



County Council

9 September 2014

Agenda

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 Rachel Dunn on (01865) 815279 or Rachel.dunn@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.

To: Members of the County Council

Notice of a Meeting of the County Council

Tuesday, 9 September 2014 at 10.00 am in the Council Chamber

County Hall, Oxford OX1 1ND

Joanna Simons

Joanna Simons
Chief Executive

August 2014

Contact Officer: **Deborah Miller**
Tel: (01865) 815384; E-Mail: deborah.miller@oxfordshire.gov.uk

In order to comply with the Data Protection Act 1998, notice is given that Items 3, 7 and 8 will be recorded. The purpose of recording proceedings is to provide an *aide-memoire* to assist the clerk of the meeting in the drafting of minutes.

Members are asked to sign the attendance book which will be available in the corridor outside the Council Chamber. A list of members present at the meeting will be compiled from this book.

A buffet luncheon will be provided.

AGENDA

1. Minutes (Pages 1 - 28)

To approve the minutes of the meeting held on 1 July 2014 (**CC1**) and to receive information arising from them.

2. Apologies for Absence

3. Declarations of Interest - see guidance note

Members are reminded that they must declare their interests orally at the meeting and specify (a) the nature of the interest and (b) which items on the agenda are the relevant items. This applies also to items where members have interests by virtue of their membership of a district council in Oxfordshire.

4. Official Communications

5. Appointments

The Leader of the Council, Councillor Hudspeth has given notice that Councillor Fatemian is standing down as Cabinet Member for Finance and is to be replaced by Councillor Stratford and that Councillor Chapman is standing down as Cabinet Member for the Fire Service and Corporate Plan and that her portfolio duties will be taken over by Councillor Rose. The change having been duly notified will take effect from Monday 1 September 2014.

Members are asked to agree the following appointments:

- (i) appoint Councillor Constance in place of Councillor Stratford on the Joint Health Overview & Scrutiny Committee;
- (ii) appoint Councillor Hallchurch in place of Councillor Stratford on the Education Scrutiny Committee;
- (iii) appoint Councillor Harrod in place of Councillor Stratford on the Performance Scrutiny Committee;
- (iv) appoint Councillor Hoare in place of Councillor Stratford on the Audit & Governance Committee.

6. Petitions and Public Address

7. Questions with Notice from Members of the Public

8. Questions with Notice from Members of the Council

9. Treasury Management Outturn 2013/14 (Pages 29 - 46)

Report by Chief Finance Officer (CC9).

The report sets out the Treasury Management activity undertaken in the financial year 2013/14 in compliance with the CIPFA Code of Practice. The report includes Debt and Investment activity, Prudential Indicator Outturn, changes in Strategy, and interest receivable and payable for the financial year.

Council is RECOMMENDED to note the Council's Treasury Management Activity in 2013/14.

10. Partnerships Update Report (Pages 47 - 74)

Report by the Chief Executive (CC10).

This Annual report to Council aims to set out some of the key activities over the past

year of both the Oxfordshire Partnership, and a number of the key formal partnerships within which the County Council plays a part.

This report provides an update on the Oxfordshire-wide partnerships which are critical in progressing key countywide priorities, enabling partners to work across the themes of a thriving Oxfordshire, including economic growth, health and wellbeing, thriving communities, and support to the most vulnerable.

Each partnership report addresses the following points: the current focus for the Partnership; the personnel (Chairman and supporting staff) of the Partnership; the Partnership's key achievements in the last year; the aims for the Partnership in the year ahead; the key challenges for the Partnership and how these will be addressed going forward.

Council is RECOMMENDED to note the report.

11. Director of Public Health Annual Report (Pages 75 - 114)

Report by the Director of Public Health (CC11).

Council is RECOMMENDED to receive the report.

12. Report of the Cabinet (Pages 115 - 118)

Report of the Cabinet Meeting held on 15 July 2014 (CC12).

MOTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL

WOULD MEMBERS PLEASE NOTE THAT ANY AMENDMENTS TO MOTIONS WITH NOTICE MUST BE PRESENTED TO THE PROPER OFFICER IN WRITING BY 9.00 AM ON THE MONDAY BEFORE THE MEETING

13. Motion From Councillor Liz Brighthouse

“This Council is deeply concerned about the effect of the cuts and other fiscal policies on Oxfordshire County Council expenditure which are due to Central Government, disproportionately placing the deficit reduction on Local Government.

As we prepare to consider our budget for 2015/16 it asks the Leader to write to the Prime Minister, Deputy Prime Minister and the Leader of the Opposition pointing out the enormous damage which has been done, not only to services provided for the whole community and particularly those services provided for the most vulnerable but also to the workforce valiantly struggling to cope with increasing demand and expectation.”

14. Motion From Councillor John Howson

“Council welcomes the introduction of free school meals for infant and reception class pupils in state-funded schools across the County from this September. This policy proposed by the Liberal Democrats as partners in the coalition government at Westminster is in support of the government’s aim to drive up education standards in schools across England. Council also welcomes the additional funding provided to over 80 small schools across Oxfordshire in addition to the general capital funding for distribution to all maintained schools plus the separate capital funding for voluntary schools and academies.

Council congratulates staff in both schools and the local authority and its partners in achieving the introduction of this policy in under a year.”

15. Motion From Councillor Gill Sanders

“This Council asks the Education Scrutiny Committee to consider asking those schools which currently do not, to provide school breakfast clubs for their pupils. In particular, it is asked to consider the impact this would have on raising attainment, improving absence rates and lateness and to investigate how sponsorship, alongside the Pupil Premium, might fund the breakfasts. This information should then be provided to all schools in the County.”

16. Motion From Councillor David Williams

“This Council is concerned that the new system of voter self-registration with its involved system of self-identification documentation and declaration will significantly reduce the number of individuals registered to vote and thereby undermine the democratic process. With Oxfordshire having such a highly mobile population, especially in the City of Oxford, this new complex process is likely to erode the register rapidly and further reduce the already declining participation in County Council and other local elections.

The County Council will monitor the impact of the new system on elections involving county Councillors, consulting with all the Districts authorities and the City on this issue gathering data on forthcoming elections. The County will also, in conjunction with the other authorities, prepare a report on what measures may be adopted to enhance participation of potential voters noting the influence of self-registration. This report to be considered by the County Cabinet Members at a later date with a view to commenting to the Electoral Commission and the Government of the day.”

Pre-Meeting Briefing

There will be a pre-meeting briefing at County Hall on **Monday 8 September at 10.15 am** for the Chairman, Vice-Chairman, Group Leaders and Deputy Group Leaders

OXFORDSHIRE COUNTY COUNCIL

MINUTES of the meeting held on Tuesday, 1 July 2014 commencing at 10.30 am and finishing at 3.55 pm.

Present:

Councillor Anne Purse – in the Chair

Councillors:

Val Smith	Mark Gray	David Nimmo Smith
Lynda Atkins	Patrick Greene	Neil Owen
Jamila Azad	Tim Hallchurch MBE	Zoé Patrick
David Bartholomew	Pete Handley	Glynis Phillips
Mike Beal	Jenny Hannaby	Susanna Pressel
Maurice Billington	Nick Hards	Laura Price
Liz Brighthouse OBE	Neville F. Harris	G.A. Reynolds
Kevin Bulmer	Steve Harrod	Alison Rooke
Nick Carter	Hilary Hibbert-Biles	Rodney Rose
Louise Chapman	Simon Hoare	Gillian Sanders
Mark Cherry	John Howson	John Sanders
John Christie	Ian Hudspeth	Roz Smith
Sam Coates	Bob Johnston	Lawrie Stratford
Yvonne Constance	Richard Langridge	John Tanner
Arash Fatemian	Stewart Lilly	Melinda Tilley
Neil Fawcett	Lorraine Lindsay-Gale	Michael Waine
Jean Fooks	Sandy Lovatt	Richard Webber
Mrs C. Fulljames	Mark Lygo	David Williams
Anthony Gearing	Kieron Mallon	David Wilmshurst
Janet Godden	Charles Mathew	

The Council considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and decided as set out below. Except insofar as otherwise specified, the reasons for the decisions are contained in the agenda and reports, copies of which are attached to the signed Minutes.

32/14 APOLOGIES FOR ABSENCE

(Agenda Item 1)

Apologies for absence were received From Councillors Dhesi, Heathcoat and Sibley.

33/14 MINUTES

(Agenda Item 3)

The Minutes of the Meeting held on 20 May 2014 were approved and signed, subject to the following amendment:

Minute 26/14, last paragraph ...~~Council~~ **Castle Site** and **at** ...

34/14 OFFICIAL COMMUNICATIONS

(Agenda Item 4)

The Chairman reported as follows:

Council congratulated the following people from The Queen's Birthday Honours List which had been published in June:

QPM – Assistant Chief Constable Brendan O'Dowda QPM, Thames Valley Police;

OBE – Mrs Anne Kelaart OBE DL, Deputy Lieutenant and former High Sheriff – for services to the rural community in Oxfordshire;

MBE – Robin Aitken MBE and David Cairns MBE – Co-directors Oxford Food Bank – for services to vulnerable people;

BEM – Gary Mattingley BEM, Station Manager, Oxfordshire Fire & Rescue Services – for services to protecting communities from flooding;

BEM – Helen Stewart BEM, Town Clerk, Thame Town Council – for services to Neighbourhood planning in Thame;

OBE – Group Captain Victoria Gosling OBE, based at RAF Benson, for her commitment to the air base and to adaptive sports for the disabled or injured;

BEM – Mrs Carole Chalton OBE, Lately Day Support Manager, Abingdon Alzheimer's Club, for services to Older People.

The Chairman presented an award which had been given by the Municipal Journal for the Children's Social Care Team of the year to the Kingfisher Team. Sue Evans, Team Manager, Maureen Baker, Assistant Team Manager, Fern Haward, Social Worker and Andy Roberts, Thames Valley Police attended the meeting to accept the award on behalf of the Kingfisher Team.

Investors in People was the national quality standard for the training and development of people. Council congratulated officers for retaining the Corporate Investors in People (IIP) status. This followed an assessment when external assessors spoke with around 200 staff from across the organisation.

Council congratulated Oxfordshire Children, Education and Families Directorate who had been judged to be providing a good service for children in need of protection, looked after children, the adoption service and the service provided for care leavers. In addition the leadership, management and governance of the service had also judged to be good.

Council further welcomed the letter from the Minister of Education congratulating Oxfordshire and asking that they Share 'Good Practice' with other authorities.

35/14 APPOINTMENTS

(Agenda Item 5)

Councillor Hudspeth moved and Councillor Rose seconded the appointment as set out on the face of the Agenda.

The motion was put to the vote and it was:

RESOLVED: (nem con) to add the Local Government Association Fire Commission to the list of 'strategic' Outside Bodies to which the Cabinet makes appointments.

36/14 PETITIONS AND PUBLIC ADDRESS

(Agenda Item 6)

Council received the following petitions and public address:

Mr Graham Paul Smith, National Councillor, CTC (Cyclists Touring Club), presented a petition requesting the Council to reconsider, urgently, the current design for The Plain, and the approach to design, to provide instead for a maximum amount of segregated provision for people cycling, to positively engineer the difficult transition to a central cycle lane; and to make changes to the circulating carriageway to support the presence of people cycling.

Mr Duncan Enright, West Oxfordshire District Council presented a petition requesting that the Council build a four way junction on the A40 at Shores Green to relieve traffic in Witney as soon as possible.

The Chairman referred the Petitions to the relevant Director for action.

Public Address:

Ms Al Chisholm, Fossil Free Oxfordshire divestment campaign, spoke in support of Agenda Item 18 (Motion From Councillor Williams) urging the Council to disinvest in any fossil fuel companies and to give consideration to investing in renewable energy companies instead, with a view to protecting the environment for future generations and protecting the Council's finances.

37/14 QUESTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL

(Agenda Item 8)

14 Questions with notice were asked. Details of the questions and answers and the supplementary questions and answers (where asked) will be set out in Annex 1 to the Minutes.

In relation to Question 7 (Question from Councillor Williams to Councillor Fatemian) Councillor Fatemian gave a commitment to brief all members on the impact of the New Care Act draft legislation and at either the same or a later date on the impact on the County Council's finances.

In relation to Question 12 (Question from Councillor Tanner to Councillor Nimmo Smith) Councillor Nimmo Smith undertook to look again at the 18 month delay to the road works at Kennington and Hinksey Hill roundabouts.

38/14 OFSTED INSPECTION OF SERVICES FOR CHILDREN IN NEED OF HELP AND PROTECTION, CHILDREN LOOKED AFTER AND CARE LEAVERS

(Agenda Item 9)

The Council had before them the Ofsted Report on the Inspection of services for children in need of help and protection, children looked after and care leavers.

The report had concluded that Oxfordshire County Council's leadership in delivering services for children in care and in need of help and protection was "strong and effective" and made "a demonstrable difference" in improving the life chances of some of the most vulnerable children in Oxfordshire."

More than 3,100 children in Oxfordshire receive a specialist children's service, 512 are the subject of a child protection plan and 467 are looked after by the County Council.

Ofsted has four levels of ranking for local authority children's services – Outstanding, Good, Requires Improvement and Inadequate. Under Ofsted's new inspection framework, which it describes as a 'harder test', there are few councils ranked as Good or Outstanding.

Inspectors visited Oxfordshire County Council from April 29 to May 21 and have concluded that the council should be rated "Good" across all three key categories of their inspection

- Children who need help and protection,
- Children looked after (including adoption performance and experiences and progress of care leavers)
- Leadership, management and governance.

The report made clear that the work done by the joint County Council, Thames Valley Police and health service Kingfisher team to combat child sexual exploitation was "high quality", and that "large numbers of professionals had been effectively trained to identify potential indications of child sexual exploitation". It also said that "good arrangements are in place to respond when children go missing from home and care".

Ofsted also noted that the Council's two children's homes were judged to be "good" and "outstanding" in their most recent Ofsted inspections.

Councillor Tilley moved and Councillor Hudspeth seconded the recommendations as set out on the face of the Agenda.

In moving the recommendation, Councillor Tilley congratulated members and staff on the excellent outcome of the Inspection.

Council made the following observations:

- The rating was the result of hard work by everyone who worked with children and families. Council praised the consistent leadership from both the Cabinet Member and the Director and the cross party working in this area.
- Council noted that the issues for improvement set out in the report “were of no surprise” and were work in progress. However, Council noted the importance of continual improvement within the area.
- Council noted that children’s social services were strong and effective, and made a real difference to the lives of the most vulnerable children and young people in Oxfordshire.
- Council praised officers for the way the council worked with other agencies to manage issues linked to child sexual exploitation. They further noted that work to help troubled families was targeted and responsive with good take up by those families most in need.
- Child protection inquiries were carefully planned by children’s social care with the police and other agencies and investigated thoroughly.
- Council highly praised the social workers and in particular those with responsibility for children in care and noted that children said they had good, long-term relationships with social workers. Council particularly praised “children’s voice” and the Children in Care Council.
- Council commended the work of the Corporate Parenting Panel.
- The council noted that further work needed to be done around the virtual school, school governors, local members visiting children’s homes and attainment for Children in Care.

Following debate, the motion was put to the vote and was carried unanimously.

RESOLVED: accordingly.

39/14 REPORT OF THE CABINET

(Agenda Item 10)

The Council received the report of the Cabinet.

In relation to paragraph 4 (Externalisation of Back/Office School Facing Services) (Question from Councillor Christie) Councillor Rose gave an assurance to look at the issue of providing a base in Oxfordshire for schools Human Resources staff.

40/14 MILITARY LIAISON ANNUAL REPORT 2013-14

(Agenda Item 11)

Oxfordshire County Council has had a history of support and collaboration with the Armed Forces and since 2011 has been working under the

Community Covenant framework to ensure integration between the armed forces community and the local civilian community, providing the necessary services to both. The military is also an important strategic partner for the Council and plays a full part in the Oxfordshire Partnership.

The Council had before them a report (CC11) which provided an overview of the work undertaken in support of the Armed Forces over the course of 2013/14.

RESOLVED: (on a motion by Councillor Hudspeth, seconded by Councillor Val Smith and carried nem con) to note the report.

41/14 COUNTY COUNCIL MEETING DATES

(Agenda Item 12)

Council had before them a report (CC12) which sought agreement to the schedule of meeting dates proposed for the 2015/16 Council Year. The schedule had been drawn up to reflect the various rules regarding frequency of meetings set out in the Council's Constitution.

The final finance settlement in 2015 and future years was not expected until early to mid-February. This, together with the deadline for business rates forecasts from district councils being 31 January, meant that a Council meeting to agree the budget on 10 February (the second Tuesday in the month as set out in the Constitution) was unworkable. It was suggested that the Council meeting in 2015 be rearranged to 17 February 2015 and that it is scheduled for the third week in February going forward.

Linked to the above and to allow for the provisional settlement to be in late December (which has been the pattern for the last two years) it was suggested that the Cabinet meeting in January 2015 was rearranged to 27 January and that it is scheduled for that week going forward.

Based on the Constitution, the Council meeting in April 2015 would be 7 April 2015. This is the day after Easter Monday and in the past this had caused difficulties for Members. It was therefore suggested that Rule 2.1 of the Council Procedure Rules be waived to allow the meeting to be held on 14 April 2015.

In previous years the December Council meeting had been cancelled or reduced to half a day due to its proximity to the November date leading to lack of business. It was suggested that from 2015/16 the two meetings be replaced by one meeting held in late November.

With the agreement of Council, Councillor Purse moved and Councillor Val Smith seconded to move the recommendations as amended by Councillor Pressel in strikethrough:

Council is RECOMMENDED to agree:

- a) ***the changes to the dates of Cabinet and Council meetings in January and February 2015 and going forward to reflect the changed budget process;***
- b) ***the schedule of meeting dates for the 2015/16 Council Year and in particular:***
 - (i) ***to waive Rule 2.1 of the Council Procedure Rules to allow the 2015 April Council meeting to be held on 14 April;***
 - ~~(ii) ***that from 2016 the November and December Council meetings be replaced by a single meeting to be held in the last week in November;***~~
 - (iii) ***that Rule 2.1 of the Council Procedure Rules be amended to reflect the changes agreed above.***

Following debate, the motion was put to the vote and it was:-

RESOLVED: (nem con) to agree:

- (a) the changes to the dates of Cabinet and Council meetings in January and February 2015 and going forward to reflect the changed budget process;
- (b) the schedule of meeting dates for the 2015/16 Council Year and in particular:
 - (i) to waive Rule 2.1 of the Council Procedure Rules to allow the 2015 April Council meeting to be held on 14 April;
 - (ii) that Rule 2.1 of the Council Procedure Rules be amended to reflect the changes agreed above.

42/14 VIREMENTS TO COUNCIL

(Agenda Item 13)

As set out in the Provisional Revenue and Capital Outturn Report to Cabinet on 17 June 2014, some of the carry forwards of revenue over and underspends from 2013/14 to 2014/15 rely on virements which were larger than £0.5m. Since these represent a change in policy, albeit temporary in 2014/15, Council's approval was sought as required under the Authority's Financial Regulations.

RESOLVED: (on a motion by Councillor Hudspeth, seconded by Councillor Rose and carried nem con) to approve the virements larger than £0.5m for Children, Education and Families, Social & Community Services and Environment & Economy directorate and the associated carry forwards as set out in Annex 1 to the report.

43/14 MOTION FROM COUNCILLOR BOB JOHNSTON

(Agenda Item 14)

Councillor Johnston moved and Councillor Howson seconded the following motion:

“Transport connectivity which is vital for Oxfordshire’s economic future is now at crisis point. We do have outline proposals for a new transport plan. However much of it is too car focused. The tram-train is an innovative way of tackling some of the County’s problems, which would be as effective as individual car use and would be more environmentally friendly.

The tram-train is a hybrid vehicle which can use both the traditional heavy rail and dedicated light rail tracks. The advantage of this system to Oxfordshire is that it can use existing city centre heavy rail facilities with usually only minimal alterations, and on to which light rail tracks can be added where no heavy rail lines exist. Lines could run out to Witney, Kidlington and Horspath. Tram-trains can run on roads where required, with appropriate signalling. Such systems are very popular on the continent Karlsruhe is a good example and they are to be trialled in the UK along the Sheffield to Rotherham corridor.

Council therefore calls for a report to go to Cabinet which scopes and costs the project in outline and also to identify potential sources of finance. Such as project could potentially form a part of Network Rails Control Period 5 investment programme which runs from 2014 to 2019.”

Councillor Williams proposed and Councillor Coates seconded the following amendment as shown in bold italic/strikethrough:

“Transport connectivity which is vital for Oxfordshire’s economic future is now at crisis point. We do have outline proposals for a new transport plan. However much of it is too car focused. The tram-train is an innovative way of tackling some of the County’s problems, which would be as effective as individual car use and would be more environmentally friendly.

The tram-train is a hybrid vehicle which can use both the traditional heavy rail and dedicated light rail tracks. The advantage of this system to Oxfordshire is that it can use existing city centre heavy rail facilities with usually only minimal alterations, and on to which light rail tracks can be added where no heavy rail lines exist. Lines could run out to Witney, Kidlington and Horspath. Tram-trains can run on roads where required, with appropriate signalling. Such systems are very popular on the continent ~~Karlsruhe is a good example and they are to be trialled in the UK along the Sheffield to Rotherham corridor.~~ ***where an underground section is part of the system to protect historic city centres from surface congestion.***

Council therefore calls for a report to go to Cabinet which scopes and costs the project in outline and also to identify potential sources of finance. Such

as project could potentially form a part of Network Rails Control Period 5 investment programme which runs from 2014 to 2019.”

Following debate, the amendment was put to the vote and was lost by 57 votes to 2.

Following debate, the substantive motion was put to the vote and was lost by 29 votes to 27.

RESOLVED: accordingly.

44/14 MOTION FROM COUNCILLOR JOHN SANDERS

(Agenda Item 15)

Councillor John Sanders moved and Councillor Hudspeth seconded the following motion:

"Oxfordshire has been identified as one of the areas where there could be a potential to frack for shale gas. Rightly many residents particularly in the north of the County are concerned about the implications for their communities. This Council believes that its members need to have the opportunity to discuss the issues and asks that a Themed Debate is organised in the near future to allow that to happen."

Councillor Hudspeth moved and Councillor Rose seconded "that the question be now put". The Chairman stated that she did not believe that the item had been sufficiently debated and ruled it out of order.

Following debate, the motion as amended was put to the vote and was carried nem con.

RESOLVED: accordingly.

45/14 MOTION FROM COUNCILLOR JOHN SANDERS

(Agenda Item 17)

Councillor John Sanders moved and Councillor Price seconded the following Motion:

"This Council welcomes the decision by Cabinet to go ahead with implementing the project to ease traffic on the A40 at Shores Green, Witney, as recommended by the independent planning inspector and the Conservative Secretary of State for Transport. It now urges that the project be implemented without delay in order to ease chronic traffic congestion in the area."

Councillor Hoare moved and Councillor Langridge seconded the following amendment shown in bold italics/strikethrough:

“This Council welcomes the decision by Cabinet to go ahead with implementing the project to ease traffic on the A40 at Shores Green, Witney, as recommended by the independent planning inspector and the Conservative Secretary of State for Transport. ***It welcomes the 4 phased approach to the Witney Transport issues that is being implemented*** ~~It now urges that the project be implemented~~ without delay in order to ease chronic traffic congestion in the area.”

Following debate, the amendment was put to the vote and was carried by 40 votes to 14.

The substantive motion, as amended, was put to the vote and was carried nem con.

RESOLVED: (nem con)

“This Council welcomes the decision by Cabinet to go ahead with implementing the project to ease traffic on the A40 at Shores Green, Witney, as recommended by the independent planning inspector and the Conservative Secretary of State for Transport. It welcomes the 4 phased approach to the Witney Transport issues that is being implemented without delay in order to ease chronic traffic congestion in the area.”

46/14 MOTION FROM COUNCILLOR DAVID WILLIAMS

(Agenda Item 18)

Councillor Williams moved and Councillor Coates seconded the following motion:

“As the County Council can now fulfil its legal obligations to ensure a good rate of return by investing its reserves and pension funds in companies that are operating renewable energy generation locally and nationally the County consider it is now the appropriate time to disinvest in fossil fuel industries. This would apply not only to the £42million invested directly into fossil fuel companies by the pension fund but also Unit Trusts that have fossil fuel burning concerns as a part of their general investment portfolio.

This move would conform and reinforce the Councils existing commitment to moving to a low carbon economy and run in line with moves to disinvest at the Universities and the City Council.

As this is budgetary matter the County Council therefore directs the Cabinet to introduce such a change of policy to all investments directly under their day to day management via contingencies and reserves. The Council’s desire to disinvest in fossil fuel companies should be made known to the Trustees of the Pension Fund for their consideration and subsequent action.”

Following debate, the motion was put to the vote and was lost by 41 votes to 4, with 9 abstentions.

RESOLVED: accordingly.

47/14 MOTION FROM COUNCILLOR DAVID WILLIAMS

(Agenda Item 19)

Councillor Williams moved and Councillor Coates seconded the following motion as amended with Council's agreement by Councillor Mark Grey in bold italics/strikethrough:

"This Council is concerned at the level of bee colony collapse in the UK and Oxfordshire with a 60% decline over the last 10 Years and the threat to our food supply as bees provide over 80% of crop pollination. With this in view and taking into account the Council's responsibilities for conserving biodiversity, this Council calls on the Secretary of State for the Environment to extend his recent moratorium on the use of neonicotinoids to an outright ban.

The Council therefore asks Cabinet to:

- (i) ~~launch a programme that would~~ **Seek to support and protect bees** focused on establishing bee colonies in its green spaces and wild areas with bee friendly plants;
- (ii) ~~establish and fund a 'Bee Friendly Wildlife Group' of officers charged with promoting bee keeping in Oxfordshire.~~ **Empower officers to co-ordinate interest groups and other third parties to seek external funding to develop bee related projects and to establish a unified response to this issue;**
- (iii) encourage the use of bee hives on municipal land and in the gardens of volunteers and encourage forms of gardening and land use that support pollinating insects. ~~The team should also visit~~ Encourage schools to educate children about the relationship between bees and biodiversity and the problems surrounding bee mortality;
- (iv) ~~ask the Bee Friendly Wildlife Group to commit resources to mapping Bee-lines (1)~~ **Request officers to consider ways in which they can advise local farmers on their crop planting operations** and ~~to act in an advisory agent to local farmers on their crop planting operations.~~ The County could also join with **commend** Berkshire and Buckinghamshire and Oxon Wildlife Trust in their Friendly Gardening Awards scheme which includes the category of a 'nectar bar' (2)."

Councillor Lygo moved and Councillor Hoare seconded "that the question be now put".

The procedural motion was put to the vote and was carried nem con.

The substantive motion as amended was the put to the vote and was carried nem con.

RESOLVED: (nem con)

“This Council is concerned at the level of bee colony collapse in the UK and Oxfordshire with a 60% decline over the last 10 Years and the threat to our food supply as bees provide over 80% of crop pollination. With this in view and taking into account the Council’s responsibilities for conserving biodiversity, this Council calls on the Secretary of State for the Environment to extend his recent moratorium on the use of neonicotinoids to an outright ban.

The Council therefore asks Cabinet to:

- (i) seek to support and protect bees focused on establishing bee colonies in its green spaces and wild areas with bee friendly plants;
- (ii) empower officers to co-ordinate interest groups and other third parties to seek external funding to develop bee related projects and to establish a unified response to this issue;
- (iii) encourage the use of bee hives on municipal land and in the gardens of volunteers and encourage forms of gardening and land use that support pollinating insects. Encourage schools to educate children about the relationship between bees and biodiversity and the problems surrounding bee mortality;
- (iv) request officers to consider ways in which they can advise local farmers on their crop planting operations and commend Berkshire and Buckinghamshire and Oxon Wildlife Trust in their Friendly Gardening Awards scheme which includes the category of a ‘nectar bar’ (2).”

48/14 MOTION FROM COUNCILLOR DAVID WILLIAMS

(Agenda Item 20)

Councillor Williams moved and Councillor Coates seconded the following motion:

“Flooding in Oxfordshire has recently caused many millions of pounds worth of damage to homes and businesses. With the prospect of extreme weather conditions such as sustained torrential downpours being repeated on an ever increasing scale due to global warming it is imperative that the County Council not only puts in place local engineering flood defences but also accepts that it must play its part in flood prevention by contributing to the campaign to prevent climate change. With this in view the Council calls on the Cabinet to commission a full officer’s report in conjunction with other authorities that illustrates the local causes of flooding in the whole County and to outline how working with other stakeholders such as the Environment Agency cost effective local measures can be introduced to mitigate the effects of increasingly freak weather episodes.

The comprehensive range of works suggested should not include measures that merely divert flood waters away from particular area of the County and relocate the flooding to other towns and villages. The report should give a reasonable estimate of the costs involved and with other authorities the County should seek such monies from Governmental sources.

.....

In approaching the Government the County should also be clear that expensive local engineered solutions will not stop the problem and that it is now more important than ever that the Conservative/Liberal coalition actually does something to honour its pledge to be the 'Greenest Government ever.'

Councillor Purse moved and Councillor Rose seconded "that the question be now put".

The procedural motion was put to the vote and was carried nem con.

The substantive motion was then put to the vote and was lost by 44 votes to 2, with 4 abstentions.

RESOLVED: accordingly.

..... in the Chair

Date of signing

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QUESTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL

Questions are listed in the order in which they were received. The time allowed for this agenda item will not exceed 30 minutes. Should any questioner not have received an answer in that time, a written answer will be provided.

Questions	Answers
<p>1. COUNCILLOR CHARLES MATHEW</p> <p>Does the Leader consider that there is any substance in the reported possible bid for Unitary Oxford City Governance?</p>	<p>COUCILLOR IAN HUDSPETH, LEADER OF THE COUNCIL</p> <p>If you read the article in the Oxford Mail 21 April 2014 it would appear that there is substance in a possible bid for Oxford City Governance.</p> <p>In the article it is clear that the Leader of the City, Councillor Bob Price, has had a discussion with the reporter Damian Fantato that has led to the quotes. It is clear that Cllr Price believes that should Labour win the General Election the Labour policy will be to implement the Adonis recommendations however my understanding of the Adonis report is that the recommendations will be similar to Lord Heseltine’s view that it should be on County boundaries. It is clear that Cllr Price realises that the small size of the City council is an issue by talking about land grabbing Kidlington, Botley and land south of Grenoble Road however even then it would not be of sufficient size to be a functional economic area. Where next will Cllr Price turn his sights on, Abingdon, Eynsham and Kennington?</p> <p>I did raise the question about this article at a recent City County bilateral; Cllr Price said it was pure speculation related to a question at the City council. I did ask had he read the article and he replied he did not read the Oxford Mail. I did ask him was the City Council working on a Unitary bid and he assured me that no work was taking place at the City Council on a Unitary bid. So to that end it would appear there is no substance in the article that Damian Fantato wrote on 21 April 2014.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>As there is no substance to the contents of the article in the Oxford Mail on 21 April, would the Leader kindly comment further on Councillor Bob Price’s dreams and how they</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Thank you very much for the question. I have to start by reminding everybody that it is no up to local government to say if and when a reorganisation takes place, that is something for central government. I will work with whatever colour central government is to get the best deal for the residents of Oxfordshire. Certainly the current government</p>

Questions	Answers
reflect in the best interests of Oxfordshire?	<p>is saying that there is absolutely no chance of a reorganisation of local government unless all councils agree and somehow I don't see that happening in Oxfordshire at the moment. What Councillor Bob Price was referring to is the Adonis report which is due out later on today, I understand. Lord Adonis is going to be saying a similar thing to Lord Heseltine in his no stone unturned report with suggested working on economical functional areas, such as the LEP (Local Enterprise Partnership) which in this case in Oxfordshire is co-terminus with the county boundaries, it is also co-terminus with the Clinical Commissioning Group as well, so there is some synergy there.</p> <p>What we have got to remember is that if there is a reorganisation of local government this council delivers 75% of local government services across Oxfordshire. It is quite simple, it means we have one social services department, one children's services department, one highways department, one fire service, one trading standards, one registration service, one library service. If we went to Councillor Bob Prices' proposal of four unitary authorities in Oxfordshire we would have four highways departments, four social services departments, four children's services departments, we heard earlier the fantastic work that the children's services departments are doing would we want to split that down. We would have four fire services, four library services, four registration services along with four HR services, four finance departments. What he is suggesting would actually increase the cost of local government to the tax payer. If we have one unitary authority then we only have one of each department. I can think of a couple other areas that are quite sensitive, we have five Chief Executive Officers in Oxfordshire costing £573,000 a year to the tax payer. If we go down to Councillor Bob Prices' proposal we would probably have four Chief Executive Officers all earning about £145,000 in other words no savings. However, if we had one unitary authority we would save £400,000 straight away, no messing around, one Chief Executive Officer that is all you need.</p> <p>I will finish off talking about Councillors, there are 309 County, District and City Councillors across Oxfordshire, costing £2.3 million per annum. If we go to Councillor Bob Prices' four unitary authority we would probably end up with 200-250 councillors, yes there would be savings, but not sufficient. If we went to one unitary model, we could go from 63 to about 97. If I went round and knocked on the doors of the residents of Oxfordshire and said I've got a plan to save nearly £2 million by getting rid of 5 Chief</p>

Questions	Answers
	<p>Executives Officers and nearly 200 councillors, they would simply turn round to me and say get on with the job Ian, deliver those services that we protect and value in Oxfordshire.</p>
<p>2. COUNCILLOR DAVID WILLIAMS</p> <p>For many years there have been continual complaints from local residents with regard to the supervision and management of the adult social care hostel on Iffley Road. After long and detailed consultation between officers of the County Council and local residents that appeared to produce a series of changes of operational policy in the spring of this year and a commitment to hold a public meeting to illustrate the new policies at the 11th hour Councillor Tilley stepped in and said that there would be no public meeting to illustrate what changes would be made.</p> <p>Could the Portfolio holder explain why she did this when a full public consultation outlining the changes that are to be made would have been well received by local residents and would have had no impact whatever on contractual retendering.</p>	<p>COUNCILLOR MELINDA TILLEY, CABINET MEMBER FOR CHILDREN, EDUCATION & FAMILIES</p> <p>One Foot Forward continues to be an area of focus for the Contracts & Performance Manager with weekly updates from the Project Manager on client and staff issues and meetings with the area manager and children's services lead within BCHA every six to eight weeks to review progress of their Oxford services including safeguarding, bullying and risk management. In addition we have a number of initiatives in development to improve the quality of support and opportunities for young people using the service including:</p> <ul style="list-style-type: none"> • Our internal multi-agency risk training delivered to staff of BCHA services in April • Partnership work with Thames Valley police to deliver support to OFF on gang related issues. • The setting up of training for BCHA and other provider staff on young people and domestic violence by our new YP IDVA lead, Jo Foster – due to take place shortly • A project with Luther Street medical centre to train the local GP practice to One Foot Forward (in the nearby Temple Street) in areas that specifically relate to homeless people <p>As well as the above, we maintain regular contact with the service and receive regular updates when there are serious incidents or issues of concern such as media causing disturbance outside the project or any complaints. There is also feedback from our operational staff which is monitored and followed up with the provider where necessary.</p> <p>I think we are doing everything we can to minimise the disruption to residents and so did not see a good reason for a public meeting.</p>

Questions	Answers
<p>3. COUNCILLOR DAVID WILLIAMS</p> <p>Would the Cabinet member give consideration to the overwhelming views of the people of Risinghurst that the solution to the problems of the junction of Collinwood road and the A40 is a set of traffic lights with an inbuilt pedestrian crossing sequence?</p> <p>Would he accept that by moving the present bus filter lights down from their present position prior to the Green Road roundabout this would be a cost effective and permanent resolution to what in the past has been a very dangerous junction?</p>	<p>COUCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR THE ENVIRONMENT</p> <p>When I considered a report into the objections that had been received to the experimental closure of the gap on A40 at Collinwood Road, it was noted by officers that “previous outline feasibility work looking at the introduction of signals at this location has suggested that full signalisation could risk eastbound traffic blocking back to Green Road roundabout however it would enable the introduction of improved pedestrian crossing facilities to replace the current uncontrolled crossing”. That remains our concern.</p> <p>Moving the inbound bus lane signals does seem like an opportunity but it won’t alter the concerns about the effect on outbound traffic and it would reduce the effectiveness of the bus lane just as we are investing in improvements to the Green Road roundabout to further help buses.</p> <p>In addition there is the question of how any works here might be funded. We have previously estimated that simply to put in a signalled pedestrian crossing across A40 would be in the region of £150,000 – a fully signalled junction would be significantly more and currently there is no prospect of such funding being available for this project</p> <p>Of course the current arrangements at Collinwood Road with the gap closed (albeit with temporary barriers) does mean that we have dealt with the principle accident problem (in the 5 years prior to the introduction of the closure there were 11 reported injury accidents at this location 4 involving vehicles turning right into Collinwood Road and 5 involving vehicles turning right out of Collinwood Road).</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Would the portfolio holder give a commitment that he will launch a consultation process with the people to find out what the real views are and what people see as the solution to this particular problem? Would he actually go and knock on a few doors, Councillor Smith and I</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Well it was round about a year ago that I was asked as part of my delegated decisions to deal with this and to make it permanent or remove it and there was consultation at that time. Life hasn’t really moved on much since then and the situation is still the same as it was at that point. So this is probably not the right time for a further consultation but it is still on the agenda, it is still an aspiration to do a permanent situation and to sort it out properly in this area. I would point out there is actually a subway at the roundabout</p>

Questions	Answers
<p>will be with him, while he does that or launch a public debate in the local Unitarian church, that will be the ideal solution, would he do that for us?</p>	<p>which is a much safer way of crossing the road.</p>
<p>4. COUNCILLOR SAM COATES</p> <p>Would the Cabinet member responsible for transport agree with me that the road surface of London Road Headington between the shops and the ring road has now completely disintegrated and that Cowley Road for its whole length is in a very poor state of repair the road reduced to little more than a patchwork quilt of temporary repairs?</p> <p>Would the portfolio holder provide a date when the long suffering people of Oxford will see these two stretched of road resurfaced?</p>	<p>COUCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR THE ENVIRONMENT</p> <p>The Cabinet member would agree that the road surface in London Road between the shops and the ring road is very poor. The Council have had a scheme in the capital programme to reconstruct the road for some time. There is however also a scheme to improve the bus lanes in this same length of road following a successful Local Sustainable Transport Fund bid last year and therefore the repair scheme has had to be delayed in order to prevent the carriageway being dug up again for the new bus lane and to ensure that the impact on drivers, residents and businesses whilst both of these works are undertaken is minimised. Both schemes are therefore planned to be undertaken during the autumn and winter of this year. In the meantime however, the Council have instigated a find and fix approach to potholes in this length of road to ensure that safety is maintained and further deterioration mitigated as early as possible.</p> <p>Cowley Road is in a considerably better state of repair than London Road and other roads in the county. Whilst it is accepted the that there have been many repairs to potholes in the surface and to utilities in the last few years which have detracted from the visual aesthetic of the road, the structure of the carriageway is generally sound. Much of the patching work undertaken has been in preparation of a scheme in place this year to surface dress the carriageway in one area to ensure that cracks were properly sealed to prevent further deterioration. A recent inspection has shown however that the surface has deteriorated more rapidly than expected and means that surface dressing is no longer appropriate and therefore requires a more substantial scheme than initially envisaged. Engineers are currently assessing an appropriate treatment to replace the surface dressing. It is hoped that this can still be completed this financial year but will be dependent on the nature of the finalised scheme.</p>

Questions	Answers
<p>5. COUNCILLOR SAM COATES</p> <p>Will the portfolio holder for transport be backing the Space for Cycling campaign? (see www.ctc.org.uk/spaceforcycling/councillors)</p>	<p>COUCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR THE ENVIRONMENT</p> <p>We welcome the Space for Cycling Campaign, and I am broadly in favour of many of the aims and objectives of the campaign. I am delighted to let you know that the County Council is currently reviewing how we can improve cycling in the county. In September 2013, Councillors unanimously agreed that a new Cycling Strategy for the county should be drawn up.</p> <p>The Cycling Strategy is currently being developed as part of the Local Transport Plan (LTP) 4. The final draft of the Strategy is planned to be completed by the end of this year and to go out for public consultation in January 2015. During 2014, a draft of the Strategy will be shared with the Oxfordshire Cycling Network, which includes representatives of most of the major cycling groups and organisations in the county, including CTC, in order to obtain a user view.</p> <p>The Space for Cycling campaign rightly identifies cycling as an activity that can boost the economy, cut congestion, improve health and reduce pollution. It is a matter of concern to me that, nationally, 67% of people say they aren't confident cycling on busy roads. As well as consulting with cycling groups about the Cycling Strategy, Oxfordshire County Council will be consulting with occasional cyclists or people who do not currently cycle but would like to do so.</p> <p>Thank you again for raising this important issue with me. I hope that you will feed your thoughts and ideas into the process, either via the Oxfordshire Cycling Network or through the consultation process in early 2015.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Would he be open to the idea of increasing the proportion of transport spending that is spent specifically on infrastructure for cyclists?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>I am in favour of increasing spending on all aspects of transport across the city and across the county as a whole. Continuing to build roads and continuing to actually increase road capacity is not necessarily an option anymore because what we don't want to do is to have yet more cars on roads, we want to give people the option for cycling, buses, trains, monorails, trams whatever so the answer is yes.</p>

Questions	Answers
<p>6. COUNCILLOR SAM COATES</p> <p>Is the Portfolio holder for HR aware that in many of the sub contracts that are being awarded certain practices are very common? They include:</p> <ul style="list-style-type: none"> • compulsory unpaid training • employment for an unspecified length of time "shadowing" at an unspecified "shadowing rate" • £7.50 an hour (below the living wage threshold) • Employees provide their own car and insurance at below sustainable rates. • Employees provides their own uniform • Employee pays £60 up front for CRB/DBS check • Employees on Zero hours contract i.e. only getting paid for the actual time with the client, not for the time spent travelling job to job with reduced entitlement to holiday pay pensions and redundancy right. <p>Could I ask will the Cabinet member outlaw these practices in further contracting and regard them as bad practice when identified in existing contracts?</p>	<p>COUNCILLOR RODNEY ROSE, DEPUTY LEADER</p> <p>The County Council recognises the role commissioning authorities can play in creating opportunities for employers to offer good terms and conditions for their staff. We also acknowledge that whilst we look to reduce our direct costs by contracting for services, a provider needs to be remunerated sufficiently to pay their staff at an appropriate level and deliver a good quality service.</p> <p>By way of illustration, to ensure that this is the case in the area of home support our procurement processes require care agencies to declare how they calculate their hourly rate. This was an initiative we started some time ago (2006) and the cost components we ask for include elements that you have asked about e.g. we require employers to allocate figures for an employee's pay, training, downtime and travel among others. We ask for this information so that we can be sure that any bid received is a viable bid and that the provider will have the capacity and capability to deliver a quality service.</p> <p>However when it comes to employment the precise terms and conditions on offer are a matter for the employer and employee and it is the employer's responsibility to make sure that they offer conditions sufficient to attract and retain staff and comply with any statutory requirements. Should any provider be found guilty of breaching any employment law then clearly we would regard that as a matter of concern and would address it through our contract management processes.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Does Councillor Rose not think that it might be a good idea to at least produce some</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Through you Chairman, I really do think that it is national legislation that control these sorts of issues.</p>

Questions	Answers
<p>guidance for people who want to have contracts with us on what we expect good employment conditions to be for example not charging up front for their own CRB checks.</p>	
<p>7. COUNCILLOR DAVID WILLIAMS</p> <p>Would the Cabinet Member agree with me that the New Care Act would seem to create a very bureaucratic system for calming on-going community care and that at the end of the day the new ceiling of personal payments of £83,000 has been pitched so that very few people will benefit from such a cap the majority having died before the full state support becomes operative. Could the portfolio holder say what the actual impact of the new legislation will be on the County Councils finances?</p>	<p>COUNCILLOR ARASH FATEMIAN, CABINET MEMBER FOR FINANCE</p> <p>It is too early to say. Draft Regulations will not be published until the Autumn. I am happy to brief members when we have more information.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Would the Cabinet Member give a commitment to do a briefing session on the financial implications of this new Act to all members when we know the exact operational details and at a later stage give an indication, again through briefings to members, of the actual costs to the local authority, we do have vagaries emanating from the legislation itself as to what the cost will be, would the portfolio holder give us that commitment.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Through you Chairman, more than happy to make both those commitments, to brief all members on the financial implications of the Act when we know more.</p>

Questions	Answers
<p>8. COUNCILLOR DAVID BARTHOLOMEW</p> <p>Both Conservative and Labour Members of this Council have expressed concern that the current level of Councillor Allowances make it very difficult for those who are not independently wealthy or supported by a partner or retired, to afford to represent their community. The recent report by the LGA showing the average age of Councillors is over 60 supports this concern.</p> <p>In order to inform the debate, could the Leader please ask officers to prepare an analysis of Councillor Allowances across the country that can be scrutinised by the Independent Remuneration Committee and this Council?</p>	<p>COUCILLOR IAN HUDSPETH, LEADER OF THE COUNCIL</p> <p>There will be a full review by the Independent Remuneration Panel during the Autumn, all councillors will be able to make representations I suggest that Cllr Bartholomew makes his comments direct to them, if they wish to use comparisons then the work could be done quickly to provide the data.</p> <p>They will then determine the level of remuneration.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Could the Executive seek clarification of Councillor status as Central Government seems very clear that we are volunteers, but HMRC is seeking to tax travel expenses as if Councillors were employees?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Thank you very much for the question there, I am sure that that is an issue between Customs & Excise who are actually looking at the expenses and whether they are taxable or not. But I am sure the Independent Remuneration Committee will look at all cases and take on board all views and I recommend every member to put forward their own thoughts as to what should be in that report to make sure it is a good review.</p>
<p>9. COUNCILLOR GILL SANDERS</p> <p>What relationship has the Regional Commissioner for Schools got with the Local Authority?</p>	<p>COUNCILLOR MELINDA TILLEY, CABINET MEMBER FOR CHILDREN, EDUCATION & FAMILIES</p> <p>The Council has been advised that the Regional Schools Commissioner covering Oxfordshire is Martin Post, current head teacher of Watford Boys' Grammar School. He will take up his post on 1st September 2014 although the Hemel Hempstead Office which will accommodate him and a small team of civil servants was scheduled to open</p>

Questions	Answers
	<p>on 1st July. Officers will be seeking to establish contact with Mr Post at the earliest possible opportunity.</p> <p>Following a face to face meeting between Council officers and the School Commissioner, I am pleased to be able to report that a very positive relationship with Martin Post is anticipated. There should be regular meetings between him and officers and it may well be that he will be able to attend, if invited of course, meetings of the Education Scrutiny Committee; this would afford an opportunity for members to be kept fully abreast of how Oxfordshire children in academies are doing. The Regional Schools Commissioner role includes approving sponsors for new schools, and with so many planned for Oxfordshire over the coming years, we are looking forward to a close and productive relationship with this key representative of the Secretary of State for Education.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>I would like to thank Councillor Tilly for her reply Can I ask her as the educational system is now totally fragmented and centrally controlled, do you think that this is in the best interests for children and communities in Oxfordshire?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>I was under the impression that the Academies system was started by a Labour government not us.</p>
<p>10. COUNCILLOR JOHN TANNER</p> <p>What plans does the County Council have for a valuable piece of open land in Oxford that lies between Donnington recreation ground, Maywood Road and Meadow Lane? The land was playing fields for the former St Augustine's School but is not required by the new St Gregory the Great School.</p>	<p>COUNCILLOR NICK CARTER, CABINET MEMBER FOR BUSINESS & CUSTOMER SERVICES</p> <p>We are reviewing whether we have any operational use for the land. If we no longer need it, an option will be to add the site to a review of the Local Plan to enable it to be allocated for residential development.</p> <p>The site has been put forward to the City Council for consideration in respect of Oxford's Strategic Housing Land Availability Assessment (SHLAA). The City Council aims to publish a report in early August which will assess the suitability and deliverability of all the sites put forward, including this site which is referred to as land</p>

Questions	Answers
	<p>adjoining Iffley Mead.</p> <p>However, the City Council has also confirmed that there are no plans to review the Sites and Housing Plan as a result of this report and therefore any allocation for residential development is likely to be some time in the future.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Would it not be in the County Council's best interest given the constraint on financial circumstances to proceed faster with deciding what do to with this valuable site?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>No.</p>
<p>11. COUNCILLOR JOHN TANNER</p> <p>Will the Council reconsider its advice to the independent panel on providing a special allowance to the Deputy Chairman of the Planning Committee, given that the workload of that committee is so very light? The first two Planning Committees of the municipal year have had only substantial item each.</p>	<p>COUCILLOR IAN HUDSPETH, LEADER OF THE COUNCIL</p> <p>The reason we have an Independent Remuneration Panel is that they can take an independent look at the work involved in all the positions and make recommendations. There will be a full review by them during the Autumn and all councillors will be able to make representations I suggest that Cllr Tanner makes his comments direct to them. They will then determine if a SRA is appropriate. Perhaps Cllr Tanners next suggestion will be to reinstate SRAs for opposition spokesman?</p> <p>Once councillors try to vary the Independent Remuneration Panel recommendations it could be a dangerous precedent with councillors perceived to be acting in self-interest.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Can the Leader please justify for us why this special payment is made to this one vice-chair, when a few years ago we got rid of all payments to vice-chairs</p>	<p>SUPPLEMENTARY ANSWER</p> <p>It is up to the Independent Remuneration Panel to determine. They make the recommendations based on what is put forward, and I'm sure that Councillor Tanner will put forward his thoughts to the Panel and they can take those into consideration and come out with a report. But ultimately we have got to be very careful that we go with the independent report to make sure that we can't be seen to be in self-interest.</p>
<p>12. COUNCILLOR JOHN TANNER</p>	<p>COUCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR THE ENVIRONMENT</p>

Questions	Answers
<p>Will the Cabinet member explain why the road works at the Kennington and Hinksey Hill roundabouts are a year behind schedule and already 40% over budget? Could he also say why the bus lane from the A34 will not be built until sometime into 2015?</p>	<p>The original programme was to commence work on Kennington and Hinksey in September 2012. However, the scheme had to be reprogrammed due to a late requirement from Thames Water to divert their mains water supply, resulting in an 18 month delay.</p> <p>Our original agreement with Thames Water was that the mains pipe could be left in place and the Council had prepared a design to accommodate this. The late change from Thames Water necessitated a change in design and a re-programme of the construction phase. Thames Water therefore commenced the work to divert their pipe in January 2014. The planned completion date in April was further delayed until June, preventing the main highway works from starting in May 2014. However, we have liaised closely with Thames Water throughout to ensure a seamless handover and we aim to complete the works in November as planned, by accelerating our programme.</p> <p>The increase in costs is therefore partly due to the unbudgeted Thames Water works, but are primarily due to the fact that we have combined works under one contract for delivery. Within the medium term capital programme there were schemes to refurbish the four bridges between Hinksey Hill and Heyford Hill Roundabouts. As part of letting the package of works this has been included within the roundabout scheme to ensure that we are able to minimise the impact on drivers by implementing the schemes at the same time and achieve a saving in the total overall cost of the combined schemes. The budget increase therefore includes a contribution for the costs of these additional schemes.</p> <p>Turning now to the issue of the bus lane from A34, this scheme has only recently been awarded funding to proceed, through the City Deal bid. The scheme currently only has an outline concept design and therefore requires to be fully developed, consulted upon and fully approved with the Highways Agency. This is likely to take in the order of 18 months to get full approval and before construction can finally take place. Once completed however, together with the work currently being undertaken at Kennington and Hinksey, it will provide a significant improvement to the travelling public along this strategically important part of the ring road.</p>

Questions	Answers
<p>SUPPLEMENTARY QUESTION</p> <p>Would he look again at this further 18 month delay before we get a bus interchange?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>I will certainly have a look at it.</p>
<p>13. COUNCILLOR SUSANNA PRESSEL</p> <p>Many car drivers try to do their bit to reduce congestion and pollution by leaving their cars at home where possible and by cycling instead. Would the Cabinet member agree that we need to make the actual roads safer in order to encourage cycling and not simply take the easy way out by designing schemes which put cyclists on the pavements? Apart from anything else this has the unfortunate side-effect of encouraging some anti-social people to cycle on other pavements as well?</p>	<p>COUCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR THE ENVIRONMENT</p> <p>Improving road safety is an objective we all share. Cycle safety schemes include both those where cyclists continue to use the carriageway (as is the case with the major improvement planned for The Plain roundabout in Oxford) and those where cyclists are segregated from general traffic, typically through the provision of shared use cycle tracks. We will continue to identify and implement (subject to funding and consultation) measures to improve road safety for all road users, including cyclists, with their design reflecting local circumstances and constraints. Where we have introduced shared use cycle tracks, we are not aware of this leading to greater illegal use by cyclists of other footways nearby.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>What is his view of the plan to change this junction between Hythe Bridge Street, Worcester Street and George Street by putting in traffic lights and by putting cyclist on lots of small bits of footway at the new junctions?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>That area hasn't been fully designed yet and it will be taken into account in due course.</p>

Questions	Answers
<p>14. COUNCILLOR SUSANNA PRESSEL</p> <p>Oxford's major cycling organisation, Cyclox, is deeply unhappy with the proposals for the Plain, where over £1m is to be spent, supposedly to make cycling safer. Please can the Cabinet member tell me what account is being taken of their concerns?"</p>	<p>COUCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR THE ENVIRONMENT</p> <p>Officers have spent a great deal of time discussing proposals for The Plain roundabout with cycling groups. We are very grateful for all the comments and suggestions we have received and of course officers have listened very carefully to how they might make the scheme as attractive as possible to cyclists.</p> <p>Whilst I am naturally sorry that Cyclox feel so strongly about the latest design, I am bound to say that we have to balance the needs of all road users here just like other key junctions on our transport network. Even if we were able to make all the changes that have been suggested, other road users would certainly lose out – in this case huge numbers of bus passengers would face considerable delays if we made traffic go even slower than we are already proposing. In any case, we still feel that we will be delivering a scheme that will make things considerably more attractive to cyclists at The Plain than is the case now.</p> <p>For the record, the scheme is estimated to cost £965,000 with £835,000 of that coming from Department for Transport and £135,000 coming from locally held county and city council funds.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Since a lot of cyclists are unhappy about the proposals, are there other ideas that we could come up with to make cycling safer at this very important roundabout? For instance, different colours, different surfaces, slower speeds, working with the Police to enforce the existing 20mph speed limit which is very rarely observed at The Plain and that is why cyclist often dread using that stretch of the road.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Work on the Plain is scheduled to start in October this year. The work on The Plain is actually going to be a compromise between cycling people and the bus companies because there are actually more people coming through on buses than come through on cycles, so it is a question of actually trying to make sure that the buses can still run through there without too much impact on their timetabling.</p>

Division(s): N/A

COUNCIL– 08 SEPTEMBER 2014

TREASURY MANAGEMENT OUTTURN 2013/14

Report by Chief Finance Officer

Introduction

1. The Chartered Institute of Public Finance and Accountancy's (CIPFA's) 'Code of Practice on Treasury Management (Revised) 2009' requires that the Council (via Cabinet) and Audit & Governance Committee receives an updated report on Treasury Management activities at least twice per year. This report is the second report for the financial year 2013/14 and sets out the position as at 31 March 2014.
2. Treasury management is defined as: "The management of the local authority's investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks."
3. The following annexes are attached

Annex 1	Debt Financing 2013/14
Annex 2	Public Works Loan Board (PWLB) Maturing Debt
Annex 3	Lending List Changes
Annex 4	Investment portfolio 31/03/2014
Annex 5	Prudential Indicators Outturn
Annex 6	Benchmarking

Strategy 2013/14

4. The Treasury Management Strategy for 2013/14 was based on an average base rate forecast of 0.50%. The budget for interest receivable assumed that an average interest rate of 0.90% would be achieved, 0.40% above base rate.
5. The Strategy for Long Term Borrowing was to continue to have the option to fund new or replacement borrowing up to the value of 25% of the portfolio through internal borrowing to reduce the Council's exposure to credit risk and reduce the cost of carry (difference between borrowing costs and investment returns) whilst debt rates remained higher than investment interest rates.
6. The Strategy included the Treasury Management Strategy Team (TMST) keeping under review the continued use of the services of external fund

manager Investec, with decisions to advance or withdraw funds to external fund managers delegated to the TMST.

Market Background

7. At the beginning of the 2013-14 financial year markets were concerned about lacklustre growth in the Eurozone, the UK and Japan. Lack of growth in the UK economy, the threat of a 'triple-dip' alongside falling real wages (i.e. after inflation) and the scarcity of business investment were a concern for the Bank of England's Monetary Policy Committee. Only two major economies – the US and Germany – had growth above pre financial crisis levels, albeit these were still below trend.
8. With new Governor Mark Carney at the helm, the Bank of England unveiled forward guidance in August pledging not to consider raising interest rates until the unemployment rate fell below the 7% threshold. In the Bank's initial forecast, this level was only expected to be reached in 2016. Although the Bank stressed that this level was a threshold for consideration of a rate increase rather an automatic trigger, markets began pricing in a much earlier rise than was warranted and, as a result, gilt yields rose aggressively.
9. The recovery in the UK surprised with strong economic activity and growth. Q4 2014 GDP showed year-on-year growth of 2.7%. Much of the improvement was down to the dominant service sector, and an increase in household consumption buoyed by the pick-up in housing transactions which were driven by higher consumer confidence, greater availability of credit and strengthening house prices. However, business investment had yet to recover convincingly and the recovery was not accompanied by meaningful productivity growth.
10. Consumer Price Inflation fell from 2.8% in March 2013 to 1.7% in February 2014, the lowest rate since October 2009, reducing the pressure on the Bank to raise rates. Although the fall in unemployment (down from 7.8% in March 2013 to 7.2% in January 2014) was faster than the Bank of England or indeed many analysts had forecast, it hid a stubbornly high level of underemployment. Importantly, average earnings growth remained muted and real wage growth (i.e. after inflation) was negative. In February the Bank stepped back from forward guidance relying on a single indicator – the unemployment rate – to more complex measures which included spare capacity within the economy. The Bank also implied that when official interest rates were raised, the increases would be gradual – this helped underpin the 'low for longer' interest rate outlook despite the momentum in the economy.
11. The Federal Reserve's then Chairman Ben Bernanke's announcement in May that the Fed's quantitative easing (QE) programme may be 'tapered' caught markets by surprise. Investors began to factor in not just an end to QE but also rapid rises in interest rates. 'Tapering' (a slowing in the rate of QE) began in December 2013. By March 2014, asset purchases had been cut from \$75bn to \$55bn per month with expectation that QE would end by October 2014.

12. With the Eurozone struggling to show sustainable growth, the European Central Bank (ECB) cut main policy interest rates by 0.25% to 0.25% and the deposit rate to zero. Markets were disappointed by the lack of action by the ECB despite CPI inflation below 1% and a looming threat of deflation. Data pointed to an economic slowdown in China which, alongside a weakening property market and a highly leveraged shadow banking sector, could prove challenging for its authorities.
13. Gilt yields ended the year higher than the start in April. The peak in yields was during autumn 2013. The biggest increase was in 5-year gilt yields which increased by nearly 1.3% from 0.70% to 1.97%. 10-year gilt yields rose by nearly 1% ending the year at 2.73%. The increase was less pronounced for longer dated gilts; 20-year yields rose from 2.74% to 3.37% and 50-year yields rose from 3.23% to 3.44%.
14. 3-month, 6-month and 12-month Libid rates remained at levels below 1% through the year.

Treasury Management Activity

Debt Financing

15. The Council's debt financing position for 2013/14 is shown in Annex 1.
16. The option to fund new or replacement borrowing requirements from internal balances, up to the value of 25% of the investment portfolio was retained in the 2013/14 annual treasury management strategy. This was intended to reduce the cost of carry of borrowing which is the difference between borrowing rates and investment returns.
17. No new borrowing has been arranged during 2013/14 with either the Public Works Loan Board (PWLB) or through the money markets.
18. At 31 March 2014, the authority had 66 PWLB loans totalling £351.38 and 10 LOBO¹ loans totalling £50m. The average rate of interest paid on PWLB debt was 4.60% and the average cost of LOBO debt in 2013/14 was 3.94%. The combined weighted average for interest paid on long-term debt was 4.50%.
19. The Council continues to qualify for the Certainty Rate on PWLB loans, offering a 0.20% discount on the Standard Rate (currently gilts plus 1.00%). Qualification is based on provision of additional information on long-term borrowing and associated capital spending plans. Although no new external borrowing is planned in the short-term the Council continues with the provision of additional information in order to qualify for the reduced rate, in case a need to borrow arises.

¹ LOBO (Lender's Option/Borrower's Option) Loans are long-term loans which include a re-pricing option for the bank at predetermined intervals.

Maturing Debt

20. The Council repaid £11m of maturing PWLB loans during the year. The weighted average interest rate payable on the matured loans was 4.12%. The details are set out in Annex 2.

Debt Restructuring

21. No long term debt was restructured during 2013/14.

Investment Strategy

22. Security and liquidity of cash was prioritised above the requirement to maximise returns. The Council adopted a cautious approach to lending to financial institutions, and continuously monitored credit quality information regarding the institutions on the Council's approved Lending List.
23. During 2013/14 the Council limited the exposure to banks by lending to local authorities deemed to be of high credit quality. At 31 March 2014 the Council had £86m of long term fixed deposits (deposits over 364 days), all of which were placed with local authorities or police authorities. The aim was to maintain a high level of security and manage exposure to interest rate and counterparty risk.
24. The weighted average maturity of all deposits at 31 March 2014, including money deposited in short-term notice accounts, was 296 days (compared with 349 days during 2012/13). This comprised £270m fixed deposits with a weighted average maturity of 297 days and £20m held in short-term notice deposit accounts. In addition, £0.6m was invested in other short-term investments.
25. The Council used fixed and structured deposits, as well as call accounts, money market funds, short dated bond funds and strategic bond funds to deposit its in-house temporary cash surpluses during 2013/14.
26. In early February, the Council participated in a joint sale, via auction, of remaining Landsbanki claims. Following the sale, local authority participants have collectively recovered approximately 95% of the original amounts deposited with Landsbanki. The sale of the council's claim has removed the risk of future Icelandic Krona currency fluctuations and accelerated the claim recovery period. The council no longer has an outstanding claim with Landsbanki.

The Council's Lending List

27. The Council's in-house cash balances are deposited with institutions that meet the Council's approved credit rating criteria. The approved Lending List is regularly updated during the year to reflect changes in bank and building society credit ratings. Changes are reported to the Cabinet each month. The

approved lending list may also be further restricted by officers, in response to changing conditions and perceived risk. Annex 3 shows the amendments incorporated into the Lending List during 2013/14, in accordance with the approved credit rating criteria and additional temporary restrictions.

Investment Outturn

28. The average daily balance of temporary surplus cash invested in-house was £349m in 2013/14. The Council achieved an average in-house return for the year of 0.85%, producing gross interest receivable of £2.98m (excluding interest accrued on Landsbanki deposits). Temporary surplus cash balances include: developer contributions; council reserves and balances; trust fund balances; and various other funds to which the Council pays interest at each financial year end, based on the average rate earned on all deposits.
29. During 2013/14 the average three month inter-bank sterling rate was 0.56%. The Council's average in-house return of 0.85% exceeded this benchmark by 0.29%. The average in-house return was 0.05% lower than the budgeted rate of interest of 0.90%, this was in part caused by a reduction in the enhanced rates achieved on the short-term notice accounts used for liquidity purposes.
30. The Council operates a number of instant access call accounts and money market funds to deposit short-term cash surpluses. During 2013/14 the average balance held on instant access was £36.5m.
31. At 31 March 2014, the Council's investment portfolio of £336.92m comprised £270.03m of fixed term deposits, £20.49m at short term notice in money market funds and call accounts, £26.28m in short dated bond funds and £20.12m in strategic bond funds. Annex 4 shows the analysis of the investment portfolio at 31 March 2014.
32. The council's Treasury Management Strategy Team regularly monitors the risk profile of the Council's investment portfolio. An analysis of the credit and maturity position of the portfolio at 31 March 2014 is shown in Annex 4.

External Fund Managers

33. Following a review of external investments by the Treasury Management Strategy Team it was decided that the Council should terminate its mandate with Investec Asset Management. Notice was given at the end of January 2014. The decision was taken due to the volatility of performance and returns being below those expected, along with a lack of confidence that this situation would be turned around. The funds from the disinvestment totalled £12.444m and were received on 31 January 2014.
34. Having reviewed further investment options in consultation with the Council's treasury advisors Arlingclose Ltd, the Treasury Management Strategy Team approved the decision to invest £20m in the Threadneedle Strategic Bond Fund in February 2014.

35. The Threadneedle Strategic Bond Fund invests at least two-thirds of its assets in bonds (which are similar to a loan and pay a fixed or variable interest rate), issued by companies or governments in the UK and Europe as well as by large international organisations such as the World Bank or the International Monetary Fund. The remainder of the fund is invested in money market instruments, cash or near cash and other securities (other than equities). The performance of the fund will be monitored by the Treasury Management Strategy Team.

Prudential Indicators for Treasury Management

36. During the financial year the Council operated within the treasury limits and Prudential Indicators set out in the Council's Treasury Management Strategy Report. The outturn for the Prudential Indicators is shown in Annex 5.

External Performance Indicators and Statistics

37. The County Council is a member of the CIPFA Treasury and Debt Management Benchmarking Club and completed returns for the financial year 2013/14. The results of this exercise are not yet available.
38. Arlingclose has also benchmarked Oxfordshire County Council's investment performance against its other clients. Since 31 March 2013 the Council has achieved a yield on its deposits in line with the average for all Arlingclose clients whilst simultaneously maintaining low credit risk. The investment performance benchmarking is shown on Annex 6.

Financial and Legal Implications

39. The combined activities of debt and investment management contribute to the strategic measures element of the Council's budget. The outturn for Interest Payable in 2013/14 was £18.405m, which was in line with the budget of £18.405m in the Medium Term Financial Plan.
40. The 2013/14 budget for interest receivable was £2.115m, compared with the outturn of £3.075m giving a net overachievement of £0.960m. In addition the 2013/14 accounts recognise an increase in the value of available for sale assets² of £0.315m. The increase in interest received is due to higher average cash balances due in part to slippage on the capital programme and receipt of government grants earlier in the year.

RECOMMENDATION

41. **The Council is RECOMMENDED to note the Council's Treasury Management Activity in 2013/14.**

² Available for sale assets comprise the Investec fund, short dated bond funds and the strategic bond fund.

LORNA BAXTER
Chief Finance Officer

Contact officer: Lewis Gosling
Telephone Number: 01865 323988

June 2014

Annex 1

OXFORDSHIRE COUNTY COUNCIL DEBT FINANCING 2013/14

<u>Debt Profile</u>	£m
1. PWLB	88% 362.38
2. Money Market LOBO loans	12% <u>50.00</u>
3. Sub-total External Debt	412.38
4. Internal Balances	0 % <u>-9.05</u>
5. Actual Debt at 31 March 2013	100% 403.33
6. Government Supported Borrowing	0.00
7. Unsupported Borrowing	1.22
8. Borrowing in Advance	0.00
9. Minimum Revenue Provision	<u>-16.70</u>
10. Actual Debt at 31 March 2014	387.85
<u>Maturing Debt</u>	
11. PWLB loans maturing during the year	11.00
12. PWLB loans repaid prematurely in the course of debt restructuring	<u>0.00</u>
13. Total Maturing Debt	11.00
<u>New External Borrowing</u>	
14. PWLB Normal	0.00
15. PWLB loans raised in the course of debt restructuring	0.00
16. Money Market LOBO loans	<u>0.00</u>
17. Total New External Borrowing	0.00
<u>Debt Profile Year End</u>	
18. PWLB	88% 351.38
19. Money Market LOBO loans	12% <u>50.00</u>
20. Sub-total External Debt	401.38
21. Internal Balances	0 % <u>-13.53</u>
22. Actual Debt at 31 March 2014	100% 387.85

Line

- 1 – 5 This is a breakdown of the Council's debt at the beginning of the financial year (1 April 2013). The PWLB is a government agency operating within the Debt Management Office. LOBO (Lender's Option/ Borrower's Option) loans are long-term loans, with a maturity of up to 60 years, which includes a re-pricing option for the bank at predetermined time intervals. Internal balances include provisions, reserves, revenue balances, capital receipts unapplied, and excess of creditors over debtors.
- 6 'Government Supported Borrowing' is the amount that the Council can borrow in any one year to finance the capital programme. This is determined by Central Government, and in theory supported through the Revenue Support Grant (RSG) system.
- 7 'Unsupported Borrowing' reflects Prudential Borrowing taken by the authority whereby the associated borrowing costs are met by savings in the revenue budget.
- 8 'Borrowing in Advance' is the amount the Council borrowed in advance during 2013/14 to fund future capital finance costs.
- 9 The amount of debt to be repaid from revenue. The sum to be repaid annually is laid down in the Local Government and Housing Act 1989, which stipulates that the repayments must equate to at least 4% of the debt outstanding at 1 April each year.
- 10 The Council's total debt by the end of the financial year at 31 March 2014, after taking into account new borrowing, debt repayment and movement in funding by internal balances.
- 11 The Council's normal maturing PWLB debt.
- 12 PWLB debt repaid early during the year.
- 13 Total debt repaid during the year.
- 14 The normal PWLB borrowing undertaken by the Council during 2013/14.
- 15 New PWLB loans to replace debt repaid early.
- 16 The Money Market borrowing undertaken by the Council during 2013/14.
- 17 The total external borrowing undertaken.
- 18-22 The Council's debt profile at the end of the year.

Long-term debt Maturing 2013/14**Public Works Loan Board: Loans Maturing in 2013/14**

Date	Amount £m	Rate %	Repayment Type
22/05/2013	5.000	4.200	Maturity
31/12/2013	4.000	4.900	Maturity
13/07/2013	0.500	2.350	EIP
13/01/2014	0.500	2.350	EIP
31/07/2013	0.500	2.350	EIP
31/01/2014	0.500	2.350	EIP
Total	11.000		

Repayment Types

Maturity – Full amount of principal is repaid at the final maturity date

EIP – Equal Instalments of Principal are repaid every 6 months until the final maturity date

Lending List Changes during 2013/14

Counterparties suspended during 2013/14

JP Morgan Chase Bank

Royal Bank of Scotland

Lending limits & maturity limits increased from 1 April 2013

	Lending Limit as at 31 March 2014	Maximum Maturity as at 31 March 2014
Prime Rate Sterling Fund	£12,000,000	6 months
Morgan Stanley MMF	£5,000,000	O/N
Svenska Handelsbanken	£25,000,000	12 months

Annex 4

OXFORDSHIRE COUNTY COUNCIL INVESTMENT PORTFOLIO 31/03/2014

Fixed term deposits held at 31/03/2014

Counterparty	Principal Deposited (£)	Maturity Date
DBS Bank (Development Bank of Singapore)	5,000,000	15-Apr-14
Toronto-Dominion Bank	10,000,000	22-Apr-14
Doncaster Metropolitan Borough Council	5,000,000	25-Apr-14
Lloyds TSB Bank plc	5,000,000	29-Apr-14
Nationwide Building Society	10,000,000	14-May-14
Kingston Upon Hull City Council	6,000,000	15-May-14
Close Brothers Ltd	5,000,000	06-Jun-14
Close Brothers Ltd	5,000,000	06-Jun-14
DBS Bank (Development Bank of Singapore)	10,000,000	25-Jun-14
United Overseas Bank	5,000,000	30-Jun-14
Oversea-Chinese Banking Corp	10,000,000	02-Jul-14
Svenska Handelsbanken	5,000,000	07-Jul-14
DBS Bank (Development Bank of Singapore)	5,000,000	07-Jul-14
Nottinghamshire County Council	5,000,000	22-Jul-14
Newcastle City Council	3,000,000	31-Jul-14
National Australia Bank (through broker)	5,000,000	04-Aug-14
Fife Council	5,000,000	15-Aug-14
Kingston Upon Hull City Council	2,000,000	05-Sep-14
Derby City Council	3,000,000	12-Sep-14
Oversea-Chinese Banking Corp	5,000,000	17-Sep-14
Oversea-Chinese Banking Corp	5,000,000	19-Sep-14
Lancashire County Council	5,000,000	22-Sep-14
Lancashire County Council	5,000,000	23-Sep-14
Doncaster Metropolitan Borough Council	5,000,000	26-Sep-14
Birmingham City Council	10,000,000	29-Sep-14
Corby Borough Council	5,000,000	02-Dec-14
Lloyds TSB Bank plc	5,000,000	19-Dec-14
Rugby Borough Council	5,000,000	09-Jan-15
Lloyds TSB Bank plc	5,000,000	04-Mar-15
The Mayors Office for Policing and Crime	10,000,000	13-Mar-15
Newcastle City Council	5,000,000	03-Jul-15
Doncaster Metropolitan Borough Council	5,000,000	03-Jul-15
Lancashire County Council	10,000,000	31-Jul-15
Fife Council	4,000,000	05-Aug-15
Newcastle City Council	5,000,000	07-Aug-15
Barnsley Metropolitan Borough Council	5,000,000	24-Aug-15
Fife Council	2,000,000	04-Sep-15
Newcastle City Council	10,000,000	09-Oct-15
Lancashire County Council	5,000,000	09-Oct-15
Police & Crime Commissioner for Northumbria	5,000,000	29-Apr-16
Fife Council	5,000,000	03-Jun-16

Glasgow City Council	5,000,000	04-Jul-16
Glasgow City Council	5,000,000	22-Jul-16
Peterborough City Council	5,000,000	02-Sep-16
Newcastle City Council	5,000,000	13-Sep-16
Glasgow City Council	5,000,000	10-Jan-17
Total	260,000,000	

Structured deposits held at 31/3/2014

Counterparty	Principal Deposited (£)	Maturity Date
HSBC Bank plc	10,000,000	27-May-14
Total	10,000,000	

Notice accounts

Counterparty	Balance at 31/03/14 (£)	Notice period
Royal Bank of Scotland 95 Day Notice	28,441	95 days
Total	28,441	

Short-term notice call accounts and Money Market Funds

Counterparty	Balance at 31/03/14 (£)	Notice period
Royal Bank of Scotland Call Account	2,298	Same day
Santander UK Call Account	2,806	Same day
Svenska Handelsbanken Call Account	19,874,976	Same day
Ignis Sterling Liquidity Fund	613,999	Same day
Total	20,494,079	

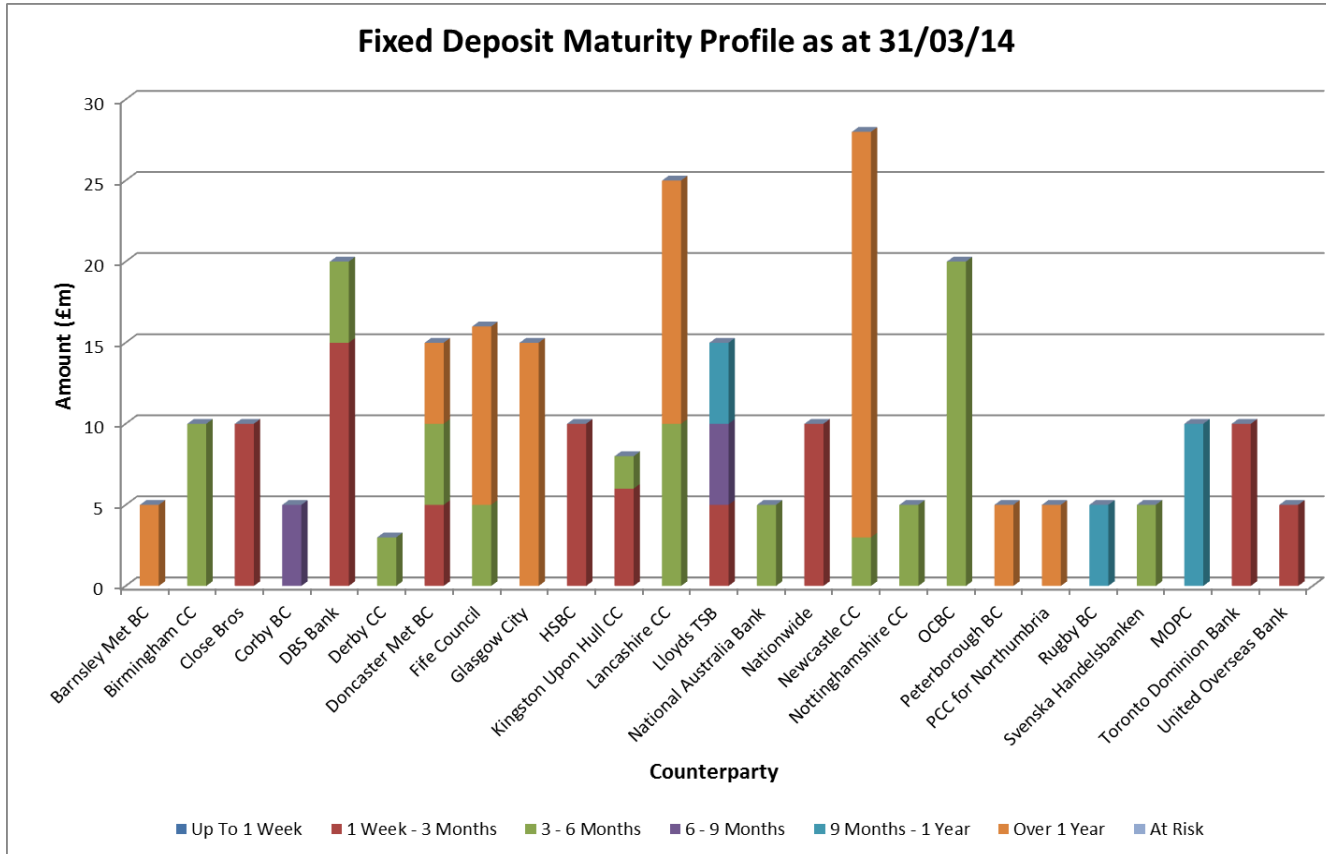
Short Dated Bond Funds

Counterparty	Balance at 31/03/14 (£)	Notice period
SWIP	12,234,160	3 days
Federated Cash Plus Fund	2,011,382	2 days
Payden & Rygel Sterling Reserve Fund	12,030,421	2 days
Total	26,275,963	

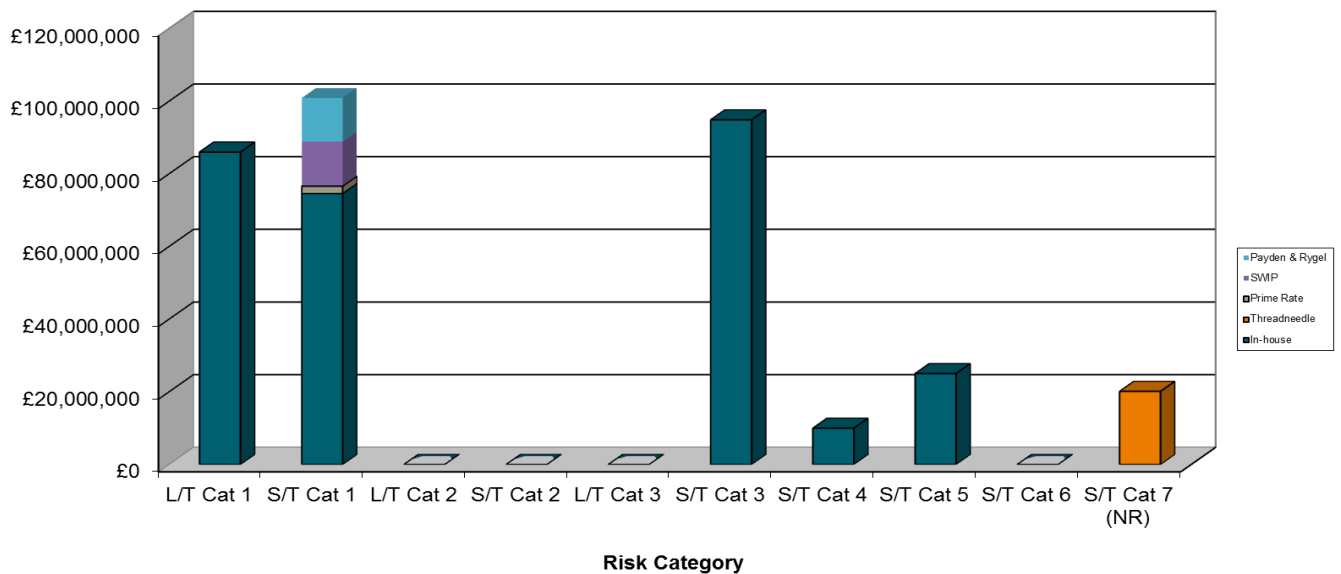
Strategic Bond Funds

Counterparty	Balance at 31/03/14 (£)	Notice period
Threadneedle Strategic Bond Fund	20,124,901	4 days
Total	20,124,901	

Risk profile of investment portfolio at 31/3/14

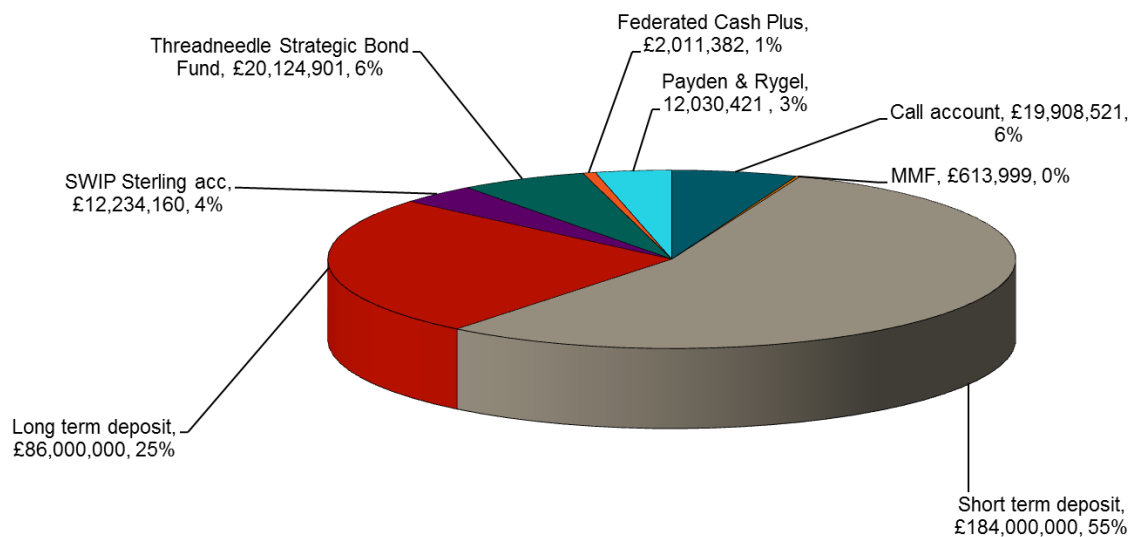


Risk Profile - Total Combined Portfolio as at 31.03.2014



Risk Category	L/T rating	S/T rating	Individual rating	Viability rating
1 (Including Local Authorities)	AA+, AA	F1+	1, 2	aaa, aa
2	AA-	F1+	1, 2	aa, a
3	AA-	F1+	1	bbb
4	AA-	F1+	1	bbb
5	A+, A	F1	1, 2, 3	a, bbb,bb
6	A	F1	2, 3, lower	b or lower

Total Combined Portfolio as at 31.03.14



Prudential Indicators Outturn 31 March 2014**Authorised and Operational Limit for External Debt**

Authorised Limit for External Debt

£485,000,000

Operational Limit for External Debt

£475,000,000

Actual External Debt at 31 March 2013

£441,382,618

Fixed Interest Rate Exposure

Fixed Interest Net Borrowing limit

150.00%

Actual at 31 March 2013

87.44%

Variable Interest Rate Exposure

Variable Interest Net Borrowing limit

25.00%

Actual at 31 March 2013

12.56%

Sums Invested over 364 days

Total sums invested for more than 364 days maximum limit

£100,000,000

Actual sums invested for more than 364 days at 31 March 2013

£ 86,000,000

Maturity Structure of Borrowing at 31/03/14

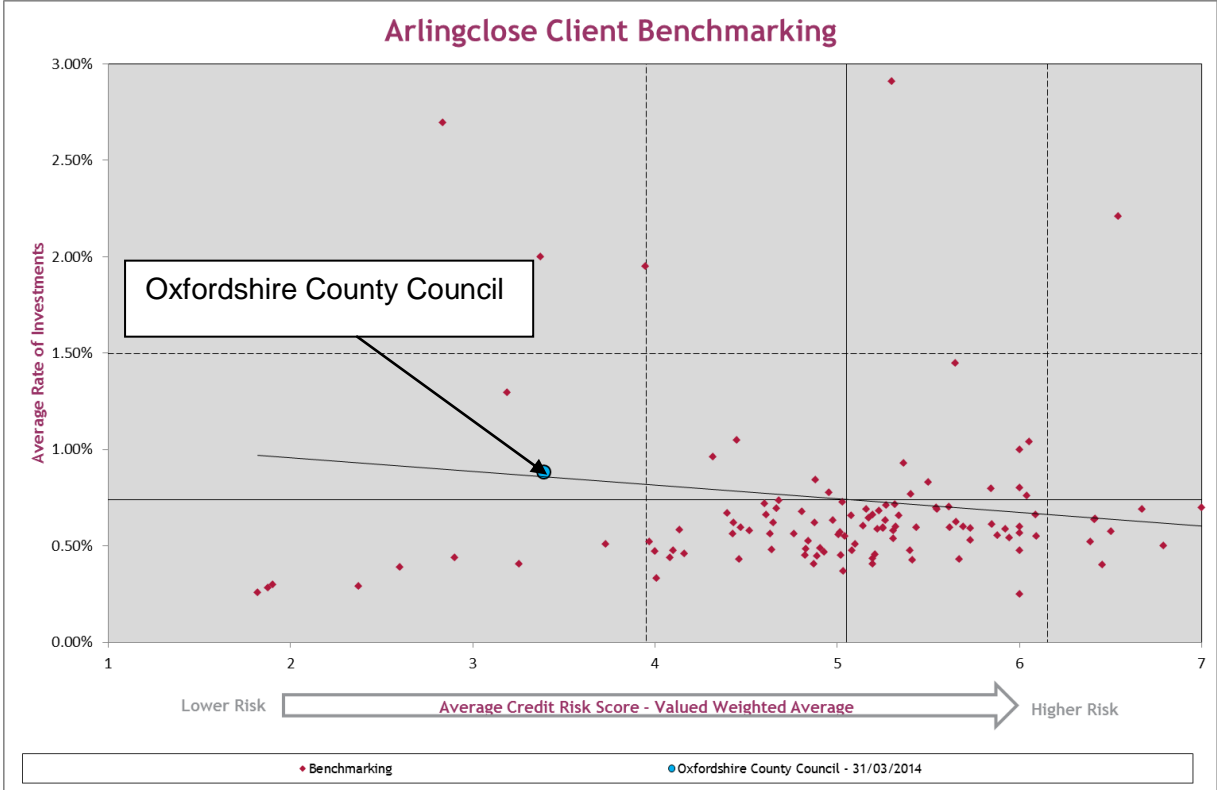
	Limit %	Actual %
From 01/04/13		
Under 12 months	0 - 20	0.00
12 – 24 months	0 - 25	4.24
24 months – 5 years	0 - 35	14.20
5 years – 10 years	5 - 40	17.69
10 years +	50 - 95	63.87

The Prudential Indicators for maturity structure are set with reference to the start of the financial year. The actual % shown above relates to the maturity period remaining at 01/04/13 on loans still outstanding at 31/03/14.

**Actual Maturity Structure of Borrowing at 01/04/14
(LOBO's included at next option date)**

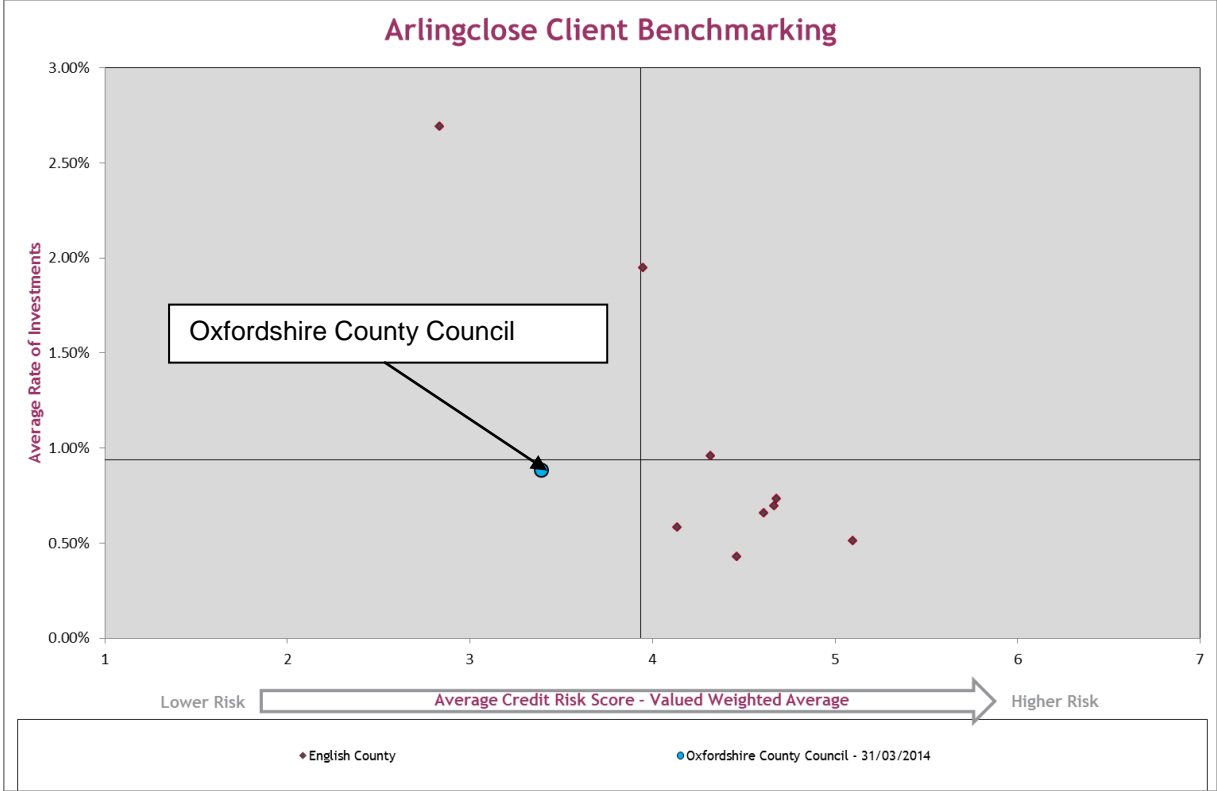
	Limit %	Actual %
From 01/04/14		
Under 12 months	0 - 20	4.24
12 – 24 months	0 - 25	3.99
24 months – 5 years	0 - 35	17.44
5 years to 10 years	5 – 40	13.45
10 years +	50 – 95	60.88

Value weighted average (all clients)



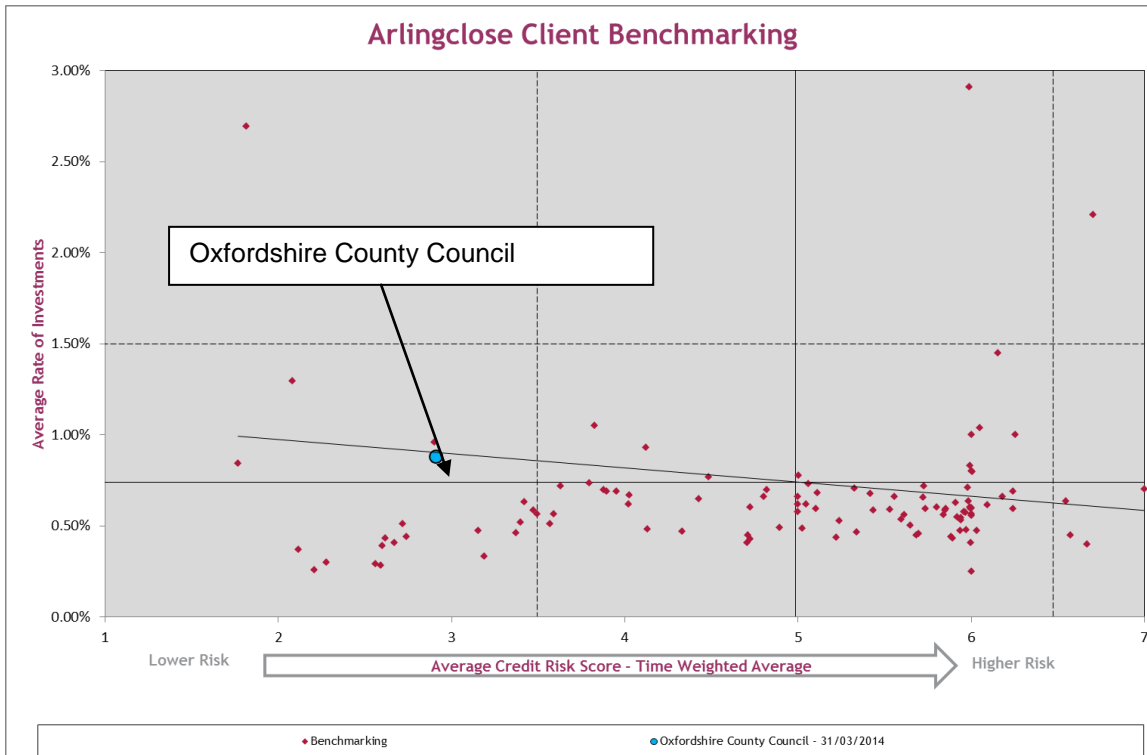
The above graph shows that Oxfordshire County Council achieved a similar interest rate to the average achieved by all Arlingclose clients, whilst it maintained a lower value weighted credit risk as at 31/03/2014.

Value weighted average (County Councils)



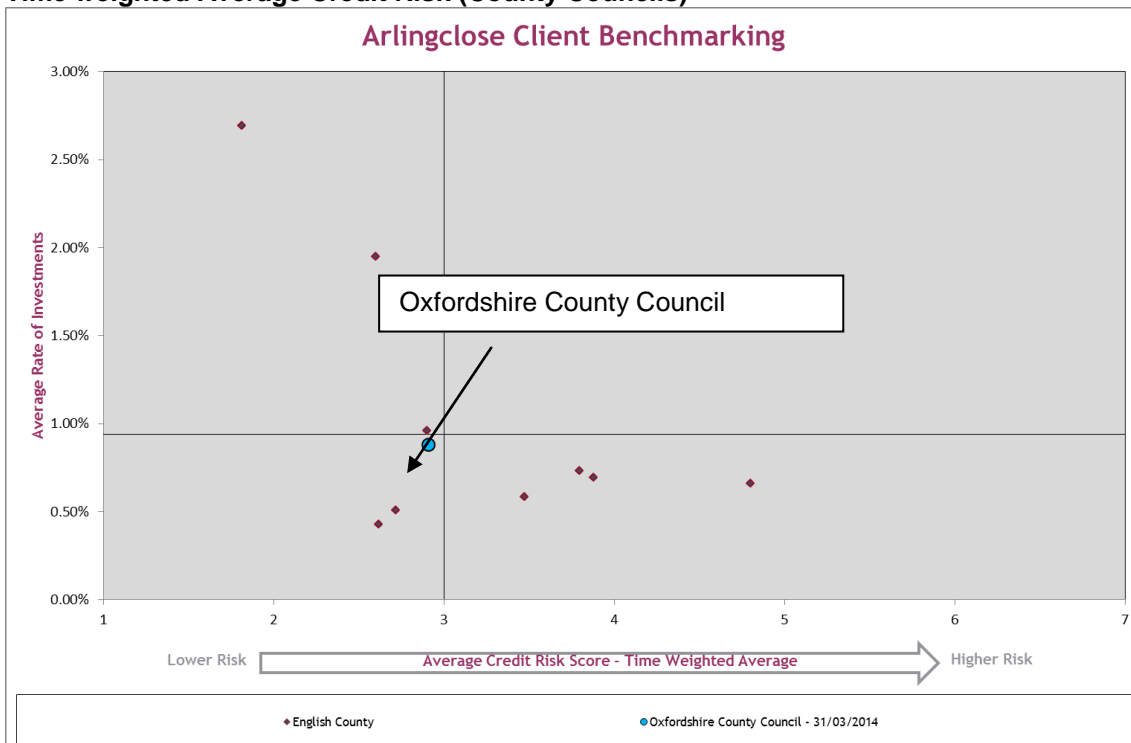
The above graph shows that Oxfordshire County Council achieved a similar interest rate for less credit risk compared to seven other County Councils as at 31/03/2014.

Time weighted Average (all clients)



The above graph shows that Oxfordshire County Council achieved a similar interest rate on deposits when compared to all Arlingclose clients, whilst maintaining a relatively low credit risk at 31/03/2014.

Time weighted Average Credit Risk (County Councils)



The above graph shows that Oxfordshire County Council achieved a similar interest rate to the other County Councils in the sample, whilst it maintained a lower time weighted credit risk as at 31/03/2014.

Division(s): N/A

COUNCIL – 9 SEPTEMBER 2014

PARTNERSHIP UPDATE REPORT

Report by the Chief Executive

Introduction

1. The partnership landscape within which local government operates is growing in importance and complexity. Oxfordshire County Council participates in a range of partnerships. In some cases, such as the Health and Wellbeing Board and the Safeguarding Children Board, these are a statutory requirement. Others are voluntary partnerships, and all help us to co-ordinate and join up across the public sector, and to add our perspective and organisational effort to that of other local bodies to address particular challenges.
2. This annual report to Council aims to set out some of the key activities over the past year of both the Oxfordshire Partnership, and a number of the key formal partnerships within which the County Council plays a part. There is of course a wider landscape of partnership working, ranging from informal professional networks and volunteering groups, to long-term strategic contracts.

The Oxfordshire Partnership

3. The Oxfordshire Partnership brings together organisations from the public, private, voluntary and community sectors to focus their efforts on those things that are important to people who live in, work in and visit Oxfordshire and discuss how we can work together to address the challenges we face. Its aims are set out in Oxfordshire 2030, formerly the county's Sustainable Community Strategy.
4. The Partnership meets on a bi-annual basis. Since last year's Partnership report to Council, meetings have been held on 24th September 2013, and 2nd April 2014. The first of these meetings discussed the budget challenges facing the Council, hosted a presentation from Age UK Oxfordshire on the challenge of loneliness, and received updates on other countywide partnerships, District LSPs, and the Armed Forces Community Covenant.
5. The second meeting focused on growth and community wellbeing, with presentations on partnership working to deliver economic growth and strategic planning, on Oxfordshire's population forecasts, on the joint strategic needs assessment, and on the voluntary sector from the new Chief Executive of OCVA.

6. The Oxfordshire Partnership next meets on 2nd October, with currently planned agenda items including the annual report from individual partnerships, and a presentation by the Police and Crime Commissioner.

Update Report

7. The remainder of this report provides an update on the Oxfordshire-wide partnerships which are critical in progressing key countywide priorities, enabling partners to work across the themes of a thriving Oxfordshire, including economic growth, health and wellbeing, thriving communities, and support to the most vulnerable;
 - Oxfordshire Local Enterprise Partnership
 - Oxfordshire Spatial Planning and Infrastructure Partnership
 - Oxfordshire Environment and Waste Partnership
 - Oxfordshire Health and Wellbeing Board - this report includes information about the supporting partnership boards
 - Oxfordshire Safer Communities Partnership
 - Oxfordshire Stronger Communities Alliance
 - Oxfordshire Safeguarding Children Board
 - Oxfordshire Safeguarding Adults Board
8. Each partnership report addresses the following points:
 - The current focus for the Partnership;
 - The personnel (Chairman and supporting staff) of the Partnership
 - The Partnership's key achievements in the last year;
 - The aims for the Partnership in the year ahead;
 - The key challenges for the Partnership and how these will be addressed going forward.
9. Details of the current/future work undertaken by these Partnerships are shown in **Annex A** to this report. Each is a snapshot at a particular point in time (with the completion date shown in the preface in each case) rather than a formal report for the financial or calendar year.
10. The most significant structural changes to report since the 2013 update are that the Spatial Planning and Infrastructure Partnership is in the process of merging with the Local Transport Board, to become the Oxfordshire Growth Board, and that the Adult Health and Social Care Board (formerly a sub-group of the Health and Wellbeing Board) has been disbanded, with Districts instead taking a non-voting place on the Joint Management Groups which oversee the operation of pooled budgets with the health sector.

RECOMMENDATION

11. **Council is RECOMMENDED to note the report.**

JOANNA SIMONS

Chief Executive

Contact Officer	John Courouble John.Courouble@Oxfordshire.gov.uk 01865 896163
Background Papers	Nil

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Partnership Name	Oxfordshire Local Enterprise Partnership
Date of completion	1 August 2014
Chairman	Adrian Shooter
OCC Lead Member	Cllr Ian Hudspeth
OCC Lead Officer	Sue Scane
Last Meeting Date	1 July
Next Meeting Date	2 September
Website Address	http://www.oxfordshirelep.org.uk
Governance Arrangements	Incorporated cross sector board
The current focus for the Partnership	
<p>The Oxfordshire Local Enterprise Partnership (LEP) is responsible for championing and developing the Oxfordshire economy. Working with businesses, academia and the public sector the Oxfordshire LEP is driving economic development across the county. The Vision for Oxfordshire is that by 2030 Oxfordshire will be a vibrant sustainable inclusive world leading economy, driven by innovation, enterprise and research excellence.</p> <p>The current focus for the LEP is to oversee and drive the delivery of;</p> <ol style="list-style-type: none"> i) City Deal – c£55.5m of government investment across transport, innovation, skills and business support ii) Local Growth Fund (LGF) – c£109m (to 2020) of government investment across Oxfordshire’s four themes of: <ul style="list-style-type: none"> • <i>Innovative Enterprise</i> Encourage innovation led growth, underpinned by Oxfordshire’s strengths in University research and development, business collaboration and supply chain potential. • <i>Innovative People</i> Deliver and attract specialist and flexible skills at all levels, across all sectors, as required by our businesses, with full, inclusive employment and fulfilling jobs. • <i>Innovative Place</i> Provide the quality environment and choice of homes needed to support growth whilst capitalising upon the exceptional quality of life, vibrant economy and the dynamic urban and rural communities of our county. • <i>Innovative Connectivity</i> Allow people to move freely, connect easily and provide the services, environment and facilities needed by a dynamic, growing and dispersed economy iii) European Structural Investment Funds (ESIF) strategy – and establish the EU Compliant infrastructure through which Oxfordshire’s c£20million ESIF funding will be allocated. Our proposals can be most easily understood as being organised around two headline programmes: <ul style="list-style-type: none"> • £14.77m (+ match) Business Support Programme, to provide an integrated and coherent package of support to business across 	

<p>Oxfordshire to deliver growth through innovation, and the</p> <ul style="list-style-type: none">• £4.73million Labour Market and Community Development Programme, to deliver a series of measures across the county to help our people enter and thrive in the local labour market, and to help local people and communities tackle some of their key economic, environmental and social challenges. <p>iv) Growing Places Fund – to oversee delivery of the c£9m loan fund that supports business growth</p> <p>v) To further develop the pipeline of project proposals to be negotiated in the 16/17 LGF settlement</p>

The Partnership's key achievements in the last year

<ul style="list-style-type: none">• Successfully negotiated the £55.5m City Deal investment into Oxfordshire signed in January• Developed the Strategic Economic Plan and project pipeline that underpinned governments c£109m investment into Oxfordshire agreed in July• Developed the European Structural Investment Funds strategy setting out the priority areas for the allocation of Oxfordshire's c£20m allocation (to 2020) with funding projected to be available from January 2015• Championed in Whitehall Oxfordshire's 'Innovation led growth' message that underpinned the c£185m investment listed above• Implemented a revised LEP board structure that is now fully inclusive of all of Oxfordshire's local authority leaders• Contributed to the development of the emerging 'Growth Board' governance structure charged with overseeing City Deal and LGF delivery• Developed a collaborative understanding of and approach to Oxfordshire's growth ambition across various stakeholder groups and communities of interest• Increased capacity within the LEP team through recruitment supported by secondments from partners
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The aims for the Partnership in the year ahead

<ul style="list-style-type: none">• To continue to drive delivery across the various funding channels described above• To further develop the strategic project pipeline to maximise funding opportunities as they arise, including future Local Growth Fund rounds
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- To maximise investment into Science Vale Oxford Enterprise Zone thus maximising business rate income that can be recycled to support growth
- To continue to explore the optimum mechanisms for better aligning resources that support growth

The key challenges for the Partnership and how these will be addressed going forward.

Ensuring delivery against existing funding agreements, which will be mitigated by the robust performance management framework in place and the strategic oversight role of the Growth Board

Ensuring we are able to respond positively and promptly and be 'strategically opportunistic' as potential future funding opportunities emerge. This will be addressed by ensuring partners and stakeholders are fully engaged and aware of potential opportunities as they arise, and by developing as far as is practicable a robust suite of business cases in advance of potential funding opportunities

Capacity to continue to drive and champion growth in light of uncertainty surrounding future levels of government support. Alternative funding routes are continually kept under review

Partnership Name	Spatial Planning and Infrastructure Partnership
Date of completion	30 July 2014
Chairman	Chairman, Lead Officer and Programme Officer: Prior to June 2014: Cllr M Barber, Vale of White Horse District Council Anna Robinson, South Oxfordshire District Council Carolyn Organ, South Oxfordshire District Council July 2014 onwards: Cllr B Norton, West Oxfordshire district Council Andrew Tucker, West Oxfordshire District Council Programme Officer to be appointed
OCC Lead Member	Cllr Ian Hudspeth
OCC Lead Officer	Tom Flanagan
Last Meeting Date	29 May 2014
Next Meeting Date	12 September 2014
Website Address	https://www.oxfordshire.gov.uk/cms/content/spatial-planning-and-infrastructure-partnership
Governance Arrangements	SPIP core membership comprises Leaders or Cabinet/ Executive Members from each of the local authorities and the LEP and Homes and Communities Agency, as well as invitees from Thames Valley Police, Oxfordshire CCG, Environment Agency, Natural England and the Highways Agency. SPIP is supported by an executive of senior officers from the six member local authorities, the HCA, LEP and other partners.
The current focus for the Partnership	
<ul style="list-style-type: none"> To provide a forum for partnership working and collaboration on spatial planning, economic development, housing, transport, and general infrastructure across Oxfordshire. The impact of the the SHMA (Strategic Housing Market Assessment) The launch of the Local Growth Board to take forward City Deal 	
The Partnership's key achievements in the last year	
<ul style="list-style-type: none"> Agreement of the Statement of Co-operation to support the post SHMA (Strategic Housing Market Assessment) joint working for developing and testing spatial strategy options for accommodating unmet housing needs; Input to the City Deal and the Local Growth Deal, in particular the potential housing programmes in each district and the strategic transport infrastructure needed to support growth; 	

- Publication of the SHMA;
- Agreement to establish a Local Growth Board to take forward City Deal, the Local Growth Deal, work on the Strategic Economic Plan and other projects.

The aims for the Partnership in the year ahead

- To establish the Local Growth Board governance arrangements and appropriate officer support in discussion with the LEP and the Local Transport Board;
- To agree the scale of unmet housing need and to agree the joint spatial strategy work programme. If achievable, to agree and consult on a spatial strategy for Oxfordshire that meets SHMA requirements: recognising that this is a complex issue and work may therefore take longer than a year to conclude.

The key challenges for the Partnership and how these will be addressed going forward.

- Agreement of spatial strategy options for dealing with Oxford's unmet need and identification of sites in the context of duty to cooperate. This is likely to involve consideration and assessment of a number of different options for meeting this need;
- Delivering the accelerated housing programme in the City Deal;
- Consideration of appointing an independent chair for member meetings, to help the process of making potentially difficult decisions and move work forward
- Working to integrate the functions of SPIP and the Local Transport Board in order to establish the Oxfordshire Growth Board.

Partnership Name	Oxfordshire Environment and Waste Partnerships
Date of completion	25 th June 2014
Chairman	Cllr David Dodds, South Oxfordshire District Council (until March 2014). Moving to Councillor Reg Waite, Vale of White Horse District Council for next meeting.
OCC Lead Member	Councillor Nimmo-Smith
OCC Lead Officer	Rachel Burns (for OWP) Sarah Gilbert (for OEP)
Last Meeting Date	4 th April 2014
Next Meeting Date	24 th October 2014
Website Address	www.recycleforoxfordshire.org.uk
Governance Arrangements	To be reviewed and agreed at October meeting. See "Aims for the Partnership in the Year Ahead" below.
The current focus for the Partnership	
<p>The focus of the Environment Partnership in 2013/14 was:</p> <ul style="list-style-type: none"> • Reducing greenhouse gas emissions and strengthening climate resilience; • Sharing best practice across local authorities and local community groups to strengthen joint working and develop capacity to meet our Oxfordshire 2030 targets. <p>The OEP partners became signatories of Climate Local in 2013. OEP annual commitments (https://www.oxfordshire.gov.uk/cms/content/environment-and-waste-partnership) are drawn from Oxfordshire 2030 and captured under the Climate Local framework.</p> <p>The focus of the Waste Partnership in 2013/14 was:</p> <ul style="list-style-type: none"> • Reducing waste and maximising reuse, recycling and composting; • Reducing the environmental and financial costs of managing household waste. <p>Specific actions and commitments are drawn from the refreshed Joint Municipal Waste Management Strategy published in 2013.</p> <p>On 4 April 2014 a decision was taken that the primary aims of the Oxfordshire Waste Partnership (OWP) had been achieved, and that it should be wound down as a formally constituted body.</p> <p>Councillors emphasised their continued support for the Joint Municipal Waste Management Strategy, and informal partnership arrangements will continue to ensure that a coordinated approach to waste management across the county continues.</p>	
The Partnership's key achievements in the last year	

Oxfordshire Environment Partnership highlights:

- **Oxfutures:** Oxfutures is an ambitious programme to lever £15 million of investment into low energy and energy efficiency projects across Oxfordshire by 2015. The programme has been kickstarted by a grant from Intelligent Energy Europe to Oxford City Council and Oxfordshire County Council. It is delivered by the Low Carbon Hub.

Upwards of 1Megawatt of solar panels will be installed on over 20 primary and secondary schools across the county over the summer and early autumn period. The panels will generate 875MWh of electricity per year. In addition the Low Carbon Hub is working with a range of local businesses to install further similar renewable energy schemes.

Oxford City Council has approved a £2.3m/€2.8m loan facility for the OxFutures scheme to allow projects to be constructed before they are offered as a share option to the community through the Low Carbon Hub.

The projects delivered this summer will prevent the emission of 750 tonnes of CO2 per year. They will provide reduced electricity costs to schools and create an income stream to enable further projects to be developed and supported in future.

- **Flooding:** A draft Local Flood Risk Management Strategy has been produced, which will give a clear vision for how flood risk will be dealt with in Oxfordshire. This went out for consultation in July 2014.
- **Green Infrastructure Framework:** Development of this strategic document was commissioned from a small specialist consultancy, Lepus, and this was presented to the Spatial Planning and Infrastructure Partnership (SPIP) in March 2014. This will be followed up with further stakeholder input and review to take into account the Strategic Economic Plan and challenges presented by the Strategic Housing Market Needs Assessment

Oxfordshire Waste Partnership

- Oxfordshire maintained its position as one of the highest recyclers and lowest waste producers in the country in 2013/14 with a recycling rate of 59% and residual waste per household of 425 kg/year.
- In June 2014 commissioning began at Ardley Energy from Waste facility and the first loads of waste were delivered for processing.
- A reuse forum with third sector organisations was established to increase the amount of items donated for reuse and promote the availability of good quality second hand goods.
- Recycling collections for batteries from the kerbside were introduced across the county.

The aims for the Partnership in the year ahead
<p>In early 2014 Leaders agreed to dissolve the Oxfordshire Waste Partnership, although Councils will continue to work together on issues surrounding the reduction, collection, and disposal of waste.</p> <p>The scheduled meeting of OEP and OWP in June 2014 was cancelled to allow time for existing arrangements of OWP to be brought to a close, and partnership arrangements which are streamlined and fit for purpose to be developed. These will be proposed in October 2014.</p>
The key challenges for the Partnership and how these will be addressed going forward.
<ul style="list-style-type: none">• Developing appropriate arrangements to maintain joint working on waste without formal partnership structures.• Identifying the scope of work sitting under OEP and ensuring participation from the correct groups of officers and members.

Partnership Name	Health and Wellbeing Board
Date of completion	24 July 2014
Chairman	Cllr Ian Hudspeth
OCC Lead Member	Cllr Ian Hudspeth
OCC Lead Officer	Jonathan McWilliam
Last Meeting Date	17 July 2014
Next Meeting Date	13 November 2014
Website Address	https://www.oxfordshire.gov.uk/cms/public-site/health-and-wellbeing-board
Governance Arrangements	The Health and Wellbeing Board (HWB) members include local GPs, senior Councillors, the new Healthwatch Oxfordshire and senior officers from Local Government. Three Partnership Boards and a Public Involvement Network report into it. The HWB meets in public three times a year. Each of the three Partnership Boards does the same.
The current focus for the Partnership	
<p>The primary objective of the Health and Wellbeing Board is to ensure that we work together to improve everyone's health and wellbeing, especially those who have health problems or are in difficult circumstances. To achieve this, the board provides strategic leadership for health and wellbeing across the county and will ensure that plans are in place and action is taken to realise those plans.</p> <p>The priorities and outcomes for the Health and Wellbeing Board are set out in the Joint Health and Wellbeing Strategy 2012-2016. This is based on evidence of the needs of the county through the Joint Strategic Needs Assessment, and is refreshed on an annual basis to reflect identified needs, consultation with key stakeholders, and the successes and learning from 12 months of implementing the strategy.</p> <p>This has confirmed the original 11 priorities, and an on-going focus on ensuring quality in health and social care.</p> <p>The priorities are:</p> <p>Children and young people</p> <ul style="list-style-type: none"> • Priority 1: all children have a healthy start in life and stay healthy into adulthood. • Priority 2: narrowing the gap for our most disadvantaged and vulnerable groups. • Priority 3: keeping all children and young people safer. • Priority 4: raising achievement for all children and young people. <p>Adult health and social care</p> <ul style="list-style-type: none"> • Priority 5: living and working well: adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential. • Priority 6: support older people to live independently with dignity whilst reducing the need for care and support. 	

- Priority 7: working together to improve quality and value for money in the health and social care system.

Health improvement

- Priority 8: preventing early death and improving quality of life in later years.
- Priority 9: preventing chronic disease through tackling obesity.
- Priority 10: tackling the broader determinants of health through better housing and preventing homelessness.
- Priority 11: preventing infectious disease through immunisation.

The Partnership's key achievements in the last year

Through the work of the board, its individual member organisations, and other partners, there are a number of positive developments which can be reported over the last year;

- Approximately 95% of children aged 2-2.5 years old received a health visitor review, this was consistently above the 90% target throughout the year
- The teenage conception rate remained below target throughout the whole year
- The number of families identified by the Troubled Families programme (830) exceeded the target agreed with the DfE (810). The target for 14/15 is to track and measure outcomes for these families
- Every children considered likely to be at risk of Child Sexual exploitation has a multi-agency plan in place
- The proportion of young people achieved at least 5 GCSEs at A*-C grades including in English and maths increased to 61%, the highest performance in recent years
- The rate of young people not in employment, education or training reduced to 4.7% - this is the lowest it has been for a number of years
- 94% of people supported at home reported that they were treated with dignity in the way they received their care, above the 90% target
- 84.4% of older people who use social care who reported that they have adequate social contact or as much social contact as they would like, an increase from last year and above the 81.2% target
- The proportion of people reporting that they were satisfied with support from adult social care, hospital care or GP care was above target (to be above national average) in all cases
- The number of carers known and supported by adult social care increased by over 11%
- The proportion of people receiving housing related support that departed services to take up independent living was consistently above the target throughout the year
- Over 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2

The aims for the Partnership in the year ahead

The Health and Wellbeing Board agreed its priorities for the year ahead at its meeting on 25 July 2013, when it agreed the refreshed Joint Health and Wellbeing Strategy and new indicators and targets to help address the priorities set out above.

Key themes include:

- Further integration of health and social care
- Ensuring quality in health and social care
- Responding to the needs of an increasing number of frail older people
- Keeping children and young people safe, and improving educational attainment
- Increasing rates of screening and immunisation
- tackling health issues through better housing and preventing homelessness
- promoting healthy lifestyles to prevent obesity and increase participation in physical activity
- Making sure the resources available across the health and social care sector are used as effectively as possible to improve health and wellbeing.

The key challenges for the Partnership and how these will be addressed going forward.

- Strengthening the role and function of the Children's Trust, and the relationship with the Oxfordshire Safeguarding Children's Board
- Changing the relationship between the Health and Wellbeing Board and the Joint Management Groups that oversee the pooled budgets, and will take responsibility for implementing priorities for adult health and social care following dissolution of the Adult Health and Social Care Board.
- Addressing poor outcomes by targeting the groups or areas of the county where performance is the worst. This is being led through the Health Improvement Board where targets have been set to improve the overall average and ensure that the gap between best and worst is narrowed.

Partnership Name	Oxfordshire Safer Communities Partnership
Date of completion	21 July 2014
Chairman	Cllr Bill Jones (Vale of White Horse District Council)
Last Meeting Date	21 July 2014
Next Meeting Date	27 November 2014
Website Address	https://www.oxfordshire.gov.uk/cms/content/oxfordshire-safer-communities-partnership
Governance Arrangements	The Oxfordshire Safer Communities Partnership (OSCP) Board is councillor-led (rotating Chairmanship every two years) and includes representation from all six local authorities in Oxfordshire, as well as key community safety partners including Police, Health and the Community Rehabilitation Company. The Board meets 3 times per year and is supported by a Business Group that meets 6 times per year.
The current focus for the Partnership	
<p>The Oxfordshire Safer Communities Partnership (OSCP) is the statutory county-wide partnership that provides strategic direction for community safety activity to reduce crime and anti-social behaviour across the county. OSCP performs this role through delivery of the five year OSCP Business Plan 2012-17 which sets out the strategic context and priorities for action. The business plan is refreshed on an annual basis and provides the community safety agreement for the partnership as required by the Crime and Disorder Act 1998.</p> <p>The 2014-15 annual refresh of the OSCP Business Plan has 5 strategic priorities of which cover a broad area of partnership activity. These are:</p> <p><u>Priority 1 Victims: tackling abuse and exploitation</u> – shared domestic abuse review and development of Oxfordshire social enterprise model for Champions; local Community Safety Partnership (CSP) action plans to prevent child sexual exploitation under auspices of OSCB; single process for safeguarding individuals vulnerable to radicalisation through the Channel Panel which supports the national <i>Prevent</i> strategy.</p> <p><u>Priorities 2 & 3 Offenders: reducing violent crime and targeting patterns of offending</u> - CSPs sharing good practice on managing night time economy; Oxfordshire-wide Domestic Abuse perpetrator programme; Oxfordshire Drug and alcohol treatment/ support for recovery (including offenders/ ex-offenders) services, legal highs campaign; Support first time entrants to youth justice services across Oxfordshire.</p> <p><u>Priority 4 Community: dealing with anti-social behaviour</u> – sharing learning from impact of new ASB legislation; Supporting the Mental Health Concordat; Managing reductions in CCTV funding efficiently.</p> <p><u>Priority 5: Efficiency and Effectiveness</u> - Informing the development of the Multi Agency Safeguarding Hub so that it supports community safety concerns; Reviewing OSCP Business Plan and supporting information including the Strategic Intelligence Assessment and Community safety website: http://insight.oxfordshire.gov.uk/cms/community-safety-0</p>	

Current funding from the Police and Crime commissioner is £789k. There has been an 11% reduction in this funding since 2013/14. The funding is shared between Community Safety Partnerships, Oxfordshire County Council's Drug and Alcohol Team (Public Health) and the Youth offending Service/ Early Intervention Service.

The Partnership's key achievements in the last year

The focus of shared activity for community safety partners during 2013-14 was to continue to reduce crime, improve access to data and information, further develop our partnership performance management framework and identify opportunities for 'adding value' as a partnership through collaboration and innovation.

Reducing crime: crime fell 1.1% (414 crimes) in the year to September 2013 continuing a long term downward trend since 2007. This has been achieved despite a growing population in Oxfordshire.

Improving access to information: the new community safety Information Management System (IMS) has been further developed to provide access to core information on community safety issues to enable high level priority setting, performance monitoring, project development and evaluation:

www.oxfordshire.gov.uk/insight/communitysafety

The 2013-14 Oxfordshire Strategic Intelligence Assessment (SIA) was published in April 2014 providing a robust community safety evidence base at the county and district levels.

Managing performance

The Board receives a bi-annual performance report using RAG rating and exception reporting to highlight areas that require further work. Future performance will focus on the indicators agreed with the Police and Crime Commissioner.

Developing collaborative and innovative local service delivery

Domestic abuse services: there is currently a network of over 800 multi-agency domestic abuse Champions across Oxfordshire. Champions form the cornerstone of our early intervention strategy to support victims of domestic abuse through effectively signposting to intervention and specialist services.

Stop Hate UK continues to provide a 24 hour support and referral service supporting victims of hate crime across Oxfordshire.

Oxfordshire was chosen as one of the eight national pilot areas to take part in the payment by results approach to support and sustain recovery from drug and alcohol misuse with outcomes including freedom from dependence, reduced re-offending or continued non-offending, increased employment activity and improved health and wellbeing.

The Youth Offending Service and the Early Intervention Service have worked closely to offer an effective and responsive range of preventative services and to ensure the continued success in maintaining low rates of first time entrants into the youth justice system.

Community Safety Partnerships have supported the work of the Oxfordshire Local Children's Safeguarding Board to prevent Child Sexual Exploitation (CSE) through developing their own local action plans to raise public awareness.

The aims for the Partnership in the year ahead

To deliver on the OSCP business plan priorities – see above

The key challenges for the Partnership and how these will be addressed going forward.

Maintaining the reduction in levels of crime will be a challenge, especially given continually reducing resources and historically low levels of crime. OSCP will work closely with the Office of the Police and Crime Commissioner to maximise the impact of funding and access new funding sources, such as the Victim's Commissioning Funding.

OSCP will continue to explore options to work more efficiently and effectively across Oxfordshire and Thames Valley. Challenges for 2014-15 include:

- Providing support to proposals that the Oxfordshire Domestic Abuse Champions model transition to a social enterprise;
- Supporting a campaign on hate crime by the Police and CSPs in Oxfordshire to raise awareness of disability-related hate crime;
- Leading a legal highs campaign to raise awareness of the dangers and reduce harm;
- Implementing CSP action plans (under the auspices of OSCB) to raise public awareness of child sexual exploitation, including support for local communities at risk;
- Reviewing the Oxfordshire Strategic Intelligence Assessment to identify potential synergies with other strategic data analysis requirements;
- Safeguarding individuals vulnerable to radicalisation through the multi-agency Channel Panel;
- Ensuring the PCC's victim's funding commissioning supports identified community safety priorities, addresses known gaps and links with other commissioning processes; and
- Securing appropriate probation engagement with the Board in view of the recent transformation.

Partnership Name	Oxfordshire Stronger Communities Alliance
Date of completion	24 June 2014
Chairman	Rt Revd Bishop Colin Fletcher & Cllr Hilary Hibbert-Biles
OCC Lead Member	Cllr Hilary Hibbert-Biles
OCC Lead Officer	Jonathan McWilliam
Last Meeting Date	19 June 2014
Next Meeting Date	22 October 2014
Website Address	https://www.oxfordshire.gov.uk/cms/content/oxfordshire-stronger-communities-alliance
Governance Arrangements	The OSCA brings together 23 members from voluntary sector support providers, faith groups, representatives of local councils, the NHS, military and police. OSCA Partnership meetings are held three times a year.
The current focus for the Partnership	
<p>The focus for OSCA for the forthcoming year is:</p> <ul style="list-style-type: none"> • Developing capacity and capability within the voluntary sector • Raising the profile of the Voluntary Sector as deliverers • Shaping and organising to be able to influence commissioning <p>This will be supported by Oxfordshire Community Voluntary Action and Oxfordshire Rural Community Council along with Oxfordshire Community Foundation.</p>	
The Partnership's key achievements in the last year	
<p>OSCA has continued to build capacity amongst the voluntary and community sector organisations it represents. It has been promoting new funding opportunities and working through the member organisations to work with smaller organisations and communities building sustainability and capacity.</p> <p>Community Transport - The partnership have been instrumental in promoting and supporting the community transport review and this has helped to shape the way community transport will be delivered in the future. As part of this the partnership has also considered the mini bus audit identifying the usage, costs and potential shared used.</p> <p>Community Information Network – The partners disseminated information of the launch of the community information network and worked with communities wanting to establish a group. This has resulted in some new groups coming together, therefore building community resilience.</p>	
The aims for the Partnership in the year ahead	
<ul style="list-style-type: none"> • The VCS and commissioners will continue to work in partnership to facilitate the sector's access to public sector contracts. Commissioners will work with the sector to increase their understanding of the procurement process and 	

develop commissioning to reduce disadvantages that the sector identifies from new EU procurement rules. As the trend for larger contracts continues OSCA will need to provide the infrastructure for VCS partners to collaborate to ensure they have the experience, capacity and financial reserves to bid for contracts.

- Securing maximum funding available for the sector through supporting sustainable economic growth and bids for European funding through engagement with the Oxfordshire Local Enterprise Partnership (LEP). OSCA and the LEP will need to collaborate to ensure proposals developed consider the local needs and how Voluntary and Community Sector organisations can support activity and economic growth so that the full potential of schemes are realised.
- To facilitate the sector in bidding for external funding through cooperation.

The key challenges for the Partnership and how these will be addressed going forward.

- Funding streams for the VCS are continually being reduced at a time when there is an increasing demand for their services. OSCA will address this challenge by promoting access to new funding streams.
- OSCA will need to build capacity and resilience in the sector to be able to effectively compete in a competitive market place for commissioning services.

Partnership Name	Oxfordshire Safeguarding Children Board
Date of completion	31.07.14
Chairman	Maggie Blyth
OCC Lead Member	Melinda Tilley
OCC Lead Officer	Lucy Butler
Last Meeting Date	28 07 14
Next Meeting Date	28 11 14
Website Address	www.oscb.org.uk
Governance Arrangements	The Oxfordshire Safeguarding Children Board (OSCB) is led by an independent chair and includes representation from all six local authorities in Oxfordshire, as well as Probation, Police, OCCG, Oxford University Hospitals NHS Trust, Oxford Health NHS FT, schools and FE colleges. The Board meets 3 times per year and is supported by an Executive Group that meets 6 times per year.
The current focus for the Partnership	
<p>OSCB remit: To co-ordinate and ensure the effectiveness of what is done by each agency on the Board for the purposes of safeguarding and promoting the welfare of children in Oxfordshire. This is done in two ways.</p> <p>(1) Co-ordination of local work by:</p> <ul style="list-style-type: none"> • Developing robust policies and procedures. • Participating in the planning of services for children in Oxfordshire. • Communicating the need to safeguard and promote the welfare of children and explaining how this can be done. <p>(2) To ensure the effectiveness of that work:</p> <ul style="list-style-type: none"> • Monitoring what is done by partner agencies to safeguard and promote the welfare of children. • Undertaking Serious Case Reviews and other multi-agency case reviews and sharing learning opportunities. • Collecting and analysing information about child deaths. • Publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire. 	
The Partnership's key achievements in the last year	
<p>Ofsted Inspection: The OSCB was judged as good by Ofsted in its 2014 review of the effectiveness on the LSCB. This provided assurances to the OSCB, partners and the public that local partnership work is effective in safeguarding the welfare of children. Ofsted proposed areas for improvement for the OSCB which will be addressed via the OSCB business plan for 2014/15</p> <p>Learning and Improvement: Learning on areas for practice improvement through eight multi-agency audits. These were completed in partnership and reviewed over 100 different children's cases. They concerned: (a) thresholds in accessing /</p>	

ceasing child protection plans (b) managing risk for vulnerable adolescents (c) supporting children where there is parental substance misuse (d) child sexual exploitation (e) children in need. These have been developed in to learning documents for practitioners. These audits have had an impact in many ways a few examples are:

1. Informing the placement strategy for children in care, ensuring that mental health partners are part of the process in keeping our most complex young people close to home
2. Renewing the thresholds booklet for Oxfordshire's children's workforce and introducing it into all core safeguarding courses
3. Public Health amended their standard contract with Drug and Alcohol service providers to include stronger safeguarding responsibilities

Raising Awareness: The OSCB annual conference for over 200 delegates provided learning on issues raised through case review e.g. self-harm, behaviour and attendance, child sexual exploitation, social media and the internet, drugs & alcohol and working together on high risk cases. Evaluation included: "*Excellent Conference. Relevant, Reflective and informative.*"

Two **serious case reviews** were published: Child Y and Child N. For the case of Child Y the action plan was monitored and actions completed. Learning was reported in the annual report. The serious case review for Child N was published in August this year, the recommendations and learning from this report are now in train.

Training: OSCB training was delivered to 6000 members of the children's work force in Oxfordshire (higher than last year). The range of courses increased to 19 different types of face to face courses and 8 new online courses. The options for learning also improved. Bite-size workshops were introduced e.g. harmful sexual behaviours. Themed courses were introduced in response to Oxfordshire's learning from case reviews and audits e.g. working with men and boys, disabled children, ran workshops on the multi-agency tools for practitioner trainers. Delegates have said that OSCB courses are, "*Interesting, informative and relevant*".

Communications: The OSCB website was updated for better access and content. The OSCB delivered termly newsletters to over 4000 members of the workforce, which was a greater number than last year. The OSCB set up a virtual education network with a bi-monthly e- bulletin for early years, educational and further education settings.

Safeguarding procedures: The OSCB conducted a gap analysis of local procedures against the pan-London procedures. The gaps were prioritised and all top priority changes were implemented within the year. This led to them being rated by Ofsted Inspectors as "*comprehensive and up to date*".

Scrutinising the effectiveness of services: The OSCB reviewed the work that is done to support vulnerable groups and held lead officers to account with respect to:

- Early Help
- Vulnerable learners
- Disabled children

- Children at risk of cse
- Young people with a range of complex needs

Child Sexual Exploitation: The OSCB has a strong CSE subgroup led by the Board's vice chair. In 2013/14 it has overseen:

- The establishment of the Kingfisher team with police, social workers and health staff to spot potential warning signs, identify and support young people who may be victims of child sexual exploitation
- Provided child protection training for staff working with children. The training now includes a designated section on spotting the signs of, and responding to, child sexual exploitation. This training has been delivered to more than 3,500 multi-agency staff in Oxfordshire, including all frontline staff working with children.
- Developed a new child sexual exploitation screening tool in line with best practice, is used to assess the likelihood and risk level of a young person being subjected to sexual exploitation.

The aims for the Partnership in the year ahead

- Embedding robust and rigorous quality assurance activity.
- Maintaining the quality assurance, learning and improvement framework.
- Capturing the views of children, young people and practitioners
- Completing the recommendations made by Ofsted

The key challenges for the Partnership and how these will be addressed going forward.

National Drivers

- Tackling child sexual exploitation.
- Improving the effectiveness of 'early help' services.
- Implementing new statutory safeguarding guidance.
- The focus on safeguarding across inspection regimes.
- Ensuring that the potential risks to safeguarding practice and arrangements are kept under review in response to increasing demand for services and on-going reshaping of public services.

Challenges for local multi-agency work

- Ensuring there is sufficient provision of 'early help' and improving the effectiveness of 'early help' services.
- Progressing actions to tackle child sexual exploitation.
- Safeguarding those Oxfordshire children who are living outside of Oxfordshire within residential, educational and secure settings.
- Ensuring there are effective arrangements in place to safeguard vulnerable learners.

Key priority areas for the Board

Reviewing the challenges ahead the Board remains committed to responding to the following key priority areas:

- Evaluating the effectiveness of early help.
- Missing, exploited and trafficked children.
- Maintaining a quality assurance, learning and improvement framework. Ensuring commissioning of all case reviews are undertaken in line with 'Working Together 2013' guidance.

How the Board will work better to address them:

- All challenges are identified in the Business plan. Board business is more tightly driven through processes such as an action log, challenge log, risk register and exception reporting against the Business plan.
- The Chair is developing local strategic relationships to ensure that safeguarding risks in the child protection partnership are understood and managed effectively at the highest level. A Safeguarding Summit will take place in order for the OSCB to engage with partners at a strategic level. The Board will undertake a series of short briefings for members across the county so that local challenges are collectively understood.
- The Chair and the Board intends to undertake a review of the Finances, the Business Unit and Training function to ensure that is fit for purpose and able to deliver against the challenges listed.

Partnership Name	Oxfordshire Safeguarding Adults Board
Date of completion	11 th August 2014
Chairman	Donald McPhail
OCC Lead Member	Clr Judith Heathcoat
OCC Lead Officer	Kate Terroni
Last Meeting Date	3 rd July 2014
Next Meeting Date	23 rd October 2014
Website Address	www.safefromharm.org.uk
Governance Arrangements	Our board includes members from all statutory agencies, including: Oxfordshire County Council, Thames Valley Police, NHS Oxfordshire, Oxford Health NHS Foundation Trust and the Oxford University Hospitals NHS Trust. Our Board has working relationships with other Boards and partnerships across the County, including the Oxfordshire Health and Wellbeing Board to whom we submit an Annual Report.
The current focus for the Partnership	
<p>The purpose of the Oxfordshire Safeguarding Adults Board is to create a framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety. Safeguarding Adult Boards will become statutory bodies in April 2015 following the implementation of the Care Act 2014.</p> <p>Aims:</p> <ul style="list-style-type: none"> • Ensure that all incidents of suspected harm, abuse or neglect are reported and responded to proportionately, and in doing so: • Enable people to maintain the maximum possible level of independence, choice and control • Promote the wellbeing, security and safety of vulnerable people consistent with their rights, capacity and personal responsibility, and prevent abuse occurring wherever possible • Ensure that people feel able to complain without fear of retribution • Ensure that all professionals who have responsibilities relating to safeguarding adults have the skills and knowledge to carry out this function • Ensure that safeguarding adults is integral to the development and delivery of services in Oxfordshire. <p>There are six sub groups which report to the Safeguarding Adults Board, which in addition to the list below includes a Monitoring and Evaluation Sub Group, which has been established in the last year to scrutinise and hold to Board to account.</p> <ul style="list-style-type: none"> • Policy and Practice: To oversee the development and implementation and review of local policies and procedures that ensure: the abuse of vulnerable adults is identified where it is occurring; that there is a clear reporting pathway; that there is an effective and coordinated response to abuse where 	

it is occurring; that the needs and wishes of the vulnerable adult are central to the adult protection process

- **Training:** To provide a comprehensive multi agency training programme to support single agency training in the areas of prevention, recognition and responsiveness to abuse and neglect.
- **Serious Case Review :** To provide assurances to the OSAB that the recommendations and learning from all relevant serious case reviews (with multi agency characteristics) have been considered, and that the relevant learning and recommendations are being implemented.
- **Dignity in Care:** To help ensure that everyone in Oxfordshire experiences dignity in the care and support they receive, and to assist OSAB in its work.
- **Deprivation of Liberty Safeguards:** To ensure that Deprivation of Liberty Safeguards are effectively and lawfully applied across Oxfordshire.
- **Monitoring and Evaluation:** To receive data on agencies' performance and to undertake audits to establish agencies' effectiveness in safeguarding adults at risk.

The Partnership's key achievements in the last year

- Establishment of the Monitoring and Evaluation sub group to review the effectiveness of the Board in achieving meaningful outcomes.
- The Board has taken part in consultations about The Care Act to ensure that issues relevant to safeguarding adults are appropriately considered and reflected.
- The establishment of a formal structure to support the Serious Case Review process. One serious Case Review has now been completed and there are a number of other cases that being considered by the Serious Case review sub group.
- The Board has responded to key legislative changes such as the Cheshire West judgement and has held responsible agencies to account to ensure that the requirements of the Supreme Court judgement are implemented in a consistent, safe manner.
- Hearing the voice of the service user; The Board oversaw the trial of 'Making Safeguarding Personal', which requires the voice of the vulnerable adult to be central to the safeguarding process, focusing on what outcome they wished to achieve as a result of the professional intervention. Impact assessments were completed and found there to be some significant benefits to those involved.
- An escalation policy has been developed and in a recent audit found to be working effectively.
- Membership of the Board has continued to have a good representation from key agencies, with some new additions, such as prisons and probation
- Performance and Complaints; The Board requires member agencies to submit information about performance and analysis and learning from complaints.
- The Board has continued to maintain and develop strategic links with other partnerships: Oxfordshire Safeguarding Adults Childrens Board; Healthwatch; the Health and Wellbeing Board; The Community Safety Partnership

The aims for the Partnership in the year ahead

- To ensure that findings from Serious Case Reviews are shared with the Board and that each agency is held to account to ensure that the learning from Serious Case Reviews are embedded in the way that organisations work and interact with each other.
- Focus on continuing to build relationships with the Children's Safeguarding Board to share learning and reduce duplication. This will include the sharing of learning of other Boards from Case reviews.
- Continued focus on Deprivation of Liberty Safeguards as a result of Cheshire West and support organisations as they respond to the requirements of this judgement.
- To oversee agencies' implementation of the Care Act in respect of adults at risk.

The key challenges for the Partnership and how these will be addressed going forward.

- There is a challenge about the membership of the Board. The Board continues to receive requests for additional people to join the group and the challenge is to ensure that the Board doesn't grow too large that it becomes less effective, but that those who aren't represented at the main Board have an opportunity to have feedback and / or have membership of a relevant sub group.
- To develop a budget for the Board to ensure it had the capacity to undertake its statutory functions. This will be addressed by achieving agreement with the statutory members of the Board.

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**DIRECTOR OF
PUBLIC HEALTH
FOR OXFORDSHIRE**

**ANNUAL REPORT
VII**

*Reporting on 2013/14
Produced: June 2014*

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Foreword

This is the seventh Director of Public Health Annual Report and the first since Public Health returned to Local Government.

As well as reporting on the overall state of health and wellbeing of the county, I will:

- Report on the Public Health services that the county council is now responsible for as set out in legislation.
- Reflect on the opportunities afforded by the return of Public Health to Local Government and sketch out some of what the future may hold.

The report begins with an analysis on these opportunities.

This is followed by sections reporting on services, important issues and progress in the following chapters:

- 1. The Best Start in Life**
- 2. Improving Quality of Life for All**
- 3. Reducing Inequalities in Health**
- 4. Infectious and Communicable Diseases**

In response to feedback, I have made this report more compact and 'punchier' so that I can report on a wider range of topics of concern.

As ever I am keen to ensure the report is:

- Based on independent science and fact
- Focussed on the major 'gaps' across the county which affect people the most

The report has benefitted as always from the input and views of many people and I am grateful to them. I would like to thank them for their generosity, their time and their trouble and I have acknowledged their contribution at the end of this report.

I hope you enjoy the report and use it.

Dr Jonathan McWilliam
Director of Public Health for Oxfordshire.
June 2014

Introduction

Public Health in Local Government: An Analysis of Opportunities and Future Prospects

The Return Home

Public Health has its roots in Local Government and was 'invented' there in its modern form. The first Medical Officer of Health was appointed in Liverpool in 1847, a Dr William Henry Duncan.

The issues of the day were somewhat different but all too familiar, for example:

- Infectious disease
- Poor sanitation
- Overcrowding
- Poor nutrition
- Poverty

These conditions combined then, as now, to weaken the constitution, make people more susceptible to disease and led to a shorter life span.

My forebears advised councils on how to tackle these issues and began to oversee services which have led to our modern health visiting, school health nursing, social services and environmental health services. As now, links with local doctors and hospitals were crucial.

It is also important to remember that lifespan was also reduced by frequent warfare on a massive scale, and we should not underestimate the contribution of peace to the health of the public.

Back To the Future

In many ways we are now coming full-circle. The health of the public has improved beyond recognition, largely due to improved sanitation, housing, diet, education and an improved average standard of living. Life span has lengthened gradually as a result. 100 years ago the average life span for women was 54 and is now 85. The average span for men was 50 and is now 82.

Councils today continue to fight to improve the lot of local people and there is still much to be done. The roots of poor health do not go away, and although the means of combatting them have changed, there are still many things we can do to improve things further.

Modern medicine has also made a great contribution. We are now in a position to prevent more illnesses than ever before and have powerful drugs to lower cholesterol and reduce heart disease. Improved cancer prevention and treatment have made an impact. The introduction of mass immunisation and screening programmes has been a major success. The modern primary care centre is now as much a public health service as it is a disease-treatment service. We need to work together to continue these efforts.

Success brings new challenges

This success also brings a new generation of challenges which we now face. We have an ageing population, and helping people to achieving **a healthy and productive old age** is a major challenge.

The change in working patterns and changes in the rural economy and housing tenure mean that we now have the issue of **rural isolation** to face as well as the more familiar **'urban' pattern of disadvantage** which is rooted in relative poverty.

Modern prosperity depends upon **mobility and good communications** and the stresses on our transport systems will only grow and the challenges of this are now being faced.

We also live in a cosmopolitan society, and we will need to accommodate **a more multi-cultural county** as demonstrated by the last census.

The role of state funding of services is also constantly under review, particularly in the current financial climate. Whatever the outcome, it is likely that we will need to find ways to **help communities to help themselves**.

It is the role of modern Public Health to take an overview of all these issues and bring scientific advice to those who are charged with finding solutions. In this way, the modern role of Public Health is simply a re-casting of the traditional role for the modern era.

The benefits of working in Local Government

I want to highlight some of the immediate benefits which I have seen over the last year. These have been wide ranging and were not all anticipated and so are well worth reporting. I would list them as follows:

- **The support of the whole Council and Cabinet and a dedicated cabinet member**
The whole Council has been very welcoming and supportive of its new statutory Public Health functions. Debate has been strong over a range of issues and I think this has led to a better service which can now be tailored to meet the needs of individual communities. For example, our school health nurses will be able to create a plan tailored to each individual secondary school. In the past, services tended to be 'one size fits all', and we now have more opportunities to shape services to **local circumstances**.

We have also benefitted from a dedicated cabinet member who has been a strong advocate for the Public Health cause both internally and externally. This has led, for example, to much improved communication campaigns with the public on key health messages and has led to a much improved school health nursing service.

- **An oversight role enshrined in law**
The Director of Public Health's remit is to take an overview of many services and raise concerns if they are not performing well whether they are run by the Council or not. For example, we have new roles in overseeing and influencing immunisation and screening

services run by the NHS. These are currently performing well, but if they do not, we have the ability to raise concerns in public through the Health and Wellbeing Board and to make recommendations to the Health Overview and Scrutiny Committee to investigate in depth. These are powerful tools and we should not hesitate to use them as fail-safes.

- **The span and influence of the Council**

I have continued to be amazed by the breadth and depth of services run by the Council and by its wider influence. For example links with the **Voluntary Sector, Faith communities and the underpinning role of the Lord Lieutenant** have opened up unexpected vistas. This is beginning to bear fruit, especially in more constructive relationships with the voluntary sector in times of rapid change. For example we are currently re-working our relationships with important bodies such as the Oxfordshire Council for Voluntary Action and with the Oxfordshire Rural Community Council.

The Council also has important links with local business and these too open up wider horizons for the future.

- **The Work of the Health and Wellbeing Board.**

The Health and Wellbeing Board has developed well. Its strategy is influential and its Joint Strategic Needs Assessment is a rich mine of information regarding health in Oxfordshire. Its three supporting boards (for Adults, Children and Health Improvement) have all been able to take great strides forward during the year. The Board really has helped to bind together Local Government with the different parts of the local NHS. The increased focus on safeguarding and quality has been an important and timely improvement.

- **Separating contracts for Public Health services from large NHS contracts**

In the past services for contraception and sexual health were part of larger 'block' NHS contracts. Separating them out has meant we have been able to use the **'sharper' Local Government contracts** to specify services more accurately and to tune them to local needs. Again our new sexual health services and school health nursing services are evidence of this.

- **A longer term financial horizon**

NHS accounts are very much run on an annual basis. As Public Health is by definition a long term effort, this always led to difficulties in planning properly for the medium and long term. The Council's four year planning process has been a revelation as it enables us to plan and budget a number of years ahead. This is a boon for Public Health services and we are now able to make outline plans up to 2017/18. Of course, such plans always have to remain flexible as we live in a rapidly changing fiscal environment, but the gains are significant.

- **A dedicated grant for Public Health**

It has been very helpful to have a specific grant for Public Health in these early years. Whether or not this is continued, it has given us the opportunity to establish core services under Local Authority contracts and has given a degree of stability and confidence which preventative services need to thrive.

- **Closer working with the Chief Executive and other Directors**

Senior colleagues have been quick to recognise the value of Public Health services and, having had a year of consolidation, we are now beginning to explore and exploit the synergies of planning services for the future together to create a Thriving Oxfordshire.

- **Constructive scrutiny and local democracy**

During the year we have benefitted from formal scrutiny and from the increased constructive challenge which lies at the heart of Local Government.

Public Health may have global ideals, but its implementation is fundamentally local and it touches the lives of all. We are all experts in public health and we all have a relevant contribution to make. This is meat and drink to local democracy and I am confident that this local interest and debate will help us to thrive in the years to come. This isn't all easy-going, as opinions differ and difficult choices have to be made. The fact is that we cannot do everything we would like, but I am sure that we are making better, more rounded decisions as a result, and these are more grounded in the needs of local people.

- **Improved partnership working**

No single statutory service can go it alone, and partnerships with non-statutory agencies and the public are crucial now and will become more so. Relationships are not too 'cosy' and partners are able to challenge one another constructively.

Every organisation has a Public Health role and we need to be able to work together with others to take forward our common aims to turn a flotilla into a taskforce.

We benefit from cordial relationships in Oxfordshire and we should be proud of our ability to work together which will become increasingly important over the years.

Partnerships between the three tiers of Local Government will be crucial. The strengthened role of districts and city council in the work of the Health Improvement Board is bearing fruit.

The Health and Wellbeing Board has also provided a framework for the closer integration of health and adult social care we will need, and partnerships across children's services have been strengthened.

Local government has also been able to work together with the universities and local industry to create the City Deal which is something of a landmark.

Public Health advice nationally and some of our local services are run by Public Health England, which reports to the Department of Health. We have established a very constructive working arrangement with Public Health England and this has enabled us, for example, to improve our drug addiction services and work together on infectious disease issues during the year. This is an important relationship which we need to build upon. The challenge will be to keep these partnerships focussed on the big issues and to use them to broker the important 'deals' we will have to do to hold services together. Local Government's strengthened role in these partnerships has proved to be pivotal.

- **More direct links with and involvement of the public**

During the year we have benefitted from improved public involvement in our work. This needs to continue to develop. As well as the direct input of councillors as representatives of the public we have established good working relationships with Healthwatch and our public representatives on the Health Improvement Board have advised on all matters.

- **A focus on quality**

There is, rightly, an ever increasing emphasis on the quality of public services. Public Health has brought a new range of clinical services to the council and we have been keen to set up a new system of quality monitoring and assurance to make sure these services are up to the mark. In addition, the Health and Wellbeing Board has had a clear focus on quality, helping to assure quality of NHS services as well as receiving reports from our Safeguarding Boards.

- **A Focus on safeguarding**

Many Public Health services affect young people. It has been very useful to be able to develop and strengthen safeguarding arrangements including the prevention of child sexual exploitation through our new service specifications for school health nursing, sexual health and drug and alcohol services. We have also ensured that the conclusions of our safeguarding boards feed into the work of the Health and Wellbeing Board and we have been able to advise the children's safeguarding board about the epidemiology of female genital mutilation.

- **Specific service improvements**

As I mentioned above, during the year we have been able to establish improved services for school health nursing and sexual health. Both of these services are expanded and improved. They will need to bed down during the year and we have benefitted from the input of councillors and head teachers in getting the right local feel for services.

- **A new School Health Nursing Service**

We have specified that we wish to have one named School Health Nurse working in each of our secondary schools – a significant expansion within the allotted financial envelope. This expansion will be implemented throughout the year and will result in better public health in our schools as well as improving the care of children with physical and psychological needs and strengthening safeguarding. Each school will have its own plan designed hand in hand with head teachers.

- **Improved Sexual Health Services**

We have modernised our sexual health services while keeping the existing network of community clinics. The public will now be offered a 'one-stop-shop' service for all their needs and we have reduced duplication in the old system. This service will be closely monitored during the year to ensure it bears the promised fruit.

- **The continued importance of the NHS and Partners**

Although Public Health has moved to Local Government, we need to keep close cooperative links with our colleagues in the NHS so that we can develop services together. It will be particularly important to work closely with GPs and their teams.

During the year we have also begun some exciting work to bring more prevention into the work of Oxford University Hospitals Trust and I commend the Trust for their part in this joint venture. Our public health trainees have been pivotal in making this happen.

Opportunities for the future

Public Health is everyone's business and we all have a role to play. The Public Health team is small and we have to 'punch above our weight' by working with and through others to influence a wide range of policies.

Public Health is a long term approach and we cannot do everything at once, but it is important to set out a broad canvas to shape our future vision.

I wanted to highlight some of these opportunities for the future here, and pick out especially the priorities for the coming year as well as the work of the years to come.

- **Completing our 'core' services**

During the next year we will substantially complete the modernisation of our portfolio of core services. Key amongst these will be:

- Re-commissioning our drug and alcohol services
- Re-commissioning our services to help people give up smoking
- Improving the health checks offered by GPs.
- Developing work on the new 'healthy weight strategy'.
- Co-commissioning public health services for 0-5s (Health Visitors and Family Nurse Partnership) in preparation for transfer of commissioning responsibility from the NHS in Autumn 2015.

Each of these will be strengthened to give a better service and each one will play an important role in preventing disease and early death.

- **Keeping up our Watchdog role**

We need to stay vigilant to make sure that good services continue to improve. This will mean working with, and if needs be, holding to account the commissioners of services for screening, immunisation and infectious disease control. Many of these services now span different organisations and we will need to continue to monitor the situation with impartiality. Examples of this are services for immunisation, breastfeeding and tuberculosis. These are mostly provided by the NHS with help and advice from Public Health England. Our services are currently good: we need to stay vigilant, monitor services closely, work together to make improvements and speak out when we need to.

- **Children's Services.**

There are real opportunities for giving children in the county a better start in life.

During 2014 the council will prepare to take on the commissioning of Health Visitor services from the NHS and we will work with the NHS to make this a success. Final transfer will take place in October 2015. This is exciting as these services have their roots in Local Government from the time when the Government was shocked at the poor health of its young people in the shape of recruits for the Boer War.

We need to plan how to improve the join-up of children's services, bringing together the work of school health nursing with new safeguarding services, children's social care, early intervention services and preparing the way for Health Visitors. This is good news because the council will now have a strong portfolio of services to give children the start they need and deserve.

- **Services for adults.**

It has never been more important for adults to reach their 60s and 70s in good shape and so prepare the ground for a healthy old age. This means that both NHS and adult social care services will need to take a preventative approach and plan services together. We have started well on this with strong partnerships with the NHS and we now need to make sure Public Health plays its role too.

As factors such as loneliness and poor social networks come to the fore as important influences on health in old age, it will be important to work ever more closely with voluntary services to make this work.

I want to stress the importance of reaching old age with a reasonably healthy weight. Overweight not only causes disease, but it reduces mobility and exacerbates disability too. This makes getting out and about more difficult which in turn increases isolation, lowers the mood and this means that diseases hit harder.

There is great potential for bringing a Public Health approach to the planning and commissioning of adult social care and this will be a focus of work in the coming year.

- **The 'Broader Determinants of Health'.**

This is a jargon term which means that factors like the quality of your neighbourhood, the quality of your home, your access to green spaces, the food offered in local shops, your access to cycle paths, the quality of local sports facilities and community centres all have an impact on your health. Many of these factors are heavily influenced by district councils, and it will be important to work more closely with them to keep standards high and make improvements. The district councillors on the Health Improvement Board have a key role to play in influencing this.

- **Health promoting communities.**

This is something of a Holy Grail. The question is, "How do you encourage and facilitate communities to improve their own health by their own efforts in a times of fiscal tightness". I do not have the answer to this, but it is important that we continue to search for the right levers to pull.

- **The economy, prosperity and skills.**

A reasonable standard of living is a pre-requisite for good health. Oxfordshire's economy is comparatively healthy and needs to remain so. The work done by all agencies to maintain prosperity and to create real jobs is a key support to good health.

Having the right skills to fill these real jobs is important too. There will be a boom in science and technology jobs in the county and we need to make sure that our education system is geared up to encourage young people in this direction.

- **New partners and the role of individuals.**

If we are to strengthen our communities we need to coordinate what we do with a wider ranging group of organisations and individuals.

During the last year joint work with local industry and with the universities has strengthened. There are opportunities for the Public Health team to work more closely with the universities too, and a promising conference was held locally last month to set the ground work for this. Directors of Public Health working across Thames Valley will have an important role to play in making this happen.

Philanthropic individuals have always been important, but never more so as state funding becomes tighter. We are seeing this already through practical offers of support to voluntary organisations and local communities. To an extent we will need to let '1000 flowers bloom', as philanthropists are by nature highly individualistic. However, others are keen to support the development of voluntary agencies across the board and find new ways to wean them off state funding.

Oxfordshire is tremendously rich in creative and talented people who are keen to share their skills and expertise. The work of the Lord Lieutenant, the Vice-Lord Lieutenant and 36 Deputy Lieutenants demonstrates this well. We will need to work in partnership with these individuals in the coming years.

Individual philanthropy has a Victorian ring to it and this seems a fitting 'back to the future' note on which to close this section. In the future, individuals, communities and the State will need to work hand in hand. Overall I feel that we face challenges which may be different to those of 100 years ago but which are every bit as pressing. The solutions we have to find will be new ones and I am confident that Public Health is well placed in local government to play an important part in that quest.

1. The Best Start in Life

The Health Visiting service

Why is this important?

Health visiting is a universal service for all aimed at the under three's and their families. There is a national specification for Health Visiting which covers important topics such as parenting skills, breastfeeding and good nutrition. Regular screening reviews are also carried out to spot problems early. Health Visitors also play a key role in child protection. The Health Visiting service is one of the jewels in the crown of a comprehensive Public Health service.

There are currently 114 whole time Health Visitor posts in Oxfordshire – a substantial workforce. The commissioning of these posts will pass to Local Government from the NHS in Autumn 2015 but the terms of this transfer are not yet clear. It is likely that a universal service working to a basic national specification will be required. The important question will be, "How can we improve on this for Oxfordshire?". We are already making plans and working closely with the NHS to get the best out of the transfer and we will join this up with existing council and NHS services.

How does Oxfordshire compare with elsewhere?

The short answer is – very well. We are well staffed compared with elsewhere and the figures for completed reviews of children are better than the England and Regional averages.

The table below shows the key data from quarter 2 in 2013/14.

Indicator	Thames Valley Quarter 2	England Quarter 2	Oxon Quarter 2
New birth visit within 14 days	53%	74%	83%
Review at 12 months	45%	65%	89%
Review at 2-2.5 years	60%	63%	95%
Breastfeeding received at 6-8 weeks	48%	41%	60%
Breastfeeding status recorded at 6-8 weeks	99%	96%	100%

Recommended Next Steps

1. Work with the NHS to ensure a high quality transfer.
2. Make sure the service joins up well with other Local Authority children's services.
3. Build on and improve the figures in the table above.
4. Make sure that the service is both universal and also targeted at those who need it most.

Breastfeeding

Why is this important?

Breastfeeding provides a great start to life. It gives a baby the best possible nutrition, protects against disease and future obesity and encourages a strong bond between mother and baby.

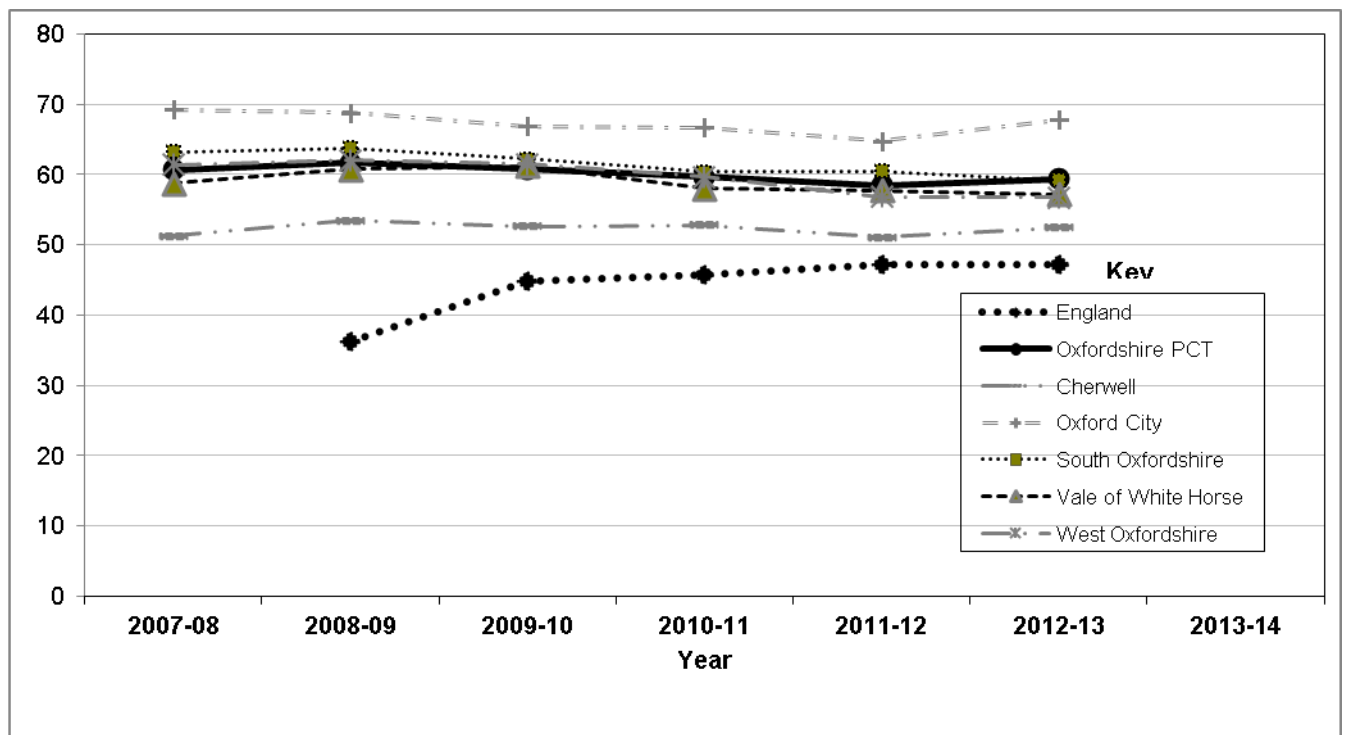
Breastfeeding is largely the responsibility of the NHS and the Health and Wellbeing Board has chosen this as a priority to keep the rates as high as possible.

How does Oxfordshire compare with elsewhere?

The chart below shows that Oxfordshire’s breastfeeding rates at 6 to 8 weeks are more than 10 percentage points higher than national rates at around 60%. This is a good achievement.

However, there is considerable variation between districts, and, while all perform better than the national average, Oxford city outperforms the county average and Cherwell underperforms. There are also wide differences within districts. For example the city contains general practices with very high and very low rates. In general, data from the general practices with the most disadvantaged populations have lower rates – this is an important inequality which casts ‘long shadows forward’ throughout life. In addition the rates have peaked at around 60% for some years.

While breastfeeding is a skill that often has to be learned and supported, it is not possible for everyone- we need to keep these rates as high as possible, bearing this in mind.



Recommended Next Steps

1. Work with the NHS to keep rates high and keep this topic as a priority target for our Joint Health and Wellbeing Strategy.
2. Understand the opportunities to improve services which may be possible when Health Visiting services transfer to the Local Authority.
3. Look more closely at rates within individual practices and support those with the lowest rates.

4. Work with the Health Improvement Board and the NHS to 'drill down' into the data to target services to best meet local needs.

School Health Nurses

Why is this important?

School Health Nurses are crucial. They work with schools to promote better health, help children with physical and psychological difficulties and play a key role in safeguarding. They also immunise young people in school and carry out the weight checks in reception year and year 6 which have proved so valuable in combatting the epidemic of obesity. The responsibility for this service has now passed from the NHS to the county council.

How does the Oxfordshire service compare with elsewhere?

In April 2014, Oxfordshire County Council commissioned a school health nursing service which redefined the concept of school nurses. Every secondary school will have a full time school nurse with the primary remit of promoting health and wellbeing in the school. The school nurse will work with the staff to understand the needs of the young people and design a Public Health plan accordingly. This service provides support for all young people but is also targeted at those who need help the most.

This gives us the potential to improve the health of every child in the county. The service is proving to be an exemplar for other Local Authorities. We have commissioned a much improved service within the allotted resources and are working closely with Oxford Health Foundation Trust (OHFT) who provide the service, to bed this in.

Recommended Next Steps

1. Work closely with schools and OHFT to develop the service during the next year as the staffing numbers are built up to the specified levels.
2. Work closely with nurses to make sure that high quality plans are drawn up with each school that make a real difference.
3. Work closely with other children's services in the council and the NHS to make sure this service joins up with existing services and health services and strengthens safeguarding.

Childhood Immunisation

Why is this important?

Immunisation is one of the keys to a good start in life. Some of the most feared and potentially life threatening diseases of the past like diphtheria and diseases which can have profound complications like measles and rubella have declined markedly in recent decades because of immunisation.

It is imperative that immunisation levels are kept high as this protects all children and adults as the disease finds it harder to spread in communities.

This topic is particularly important because of the recent health service reorganisation which means that immunisation services are the responsibility of the NHS at Thames Valley level.

The Local Authority has an important watchdog role to make sure uptake levels in Oxfordshire remain high. We do this in three ways, firstly by working with NHS colleagues and promoting immunisation through public campaigns, secondly by monitoring the situation closely ourselves and thirdly having systems in place to hold the NHS to account if needs be. We do this through our Health and Wellbeing Board, and the signs are that this is working well. Our Health Overview and Scrutiny Committee could also scrutinise these services if it chose to do so.

It has been a busy year for immunisation and during the year. New immunisations have been rolled out for Rotavirus in 2 and 3 month olds (which causes gastroenteritis) and Flu in 2 and 3 year olds.

How does Oxfordshire compare with elsewhere?

The table below shows uptake data for key immunisations in Oxfordshire over the last year. It shows that our rates are above the national and regional average and that things are generally satisfactory. Eternal vigilance remains our watchword. The national targets of 95% uptake across the board are in some cases aspirational because many children move in and out of the county during the year and so we are always playing catch-up to immunise the last few children in each age group.

Oxfordshire Cover Data 2012/13 and up to Q3 2013/14						
Target 2013/14	96.5%	95.0%	95.0%	95.0%	95.0%	95.0%
	% uptake Diphtheria, Tetanus, Whooping Cough, Polio and Haemophilus influenzae type b age 1 year	% uptake pneumococcal infections age 2 years	% uptake Haemophilus influenzae type b (Hib) and meningitis C. age 2 years	% uptake Mumps, Measles and Rubella age 2 years	% uptake Mumps, Measles and Rubella age 5 years	% uptake Diphtheria, Tetanus, Whooping Cough, Polio Booster age 5 years
Oxfordshire 2012/13	96.9	95.3	95.3	95.1	93.2	94.3
<i>England</i> 2012/13	94.7	92.5	92.7	92.3	88.7	88.9
Oxfordshire 2013/14 Q1	97.2	96.4	96.3	96.2	92.4	93.6
Oxfordshire 2013/14 Q2	96.9	95.4	95.1	95.0	93.1	95.7
Oxfordshire 2013/14 Q3	96.9	95.3	95.3	95.1	92.5	93.0
<i>Thames Valley Area Team Q3</i>	94.7	93.2	93.7	94.0	89.1	88.9

Recommended Next Steps

1. Maintain vigilance and work with the NHS to keep the immunisation levels high and gradually improving.
2. Maintain our active monitoring of the situation through the Joint Health and Wellbeing Strategy and take immediate action if performance begins to slip.
3. Identify and target inequalities and work with the NHS to increase uptake in communities with lower than average uptake rates.

Childhood Overweight and Obesity

Why is this important?

The trends of childhood overweight and obesity are a cause for concern nationally and locally. Children who are overweight or obese are more likely to be obese adults and children of obese parents are at greater risk of obesity themselves. In children, obesity is associated with increased risk of increased blood pressure, type 2 (late onset) diabetes, earlier menstruation, exacerbation of asthma, low self-esteem, depression, eating disorders and social stigma, such as bullying, teasing and discrimination.

How does Oxfordshire compare with elsewhere?

Fortunately, childhood obesity rates in Oxfordshire overall below the regional and national rates. In 2012/13, obesity rates fell for the first time since measurements began. This is a good result, but isn't a cause for complacency and we need to ensure this is not just a statistical 'blip'. The National Child Measurement Programme (NCMP) highlights the following in Oxfordshire.

In 2012 – 2013:

- Obesity prevalence in Reception year in 2012/13 reduced from 7.0% to 6.4%. This is lower than the national average which is 9.4%.
- In Year 6, obesity prevalence reduced from 15.6% to 15.2% and remains significantly lower than England.
- Nearly 1 in 5 of the children in Reception were either overweight or obese; in Year 6 this proportion was 3 in 10.
- The percentage of obese children in Year 6 (15.2%) was more than double the percentage in Reception Year (7.2%) showing that obesity gradually increases with age, beginning in childhood.
- In Reception Year and Year 6, all of the districts in Oxfordshire apart from Oxford city have obesity rates lower than the England average. However, in Oxford, nearly 1 in 5 children in year 6 are classified as obese.
- Participation in the measurement programme is lower in Oxford compared with the rest of Oxfordshire.
- There is a relationship between obesity rates and pockets of disadvantage in Oxfordshire. As Oxfordshire is relatively prosperous, these inequalities are sometimes masked by the lower rates in other areas.

During the year the Health Improvement Board has monitored the situation closely and we have strengthened the services the council commissions to help overweight children lose weight. The new School Health Nursing service will also need to play its part in this work through the school plans that are being developed. The Health Improvement Board also

agreed a 'Healthy Weight Strategy' for the county in which partnerships with district councils will be very important as they provide or commission services for leisure, recreation and exercise which are crucial.

Recommended Next Steps

1. Continue to promote the council's Child Measurement Programme in reception year and year 6 so that we can accurately monitor progress through the School Health Nursing contract.
2. Roll out the new Health Weight Strategy across the county.
3. Prepare for the key role Health Visitors will play in getting babies and young children off to a good start through breastfeeding and good nutrition.
4. Work with School Health Nurses to develop plans within schools to help young people eat well and exercise more.

Teenage Pregnancy

I have reported on teenage pregnancy at length in previous annual reports. I wanted to record here the positive news that rates continue to fall across Oxfordshire. The pattern of teenage pregnancies between different localities remains broadly the same. County figures for the last 15 years show a fall in rates from around 31 pregnancies per 1,000 15 to 17 year olds to around 21 pregnancies per 1,000 15 to 17 year olds ,the lowest figures since 1998 when recording began. This is a good result.

2. Improving Quality of Life for All

Factors such as poor mental health, overweight, smoking, excessive drinking, and drug abuse all detract from our quality of life as well as causing disease. This can culminate in an early death. This section explores the most pressing of these issues.

Mental Health and Wellbeing: One in Four Of Us

Why is this important?

One in four of us will suffer from mental health problems of some kind during our lives. Good mental health is essential for ensuring the wellbeing of the population. As well as being an essential component of wellbeing in and of itself, people experiencing more severe forms of poor mental health are far more likely to be smokers, to abuse drugs and alcohol and to be inactive and obese

Anxiety and depression are very common disorders. In spite of mental illness being common, it remains difficult to talk about and is poorly understood which can lead to stigmatisation. People also tend to have poor knowledge of what can be done to treat them. It is therefore vital that we make sure that good mental health and wellbeing are prominent in our Public Health efforts for the population of Oxfordshire.

How does Oxfordshire compare with elsewhere?

Oxfordshire County Council works closely with its NHS colleagues to provide a clear range of services for people suffering with mental health issues. The NHS works closely with community pharmacies, children's centres, schools, the voluntary sector, Universities, and Local authority services to make sure patients get 'joined up' care. For example:

- Oxfordshire Mind runs a telephone information services as well as an online directory to signpost people to mental health services in the county. They also run county-wide support services for people with mental health problems.
- The charity Restore offers creative work, rehabilitation and training for people experiencing mental health problems in Oxfordshire.

Key tasks for 2014/15 are to promote mental health and wellbeing for men in Oxfordshire and to ensure that training in mental health is available for all front line health professionals.

It is important that this topic is maintained as an important priority for all services.

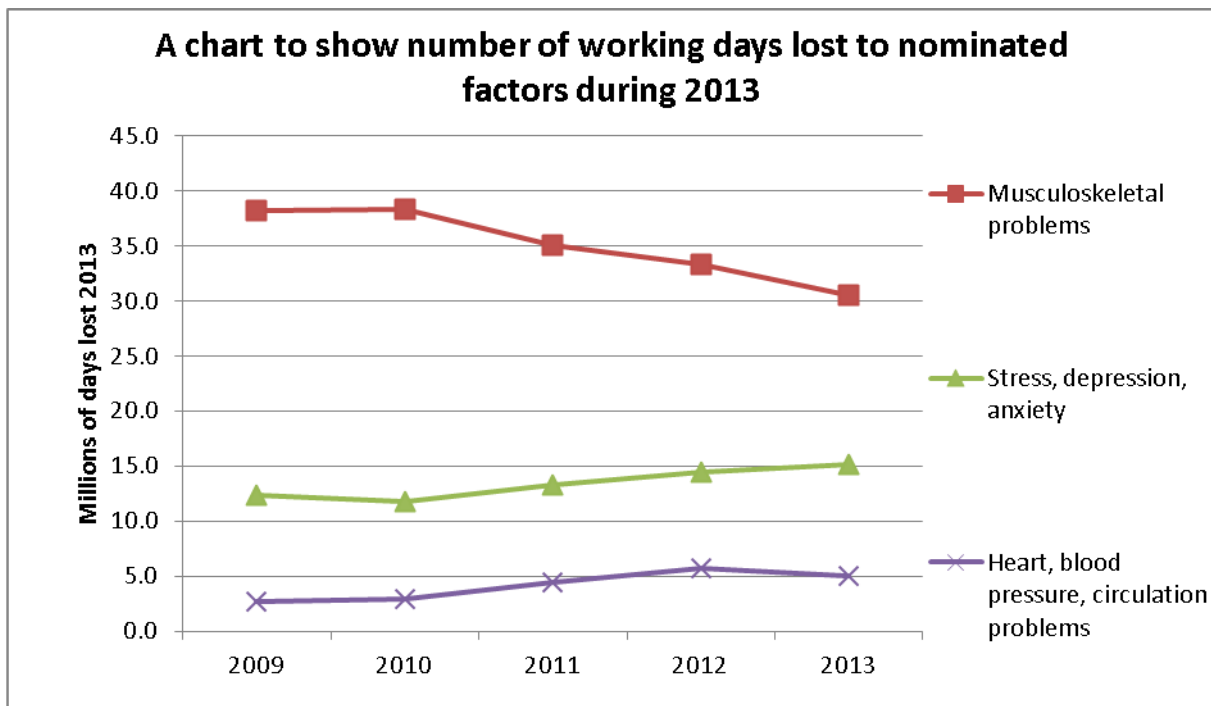
Recommended Next Steps

1. Develop a public mental health strategy that focuses on prevention of mental illness and promotion of mental health and wellbeing.
2. Ensure that mental health is integrated in to all Public Health commissioning, with particular emphasis on healthy workforce strategies, smoking, drugs and alcohol and healthy weight services.

Health in the Workplace

Why is this important?

National data on sickness absence rates tell their own story and are shown in the chart below.



Musculoskeletal problems (e.g. bad backs, sprains etc.) are the leading cause with 30 million days lost per year, but stress, depression and anxiety are common too – about half as common as musculoskeletal problems, as pointed out in the previous section. Overall it is estimated that the cost to the economy is around £14 billion per year.

What Shall We Do About It?

Not all sickness is preventable but some may be. Looking at the council’s own workforce is a useful place to start. The council already has good supportive policies in place, but during 2014 we will try to improve on this by trialling a healthy workforce campaign focussing on:

- Physical activity
- Healthy Eating
- Reducing Stress
- Mental Wellbeing

We will then review this and judge whether it was effective and whether this is a model we can offer to other businesses in Oxfordshire.

Recommended Next Steps

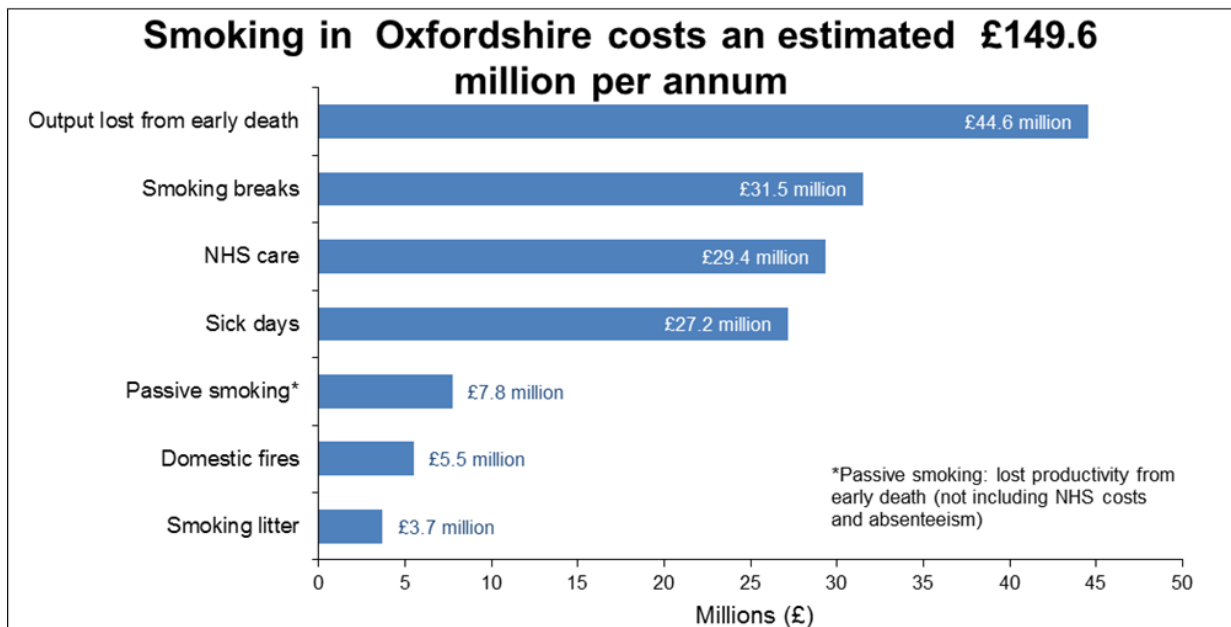
1. Roll out and review the Healthy Workforce programme beginning with the county council.
2. Decide whether this programme might be applicable to other employers in Oxfordshire.

3. If it shows promise, discuss this further with colleagues and take the agreed action.

Giving up Smoking

Why is this important?

Smoking tobacco is still the major cause of preventable ill health and premature death in the UK. Every year, over 100,000 smokers in the UK die from smoking-related causes. Despite the well known risks to their health, nearly 15% of adults in Oxfordshire are still smoking. Smoking harms individuals but also the local community. One estimate gives the approximate figure of, £13.8 billion for the total cost to society of smoking in England in 2010.(Cough Up: Balancing tobacco income and costs in society Report, Policy Exchange Thinktank 2010). The same estimate gives a figure of around £150 million per year in Oxfordshire. The table below gives the estimated breakdown.



Although the prevalence of smoking is falling in the county and it is lower than national and regional rates, the benefits of stopping, or not starting in the first place, are still not being realised universally across the population.

The least well-off in our county are twice as likely to smoke that the most well-off, with 30% of routine and manual workers smoking compared to 14% of managerial and professional workers. Most smokers start before the age of 19 and studies consistently show that the largest influence on children’s smoking is whether or not their parents smoke. Reducing the prevalence of adult smokers will reduce the role-modelling effect, and prevent more young people from taking up the habit.

Everyone knows that smoking is bad for their own health, but for those who are pregnant, smoking also impacts on their babies. The dangers to unborn babies of mothers who smoke are well known, with a doubling of risk that the baby will have a lower birth weight, pre-term birth, placental complications and death of the baby before birth. Babies born to

parents who smoke also have a five times increased risk of dying during their first year from sudden infant death syndrome.

Fortunately smoking levels in Oxfordshire's mothers are low at 9% compared with the national figure of 12% and the regional figure of 11%.

What are we doing about it in Oxfordshire?

1. We continue to commission smoking cessation services from GP practices and community pharmacies which support and encourage people to quit and set ourselves tough smoking quit targets to reduce the number of adult smokers. In 2012-13, 3,703 smokers quit for at least 4-weeks.
2. We have piloted a new outreach service to deliver smoking cessation consultation and support in community settings such as Templars Square in Oxford. This has been very successful at reaching communities at greater risk with 66% of quitters coming from target groups.
3. We support annual campaigns such as Stoptober and No-Smoking Day in conjunction with trained smoking cessation advisors and providers of smoking cessation support in Oxfordshire.
4. Smoking cessation specialists continue to deliver tobacco education, smoking cessation training and advice on tobacco control policy to staff and members of the public in schools and colleges, children's centres and hubs, prisons and detention centres, mosques, inpatient and community mental health settings, in our hospitals and community hospitals, in learning disability settings, workplaces, military settings and many more.
5. We continue to work with the council's Trading Standards team to enforce statutory legislation such as underage sales and tackling smuggled and counterfeit tobacco.

In addition, it has never been easier for people to help themselves. Nicotine gums, tablets and patches are available in many shops and really help people to stop.

Recommended Next Steps

1. The Health Improvement Board should continue to prioritise local action to reduce inequalities in smoking and smoking quitting rates.
2. We will re-commission our smoking cessation services in the light of the experience gained above.
3. We will experiment with more targeted ways to help 'hard to reach' groups.
4. We will work with the clinical commissioning group to ensure that helping mothers to stop smoking is a priority for general practice and for maternity services.

Drug and Alcohol Addiction

Why is this important?

Drugs and alcohol consumption has a huge impact on the individual, on families, on communities and wider society. Problems with drugs and alcohol can lead to loss of employment, family breakdown and criminality, and these problems unfortunately affect us all.

It is vital that we provide information, advice, support and good quality effective treatment for young people and adults alike. This starts with good education within school and making sure schools have access to advice and support.

For adults, it is important that we have well thought through Public Health messages on safe drinking which steer a careful course towards informing and away from nannying. We also need to provide sound advice, information, support and a range of treatment options for both drugs and alcohol and support for families and carers. We need to make sure children of drug and alcohol addicted parents have support and access to the services they require.

It is also important that we meet new challenges, such as the challenge of new 'psychoactive substances' known as 'legal highs' which pose a significant threat.

- On average, 2600 individuals receive treatment for problems with drugs or alcohol over the course of a year in Oxfordshire.
- About 1600 of these individuals are addicted to opiates e.g. heroin.
- We support 800 people with alcohol problems and alcohol addiction
- In Oxfordshire services are good at getting people into treatment but need to be more effective in helping people to recover from addiction.

What are we doing about it?

- During the last year we increased drugs and alcohol education in every school in Oxfordshire. Each school now has access to high quality drug education and alcohol education.
- We have revamped the old 'DAAT' (drug and alcohol action team) arrangements now that the vast majority of funding sits in the Public Health Grant. The DAAT has been replaced by a multi-agency group advising the Public Health team.
- Parents' and carers' guides to drugs and alcohol are disseminated through every school- these are very helpful as parents need to keep up with the world of young people. They can be found at <http://www.oxfordshiredaat.org/pdfs/PandC%20Guide%20NEW%20PROOF.pdf>
- We have specialist drug and alcohol workers in every Early Intervention Hub in Oxfordshire.
- Oxfordshire has good specialist drug and alcohol treatment services across the county. These will be improved when the current contracts end in March 2015.
- Oxfordshire has its own specialist 10 bed residential detoxification service, (commonly called 'drying out') which gives good results – Howard House in Oxford.
- During the last year we have sustained investment in specialist residential rehabilitation (i.e. recovery after giving up) and residential detoxification through new contracts across the country.
- We have made sure that this work is an integral part of safeguarding work across the county.
- Oxfordshire is one of the few Counties where, in partnership with Trading Standards and the Police, we are meeting the challenging and new threat from New Psychoactive Substances or Legal Highs.

- All this will culminate in us producing a new specification for an improved service commissioned by the council. The new service will be up and running during 2015. Public consultation on options for doing this is currently underway.

Recommended Next Steps

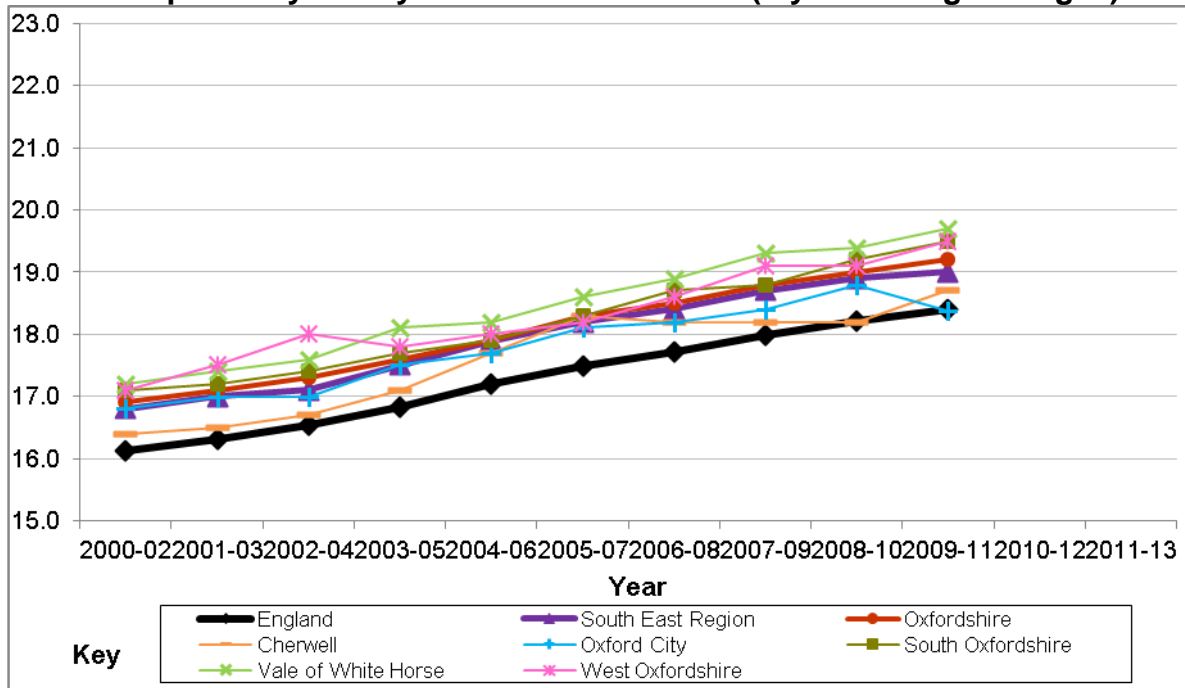
1. Complete a service specification for a new service as key contracts are due to expire at the year end.
2. Ensure that these services will focus on getting people off drugs altogether.
3. Continue to strengthen partnerships especially with GPs.
4. Work with Public Health England to make sure Oxfordshire’s indicators improve.
5. Begin to report progress on performance through the Health Improvement Board and through the Performance Scrutiny Committee.

Healthy Ageing

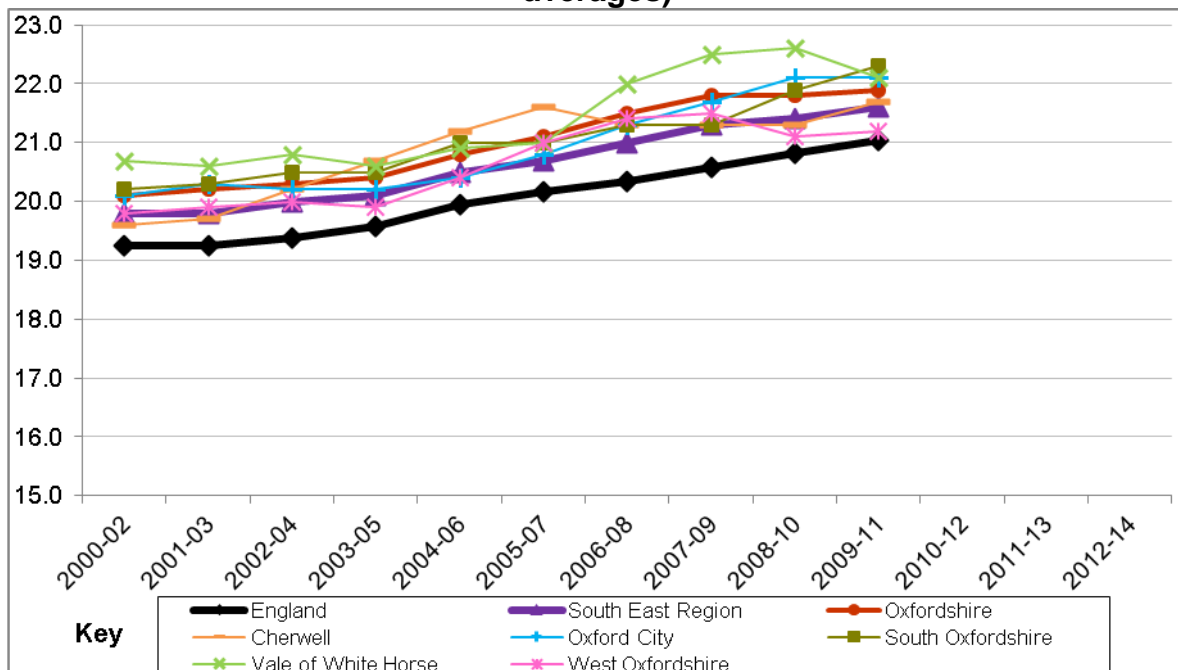
Why is this important?

When the NHS was founded in 1948, 48% of the population died before the age of 65; that figure has now fallen to 14%. In Oxfordshire life expectancy at 65 is now nearly 22 years for women and 19 years for men.

Life Expectancy at 65 years - Male 2000-2011 (3-year rolling averages)



Life Expectancy at 65 years - Female 1998-2011 (3-year rolling averages)



Many people stay healthy, happy and independent well into old age and there is mounting evidence that in the future older people will be more active and independent than today. However as people age they are progressively more likely to live with a medical condition, disability and frailty. In addition around one in ten people over 75 feel isolated and around one in five feel lonely.

A person’s health and well-being in later life are affected by many factors over the course of their life, such as education, housing and employment. Many organisations have a contribution to make and initiatives elsewhere in this report will affect people in older age, such as supporting people to maintain healthy weight, manage addictions and give up smoking. It is important that all services which promote healthy lifestyles are accessible to older people.

An important aspect of remaining healthy in old age is identifying health problems early or preventing them altogether. In Oxfordshire there is evidence that people are not making the most of opportunities available to them. For example:

- People aged 40-74 who have not already been identified with a health problem are invited for a health check once every five years. However less than half of the people, currently invited, take up this offer which could identify important health problems such as diabetes, hypertension or high cholesterol levels.
- Only 58% of people aged 60-69 and 56% of people aged 70-74 complete and return tests to check the risk of bowel cancer. Research shows that deaths from bowel cancer reduce by a quarter in those who are screened.
- Flu vaccination can save lives, it is important that people are vaccinated every year. Uptake in the over 65s in 2013/14 was 74.3%.

How does Oxfordshire compare with elsewhere?

In 2013 the Oxfordshire's Older People's Joint Commissioning Strategy 2013-16 was launched with a goal "To enable people to live independent and successful lives". Both the Clinical Commissioning Group and Oxfordshire County Council signed up to promote healthy approaches to ageing including encouraging healthy lifestyles along with a focus on reducing ill health through early identification of problems. There was agreement to invest in community services to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care.

The NHS Health check programme now includes brief advice for alcohol problems and help to detect dementia earlier.

The uptake of flu vaccination in Winter 2013/14 in the over 65s was 74.3% and in the under 65s at risk was 54.5%. The latter figure is a significant improvement on previous years and represents significant work across agencies to raise awareness and to target patients especially by the Clinical Commissioning Group.

The uptake of the NHS's Bowel Screening programme has been identified as a Health and Wellbeing Board target, but unfortunately uptake has not shown the increase we had hoped. We will need to work with the NHS to improve this.

Despite these initiatives there is still much to do.

- We will have to find ways to help communities to help themselves, especially in our rural areas. This will be challenging as resources of the statutory sector are scarce.
- Loneliness remains an important challenge and affects older people across the board in both rural and urban areas.
- We need to build more dwellings suitable for old age – extra care housing is a good example of this. The supply falls well short of the demand.
- There are opportunities for Public Health to work more closely on the integration of adult social care and NHS services. Everyone acknowledges that services need to shift towards prevention and earlier detection of illness but we have a long way to go to make this a reality.
- The role of carers will remain pivotal and the emphasis on giving them more of the support they need and deserve is to be welcomed.
- The role of volunteers, the voluntary sector will be crucial as will the good work of churches and faith groups.
- We will need to continue the search to find new ways to work with citizens to help them reach a healthy old age and to be productive and active for as long as possible. The resources needed will be far more than the State can deploy and solving this conundrum remains our most pressing priority.

Recommended Next Steps

1. We need to keep this issue high on the agenda of all statutory bodies including the Health and Wellbeing Board.
2. We will join up our efforts more across Public Health the NHS and adult social care services to find new ways of preventing ill health.
3. We need to work closely with the NHS, the voluntary sector, faith groups, carers, and Healthwatch to align and coordinate our efforts.

4. We need to build on our 'Community Information Networks' – the current partnership with the Church of England is a very encouraging sign.

NHS Health Checks Commissioned by Oxfordshire County Council

Why is this important?

The NHS Health check is a national risk assessment and prevention programme required by statute. It is commissioned from the NHS by the county council. **Health Checks specifically target the top seven causes of preventable deaths: high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.**

The programme requires us to invite all eligible individuals aged 40-74 years old for the check every five years (186,723 people), which means that 20% of this age group are invited per year. The age range is set nationally because it is the most cost-effective group in which to detect preventable disease.

In Oxfordshire, the Joint Health and Wellbeing Strategy set a target for 65% of those invited for NHS Health Checks to turn up for their checks. This is ambitiously higher than the national target. If we achieve this, based on Public Health England (PHE) modelling using the [NHS Health Check Ready Reckoner](#), we could potentially:

- identify over 700 people who require anti-hypertensive drugs
- discover over 1000 people who require a statin
- detect over 200 cases of undiagnosed cases of diabetes and over 500 cases of kidney disease earlier, allowing people to manage their condition sooner and prevent complications
- refer over 2000 people to a weight management programme
- offer 7500 people a brief intervention to take up more physical activity
- generate over 550 referrals to smoking cessation services
- help reduce the increasing health and social care costs related to long term ill-health and disability

Currently, NHS Health Checks are delivered solely through GPs. During 2013/14, all 83 practices signed up to the NHS Health Check with 81 of them carrying it out. At the time of publishing this report, 81 GP providers have been contracted to carry out Health Checks for 2014/15 by means of an Approved Provider List. We cannot oblige GPs to do this: it is a commercial arrangement outside of their national contract. Cooperation with the Local Medical Committee (which represents GPs in Oxfordshire when contracting) remains very positive.

During 2013/14, Oxfordshire invited 22.2% (41,368) of the eligible population for an NHS Health Check, and 10.2% (19,001) attended; which equates to an uptake of 46%. This is against an expectation of 20% for invites and 65% uptake. As such, all of the eligible population received an invite, ranking us 2nd across Thames Valley (out of 8). More significantly, 7888 invited Oxfordshire residents did not have their NHS Health Check completed

This is because we deliberately adopted an ambitious target so that we aim high. Our results are comparable with the rest of the country, but we are not content with that and are looking for ways to do better..

The challenge now is to increase uptake. Successful implementation of the NHS Health Check is a key priority for the Health and wellbeing Board in pursuing its goal of 65% uptake.

What are we doing about it?

- We will work with Public Health England (PHE) to develop options for improving the NHS Health Check 'brand'. This will include different approaches to getting people to turn up, including tailoring invitations to different groups and testing new bespoke campaigns, for example through local sports clubs such as Oxford United.
- For the first time we will investigate alternate approaches to commissioning the delivery of NHS Health Checks outside of GP settings, for example through pharmacies.
- If we do this it will be important to make sure our GPs get the results of the checks so that they can take necessary action.
- We will quality assure the programme to make sure it meets the highest standards.
- We will continue to work with our partners in Public Health England to support future research and evaluation of the NHS Health Check programme locally.
- We will aim to increase awareness of the programme through a 'drip feed' effect.

Recommended Next Steps

1. The Health and Wellbeing Board should continue to prioritise NHS Health Checks
2. Work with the Clinical Commissioning Group (CCG) to use NHS Health Checks as one vehicle to achieve its priority to *'tackle health inequalities by offering targeted support to address lifestyle behaviours and choices'*.
3. Continued partnership working with the Local Medical Committee, CCG and primary care providers of the programme to achieve increased uptake and high quality.
4. Continue to explore other innovative ways of delivering Health Checks.

A Joint Public Health Strategy Between Oxford University Hospitals Trust and the county council's Public Health Team

Why is this important?

Large hospitals see many patients every day and the scope to improve their health as well as to treat disease is tremendous. This has long been a missing piece in the jigsaw of the county's Public Health. Thanks to the willingness of Oxfordshire University Hospitals Trust (OUHT) and our Public Health trainees we now have the makings of a joint strategy for the first time. This work is overseen by the Health Improvement Board.

The potential is enormous as there are 11,000 staff and over a million patient contacts each year at the Hospital Trust.

This Strategy sets out three major areas of work:

- To build capacity to promote healthy lifestyles to patients, visitors and staff at every opportunity.
- To develop a health promoting environment.

- To embed Public Health approaches within the Trust.

What are we doing about it?

A Steering Group for completing and implementing the action plan is being convened. Early work will include

- Staff training on Health Improvement to become Health Champions through accredited schemes
- A one year pilot of a Health Improvement Clinic for outpatients, family members and staff to get brief advice and to 'signpost' them to relevant local services
- Improving the availability of healthy food in hospital premises and looking for opportunities to increase physical activity.

Recommended Next Steps

1. Consider the progress made in the first year and work with OUHT to build on this.
2. Ensure that campaigns being coordinated across the county are also rolled out in the hospitals if appropriate in order to reach a wider audience.
3. Support the OUHT in establishing its own permanent Public Health presence within the Trust.

3. Reducing Inequalities in Health

Good health is not experienced evenly or equally by all the people of Oxfordshire. This section looks at some of the causes of health inequality and reports on progress made.

The Thriving Families Programme

Why is this important

In last year's Annual Report I described this programme in detail. This year I will concentrate on new achievements and future direction.

Thriving families is part of Oxfordshire's long term priority to identify the families who need help the most and who consume a significant resource from social services, schools, the NHS, the Police and other agencies. The aim of the programme is to work closely with the families to turn this situation around.

Our programme is bearing fruit and is highly rated by the Department for Communities and Local Government and we are one of the top ten programmes in the Country.

The achievements of the programme can be set out as follows:

- We have identified 90% (around 700) of families expected by Government to be living in the county
- We are working with 70% of the identified families
- We are improving the lives of around 62% of the Thriving families in practical ways

However the real strength of our approach is that we are identifying families from every community in the county, urban and rural, and this makes the programme unique.

Innovations introduced during the year have been to:

- Work together with Jobcentre Plus to get people back into work.
- Expand the original programme (which focussed on anti-social behaviour, unemployment and poor school attendance) to look at ways to tackle mental health problems, drug addiction problems and domestic violence.
- Working with GPs to 'flag' family members so they can get extra support.
- Working with Public Health England to look at early indicators that might move us from 'treatment' of the problems to prevention.
- Using our database to evaluate and 'cost' the savings made.
- Using the experience to influence the development of all our children's services across the board.

Recommended Next Steps

1. Continue the core work of this programme.
2. Learn from the experience of the last two years to help shape the children's services of the future.
3. Make closer and concrete links with the Clinical Commissioning Group.
4. Evaluate the programme.
5. Find ways of identifying families earlier so that we can begin to prevent problems arising.

A multi-ethnic Oxfordshire

Why is this important?

The last Census showed that Oxfordshire now has significant ethnic minority populations. I discussed this issue extensively in my last annual report and will only mention the topic briefly here to ensure that the issue is not lost and that services continue to respond to this issue.

The headlines are:

- The county has a substantially increased ethnic mix compared with 10 years ago. Ethnicity doesn't necessarily equate with disadvantage, and the needs of different communities will differ widely – the needs of Polish, Lithuanian or Czech economic migrants are unlikely to be the same as a first generation Asian immigrant for example.
- However, ethnic minorities, especially those who are fleeing persecution and those who do not speak English well do suffer health inequalities.
- There has been an 'across the board' increase in residents from ethnic minority groups of 57% on 2001 figures involving every district of the county.
- There has been an increase of 46,000 residents from all ethnic minority groups over the last 10 years.
- Over a third of all city residents are from ethnic minority groups and over 10% of all Cherwell residents.
- Some of our schools are now teaching children whose first language is not English and the number of first languages spoken may be over 20 languages.

Recommended Next Steps

1. Continue to monitor the changing ethnic composition of the county through the Joint Strategic Needs Assessment in detail.
2. Use this information to predict health risks more accurately across the county and build this into the plans of all organisations
3. Make recommendations for services based on this analysis.
4. Continue to press for better recording of ethnicity by GP practices.
5. Support the Clinical Commissioning Group's proposed Health Inequalities Commission to find practical ways to reduce these inequalities.

People with deafness and hearing loss

Why is this Important?

Recent reports have shown that deafness and hard of hearing are a 'hidden' health inequality. A report published by Signhealth (the Deaf Health Charity) includes results from a survey of 533 deaf people and health assessments of 300 deaf people, plus in-depth interviews with 47 deaf people. Their findings include:

- 62% of deaf people diagnosed with high blood pressure are likely not to have it under control compared with 20% of the general population.
- 70% of deaf people who hadn't been to their GP recently had put off going as there was no interpreter. Expecting a deaf patient to lip read or writing things down for them is not considered a "reasonable adjustment" for their disability.

- 80% of deaf people want to communicate using British Sign Language but only 30% get the chance.

A report from Deaf Direct written for Oxfordshire County Council highlighted the increase in numbers of deaf people, partly reflecting the aging population but also due to other factors. Their work highlighted:

- Deaf people tend to have worse overall health and report poorer physical health and mental wellbeing
- 63% of people with hearing loss are aged over 65.
- 70% of over 70s have hearing loss and 40% of those aged over 50
- 8% have severe or profound hearing loss.
- In 2012 there were 557 children in Oxfordshire receiving a service from the Education Hearing Impaired Service. Many have additional needs.
- It is estimated that the number of deaf or hard of hearing people will increase by 14% every 10 years.
- Migration patterns may also mean increases in those who use sign language of their native country

What Are We Doing About It ?

Current services include:

- Audiology (private or NHS) for those with hearing loss.
- A sign-language service to allow parents to communicate with their children.
- Cochlear implants for children who are profoundly deaf.
- A newborn hearing screening programme which identifies hearing loss at birth and ensures aids/cochlear implants prior to children developing speech and language skills which enables children to enter mainstream schooling. This service is highly rated.
- Interpretation services commissioned by health and social services available for individuals when they see doctors etc.
- Advice and information services through the voluntary sector e.g. Deaf Direct.

Recommended Next Steps

1. We should take this work in stages. The first step is to acknowledge the issue more widely and report accurate figures in our Joint Strategic Needs assessment.
2. Work with the Clinical Commissioning Group to consider how this inequality might be tackled in practical terms. A key theme will be improved awareness raising about the options already available.
3. More work to identify the needs of deaf people more carefully in care pathways and ensure that they have access to services.

Young Carers

Why is this important?

Children and young people who also have a caring role need extra support so that they will not experience poorer health and wellbeing than their peers. Services in Oxfordshire are of high quality. The need has been well recognised and action is being taken. This should continue.

Oxfordshire County Council has a dedicated Young Carers Team, committed to working with partner agencies, to identify and support this large vulnerable group of children and young people, and their families.

The council's Young Carers Service works with 0-25 year olds, providing a range of support to the young carers identified in the county dependant on their assessed and identified needs. Approximately 1600 young carers are identified at present. The Carers' Strategy can be found at <https://www.oxfordshire.gov.uk/cms/content/oxfordshire-carers-strategy-2013-2016> - The Young Carers Service performance is reported to the Oxfordshire Health and Wellbeing Board.

This is important because the impact of being a young carer affects every facet of one's life from social activities to future education and career prospects.

The County Council should be proud that The Carers Trust has commented that Oxfordshire has the "perfect model for delivering positive outcomes for young carers". The Carers Trust and the Department of Health recommend our work nationally as an example of best practice.

The number of young carers being identified in the county is increasing year on year. In 2012 we had 850 young carers on record and as of April 2014 we have 1541 young carers on record. This shows we have identified 371 new young carers in 13/14; a percentage increase of 31.7%.

The main cause of caring is parental mental health (23.4%) followed by sibling learning difficulties (18.0%) and parental physical disabilities (15.5%). 15.1% care for a parent with a physical illness, 13.6% for parents with multiple conditions and 8.8% for siblings with physical disabilities. 4.3% care for parents with substance misuse issues.

Educational Attainment

Our data shows us young carers are not achieving at GCSE in comparison to their non-caring peers. The reasons for this are complex. It does not necessarily mean that being a young carer is the only reason for the poorer attainment.

To address this, the Young Carers Team and Spurgeons Young Carers Project work with schools helping them to achieve our Young Carers Schools Standard Award which is a support package for schools to enable a whole school approach in the identification and support for young carers with a view to addressing issues of poor attainment and attendance.

Mental Health

A Young Carers Health Nurse post has been established, to better understand the health needs of young carers in the county. Early finding from this work show that many young carers are presenting with risk factors for their own mental wellbeing (feeling low, stressed, exhibiting risk taking behaviour's, self-harm and eating disorders). This work is being shared with the leads for School Nursing at the Department of Health to inform national practice development.

Recommended Next Steps

1. The Young Carers team have a sound plan in place and this should be supported by all agencies. The number of young carers identified should continue to increase year on year.
2. As well as maintaining the current service we should work with the NHS more on inpatient services helping them to 'Think Young Carer' from admission to discharge.
3. We should also focus more on NHS primary care and community teams helping them to 'Think Young Carer' in their service delivery.
4. We need to ensure that our new School Health Nursing service plays its part in improving the lot of these young people as it develops.

4. Infectious and Communicable Diseases

Why is this important?

Communicable diseases can have a major impact on the health of a population. A communicable disease is one which spreads from person to person through the air, water, food or by person-to-person contact.

Over recent years, most of the major killer infectious diseases have been in decline across Oxfordshire. However, these diseases remain a threat but their impact can be reduced further by good surveillance and information, early identification and swift action basic cleanliness, hand washing, practising safe-sex and good food hygiene.

General Infectious Diseases

Health Care Associated Infections (HCAIs)

Infections caused by superbugs like Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile Infection (CDI.) remain an important cause of sickness and death, both in hospitals and in the community. However numbers of infections continue to have been reduced through considerable focussed effort in this county.

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 invasive procedures or chronic wounds) it can cause blood poisoning (bacteraemia). It can be difficult to treat in people who are already very unwell so we continue to look for the causes of the infection and to identify measures to further reduce our numbers. MRSA has fallen gradually in Oxfordshire in response to the direct measures taken by hospital and community services to combat it (fig 1).

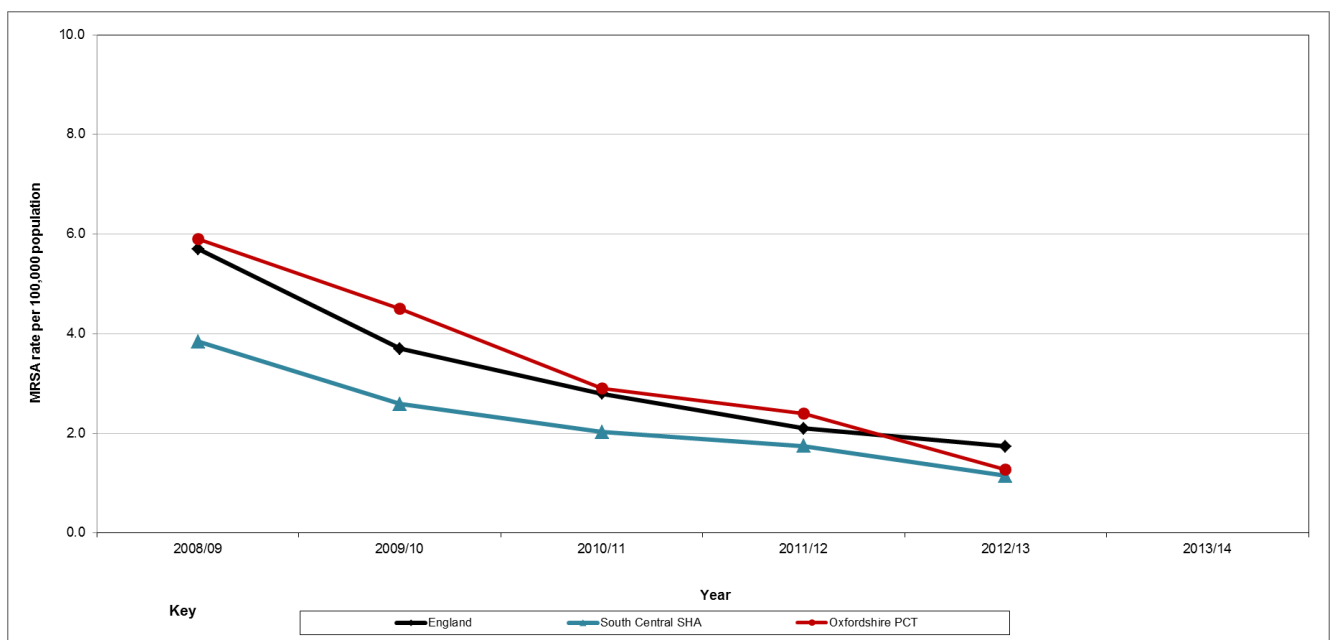


Fig 1. Methicillin Resistant Staphylococcus aureus (MRSA) - crude rate per 100,000 population (2008/09 - 2012/13) England, South Central SHA and Oxfordshire

This shows that infectious diseases can be tackled, often by traditional hygiene measures. Nationally there is a zero tolerance policy and the rate of MRSA is still higher than we would like. There have been improvements in the rate of MRSA in Oxfordshire over the past few years from being above the national average to moving below the average.

Clostridium difficile infection (CDI)

Clostridium difficile is a bacterium that causes mild to severe diarrhoea which is potentially life-threatening especially in the elderly 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 bacteria producing illness.

A focussed approach on the prevention of this infection is resulting in a steady reduction in cases since 2007/08 (fig 2) in line with regional and national trends. However, whilst there has been an improvement in the rates of CDI in Oxfordshire, it is still above National and Regional levels of infection.

The reduction in CDI involves the coordinated efforts of healthcare organisations to identify and treat individuals infected with CDI and also careful use of the prescribing of certain antibiotics in the wider community. There are on-going concerted efforts locally to continue to improve the rate of CDI.

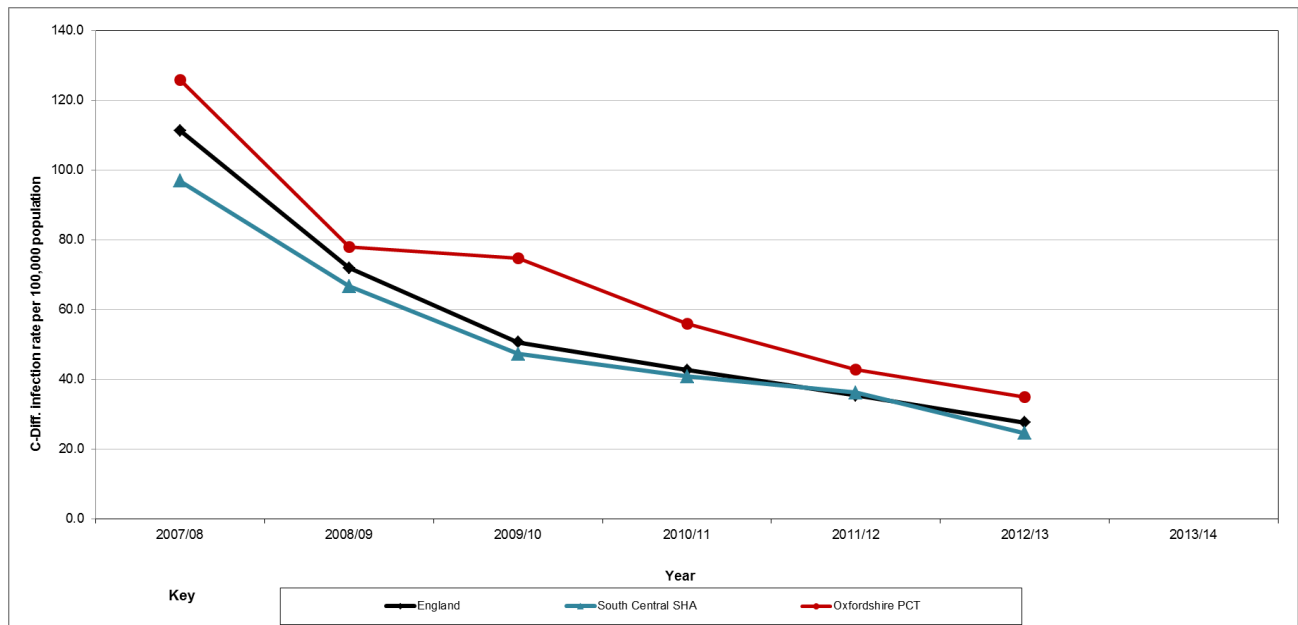


Fig 2. Clostridium Difficile Infection (CDI) - crude rate per 100,000 population (2007/08 to 2012/13) England, South Central SHA and Oxfordshire PCT

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 it is not treated, an active TB infection can be fatal as it damages the lungs to such an extent that the individual cannot breathe.

In Oxfordshire the numbers of cases of TB at local authority level are low. A three-year average is given which shows that the case rate is fairly static (Fig 3).

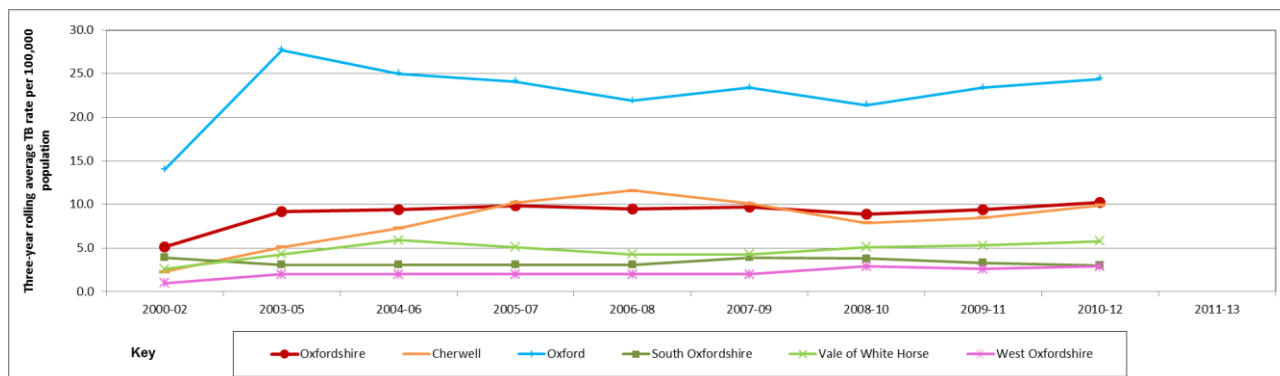


Fig 3. Tuberculosis (TB) - Rate per 100,000 population (2004 to 2012) Oxfordshire and districts within Oxfordshire

The levels of TB in the UK have stabilised over the past seven years. However, despite considerable efforts to improve TB prevention, treatment and control, the incidence of TB in the UK is higher compared to most Western European countries.

The rate of TB in Oxfordshire is lower than National and Thames Valley PHE Centre levels (covering Oxfordshire, Buckinghamshire and Berkshire). In the UK the majority of cases occur in urban areas amongst young adults, those coming in from countries with high TB burdens and those with a social risk of TB. This is reflected in the higher rate of TB in Oxford compared to other districts in the county.

TB should not be underestimated and has not gone away. Recent experience has shown that resistant strains of TB can spread rapidly from person to person through ordinary social contact.

Given the importance of TB, it is one of the key priorities of Public Health England who are working to support local services.

Recommended Next Steps

The Director of Public Health should report infectious diseases in subsequent annual reports.

Sexually Transmitted infections

It is vital that we maintain and improve services to prevent and treat sexually transmitted diseases. These will not go away and we need to keep up our vigilance, especially as these services are now spread over a wide range of agencies. The county council has several roles in this. Firstly a watchdog role to ensure that all services are good, a commissioning role as a major commissioner by statute of these service, and lastly a partnership role, playing our part to make services work smoothly together.

HIV & AIDS

HIV remains a significant disease both nationally and locally. During 2011, Oxfordshire saw a drop in the number of new diagnoses. There are now approximately 450 people living with HIV in Oxfordshire (fig 4). We would expect the chart to show an upward trend because people are now living longer with the disease and so the number of people will ‘accumulate’. The national report 'HIV in the United Kingdom: suggests that a quarter of people with HIV have yet to receive a diagnosis. In Oxfordshire, this equates to another 112 people bringing the total estimated cases for Oxfordshire to 562.

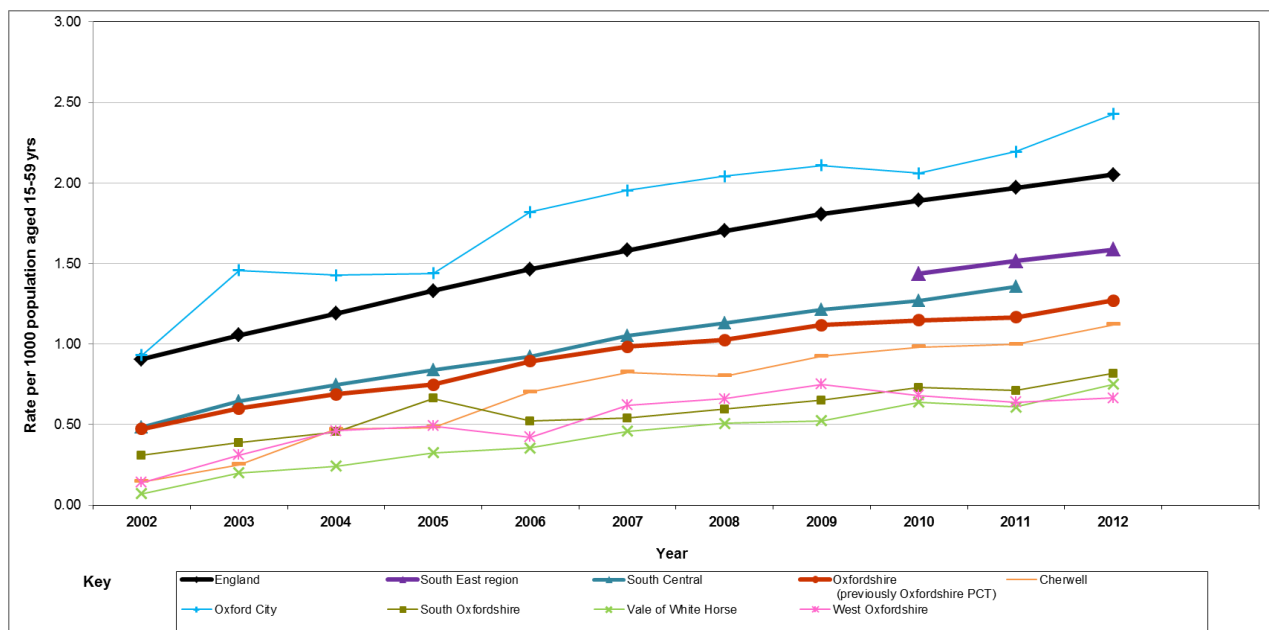


Fig 4. Prevalence of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 years England, South East region, Oxfordshire and Oxfordshire districts

Finding people with HIV infection is important because HIV often has no symptoms and a person can be infected for years, passing the virus on before they are aware of the illness. Trying to identify these people is vital. We do this in three ways:

- Through antenatal screening programmes - There are approximately 7,000 deliveries per year in Oxfordshire and 99% of pregnant women are screened for HIV, this identifies an average of 9 women as being HIV positive per year.
- Through routine testing at our sexual health clinics.
- Through community testing, we have introduced 'HIV rapid testing' in a pharmacy as an initial step. This test gives people an indication as to whether they require a full test; the rapid test takes 20 minutes and gives fast results, although a fast tracking to the sexual health service for a full test is required to confirm diagnosis.

HIV is now considered to be a long term disease and prognosis, once diagnosed, is good, with effective treatments. HIV cannot be cured but the progression of the disease can be slowed down considerably, symptoms suppressed and the chances of passing the disease on greatly decreased.

Sexual Health

Sexually Transmitted Infections (STIs) are continuing to increase in England with the greatest number of cases occurring in young heterosexual adult men and women and men who have sex with men. STIs are preventable through practising 'safe sex'. Total rates of STIs in Oxfordshire are below the national average except in the city which is a reflection on the younger population who live there (fig 5).

The increase in the rates in the city can be attributed to a combination of factors. There is a large student population and higher proportion younger people living in the city who have been targeted for Chlamydia and STI testing. This increases the number of cases found which is a good thing. Similarly there have been increased diagnoses of Gonorrhoea due to improved testing methods. This is also good news. The keys to fighting these infections are:

1. Use safe sex methods and don't get the disease in the first place – and this applies to all age groups
2. Find and treat the disease fast to prevent the spread

The different main types of STI each show a mixed picture which is generally good. Looking at each disease in turn gives the following picture:

- Gonorrhoea – is below national average for Oxfordshire as a whole and all districts except in Oxford city. This follows a typical 'urban' profile of higher levels.
- Syphilis - is falling and below national average in all areas of the county except in Oxford city.
- Chlamydia –levels are lower than national average – but we continue to have difficulties in persuading young people to come forward for testing despite, best efforts.
- Genital Warts – rates are now lower than national average which is an improvement. Oxford city is significantly higher (reflecting the younger age group) but the trend is generally stable.
- Genital Herpes – rates are lower than national average except in the city which has higher levels. However the total number of cases in the year is small. Again this reflects the predominantly younger population in the city.

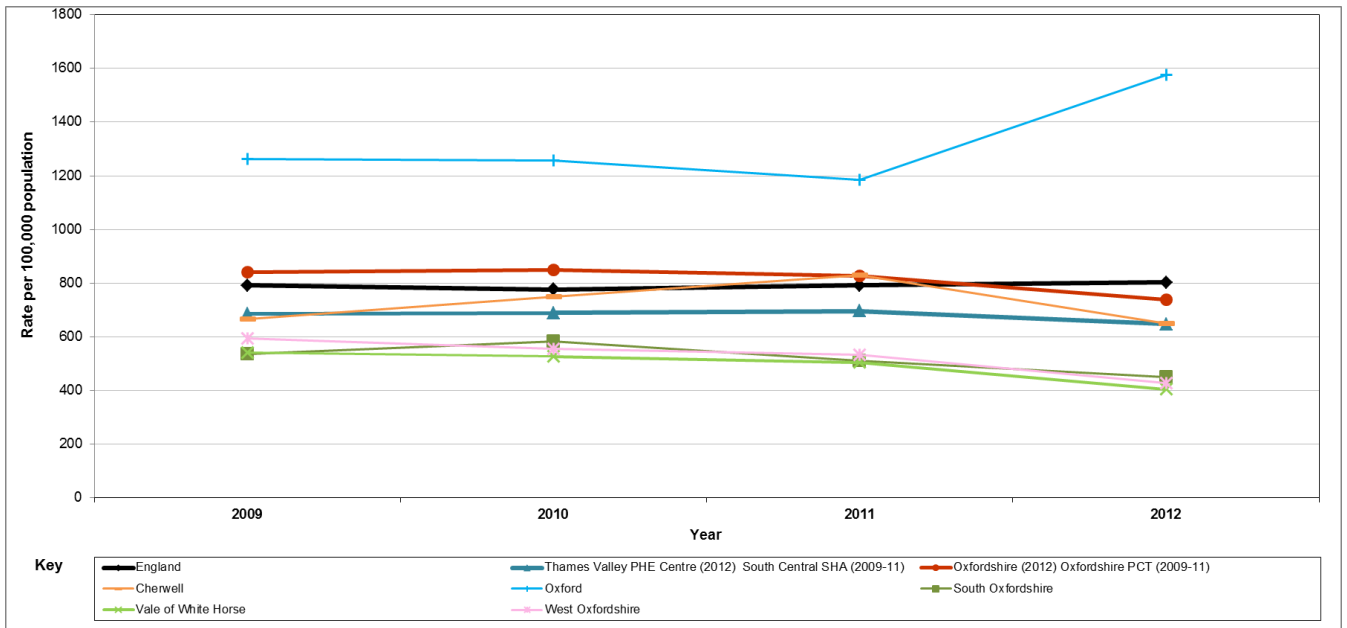


Fig 5. Rate of diagnosis of acute sexually transmitted infections (STIs) per 100,000 population (all ages) - 2009 to 2012 England, Thames Valley Public Health England Centre, Oxfordshire and districts within Oxfordshire

This year Oxfordshire County Council has commissioned an integrated sexual health service as part of a network of NHS, Public Health England and Local Authority services which prevent and treat STIs. We need to fine –tune the service along with all others in the light of changing disease patterns and make sure that services in the city are working well.

Recommended next steps

1. Ensure the successful implementation of the new integrated sexual health service and monitor the service closely and adjust it if necessary.
2. Monitor all services in the city closely across general practice, pharmacies, school health nursing, sexual health clinics and the sexual health service HQ at the Churchill Hospital. Take any action needed in the light of this monitoring.
3. Continue to prioritise and target young people and vulnerable groups in promoting safe sex awareness.

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COUNTY COUNCIL – 9 SEPTEMBER 2014

REPORT OF THE CABINET

Cabinet Member: Deputy Leader

1. Externalisation of Back/Office School Facing Services Update
(Cabinet, 15 July 2014)

This report provided an update and next steps in the externalisation of corporate facing HR and Finance back office services and the joint venture proposal to cover school back office and schools learning and foundation years.

Cabinet agreed to join the Hampshire partnership as an operational partner for the provision of back office support services with an expected go-live date of 1st July 2015.

2. Cabinet Business Monitoring Report for Quarter 4
(Cabinet, 15 July 2014)

Cabinet noted a report that provided details of performance for quarter four that enabled Cabinet to monitor the performance of the Council in key service areas and be assured that progress is being made to improve areas where performance is below the expected level.

Cabinet Member: Business and Customer Services

3. Didcot Great Western Park - Primary School
(Cabinet, 15 July 2014)

As a consequence of a new 3,300 unit housing development at Great Western Park, Didcot, there is an immediate need to provide a 420 pupil Primary school within the development for September 2015. Outline Planning consent has been gained for the overall development (housing and schools etc.) by the developer; associated with which is a S106 agreement securing land and contributions towards various infrastructure, including the proposed primary school. Cabinet received and endorsed a report on progress to date and gave delegated authority to officers in consultation with the Leader and the local councillor to approve the Stage 2 Full Business Case and the award of the construction contract.

Cabinet Member: Children, Education & Families

4. SEND (Special Education Needs and Disabilities) Reforms
(Cabinet, 15 July 2014)

The Children and Families Act (March, 2014) introduced significant changes affecting children and young people, aged 0 - 25, with special educational

needs (SEN) and disabilities. These, in turn, have implications for a number of public bodies, including the Council. Cabinet agreed to be aware of the significant changes to SEN and disabilities and the challenges facing the Council over the coming years.

5. Modification to Approved Alteration of Age Range at St Edburg's CE (VA) Primary School, Bicester
(Cabinet, 15 July 2014)

In July 2012, Cabinet approved the proposal for St Edburg's CE (VA) Primary School in Bicester to alter its age range in order to establish a Nursery class. The alteration is linked to the future relocation and expansion of the school to a new building in the Kingsmere housing development. Cabinet considered and agreed a report seeking a modification to the implementation date of the approved alteration of age range.

Cabinet also agreed that future alteration of age ranges and similar proposals on school organisation be determined by the Cabinet Member for Children, Education & Families at delegated decision making sessions rather than Cabinet unless there are exceptional circumstances

6. Recommended Sponsor for the New Primary School for Barton, Oxford - report on the selection process for approved providers and approval of Preferred Option
(Cabinet, 15 July 2014)

Cabinet approved the Cheney School Academy Trust as the preferred provider to be submitted to the Secretary of State for Education for final agreement.

7. Recommended Sponsor for the First New Primary School for NW Bicester - report on selection process for potential providers and approval of Preferred Option
(Cabinet, 15 July 2014)

Cabinet approved the White Horse Federation as the recommended provider to be submitted to the Secretary of State for Education for final agreement.

Cabinet also agreed that in future the preferred provider for a new school should be approved by the Lead Cabinet Member with responsibility for Children, Education & Families in a delegated decision meeting rather than Cabinet, unless there are exceptional circumstances.

8. Final Report on the Proposed Extension of Age Range at Carterton College

(Cabinet Member for Children, Education & Families, 14 July 2014)

The Cabinet Member approved the extension of the age range at Carterton Community College to include post-16 provision.

Note: As set out under Rule 18(a) of the Scrutiny Procedure Rules, this decision is exempt from Call-In as it is deemed urgent and any delay would seriously prejudice the Council's interests, in that the Cabinet's role would be negated by referral to the Schools' Adjudicator if the decisions were not taken within two months of the end of the Statutory Notices, in this case being 21 July 2014.

Cabinet Member: Environment

9. Oxfordshire Minerals and Waste Local Plan - Review of Statement of Community Involvement

(Cabinet, 15 July 2014)

The County Council has a statutory duty to prepare a Statement of Community Involvement (SCI). Cabinet considered and agreed a report that set out how the Council will involve the community (consultees, stakeholders and other interested parties) in: preparing and reviewing the Minerals and Waste Local Plan; and making decisions on planning applications for minerals, waste and County Council developments.

Cabinet Member: Finance

10. 2014/15 Financial Monitoring & Business Strategy Delivery Report - May 2014

(Cabinet, 15 July 2014)

Cabinet had before them a report that focussed on the delivery of the Directorate Business Strategies that were agreed as part of the Service and Resource Planning Process for 2014/15 – 2017/18. Parts 1 and 2 included projections for revenue, reserves and balances as at the end of May 2014. Capital Programme monitoring and update is included at Part 3 and Part 4 sets out a change to un-ringfenced grant funding in 2014/15. Changes to Fees and Charges are included at Part 5.

Cabinet approved virement requests and changes related to unringfenced grants; approve a supplementary estimate request; noted the Treasury Management lending list; approved the updated Capital Programme and the contribution of £1.7m of developer contributions funding to the Cheney Academy to expand the school by an additional class in each year; approved the use of the £1.120m grant to implement the Universal Infant Free School Meal programme and the addition of the scheme to the Capital Programme and approved fees and charges.

11. Treasury Management Outturn

(Cabinet, 15 July 2014)

Cabinet considered the report setting out the Treasury Management activity undertaken in the financial year 2013/14 in compliance with the CIPFA Code of Practice. The report included Debt and Investment activity, Prudential Indicator Outturn, changes in Strategy, and interest receivable and payable for the financial year. Cabinet RECOMMENDED Council to note the Council's Treasury Management Activity in 2013/14 and a separate report on this matter is elsewhere on the agenda;

IAN HUDSPETH

Leader of the Council

August 2014