and fundraising activities.

Opportunities for development

- BFYC is aspiring to extend its services to become a county-wide organisation knowing the lack of support for young carers in other parts of the County, and recognising the number of young carers in Oxfordshire.

- To measure the impact of their work BFYC asks young carers to complete feedback forms about how they feel at the end of organised social activities and training. It accepts that it can be difficult to demonstrate impact from this alone and is planning to introduce a light touch annual review of the MACA / PANOC assessment with each young carer to show the impact of their support on the young carer over time.

- BFYC is currently undertaking research, collaboratively with Healthwatch Oxfordshire, to understand the needs of young carers for support in Oxford City. This is hoped to inform a case for the expansion of BFYC support into the City.

- To assist with the financial sustainability of the charity, BFYC is considering how it can use the skills it possesses to generate income.

- BFYC recognises that more could be done to support the transition of young carers into adulthood, working more closely with Carers Oxfordshire.

- BFYC is currently recruiting volunteers to train as befrienders for its new volunteer befriending service which will provide regular emotional 1:1 support for young carers.

Appendix B – Officer comments on deep dive recommendations for Cabinet

Recommendation to Cabinet	Officer comments
i. Explore ways of funding the unique support to young carers provided by Be Free Young Carers.	Currently there is a well-developed in-house service for young carers funded from core budget. At this time Children, Education and Families has no extra money with which to commission a new young carers service.
ii. The timescales for completing statutory young carers' assessments and delivering support are reviewed and improved.	This is currently being reviewed at operational and strategic levels by officers, with a view to improving timeliness.
iii. There are examples of good practice in identifying and supporting young carers in some schools, e.g. opportunities for young carers to complete homework on school premises. This good practice needs to be recognised, captured and shared.	Our schools awards scheme has been very successful over a number of years and has proven to be a good way to disseminate and promote good practice. We have now adopted the new national young carers award scheme for schools so that the learning spreads beyond our borders. Our new Learner Engagement service within Education in Children, Education and Families recognises the vulnerabilities of young carers' attendance, inclusion and attainment and has a new programme of work in tandem with our Early Help strategy, promoting on-the-ground good practice in schools.
iv. Ensure Oxfordshire's health and social care system specifically considers the impact of its drive to deliver more community-based care on young carers.	Commissioning/provision of services to the cared-for must consider the impact service delivery models have on carers, especially young carers. We welcome opportunities to work alongside adult social and health care colleagues in the design of future operating models, to ensure young carers are not disadvantaged.
v. Identify a Young Carers Councillor Champion to help people understand the needs of young carers and promote the identification and support of young carers.	Officers support this proposal. We are happy to provide training to elected members, and have a regular interface to ensure updates on need and services are shared.

CABINET – 16 OCTOBER 2018

BUSINESS MANAGEMENT AND

MONITORING REPORT QUARTER 1 2018-19

Report of the Assistant Director of Finance

Introduction

1. This report demonstrates the state of Oxfordshire County Council's (OCC's) business as regards progress towards Corporate Plan priorities at the end of Quarter 1 2018-19. This is the first report using the new OCC Corporate Plan and Outcomes Framework, and the first to focus fully on the high priority outcomes rather than the underlying measures.

Headlines

2. At the end of quarter 1 (30 June) 6 outcomes were assessed as Green, and 7 were Amber. The headlines are:

    i.   Roads – high-profile performance dips in Q3 and Q4 have been halted in Q1 as discussed in sections A and B of the report.

    ii. Waste – consistently high performance which had dipped to Amber with a declining outlook in late 2017-18 has been successfully turned back to Green in Q1 as discussed in section A of the report.

3. Performance improvement/deterioration since Q4 2017-18 cannot readily be assessed at the outcome level given the 13 outcomes are newly created. However, the indicators beneath the outcomes offer a good degree of continuity. At that level, the dashboards show **performance improvement** in household waste, delayed transfers of care and the numbers of children's social care assessments, as well as a majority of Green indicators across the whole report. The dashboards also show **performance deterioration** in looked-after children (Green to Amber) as set out in section B of this report.

4. The **outlook** as presented in the dashboards is broadly positive, as might be expected at the start of the year.

5. Key achievements and constraints are set out in sections A and B of Annex1, arranged for the first time under the 6 priorities of the new OCC Vision. There are no Red-rated outcomes being reported for County Leadership Team in section C of the annex.

6. Dashboards at Annex 2 provide an account of the outcomes and indicators being used to measure progress towards the OCC Vision this year.

Business management update

7. OCC's quarter 4 performance (Jan-Mar 2018), including dashboards, was included in the Narrative Report in May for the first time. The Narrative Report accompanies the council's annual Statement of Accounts and, essentially, helps the reader to understand what services and outcomes OCC delivered during the year. We will look again at the format and design of next year's Narrative Report to ensure it provides an accessible account of our activities to the general public.

8. Development of the new Outcomes Framework – the new arrangement of outcomes, indicators and measures designed to show progress towards the OCC Vision and Corporate Plan – took place in the first half of 2018. The resulting Framework was in place for use at the start of the new business year, and can be seen at the start of the dashboards later in this report. The Framework is the top level of a performance management structure which extends down to team and individual performance objectives. It will be kept under review throughout the year, and changes may be made as needed to ensure it reflects our ongoing business.

RECOMMENDATION

Cabinet is RECOMMENDED to note the report.

IAN DYSON
Assistant Director of Finance

29 August 2018

Contact Officer: Steven Jones, Corporate Performance and Risk Manager
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Section A: Key achievements against Corporate Plan priorities in this quarter

Our new Outcomes Framework enables our performance to be reported against the six priorities in our Vision and Corporate Plan. Focusing on the outcomes of OCC's activities more effectively connects performance in different parts of the council and supports a more strategic view of progress towards our priorities.

Overall OCC ambition: "Thriving communities for Oxfordshire"

- Collectively, the performance dashboards at the end of this report indicate that we are making good progress towards the council's overarching ambition. The good work under way in 2017-18 has continued into the new business year. Particular highlights this quarter are included in the following narrative.

- Encouragingly, a report published by Grant Thornton in May ("Vibrant Economic Index: Building A Better Economy") ranked Oxford and the four Districts in Oxfordshire within the top 70 (of 324) English local authority areas for vibrancy of their local community. The study considered a range of factors 'beyond GDP' to measure and understand what makes a place successful, such as prosperity, inclusivity, community trust and belonging, and health and wellbeing. While not reporting at the county level, the study's placing of Vale of White Horse (7th of 324), Oxford City (9th), South Oxfordshire (13th), Cherwell (60th) and West Oxfordshire (67th) is a positive sign that communities in Oxfordshire are thriving.

Priority: we listen to our residents so we can continuously improve our services and provide value for money

- Co-production – working with service users and their families to develop social care services tailored to their needs – is going well, with four co-production products in progress and a body of Co-Production Champions being trained to continue and broaden this work.

- 72.4% of our adult social care service users are extremely or very satisfied with our services – above the national average of 64.7%.

- We are using our resources effectively to deliver value for money. We are on course to deliver 99% of our planned savings (target: 95%). Our General Balances are expected to be £25.7m at 31 March 2018 – £9.4m above our Risk Assessed Level (158%, target: 100%). 100% of our earmarked reserves are used as planned. Our forecast outturn variation to the end of May 2018 is an underspend of £1m (0.2%, vs. target of 1%). We forecast a 7% increase (target: 5%) in capital expenditure in 2018-19 due to the announcement in May 2018 of the Disabled Facilities Grant of £5.4m (which is passported to the City and District Councils) and £2.5m of LEP grant inclusions.

- We are currently carrying out a detailed review of the costs and liabilities related to our properties following the Carillion collapse in January, so that a robust financial plan can be considered by councillors in the autumn.

- Councillors at OCC and Cherwell District Council have approved a proposal for a partnership between the two local authorities, including the appointment of a joint Chief Executive. This will offer long-term opportunities to join up services for residents, reduce the costs of providing services, and secure investment in Cherwell to enable the continued growth in homes and jobs.

Priority: we help people live safe and healthy lives and play an active part in their community

- All our community safety activities have begun the year strongly, with emergency response times, fire prevention campaigns and 'safe and well' visits to the fore.

- Our support for people to lead healthy lifestyles remains strong. Preventative health care, through NHS health checks, continues the recent trend of good performance.

- A picture of the benefit which our support for healthy travel (walking and cycling) brings should begin to emerge during quarter 2. In quarter 1 we can see that:
    - 85.2% of Oxfordshire adults walk or cycle (for any purpose) at least once a month, with 40.2% doing so 5 times a week (Department for Transport data from 2015-16, due to be updated at the end of August).
    - 86% of 286,361 recorded journeys to school in the county (Oct 2017-Jul 2018) were made entirely or partially actively (walking/cycling at least 10 minutes).
    - a snapshot Transport Monitoring survey in Oxford (on one weekday, 07.00 to 19.00) recorded a total number (inbound and outbound, on main roads) of 7,687 cyclists.

- Our services to support people exiting treatment for drug or alcohol use are currently exceeding on all three targets.

- We are beginning to measure a number of things which demonstrate people "playing an active part in their community". Under the Oxfordshire Together programme 128 parish or town councils have devolved highways services, predominantly grass cutting at present (however other areas are being explored).

- In February 2018, OCC agreed to set aside £945,000 in 2018-19 and 2019-20 for a Councillor Priority Fund as part of our commitment to supporting local communities across Oxfordshire. Some Councillors have funded their priorities through direct services, while others have approached Parish Councils to identify needs in their local area, and others have invited applications from community groups before deciding how to apportion the funding. As this funding can be carried forward into the second year we may see a lower than expected allocation in the early months. The amount allocated by 30 June was £95,030 – 10% of the £945k – of which:
    - 62.7% was allocated to community groups (£61,064)
    - 21% was allocated to direct services (£20,500)
    - 16.2% was allocated to Town/Parish councils (£15,814)

Priority: we provide services that enhance the quality of life and protect the local environment

- We have taken significant steps to address the condition of highways in Oxfordshire, which is beginning to show positive outcomes. In quarter 1 this year, analysis shows that we are on target for overall condition of the A and B classified road network (32.48% against a target of 33%) and for repair of defects posing immediate risk of injury (over 99% within 24 hours). For the latter, this represents an improvement from the equivalent measure reported as Red (off target) in quarters 3 and 4 of 2017-18. We have achieved this by inserting more gangs (increase from 6 to 18 in quarter 1), more minor patching gangs, and reallocation of the 'dragon patcher' and the new 'multi-hog' repair vehicle.

- We are also forecasting that we will meet targets at year end for the total length of highway resurfaced and for the percentage of highway maintenance, construction, demolition and excavation waste diverted from landfill. Other highways commentary is included in section B below.

- Household waste is another area of performance which was reported as declining in the latter part of 2017-18 (from a very strong position, historically) and which has been improved in quarter 1. The percentage of household waste recycled, composted or re-used in the county has risen above target again (61% vs. 60%) and we have sent just 3.9% of our household waste to landfill, targeting a level below 5%.

- Our performance around reduction of carbon emissions and more efficient energy use remains strong. A recently-agreed investment of £40.8m to replace old street lighting columns with new energy-efficient LED lighting will result in cheaper energy bills and reduced maintenance requirements.

- Quality of life is greatly improved by having access to cultural services such as OCC's libraries and history services. The dashboards below show that in quarter 1 we saw good numbers of visitors and new joiners to our services.

Priority: We strive to give every child a good start in life and protect everyone from neglect

- Our service for looked after children had an Ofsted inspection in April 2018 which judged our service to be "good".

- Indicators relating to children's health remain predominantly good.

- Demand management measures continue to show good progress, i.e. early help assessments provided by partners have risen by 196% compared to our 16/17 baseline and Teams Around the Family are 439% higher than in 16/17.

- Impact has been seen on demand for Children's Social Care: MASH enquiries are continuing at 18% lower than in 16/17, referrals, assessments and child protection enquiries have all reduced compared to 16/17.

Priority: We enable older and disabled people to live independently and care for those in greatest need

- 90% of social care providers in Oxfordshire are rated as 'outstanding' or 'good' by the Care Quality Commission (above the national average of 80%).

- Performance is above the national average for numbers of people with personal budgets (93% vs. 89% targeted) or direct payments (94% vs. 90%).

- In quarter 1 we continued to make progress in reducing the number of people delayed in hospital awaiting social care. The period saw an average of 13 people per day delayed in this way (the target is to reduce from 15 recorded in March 2018 to 13 by March 2019). Similarly, we reduced the number of people delayed in hospital awaiting both health and social care from an average of 50 per day in March 2018 to 41 in quarter 1 (targeting 42 by March 2019).

- 74% of Oxfordshire's older residents reported feeling safe, which is above our target of 70%,

- We have ensured that 89% of working age (18-64) service users with a learning disability are living on their own or with their family: this is above the national average (76%) as targeted.

Priority: We support a thriving local economy by improving transport links to create jobs and homes for the future

- The OxLEP team has been active in securing investment evidence for 2017-18 and the Department for International Trade has now been able to report a record total of 98 Foreign Direct Investment (FDI) successes in Oxfordshire for last year.

- The Oxfordshire Growth Deal represents £215m of Government investment for new homes and infrastructure across Oxfordshire. The Growth Deal Programme Board has been mobilising all work-strands within the Deal including OCC leading on the mobilisation of the infrastructure programme. During Q1 an assurance exercise was undertaken of the infrastructure programme, reviewing the deliverability of the schemes against the housing trajectory. Work is underway with Homes England to agree an attribution methodology for the houses the infrastructure will support to unlock. This is expected to be agreed in Sept 2018. Work is also progressing developing the 2-5 year infrastructure programme that is scheduled to go through the Growth Board governance process in Q3 and Q4.

- We have submitted 4 investment bids under the Smart Oxford programme this quarter, one of which is the largest collaborative project we have been part of. This is a £40m Energy Systems bid with SSE as the lead and other partners including Oxford and Brookes Universities, and would mean £800k granted to OCC. We were also successful in our OmniCAV bid to Innovate UK £250k to OCC over 2 years to support the testing of autonomous vehicles ('driverless cars')

- Our work on ensuring that homes and businesses have access to superfast, ultrafast or full fibre broadband continues to perform well. The percentage of premises in Oxfordshire without access to at least basic or acceptable broadband (defined as 2Mb/s and 10Mb/s respectively) is being driven down ever closer to our March 2019 targets of <0.33% and <1.4% respectively.

- Business interventions from our Trading Standards team are higher than expected as local businesses are being advised as part of investigations of consumer complaints. There is a reduced demand from businesses proactively seeking advice, in line with previous years. This pattern could be an indicator of businesses using appropriate self-service advice rather than direct contact.

Section B: key issues currently affecting our ability to deliver our priorities

Priority: we provide services that enhance the quality of life and protect the local environment

- Our performance repairing and maintaining highway condition in the county should be seen in the context of the volume of defects and the extent of damage to our roads by winter conditions. Levels of road defects in April and May have increased by 60% compared to last financial year. However, in addition to the improvements noted in section A, this constraint is being addressed following the approval by council (in July, just outside quarter 1) of an additional £10m investment in highway maintenance. The extra £10m would pay for 46 miles of surface improvements (resurfacing, surface dressing, micro asphalt) and 52,000 sqm of patching, and is on top of the £8.5m already spent on carriageways and footway repairs. Reactive pothole repairs will continue as usual.

- Our target that 80% of District Council planning applications are responded to by us within the agreed deadline has been missed in quarter 1 (performance: 65%). The continuing increases in the volume of major planning applications, together with a number of strategic (very large/complex) sites running in parallel, a high volume of appeals and numerous pre-application enquiries, means that it has not been possible to attain the required target this quarter. We are, however, maintaining good working relations with the Districts during these challenging times and are also working to further improve system efficiencies.

- Our work carrying out Building Regulations consultation is low. This reflects businesses' demand for our services, which is currently low, which in turn reflects demand for new buildings in the county which would require this form of consultation.

Priority: We strive to give every child a good start in life and protect everyone from neglect

- The first quarter of 2018-19 has seen a rise in the number of looked after children (LAC) in Oxfordshire. This is due to a general increase in the levels of demand on Children's Services: the numbers of referrals, assessments and child protection cases have all seen increases in recent months, which drives the increase in the numbers of LAC. This should be seen in the context of national trends, which are also increasing, and which brings the proportion of LAC in the county in line with the average number in statistical neighbouring local authorities. The council prioritises the safety and wellbeing of vulnerable children and young people and this has included improved practice and management oversight for LAC, as well

Page 187

as implementing a robust performance management framework for regular oversight and monitoring of this service.

- The "prevalence of healthy children" indicator is supported by 6 measures, all of which were assessed as 'Green' throughout 2017-18. The measure 'number of expectant mothers who receive a universal face to face contact at 28 weeks' is at 72.8% for quarter 1 against a target of 80%. We have decided to increase the target by 10% since quarter 4 of 2017/18. Our work with the health visiting services and local maternity services to improve performance includes ensuring that the health visiting service are informed about pregnant mothers before 28 weeks of pregnancy, as well as a stream of work through the contract review meetings to ensure that all women are offered a visit and that data recording is improved. The health visiting service is also recording reasons why women choose not to have a visit to provide additional insight. An improved performance against this indicator is anticipated by year end, but the aspirational target may be difficult to achieve.

Section C: key performance issues requiring intervention / decision

In this section we would explain any outcomes which Directors have rated "Red". However, in quarter 1 none of the 13 outcomes in the Outcomes Framework have been assessed as Red.

The format of reporting is included below for information. A Red rating would indicate that an outcome might not be achieved by year end as things stand. Directors' ratings may be based on factors including levels of performance and degree of risk.

1.	**Outcome**	n/a
	Indicator	n/a
	Measure	n/a

For any Red outcomes, this section would include:

- *Description the outcome*
- *Why it is assessed as Red (e.g. off target, unlikely to be achieved)*
- *What has been done to correct performance*
- *What other action is being proposed*
- *What is the forward trajectory by which we expect to see performance improve*

Recommended action	*Any recommendations to County Leadership Team, and their decisions, would be recorded here.*

OXFORDSHIRE COUNTY COUNCIL OUTCOMES FRAMEWORK: PRIORITIES, OUTCOMES AND INDICATORS

We listen to residents so we can continuously improve our services and provide value for money **Residents feel engaged with the county council** • Prevalence of services developed through co-production • Number and value of opportunities for public engagement • Rates of customer satisfaction **Our services improve and deliver value for money** • Value for money through effective use of resources • Improvement following external inspection or audit **The use of our assets is maximised** • Progress with the One Public Estate Programme	**We help people live safe and healthy lives and play an active part in their community** **People are helped to live safe and healthy lives** • Number of people helped to live safe & well • Emergency response times • Prevalence of healthy lifestyles • Number of people receiving support for drug or alcohol dependency • Proportion of people walking & cycling **People play an active part in their communities** • Rates of volunteering • Prevalence of services provided by communities	**We provide services that enhance the quality of life and protect the local environment** **Our quality of life in Oxfordshire is enhanced** • Condition of highways • Funding secured through planning obligations • Levels of public transport use • Rates of access to cultural services **Our local environment is protected** • Percentage of planning decisions on time • Levels of carbon emissions • Levels of energy use • Air quality • Proportion of household waste re-used, recycled or composted
We strive to give every child a good start in life and protect everyone from neglect **Children are given a good start in life** • Prevalence of healthy children • Number of looked after children • Number of children's social care assessments • Number of children the subject of protection plans • Number of children's cases held by permanent staff **Children are able to achieve their potential** • Percentage of children with a place at their first preference school • Percentage of children at a good quality school • Rates of school attendance • Levels of educational attainment	**We enable older and disabled people to live independently and care for those in greatest need** **Care services support independent living** • Number of home care hours purchased • Number of appropriate safeguarding enquiries • Number of people delayed leaving hospital awaiting social care • Number of people with control over their care • Proportion of older people supported in the community **Homes and places support independent living** • Percentage of people who report feeling safe and well • Percentage of people living in safe and suitable housing	**We support a thriving local economy by improving transport links to create jobs and homes for the future** **Strong investment and infrastructure are secured** • Level of investment attracted • Production of our Joint Statutory Spatial Plan • Number of new homes • Levels of disruption to journeys by congestion or roadworks • Level of transport connectivity • Level of access to online and digital services **Local businesses grow and provide employment** • Employment rates • Number of businesses • Number of apprenticeships

OUTLOOK KEY: ↑ the outlook is positive/improving   ↓ the outlook is negative/deteriorating   ↔ the outlook is stable

				Levels of workforce

PRIORITY: WE LISTEN TO RESIDENTS SO WE CAN CONTINUOUSLY IMPROVE OUR SERVICES AND PROVIDE VALUE FOR MONEY				
OUTCOME	**INDICATOR**	**Q4 RAG**	**Outlook**	**Note**
Residents feel engaged with the county council	Prevalence of services developed through co-production	**G**	↑	4 co-production products are in development (target 5 by March 2019), and training of co-production champions is progressing well (target of 20 champions by end of July 2018).
	Number and value of opportunities for public engagement	n/a	↑	The latest figures from OCC's residents' survey show: • 38% of residents agree that people in the local area can influence decisions • 54% agree that the council acts on the concerns of local residents. • 45% were satisfied with the way the council runs things
	Rates of customer satisfaction	n/a	↔	72.4% of users of Adult Social Care services are extremely or very satisfied, which remains above the target of the national average (64.7%)
Our services improve and deliver value for money	Value for money through effective use of resources	n/a	↔	We are on target or better for all 5 measures beneath this indicator.
	Improvement following external inspection/audit	n/a	↔	CSS are currently working on an action plan that came out of their Operational Assurance Peer inspection in 2017. This is being supported by members from the Performance Scrutiny committee
The use of our assets is maximised	Progress with One Public Estate Programme	n/a	↔	All projects are at the initiation phase. Some adjustment to the original timelines has been proposed to government to enable more time at scoping stage.

OUTLOOK KEY: ↑ the outlook is positive/improving   ↓ the outlook is negative/deteriorating   ↔ the outlook is stable

PRIORITY: WE HELP PEOPLE LIVE SAFE AND HEALTHY LIVES AND PLAY AN ACTIVE PART IN THEIR COMMUNITY				
OUTCOME	**INDICATOR**	**Q4 RAG**	**Outlook**	**Note**
People are helped to live safe and healthy lives Page 191	Number of people helped to live "safe and well"	**G**	↔	We have delivered fire prevention campaigns to more people than we had planned for this quarter. We are slightly below our expected numbers of people receiving safe and well visits. The service is focusing on the quality of the visits, due to the more complex needs of people requiring a safe and well visit.
	Emergency response times	**G**	↔	We have had no fire deaths this quarter and are below our target for RTC fatalities in this quarter. We are on target for our emergency response times, achieving 88.4% and 96.6%.
	Prevalence of healthy lifestyles	**G**	↑	Invitations to NHS Health Checks are proceeding well: 83.2% of the eligible population has been invited vs. target of 97% by year end, and take-up is 41.7% vs. the 42% expected for Q1.
	Numbers of people receiving support for drug and alcohol dependency	**G**	↔	3 of the 4 measures supporting this indicator are significantly exceeding targets at the end of Q1 – on numbers of people exiting treatment for drugs or alcohol (opiates: 9.4% vs. target of 6.6%, non-opiates 39.9% vs. 36.6%, alcohol 45.3% vs. 38.6%)
	Proportion of people walking & cycling	n/a	↔	Metrics and sources of data and information for this new indicator will be developed further for use in Quarter 2. The RAG rating is supported by data readily available at the end of Q1.
People play an active part in their communities	Rates of volunteering	n/a	↔	Volunteer hours in OCC libraries in Q1: 8,111. As intended, an annual reporting metric is being developed which will provide an estimate of the volunteer hours generated by environmental projects or services that we directly fund or support. This means around 7 projects/services including our 3 Areas of Outstanding Natural Beauty, Community Action Groups, Wychwood Project and Lower Windrush Valley Project. The number of hours is currently estimated to be at 40,000 volunteer hours per annum in Oxfordshire; a more accurate figure and baseline year will be reported in Q2
	Prevalence of services provided by communities	n/a	↑	As intended, measures here are for 'reporting only' in Q1, ahead of metrics being considered for use in Q2. The RAG rating reflects the current position and outlook.

OUTLOOK KEY: ↑ the outlook is positive/improving ↓ the outlook is negative/deteriorating ↔ the outlook is stable

PRIORITY: WE PROVIDE SERVICES THAT ENHANCE THE QUALITY OF LIFE AND PROTECT THE LOCAL ENVIRONMENT				
OUTCOME	INDICATOR	Q4 RAG	Outlook	Note
Our quality of life in Oxfordshire is enhanced	Condition of highways	n/a	↑	This indicator uses a wider group of measures than in 2017-18. In Q4 2 of the 3 measures were rated Green (on target) while the third (% of the A and B road network where carriageway maintenance should be considered) was rated Red. Commentary on 2018-19 measures is in sections A and B of the main report.
	Funding secured through planning obligations	G	↑	Monies secured in S 106 agreement secured or completed during the first quarter equated to 100% of the sums identified in the corresponding Single Responses. This performance exceeds our target of 85%.
	Levels of public transport use	n/a	↔	As intended, metrics to support this new indicator will be developed for use in Q2. The RAG rating reflects that Oxfordshire bus operators score well in annual Transport Focus reports.
	Rates of access to cultural services	n/a	↔	Library visitors in Q1 - 565,279. New library joiners in Q1 - 5,816. Visitors to the Oxfordshire Museum during normal opening hours in Q1: 29,595, and to the Museums Resource Centre in Q1: 29. These are comparable with figures for the same period last year.
Our local environment is protected	Percentage of planning decisions on time	A	↑	Commentary on the constraints around work on District Council planning applications can be found in section B of the main report.
	Levels of carbon emissions	G	↔	Analysis suggests the target for 2017-18 is likely to have been exceeded (data due by end of August). Continuing programme of street lighting upgrades and projects to reduce emissions from travel are expected to deliver the target reduction this year. Ongoing grid decarbonisation will also contribute.
	Levels of energy use	n/a	↔	The annual target (as per the streetlight LED replacement project agreement) is for 2000 to be replaced this year, will bring performance to 18% (against a target of 20% by April 2019).
	Air quality	n/a	↑	Activities here are expected in Q2, including the establishment of an Air Quality Action Group with the District and City Councils, which will set the forward programme of work
	Proportion of household waste re-used, recycled or composted	A	↔	Commentary on performance is included in section A of the report.

OUTLOOK KEY: ↑ the outlook is positive/improving   ↓ the outlook is negative/deteriorating   ↔ the outlook is stable

	PRIORITY: WE STRIVE TO GIVE EVERY CHILD A GOOD START IN LIFE AND PROTECT EVERYONE FROM NEGLECT				
OUTCOME	**INDICATOR**	**Q4 RAG**	**Outlook**	**Note**	
Children are given a good start in life	Prevalence of healthy children	**G**	↑	5 of 6 measures supporting this indicator are Green in Q1. The 'number of expectant mothers who receive a universal face to face contact at 28 weeks' is at 72.8% for Q1 vs. 80% targeted	
	Number of looked after children	**G**	↓	728 children were looked after at the end of quarter 1, against a target range of 660-710	
	Numbers of children's social care assessments	**A**	↔	Social care assessments are slightly lower than the average for like authorities, and have reduced by 14% in 17/18 compared to the previous year. Q1 shows that we continue to be 7% lower than 16/17.	
	Number of children the subject of protection plans	n/a	↑	The numbers are slightly high at 752, driven mainly by more children becoming the subject of a plan. The number was already seen to be reducing at the start of quarter 2.	
	Number of children's cases held by permanent staff	**G**	↔	-	
Children are able to reach their potential	Percentage of children with a place at their first preference school	n/a	↔	Annual reporting is due in Q3	
	Percentage of children at a good/outstanding school	n/a	↔	Annual reporting is due in Q3. Q1 figures show that 84.2% of Primary children are at Good/Outstanding schools (target 94%) and 87.7% of Secondary school children (target 90%)	
	Rates of school attendance	n/a	↔	Annual reporting is due in Q3. In Q4 2017-18 the two relevant measures (on persistent absence and permanent exclusions) were Amber and Red.	
	Levels of educational attainment	n/a	↔	Annual reporting is due in Q3	

Page 193

OUTLOOK KEY: ↑ the outlook is positive/improving   ↓ the outlook is negative/deteriorating   ↔ the outlook is stable

	PRIORITY: WE ENABLE OLDER AND DISABLED PEOPLE TO LIVE INDEPENDENTLY AND CARE FOR THOSE IN GREATEST NEED			
OUTCOME	**INDICATOR**	**Q4 RAG**	**Outlook**	**Note**
Care services support independent living	Number of home care hours purchased	n/a	↑	Q1 performance is slightly off target: 21,708 hours per week vs. target of 21,779 hours per week
	Number of appropriate safeguarding enquiries	n/a	↑	Q1 performance is slightly off target: 21% of safeguarding concerns result in a safeguarding enquiry (vs. target of >25%)
	Number of people with control over their care	n/a	↔	94% of people with safeguarding concerns can define the outcomes they want (target = national average i.e. 90%)
	Number of people delayed leaving hospital awaiting social care	A	↔	This indicator is discussed in section A of the report
	Proportion of older people supported in the community	n/a	↔	This indicator is discussed in section A of the report
Homes and places support independent living	Percentage of people who report feeling safe	n/a	↔	This indicator is discussed in section A of the report
	Percentage of people living in safe and suitable housing	n/a	↔	This indicator is discussed in section A of the report

OUTLOOK KEY: ↑ the outlook is positive/improving   ↓ the outlook is negative/deteriorating   ↔ the outlook is stable

PRIORITY: WE SUPPORT A THRIVING LOCAL ECONOMY BY IMPROVING TRANSPORT LINKS TO CREATE JOBS & HOMES FOR THE FUTURE				
OUTCOME	**INDICATOR**	**Q4 RAG**	**Outlook**	**Note**
Strong investment and infrastructure are secured Page 195	Level of investment attracted	n/a	↑	The assessment of Amber reflects minor shortfalls against some of the underlying measures, in line with expectations. Metrics for funding required to manage the current highway asset will be developed in Q2.
	Production of our Joint Statutory Spatial Plan	n/a	↔	-
	Number of new homes	n/a	↔	This indicator is discussed in section A of the report
	Levels of disruption to journeys by congestion/ roadworks	n/a	↔	As intended, measures supporting this indicator will be developed in Q2. These are likely to support trend monitoring rather than firm targets.
	Level of transport connectivity	n/a	↔	As intended, measures in support of this new indicator are being developed for use in Q2.
	Level of access to online and digital services	n/a	↑	Slightly off target on the absolute number of premises we have enabled to have access to superfast broadband within Oxfordshire, via our contract with BT (75,686 vs. target of 75,945) but forecast to be Green by the end of Q2.
Local businesses grow and provide employment	Employment rates	n/a	↔	Reporting only. 81.8% of Oxfordshire residents aged 16-64 in employment, vs. Apr 2017-Mar 2018 GB rate of 75% (source: ONS, retrieved from Nomis, 9 August 2018)
	Business numbers	n/a	↔	Reporting only. Oxfordshire business births: 3585 in 2016 (down 1% on 2015); business deaths: 3210 in 2016 (up 10% from 2015). Business survivals: 49.3% of businesses born in Oxfordshire in 2011 were still surviving 5 years later (South East 46%, National 44.1%)
	Numbers of apprenticeships	n/a	↔	There are 48 apprentices in posts, including six new starters in Q1.
	Levels of workforce	n/a	↔	Reporting only. • OCC full-time equivalent (FTE) employees, excluding schools: 3644.2 at 30 June. • Total OCC spend on agency staff in Q1 as proportion of our Q1 salary budget: 7.07%

OUTLOOK KEY: ↑ the outlook is positive/improving   ↓ the outlook is negative/deteriorating   ↔ the outlook is stable

Division(s): N/A

CABINET – 16 OCTOBER 2018

FORWARD PLAN AND FUTURE BUSINESS

Items identified from the Forward Plan for Forthcoming Decision

Topic/Decision	Portfolio/Ref

Cabinet, 20 November 2018

▪ **Staffing Report - Quarter 2 - 2018**
Quarterly staffing report providing details of key people numbers and analysis of main changes since the previous report.

Cabinet, Deputy Leader
2018/098

▪ **Section 75 - Partnership Agreement for Mental Health Services**
To seek approval for the revised Section 75 Agreement.

Cabinet, Adult Social Care & Public Health
2018/128

▪ **Oxfordshire Safeguarding Adults Board Annual Report 2017-18**
To note the contents of the report.

Cabinet, Adult Social Care & Public Health
2018/125

▪ **Innovation Fund for Daytime Support Grant Awards**
To seek approval of grant awards to community and voluntary sector groups following award recommendations by cross party panel.

Cabinet, Adult Social Care & Public Health
2018/138

▪ **The Oxfordshire Safeguarding Children's Board Annual Report/The Performance Audit & Quality Assurance Annual Report and The Case Review & Governance Annual Report**
To note the reports.

Cabinet, Children & Family Services
2018/073

▪ **SEND Sufficiency Strategy and Northfield School**
To agree the principles of the Strategy and consider recommendations as part of this for the future of Northfield School.

Cabinet, Education & Cultural Services
2018/151

▪ **Oxfordshire Local Aggregate Assessment 2018**
To seek approval of the Oxfordshire Local Aggregate Assessment 2018.

Cabinet, Environment
2018/101

▪ **Thames Water Revised Draft Water Resource Management Plan (WRMP)** To consider Oxfordshire County Council's response to Thame Water.	Cabinet, Environment 2018/142
▪ **Treasury Management Mid-Term Review (2018/19)** To provide a mid-term review of Treasury Management Activity in 2018/19 in accordance with the CIPFA code of practice.	Cabinet, Finance 2018/097

Cabinet Member for Education & Cultural Services, 14 November 2018

▪ **Oxfordshire Pupil Place Plan 2018-2022** To seek approval to formally adopt the updated Pupil Place Plan for Oxfordshire.	Cabinet Member for Education & Cultural Services, 2018/135
▪ **Oxfordshire County Council's Recommended Sponsor for the New Primary School Located in West Witney** To seek approval as to whether to formally support OCC's choice of recommended sponsor to run the new primary school located in West Witney.	Cabinet Member for Education & Cultural Services, 2018/136

Cabinet Member for Environment, 15 November 2018

▪ **Application of Highway Policy Review - Phase 1** To seek approval of the proposed changes to procedures.	Cabinet Member for Environment, 2018/036
▪ **Bicester: Queens Avenue - Proposed Shared Use Cycletrack** To seek approval of the proposals.	Cabinet Member for Environment, 2018/105
▪ **Kingston Blount - B4009 Proposed Traffic Calming Build Outs** To seek approval of the proposals.	Cabinet Member for Environment, 2017/119
▪ **Oxford Transport Demand Management** To seek approval for the allocation of funding required to further demand management develop options and for associated stakeholder engagement and wider public consultation linked to the development of an Outline Business Case.	Cabinet Member for Environment, 2018/150

- **Burford Weight Limit**

  To seek approval of an experimental environmental weight limit.

  Cabinet Member for Environment, 2018/119

- **Benson: Littleworth Road - Proposed Traffic Calming**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2018/103

- **Sutton Courtenay: B4016 Appleford Road, Proposed 30mph Speed Limit Extension**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2017/054

- **Ambrosden - Proposed Speed Limit Change**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2018/111

- **Banbury - A422 Stratford Road and Bretch Hill - Signalled Crossing and Traffic Calming**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2017/165

- **Oxford: Various sites (A420 High Street, New Road, Little Clarendon Street, Cowley Road and Manzil Way) - Amendments to Waiting and Loading Restrictions to Accommodate New and Amended Taxi Ranks**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2018/106

- **Oxford: Hawksmoor Road - Proposed Electric Vehicle Charging Bay**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2018/084

- **Oxford: Proposed New and Amended Disabled Persons Parking Places**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2018/144

- **Milcombe: Proposed Extension of 30mph Speed Limit**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2018/146

- **East Hanney: Steventon Road - Proposed Extension of 30mph Speed Limit**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2018/147

- **Cumnor: Cumnor Hill - Proposed Extension of 30mph Speed Limit**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2018/148

- **Wendlebury: Proposed 20mph Speed Limit**

  To seek approval of the proposals.

  Cabinet Member for Environment, 2018/149

▪ **Witney: Corn Street - Proposed Amendment to Parking Bays**
To seek approval of the proposals.

Cabinet Member for Environment, 2018/159

Division(s): N/A

CABINET – 16 OCTOBER 2018

UPDATED FINANCIAL & RESOURCE CONTRIBUTION TOWARDS THE SWAN FREE SCHOOL PROJECT IN OXFORD

Report by Director of Children's Services and Director for Capital Investment & Delivery

Introduction

1. The paper and annex is produced to provide Members with information on progress with provision of the above school to meet demand for secondary school places In Oxford from September 2019 and to ensure that the county council is in a position to respond quickly to whatever planning decision is taken by Oxford City Council on 15 October.

Exempt Information

2. Annex1 of this report contains information which relates to commercial negotiations being undertaken by the council. The public should therefore be excluded during consideration of Annex 1 because its discussion in public would be likely to lead to the disclosure to members of the public present of information in the following categories prescribed by Part I of Scheduled 12A to the Local Government Act 1972 (as amended):

3. The report contains information under category 3 relating to the financial or business affairs of any particular person (including the authority holding that information) . It is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that the disclosure could affect both the outcome of the current planning application for delivery of the school and the conduct of the Education Skills and Funding Agency (ESFA).

Cabinet Policy Approved 21 February 2017

4. At its meeting on 21st February 2017 Cabinet approved the following recommendations:
    (a) Approve the sale of the Harlow Centre site and buildings to the Department of Education for £1.00; and
    (b) Make a contribution of up to £2 million towards the construction costs of the Swan School subject to conditions expressed in paragraph 16 of the report.

5. Paragraph 16 of that report set out the following conditions:
    The Swan School's construction is contingent upon the Secretary of State

entering into a Funding Agreement with its sponsors. No Council resources or assets will be transferred to the DfE until such time as there is absolute certainty about the Swan School project in order that the Council is able to retain both site freehold and S.106 contributions sufficient to ensure the provision of sufficient school places. In the event that the Secretary of State declines to sign a Funding Agreement, the Council will need to reconsider its options for expanding secondary school education in Oxford although this would be challenging given that there is a need for additional school places by September 2019.

6. The project programme has slipped considerably but the stated aim is still to provide the required basic need places required for September 2019 in Oxford. The ESFA team leading the project have Indicated that a revised programme of transfer of assets from the Council will be required to ensure the need for places in 2019 can be met. This requires further approval of Cabinet.

7. The detail of the requirements relate to current negotiations, are commercially sensitive and are contained in Annex 1.

Recommendations

8. Cabinet is **RECOMMENDED** to approve one of the alternative options set out in the confidential annex in relation to this project.

LUCY BUTLER   ALEXANDRA BAILEY
Director of Children's Services   Director for Capital Investment & Delivery

Background papers:

Report to Cabinet 21 February 2017

Contact Officer: Allyson Milward, Strategic Lead for Education Sufficiency

October 2018

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