



To: **Members of the Cabinet**

Notice of a Meeting of the Cabinet

Tuesday, 18 June 2013 at 2.00 pm

County Hall, Oxford, OX1 1ND

Joanna Simons

Joanna Simons
Chief Executive

June 2013

Contact Officer: Sue Whitehead
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Membership

Councillors

Ian Hudspeth	<i>Leader of the Council</i>
Rodney Rose	<i>Deputy Leader of the Council</i>
Mrs Judith Heathcoat	<i>Cabinet Member for Adult Social Care</i>
Nick Carter	<i>Cabinet Member for Business & Customer Services</i>
Melinda Tilley	<i>Cabinet Member for Children, Education & Families</i>
Lorraine Lindsay-Gale	<i>Cabinet Member for Community Services</i>
David Nimmo Smith	<i>Cabinet Member for Environment</i>
Arash Fatemian	<i>Cabinet Member for Finance</i>
Louise Chapman	<i>Cabinet Member for Policy Co-ordination</i>
Hilary Hibbert-Biles	<i>Cabinet Member for Public Health & the Voluntary Sector</i>

The Agenda is attached. Decisions taken at the meeting will become effective at the end of the working day on Wednesday 26 June 2013 unless called in by that date for review by the appropriate Scrutiny Committee.

Copies of this Notice, Agenda and supporting papers are circulated to all Members of the County Council.

Date of next meeting: 16 July 2013

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.

AGENDA

1. Apologies for Absence

2. Declarations of Interest

- guidance note opposite

3. Minutes (Pages 1 - 10)

To approve the minutes of the meeting held on 21 May 2013 (**CA3**) and to receive information arising from them.

4. Questions from County Councillors

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

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

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

5. Petitions and Public Address

6. Provisional 2012/13 Revenue and Capital Outturn (Pages 11 - 64)

Cabinet Member: Finance

Forward Plan Ref: 2013/003

Contact: Lorna Baxter, Deputy Chief Finance Officer Tel: (01865) 323971

Report by Assistant Chief Executive & Chief Finance Officer (**CA6**).

This report sets out the provisional revenue and capital outturn for 2012/13 and shows how actual expenditure and income for the year compares to the budgeted position. It

also includes proposals for carry forwards from 2012/13 to 2013/14. The report is consistent with the Council's Statement of Accounts for 2012/13 which will be submitted to the Audit and Governance Committee on 3 July 2013 following certification by the Chief Finance Officer and prior to external audit.

The Cabinet is RECOMMENDED:

(a) in respect of the 2012/13 outturn to:

- 1) note the provisional revenue and capital outturn for 2012/13 along with the year end position on balances and reserves as set out in the report;***
- 2) approve the carry-forwards and virements as set out in Annex 2;***
- 3) recommend Council to approve the virements greater than £0.5m for Children, Education & Families, Social & Community Services and Environment & Economy Directorates as set out in Annex 2b;***
- 4) agree that the surplus on the On-Street Parking Account at the end of the 2012/13 financial year, so far as not applied to particular eligible purposes in accordance with Section 55(4) of the Road Traffic Regulation Act 1984, be carried forward in the account to the 2013/14 financial year;***

(b) in respect of the 2013/14 revenue budget and Capital Programme:

- 1) agree the increase of £0.581m to the Kennington Roundabout scheme as set out in paragraph 44;***
- 2) approve virements for 2013/14 as set out in Annex 7.***

7. Older People's Strategy (Pages 65 - 94)

Cabinet Member: Adult Social Care

Forward Plan Ref: 2013/022

Contact: Alan Sinclair, Lead Commissioner for Older People Tel: (01865) 323665

Report by Director for Social & Community Services (**CA7**).

This report seeks agreement of the new Older People's Joint Commissioning Strategy 2013-2016, developed jointly by the County Council and the Oxfordshire Clinical Commissioning Group. The strategy has been refined and updated to reflect the outcomes of public consultation, and an action plan developed to set out the initial steps that will be taken to implement the strategy over the next 12 months. Appropriate governance arrangements are being developed to oversee the implementation of the strategy. These are linked to the governance for the Older People's Pooled Budget, as this is a key mechanism for the successful implementation of the priorities within the strategy and will help to ensure alignment with spending decisions by the County Council and the Clinical Commissioning Group.

The Cabinet is RECOMMENDED to agree the Older People's Joint Commissioning Strategy 2013-2016.

8. **Older People's Pooled Budget Arrangements (Section 75 Agreement)** (Pages 95 - 128)

Cabinet Member: Adult Social Care and Public Health & the Voluntary Sector
Forward Plan Ref: 2013/038
Contact: Ben Threadgold, Strategy Manager Tel: (01865) 328219

Report by Director for Social & Community Services (**CA8**).

The purpose of this report is to seek Cabinet approval to increase the services and budgets that form the Older Person's Pooled Budget arrangements between Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group. It also proposes changes to the risk sharing and governance arrangements to ensure they are appropriate for a truly pooled budget between both parties under a formal Section 75 agreement.

The Cabinet is RECOMMENDED to:

- (a) ***approve the proposed changes to the older people's pooled budget arrangements for older people, including changes to the Section 75 Agreement for All Client Groups to reflect this, subject to the inclusion of any necessary changes in the text as agreed by the Director for Social & Community Services after consultation with the Cabinet Member for Adult Social Care;***
- (b) ***RECOMMEND that the County Council approves the virement of £21m into the Older People's Pooled Budget, as well as an income target of £18m.***

9. **Director of Public Health Annual Report** (Pages 129 - 176)

Cabinet Member: Adult Services
Forward Plan Ref: 2012/148
Contact: Dr Jonathan McWilliam, Director of Public Health Tel: (01865) 336707

Report by Director of Public Health (**CA9**).

This is the 6th Director of Public Health Annual Report for Oxfordshire. It is also the first Annual Report produced since Public Health returned home to Local Government.

The purpose of a Director of Public Health is to improve the health and wellbeing of the people of Oxfordshire. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population in Oxfordshire and by making recommendations for improvement to a wide range of organisations.

Producing a report is now a statutory duty of Directors of Public Health and it is the duty

of the County Council to publish it.

The Director of Public Health's Annual Report is the main way in which Directors of Public Health make their conclusions known to the public. This helps the Director of Public Health to be an independent advocate for the health of the people of Oxfordshire.

The Annual Report is scientific, factual, objective, focuses on long term gaps and makes clear recommendations.

The priorities highlighted In this Report include

- An ageing population – the “demographic challenge”
- Breaking the cycle of disadvantage
- Mental health and wellbeing: avoiding a Cinderella service
- The rising tide of obesity
- Excessive alcohol consumption
- Fighting killer infections

These topics are dealt with one by one. The current issues and recent action are laid out and progress will be monitored in future reports.

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

10. Appointments 2013/14 (Pages 177 - 190)

Cabinet Member: Leader

Forward Plan Ref: 2013/077

Contact: Sue Whitehead, Committee Services Manager Tel: (01865) 810262

Report by County Solicitor & Monitoring Officer (**CA10**).

To consider member appointments to a variety of bodies which in different ways support the discharge of the Council's executive functions.

The Cabinet is RECOMMENDED to:

- (a) agree the change to the basis of the appointment to the Oxfordshire Safer Communities Partnership as set out paragraph 5 in the report; and***
- (b) agree the appointments as set out in the Annex to this report, subject to any amendments at the meeting.***

11. Forward Plan and Future Business (Pages 191 - 194)

Cabinet Member: All

Contact Officer: Sue Whitehead, Committee Services Manager (01865 810262)

The Cabinet Procedure Rules provide that the business of each meeting at the Cabinet is to include “updating of the Forward Plan and proposals for business to be conducted at the following meeting”. Items from the Forward Plan for the immediately forthcoming

meetings of the Cabinet appear in the Schedule at **CA11**. This includes any updated information relating to the business for those meetings that has already been identified for inclusion in the next Forward Plan update.

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

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

EXEMPT ITEM

Item 12

In the event that any Member or Officer wishes to discuss the information set out in Annex 3 to Item 12, the Cabinet will be invited to resolve to exclude the public for the consideration of that Annex by passing a resolution in relation to that item in the following terms:

"that the public be excluded during the consideration of Annex 3 since it is likely that if they were present during that discussion there would be a disclosure of "exempt" information as described in Part I of Schedule 12A to the Local Government Act, 1972 and specified below the item in the Agenda".

NOTE: The report and Annexes 1 & 2 do not contain exempt information and are available to the public. The exempt information is contained in the confidential annex.

Item 13

It is RECOMMENDED that the public be excluded for the duration of item 13 in the Agenda since it is likely that if they were present during those items there would be disclosure of exempt information as defined in Part I of Schedule 12A to the Local Government Act 1972 (as amended) and specified in relation to the respective items in the Agenda and since it is considered that, in all the circumstances of each case, the public interest in exemption outweighs the public interest in disclosing the information.

THE REPORT AND RELEVANT ANNEX TO THE ITEMS NAMED HAVE NOT BEEN MADE PUBLIC AND SHOULD BE REGARDED AS 'CONFIDENTIAL' BY MEMBERS AND OFFICERS ENTITLED TO RECEIVE THEM.

THIS IS FOR REASONS OF COMMERCIAL SENSITIVITY AND THE FINANCIAL RISK TO THE COUNCIL IF THE CONTENTS ARE DISCLOSED.

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

12. Direct Construction of Infrastructure by Developers (Pages 195 - 232)

Cabinet Member: Growth & Infrastructure

Forward Plan Ref: 2013/018

Contact: Roy Newton, Service Manager - Infrastructure Development Tel: (01865) 815647

Report by Deputy Director for Environment & Economy – Strategy & Infrastructure Planning (**CA12**).

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

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

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

It is considered that in this case the public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that such disclosure would distort the proper process of free negotiations between the authority with another party for the purposes described and would prejudice the position of the authority in those negotiations and other negotiations of a similar nature in future.

Developers are increasingly interested in undertaking the direct construction of infrastructure required by new development rather than make provision for it in the form of financial contributions. This flows partly from central government reviews which concluded that there was scope for cost reduction in the delivery of schools. The paper discusses the implications of enabling direct delivery, discusses why such an approach could be acceptable and proposes the measures for mitigating risk and updates to standard conditions.

Cabinet is RECOMMENDED to:

Approve:

- (a). In relation to development proposals the principle of direct delivery of**
 - i. major on-site infrastructure, and**
 - ii. major off-site highway infrastructure**
- (b). The entering into of S106/S278 agreements (subject to the prior approval of the Director for Environment & Economy) to secure the direct delivery of major infrastructure in line with the key principles as set out in Annex 1.**
- (c). The standard conditions (for S278 agreements) for the control of highway works in conjunction with development (as in Annex 2).**
- (d). Development of school space standards for subsequent approval by Cabinet (Paragraph 4.5).**

Revoke:

- (e). Previous determinations in relation to the standard conditions for highway works in conjunction with development and in relation to noise insulation compensation requirements taken by the Highways Committee on 18 May 1976.**

13. Exemption Report - Marcham Primary School (Pages 233 - 238)

Cabinet Member: Business & Customer Services

Forward Plan Ref: 2013/093

Contact: Nigel Cunning, Asset Strategy Manager – Property & Facilities Tel: (01865) 810457

Report by Deputy Director for Environment & Economy – Strategy & Infrastructure Planning (**CA13**).

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

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

It is considered that in this case the public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that such disclosure would distort the proper process of free negotiations between the authority with another party for the purposes described and would prejudice the position of the authority in those negotiations and other negotiations of a similar nature in future.

Vale of White Horse has resolved to grant Taylor Wimpey planning consent for a housing development adjacent to Marcham VC Primary School subject to prior completion of section 106 agreement. The development generates the need for 17 additional pupil places.

As identified in the County Council's response on the planning application "standard" developer contribution would be required and this funding would be passed to OCC to procure and manage the construction works.

Due to the developer's engagement with the community and in particular the primary school pre-application, the developer is willing to contract with the County Council to construct a two classroom extension to the school in lieu of providing contributions to OCC.

Since this work is to be undertaken on the land outside the developer's site legally it cannot be covered by Section 106 agreement and thus, it is proposed that there should be a hybrid agreement with the developer's section 106 obligations to provide funding being 'released' in return for the delivery of the school extension.

The developer's commitment to construct the two classroom extension in return for release from section 106 obligations to provide funding constitutes a works contract with the County Council and brings the need to comply with procurement law and the Council's Contract Procedure Rules. Therefore an exemption is sought from tendering under Contract Procedure Rule 4.3.

The Cabinet is RECOMMENDED to approve this exemption from the Council's Contract Procedure Rules.

Agenda Item 3

CABINET

MINUTES of the meeting held on Tuesday, 21 May 2013 commencing at 2.00 pm and finishing at 2.53 pm

Present:

Voting Members: Councillor Ian Hudspeth – in the Chair
Councillor Rodney Rose
Councillor Mrs Judith Heathcoat
Councillor Nick Carter
Councillor Melinda Tilley
Councillor Louise Chapman
Councillor Lorraine Lindsay-Gale
Councillor David Nimmo Smith
Councillor Arash Fatemian
Councillor Hilary Hibbert-Biles

Other Members in Attendance: Councillor Mark Cherry (Agenda Item 6),
Councillor Gill Sanders (Agenda Item 7 & 8),
Councillor N Hards (Agenda Item 7),
Councillor John Christie (Agenda Item 9)

Officers:

Whole of meeting Joanna Simons (Chief Executive); Sue Whitehead (Chief Executive's Office)

Part of meeting

Item	Name
6	Huw Jones, Director for Environment & Economy; Graham Shaw, Deputy Director, Oxfordshire Customer Services
7	
8	Roy Leach, School Organisation & Planning Manager; Barbara Chillman (School Organisation & Planning) Debbie Rouget

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

50/13 MINUTES

(Agenda Item. 3)

The minutes of the meeting held on 16 April 2013 were approved and signed.

51/13 QUESTIONS FROM COUNTY COUNCILLORS

(Agenda Item. 4)

Councillor Janet Godden had given notice of the following question to Councillor Ian Hudspeth:

“Please can full consideration be given as soon as possible to the creation of a scrutiny committee for adult social care? You will remember that in the course of the debate on the new governance arrangements at the April Council meeting several members questioned the absence of this. The main reasons put forward in favour were the size of the budget and the scale and complexity of the service. It was argued that the Performance scrutiny committee would not have the time to review this adequately; and that in terms of finance and of service delivery adult social care is one of our highest risk areas. To put it under a ‘Health’ umbrella overlooks much of the work (esp. re disabilities). No reasons were advanced in April against having such a committee; to reject it for administrative reasons would seem to be letting the tail wag the dog. To wait for the first review of the new arrangements in a year’s time seems excessive. Please can this be looked at now?”

Councillor Hudspeth replied:

“The new scrutiny arrangements came about following a cross party review group. All the proposals were put forward to the Conservative group at frequent stages during the review, they were fully debated with comments fed back to the cross party working group, I would hope that other groups within the council followed the same open and democratic process. There will be a review of the new arrangements and that is the time to consider any changes.”

Councillor Jean Fooks had given notice of the following question to Councillor David Nimmo Smith:

“There is much concern about cycle safety in Oxford and throughout the county. I hope that cyclist safety will be a top priority for you in your new role. Large lorries pose particular risks and with the expected huge amount of construction planned for the city it is more important than ever that all possible ways to improve safety and reduce risk are implemented. Some time ago I asked about the provision of ‘Trixi mirrors’ at junctions, to enable lorries to see cyclists on their near sides – these are inexpensive and easy to install. It is also possible to require lorries to have safety rails and they could themselves have better nearside mirrors. Could you tell me when you will ask officers to investigate which junctions should be fitted with Trixi mirrors,

when they might be installed and whether you will seek powers to improve the safety features on large lorries?”

Councillor Nimmo Smith replied:

“The use of ‘Trixi’ mirrors in Oxfordshire was considered following the issuing of a general authorisation of their use by the Department for Transport in February this year. However, results including those published by the Institute for Road Safety Research in The Netherlands suggest that such mirrors are not an effective way of reducing collisions involving lorries and cyclists. In view of this we currently have no plans to provide them, but will review closely the experience of other authorities in England—in particular London where we understand a significant number have been installed – to establish if any benefits are reported, and if so, will then consider their use.

The issue of improving safety features on lorries is not in the gift of OCC but sits with DfT and VOSA”.

Supplementary: Councillor Fooks asked what the Cabinet Member for Environment would be doing to promote cycle safety? Councillor Nimmo Smith replied that as a Civil Engineer he was aware of the work being done through the Institution of Civil Engineers to promote cycle safety and he would be following that work through in Oxfordshire.

52/13 PETITIONS AND PUBLIC ADDRESS

(Agenda Item. 5)

The following requests to address the meeting had been agreed:

Item 6 – Councillor Mark Cherry, Shadow Cabinet Member for Business & Customer Services

Item 7 – Councillor Gill Sanders, Shadow Cabinet Member for Children, Education & Families

Councillor N Hards, Local Councillor

Item 8 – G. Sanders, Shadow Cabinet Member for Children, Education & Families

Item 9 - Councillor John Christie, Opposition Deputy Leader

53/13 EXEMPT ITEM

(Agenda Item.)

RESOLVED: that the public be excluded during the consideration of the Annex to the following item since it is likely that if they were present during that discussion there would be a disclosure of "exempt" information as described in Part I of Schedule 12A to the Local Government Act, 1972 and specified below the item in the Agenda since it is considered that, in all the circumstances of each case, the public interest in exemption outweighs the public interest in disclosing the information.

PUBLIC SUMMARY OF PROCEEDINGS FOLLOWING THE WITHDRAWAL OF THE PRESS AND PUBLIC

54/13 PROCUREMENT OF BETTER BROADBAND FOR OXFORDSHIRE

(Agenda Item. 6)

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

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

It is considered that in this case the public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that such disclosure would distort the proper competitive dialogue process between the authority with another party for the purposes described and would prejudice the position of the authority in those negotiations and other negotiations of a similar nature in future.

Cabinet had before them a report updating on the Better Broadband Programme currently in closed contract negotiations as part of a competitive dialogue process.

Councillor Mark Cherry, Shadow Cabinet Member for Business and Customer Services, spoke in support of the proposals but queried the use of public money being used to advantage a private company. He requested that Labour and Liberal Democrat Councillors be involved in the consultation on the detailed project appraisal. In response Councillor Carter welcomed Councillor Cherry as a new Councillor speaking at Cabinet for the first time. He explained that funding had been agreed some time ago and the programme was on going. He was not prepared to review at this stage as it would slow down the implementation which would not be in the public interest.

Following lengthy discussion of the proposals including the proposed timetable and need for delegation to officers to avoid delay it was:

RESOLVED: to

- (a) endorse the progress to date and the Stage 2 Business Case; and
- (b) delegate to the Chief Finance Officer and Director for Environment & Economy in consultation with the Leader and the Cabinet Member for Business and Customer Services the authority to approve the detailed project appraisal.

MEMBERS OF THE PUBLIC READMITTED TO THE MEETING AND ADVISED OF THE OUTCOME

55/13 RESULTS OF NEW SCHOOLS FOR DIDCOT PUBLIC CONSULTATION, AND SUBSEQUENT ACADEMY SPECIFICATION

(Agenda Item. 7)

Cabinet considered a report that detailed the background to, process of and outcomes of a public consultation on new schools required for Great Western Park in Didcot/Harwell.

Councillor Gill Sanders spoke in support of the need to plan for increased numbers given the massive increase in house building in the area. She expressed concern over the possible delay in the University Technical College (UTC) for 14-19 year olds. The proposed specification was based on the assumption that it would open and Councillor Sanders sought assurances that plans were in hand to deal with the shortage of places should it not proceed.

Councillor Nick Hards, speaking as a local Councillor commented that in his experience the number of pupils generated by housing development in Didcot had been consistently underestimated leading to temporary classrooms and he was anxious that this should not happen. He sought assurances that the additional primary pupils would not need to go to schools in surrounding villages. He reiterated concerns over the provision of places through UTC and plans to cover any gaps in provision in 2015. Finally he suggested that there was little detail in the report about provision for pupils with Special Educational Needs and queried how the needs of these children would be met.

Councillor Melinda Tilley in introducing the contents of the report detailed how the additional provision was to be provided and although accepting that there were still some way to go she felt sure that the UTC would go ahead. Responding to the points made Barbara Chillman confirmed that there were currently some spare places giving the time needed to provide the additional places and added that the methodology used to determine the numbers need was very robust. She explained the approach to be taken with potential sponsors to discuss the unpredictability around numbers linked to the housing development. Roy Leach detailed provision for pupils with the most severe Special Educational Needs. He added that there was no reason to doubt the development of UTC would take place but that if it did not go ahead then the proposed secondary school would be larger.

RESOLVED: to note the outcomes of the consultation into new schools for Didcot and to approve the specification as the basis for seeking academy providers for the Great Western Park schools.

56/13 EDWARD FEILD NURSERY SCHOOL - PROPOSAL TO CLOSE AND PROVIDE ALTERNATIVE EARLY YEARS PROVISION

(Agenda Item. 8)

Cabinet considered a report following consultation on proposals to close the Nursery School and expand the on-site voluntary Playgroup. A formal decision was sought on whether to publish a Statutory Notice to close Edward Feild Nursery School at the end of the Autumn term 2013.

Councillor Gill Sanders, Shadow Cabinet Member for Children, Education & Families spoke in support of the proposal but expressed concern over the move from public to private provision and in particular sought assurances about succession planning should the current management decide not to continue. Councillor Tilley undertook to take this concern forward and to keep Councillor Sanders informed.

RESOLVED: to approve publication of a Statutory Notice for the Closure of Edward Feild Nursery School.

57/13 STAFFING REPORT - QUARTER 4

(Agenda Item. 9)

Cabinet had before them a report giving an update on staffing numbers and related activity during the period 1 January 2013 to 31 March 2013. It gave details of the agreed staffing numbers and establishment at 31 March 2013 in terms of Full Time Equivalents. In addition, the report provided information on vacancies and the cost of posts being covered by agency staff. The report also tracks progress on staffing numbers since 1 April 2010 as the Business Strategy is implemented.

Councillor John Christie, Opposition Deputy Leader referred to paragraph 3 of the report and queried how many of the part time employees had previously been full time. He also commented that the amount spent on agency staff was rather high. Councillor Rose replied that in a period of change there would be use of agency staff. He was considering how there could be greater transparency around these figures but they were moving in the right direction. Sue Corrigan advised that there was no requirement for staff to work reduced hours although some staff will come forward and suggest it.

RESOLVED: to:

(a) note the report;

(b) confirm that the Staffing Report meets the Cabinet's requirements in reporting and managing staffing numbers.

58/13 FORWARD PLAN AND FUTURE BUSINESS

(Agenda Item. 10)

(Agenda Item)

The Cabinet considered a list of items for the immediately forthcoming meetings of the Cabinet.

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

..... in the Chair

Date of signing

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Division(s):

CABINET – 18 JUNE 2013

PROVISIONAL REVENUE & CAPITAL OUTTURN 2012/13 AND REQUESTS FOR CARRY FORWARDS

Report by the Chief Finance Officer

Introduction

1. This report sets out the provisional revenue and capital outturn for 2012/13 and shows how actual expenditure and income for the year compares to the budgeted position. It also includes proposals for carry forwards from 2012/13 to 2013/14. The report is consistent with the Council's Statement of Accounts for 2012/13¹ which will be submitted to the Audit and Governance Committee on 3 July 2013 following certification by the Chief Finance Officer and prior to external audit.

Summary of Revenue Outturn

2. As set out in Annex 1 the adjusted year end revenue position for 2012/13 is a variation of -£3.168m. Variations totalling +£0.029m have been funded from balances as they are outside the control of Directorates. Details are set out in Annex 4.

	Final Budget 2012/13	Provisional Outturn 2012/13	Provisional Outturn Variation compared to final budget	Provisional Outturn Variation compared to final budget
	£m	£m	£m	%
Children, Education & Families	107.890	107.703	-0.187	-0.17
Social & Community Services	207.148	205.484	-1.664	-0.80
Environment & Economy	80.818	80.115	-0.703	-0.87
Chief Executive's Office	22.648	22.063	-0.585	-2.72
Total Directorate variation	418.504	415.365	-3.139	-0.75
Add variations funded by balances			-0.029	
Adjusted Directorate Variation			-3.168	-0.76

¹ Due to external accounting requirements the presentation of the figures may vary.

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

Annex 1	Revenue Outturn
Annex 2 a	Proposed carry forwards to 2013/14
Annex 2 b	Proposed movement of 2012/13 underspends to other budgets
Annex 2c	Virements to note
Annex 3a	Reserves and Provisions
Annex 3b	School Balances
Annex 4	General Balances
Annex 5	Older People, Physical Disabilities & Equipment and Learning Disabilities Pooled Budgets
Annex 6	On and Off - Street Parking – Statement of Income and Expenditure for 2012/13
Annex 7	2013/14 Virements to approve
Annex 8	Capital Outturn

Part 1 – Revenue Outturn

Children, Education & Families (CE&F)

4. The provisional outturn position for CE&F is a variation of -£0.187m. In addition unspent Dedicated Schools Grant totalling -£5.688m has been placed in a reserve for use in 2013/14.

CEF1 Education and Early Intervention

5. The Service is reporting an underspend of -£0.604m. The change of +£0.322m since the last Financial Monitoring Report to Cabinet on 16 April 2013 reflects an overspend of +£0.342m on Home to School Transport compared to the breakeven position previously forecast. It was anticipated that concessionary fare income would increase due to new charges for transport that was previously free, but the actual increase in income was lower than expected.

CEF 2 Children's Social Care

6. Children's Social Care is reporting a net variation of -£0.629m. An underspend of -£0.606m on Corporate Parenting, which mainly reflects underspends on in - house fostering, is partly offset by overspends on external placements totalling +£0.180m. The year - end position also includes underspends for Family Support (-£0.265m), Asylum (-£0.111m), Youth Offending Service (-£0.198m) and Referral & Assessment (-£0.114m). These underspends are partly offset by overspends for Children Looked After (+£0.286m) and Management & Central Costs (+£0.234m).

CEF3 Children, Education & Families Central Costs

7. An overspend of +£0.967m includes one-off redundancy costs relating to the whole directorate incurred in 2012/13 and estimated redundancy costs for future restructuring across the directorate.

Social & Community Services (S&CS)

8. The outturn position for S&CS is a variation of -£1.664m. The underspend on the Older People, Physical Disabilities and Equipment Pooled Budget (-£3.992m) has been placed in the reserve for use in future years.

SCS1 Social Care for Adults

9. The service is reporting an underspend of -£1.555m a change of +£0.162m since the report to Cabinet on 16 April 2013. This position includes the overspend on the Council's element of the Learning Disabilities Pooled Budget (+£0.577m) which as it cannot be met from the reserve is being funded by underspends elsewhere in the directorate.

10. Fairer Charging income relating to Older People and Physical Disability clients has underachieved by +£0.684m. This is a change of +£0.384m since the last Financial Monitoring Report to Cabinet on 16 April 2013. Guidance issued by the Department of Health includes the requirement to ensure that the Council should take account of no more than the full cost of providing the service in determining charges. For someone who pays the full cost of care, there may be a variation on the cost of care or the amount of care the person chooses to receive. At year end, the cost to the Council for the service is compared to what has been recovered from clients. If the cost is less than the amount charged, some clients may be entitled to a reimbursement or credit to their account. The Council has therefore included a provision of £0.445m in the accounts to cover the estimated surplus of income compared to cost in 2012/13.

SCS2 Community Safety

11. An underspend of -£0.134m is reported by Community Safety. This mainly relates to additional rental income and reduced premises costs.

SCS3 Joint Commissioning

12. The overspend in Joint Commissioning Team of +£0.073m is due to additional legal recharges and restructuring costs. Supporting People underspent by -£0.169m due to new contracts and an under spend on Shared Lives.

SCS5 Fire and Rescue Service

13. The service is reporting an overspend of +£0.121m. This includes +£0.171m overspend on Firefighters ill health retirements which has been funded from balances and an underspend of -£0.056m on the retained duty system which has been returned to balances.

Pooled Budgets

14. The Council's element of the Older People's Pooled budget has underspent by -£3.489m. This is an increase of -£1.057m since the report to Cabinet in April. Of this, -£0.447m relates to Dementia Challenge funding received from the Oxfordshire Clinical Commissioning Group and an increased underspend of -£0.538m on

Home Support. Earlier in the financial year when underspends were identified decisions were made to commit to additional care packages. The cost of these care packages commits spend for an average of three years. This means that whilst more clients are receiving care, there is an underspend in 2012/13 which will need to be available to pay for the costs over a period of time. The commitment of additional resources has enabled :

- An increase in the total number of older people supported of 8.2% from 4,378 in March 2012 to 4,715 by the end of March 2013
 - An increase in the number of people supported in care home placements of 5.4% from 1,592 people at the end of March 2012 to 1,678 at the end of March 2013
 - An increase in the number of people supported in a long term package of 9.8% from 2,766 at the end of March 2012 to 3,037 at the end of March 2013
 - An increase in satisfaction with services amongst older people (in February 2012, 87.8% of older people said they were satisfied with their social care services and in February 2013 this had risen to 93.4%).
15. The council element of the Physical Disabilities Pool is underspent by -£0.544m compared to an underspend of -£0.242m previously reported. The change relates to an increased underspend for Home Support.
16. The Council's element of the Learning Disabilities Pooled Budget has overspent by +£0.577m compared to an underspend of -£0.865m previously reported. The change reflects late payments made in March 2013 for 2011/12 and 2012/13.

Environment & Economy (E&E)

17. The outturn position for E&E is variation of -£0.703m.

EE1 Highways and Transport

18. The service is overspent of +£0.473m. This includes an overspend of +£1.189m in Highways & Transport as a result of the winter weather, highway maintenance, vehicle maintenance as well as rapid incident responses and contract management costs. This is partly off-set by Public Transport contract savings of -£0.537m arising from the early realisation of future planned savings. Expenditure on concessionary fares is also -£0.346m less than budgeted.

EE2 Growth and Infrastructure

19. An underspend of -£0.324m is reported for Property and Facilities. This includes overspends on Programme Management (+£0.601m) and Service Management costs (+£0.170m) relating to delays in the implementation of the new contract. These are offset by an underspend in Facilities Management (-£0.598m) and slippage on Energy Strategy Projects (-£0.603m). There are also underspends of

-£0.435m in Business & Skills and -£0.240m in Planning Implementation. The overall variation for the service is -£0.948m.

20. Overall a breakeven position is reported by Waste Management. This position is achieved after making an additional -£0.448m contribution to the Waste Management Reserve to fund future contract cessation liabilities and planning obligations. An overspend of +£0.799m has arisen due to higher tonnages than budgeted. 291,000 tonnes was disposed of in 2012/13 compared to 277,000 tonnes in 2011/12. This overspend is offset by underspends on contract payments and other Waste Management budgets.

EE3 Oxfordshire Customer Services

21. Oxfordshire Customer Services has underspent by -£0.438m. This includes an overspend on the Customer Service Centre (+£0.327m) off set by underspends on ICT (-£0.233m), Human Resources (-£0.247m) and Finance (-£0.354m).

Chief Executive's Office (CEO)

22. The provisional outturn position for the Chief Executive's Office is a variation of -£0.585m. This includes underspends on Human Resources (-£0.285m), Strategy and Communications (-£0.180m), and Corporate Finance and Internal Audit (-£0.207m) which are partly offset by an overspend for Law and Culture relating to the registration service (+0.125m).

Proposed Carry Forward of under and over spends in 2012/13 to 2013/14

23. Under the Council's Financial Regulations, the Cabinet is responsible for approving all carry forwards. Directorates have either asked to carry forward underspends to the service in which they were generated or requested a virement of the carry forward to meet pressures in other areas.
24. The following table summarises the proposed carry forwards by Directorate. These are set out in detail in Annex 2a and the virements behind them in Annex 2b. Some of the virements for CE&F, S&CS and E&E are larger than £0.5m and require approval by Council under the authority's Financial Procedure Rules.

Directorate	Directorate Variation after agreed variations to balances £m	Total Directorate Proposed Carry Forward £m	Underspend Transferred to Efficiency Reserve £m
CE&F	-0.187	0	-0.187
S&CS	-1.779	0	-1.779
E&E	-0.702	-0.702	0
CEO	-0.500	-0.092	-0.408
Total per Annex 2a	-3.168	-0.794	-2.374

Strategic Measures

25. There is a variation of -£1.738m on the Strategic Measures budget. This consists of a variation of -£0.179m on Capital Financing and -£1.559m on Interest on Balances. The variation on Capital Financing is due to lower than forecast principal repayments. This is partly off-set by higher than forecast interest payable on long term borrowing as a result of continuation of four Lenders Option Borrowers Option (LOBO) loans. Interest earned on balances was -£1.559m more than budgeted due to lower than forecast interest payable on developer contributions, along with higher interest received arising from larger than forecast cash balances during the year.
26. The Treasury Management Outturn report for 2012/13, which covers all of the related activities in detail, will be considered by Cabinet on 16 July 2013.
27. The Council has claims outstanding with Municipal Mutual Insurance Plc. (MMI). In November 2012 the directors of MMI triggered a process to wind up the business. This means the Council may have to repay all or part of the insurance claims settled since the company ceased to trade, as well as fund any outstanding claims. A provision of £0.466m has been made for the initial 15% levy rate confirmed by the scheme administrator. This has been funded from an amount for potential MMI clawback held within the Insurance Reserve. A further £0.403m is held within the Insurance Reserve to cover the best estimate of possible further clawback, in line with actuarial advice.

Debt Write Offs

28. For the year ended 31 March 2013 there were 285 debts written off totalling £0.059m. In addition Client Finance wrote off £0.085m in respect of 91 debts relating to care provided by Social & Community Services.
29. Eleven loans totalling £0.040m made under the Chronically Sick and Disabled Persons Act were also written off. The largest of these was £0.011m and was agreed by Cabinet on 18 September 2012. £0.002m loans to Foster Carers, provided under the Children's Act, were written off.
30. Total debt write offs for the year were £0.186m. This compares to £0.241m for 2011/12. Most of the debts were written off because they would be uneconomical to recover through the courts.

Part – 2 Consolidated Capital Outturn

31. The capital programme is updated three times each year to reflect the latest forecast profile of expenditure. The original budget for the year is the programme agreed by Council in the February preceding the start

of the financial year. The latest updated programme, based on the position forecast at the end of December 2012, was agreed by Council on 19 February 2013.

32. Total capital programme expenditure for 2012/13 was £47.0m. The variation between the original programme and the final outturn was -£8.6m (-16%). Excluding schools local spend the variation on the total directorate programmes was -£8.2m (-16%). The summary outturn position is shown in Annex 8a.
33. The overall variation has been adjusted to take into account the impact of changes that have arisen due to factors that do not reflect the performance of the programme (e.g. technical accounting changes and value for money decisions). Excluding local spend by schools the adjusted variation reduces to -£5.0m (-10%). This represents 90% use of resources compared to the original capital programme. This is shown Annex 8b and is summarised in the following table.

	Total Directorate Programmes £m	Schools Capital & Earmarked Reserves £m	Total Capital Programme £m
Original Capital Programme	50.4	5.2	55.6
Final Outturn Expenditure	42.2	4.8	47.0
Variation	-8.2	-0.4	-8.6
Impact of in-year grant reductions/project removals	1.3	0	1.3
Impact of in-year increased funding	-0.8	0	-0.8
Impact of other VfM & technical adjustments	0.6	0	0.6
Impact of Cost Savings & Returned Contingencies	2.1	0	2.1
Adjusted Variation	-5.0	-0.4	-5.4
Use of Resources	90%	92%	90%

Children, Education & Families

34. Total capital expenditure was £18.9m in 2012/13 (excluding schools local capital expenditure). Expenditure incurred during 2012/13 includes £5m on pupil places provision with the completion of 11 projects for 411 places. A further £1m was spent on project development fees and work on basic need schemes that will be delivered in the next financial year. Phase 2 of the Wood Farm School project (£3.5m) was completed in 2012/13 along with projects at The Grange in Banbury (£0.5m) and Fitzwaryn School in Wantage (£0.8m). Expenditure on the Schools Structural Maintenance Programme was £3.9m and a further £1.7m was also spent on improvements at Oxford Spires Academy for which specific grant funding was received. The remaining £2.5m was spent on the annual programme and retention.

Social & Community Services

35. £2.6m expenditure incurred during 2012/13 includes the final grant payments for three Extra Care Housing projects (£1.1m) in Oxford that have provided 191 rented flats and the completion of the Bicester Fire Station upgrade (£0.2m), Redbridge Hollow (£0.8m) and Banbury Day Centre project (£0.5m).

Environment & Economy - Transport

36. £19.0m expenditure incurred during 2012/13 includes £5.6m on the Integrated Transport area of the programme, including £1.7m on Thornhill Park & Ride and £1.7m on Didcot Station Forecourt major schemes. Expenditure on the structural maintenance annual programmes was £12.1m and expenditure on structural maintenance major projects was £1.2m.

Summary Programme Financing

37. The table in Annex 8c summarises the outturn financing of the 2012/13 capital programme and compares it to the financing planned in the original and latest capital programme.
38. The Capital Programme expenditure of £47.0m was funded from a combination of capital grants and other external contributions (£38.3m), developer contributions (£6.2m), project specific prudential borrowing (£0.7m) and revenue contributions (£1.8m).
39. The level of the un-ringfenced grant balance has increased by £13.3m to £27.6m. As these grants are un-ringfenced and are not time limited, other funding sources are utilised before un-ringfenced grants. The grants are forecast to be spent over the period of the capital programme.
40. The unapplied ringfenced balance held at the start of the year has reduced by £1.0m to £0.1m (excluding Growing Places Fund). There are no issues foreseen with utilising the remaining grants by their deadlines.
41. There was no requirement to use funding from the capital receipts or general capital reserve. Capital Balances are £29.0m an increase of £2.6m which mainly arises from to an additional contribution of £1m relating to rural roads and £0.9m in capital receipts as set out in the paragraph below.
42. The original forecast for capital receipts from the disposal programme for 2012/13 was £6.1m and actual capital receipts achieved were £0.9m this was due to a number of negotiations taking longer than expected. Disposals are now due to take place in 2013/14.

Annual Programme Carry-Forwards

43. The Capital & Asset Programme Board has agreed that the underspends on some annual programmes can be carried forward to deliver planned work which will now take place in 2013/14. The detail is presented in Annex 8e. In total, £2.9m has been carried forward to 2013/14 and £0.8m is returned to the capital programme.
44. Cabinet is recommended to approve an increase of £0.581m to the Kennington Roundabout scheme to be funded from the underspends on annual programmes returned to the capital programme above. The total budget for the scheme will now be £3.477m. The increase is due to the need to divert a water main as a result of the improvement work at the roundabout.

Part 3 – Balance Sheet

General Balances

45. As set out in Annex 4 general balances are £18.733m as at 31 March 2013. The MTFP approved by Council in February 2013 assumed balances would be £16.193m at the end of the financial year.

Earmarked Reserves

46. Annex 3 sets out earmarked reserves brought forward from 2011/12 and the position as at 31 March 2013. These reserves are held for specified one – off projects, contractual commitments and to support the Medium Term Financial Plan.
47. Revenue Reserves are £84.075m as at 31 March 2013 and have decreased of £2.613m since 1 April 2012. Explanations of significant changes to School, Directorate and Corporate reserves are set out below.

Grants and Contributions

48. £8.898m of the £11.873m total grants and contributions is Dedicated Schools Grant (DSG) which was not spent by 31 March 2013. On 26 June 2013 the Schools & High Needs Committee of the Schools Forum will be consulted on how the DSG balance will be utilised in future years.

Children, Education & Families

49. An additional £2.264m has been placed in reserves during the year to support key projects and pressures in 2013/14. These include costs associated with the conversion of schools to Academy status, Joint Working with Thames Valley Police, School Intervention, and Thriving Families Project.

Social & Community Services

50. Reserves held by the directorate have increased by £2.279m. The largest reserve at £7.469m is the Older People Pooled Budget Reserve. This will mainly be used to continue to support additional care packages agreed in 2012/13 and previous years.

Environment & Economy

51. The balance on the Parking Account at 31 March 2013 was £2.232m. £0.477m was taken from the reserve in year to fund costs relating to the Oxford Park & Ride car parks. Contributions to the Parking Account during 2012/13 include Camera Enforcement income of £0.954m, On – Street Pay & Display charges income for Oxford City of £2.072m, and a planned contribution from revenue of £0.118m. The year end position is after the £1.3m budgeted contribution to the Highways budget in line with the Medium Term Financial Plan. The balance will be used to fund highways expenditure in accordance with Section 55(4) of the Road Traffic Regulation Act 1984. Further analysis is provided in Annex 6.
52. The Waste Management Reserve has increased by £1.242m to £3.249m. This will be utilised in future years for contract cessation costs and to meet planning obligations.
53. Additional funding of £0.928m was agreed as part of the 2011/12 budget to fund one-off investments to enable asset rationalisation savings to be achieved. £0.765m remaining at the end of 2012/13 has been placed in a reserve and will be used in future years as an investment fund to continue to implement the asset rationalisation strategy and achieve the associated agreed savings.

Corporate Reserves

54. The Efficiency Reserve totalled £3.384m as at 31 March 2013. This will be used for projects that support the Council's Medium Term Financial Plan.

School Balances

55. After incorporating partnership balances the number of schools in deficit was 12 and the number of schools with surplus balances was 249 at 31 March 2013. Further details of the number of schools with surpluses and deficits and the value of the balances are set out in Annex 3b.
56. 28 schools have converted to academy status up to 31 March 2013. A further eight schools transferred on 1 April 2013. Under the transfer of Balances Regulations the local authority has over the financial year, once the closed school accounts have been finalised and agreed, transferred school balances to the successor academy. A total of £1.218m remains to be agreed and passed to academies. All schools at the time of converting to academy status have been at a breakeven or surplus financial position.
57. School balances were £27.235m as at 31 March 2013. The increase in school surplus balances during 2012/13 reflects the uncertainty felt by schools pending the introduction of a new formula funding model from 1 April 2013 and the possible financial implications of moving to academy status along with continued concerns over future funding

levels. Although the actual number of schools with a year end deficit is about half those initially projecting a deficit balance in May 2012, the value of deficit balances incurred during the year is larger than originally anticipated (£0.252m compared to £0.198m).

58. As the Guaranteed Unit of Funding for pupils is expected to remain frozen at the 2011/12 level over the medium term, it is expected that the level of schools balances will reduce as schools utilise unspent balances to support their budgets.
59. Local authorities were instructed by the Department for Education not to operate the "Excess Balances claw-back mechanism" from March 2011 unless a school with a significant history of balances over a number of years continues this approach. A number of Oxfordshire schools which fall into this category have been advised that should their excessive balance persist at March 2013 then the local authority will seek to deduct the excess from their balance. Once final school balances have been confirmed it is intended, following confirmation with Schools Forum to proceed with these deductions. Any surplus balances removed will be ring-fenced for use in Schools.

Other Reserves

60. As set out in Annex 3 Other Reserves which include Insurance, Capital and Cash flow reserves total £51.592m as at 31 March 2013.
61. A Budget Reserve to manage the cash flow over the Medium Term Financial Plan for 2013/14 to 2016/17 was set up in 2012/13. The balance on the reserve is £17.211m and will be used in line with the Medium Term Financial Plan agreed by Council on 19 February 2013.
62. Capital Reserves total £26.304m and will be used to finance the Capital Programme agreed by Council in February 2013.

Part 4 – 2013/14 Virements

63. Virements for 2013/14 that require Cabinet approval are set out in Annex 7. Virements requested include the establishment of the Education Support Service in Oxfordshire Customer Service, virements that relate to the restructure of Environment and Economy and an adjustment to the Central Support Service Charges within Law and Culture. Also included are virements to transfer of Acquired Brain injury budget to the Physical Disabilities Pooled Budget and NHS funding to the Equipment Pooled Budget. None of the virements represent a policy change.

64. **RECOMMENDATIONS**

65. **The Cabinet is RECOMMENDED:**

(a) in respect of the 2012/13 outturn to:

- 1) note the provisional revenue and capital outturn for 2012/13 along with the year end position on balances and reserves as set out in the report;**
- 2) approve the carry-forwards and virements as set out in Annex 2;**
- 3) recommend Council to approve the virements greater than £0.5m for Children, Education & Families, Social & Community Services and Environment & Economy Directorates as set out in Annex 2b;**
- 4) agree that the surplus on the On-Street Parking Account at the end of the 2012/13 financial year, so far as not applied to particular eligible purposes in accordance with Section 55(4) of the Road Traffic Regulation Act 1984, be carried forward in the account to the 2013/14 financial year;**

(b) in respect of the 2013/14 revenue budget and Capital Programme:

- 1) agree the increase of £0.581m to the Kennington Roundabout scheme as set out in paragraph 44;**
- 2) approve virements for 2013/14 as set out in Annex 7.**

SUE SCANE

Assistant Chief Executive & Chief Finance Officer

Background papers: Directorate reports

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June 2013

**Provisional Revenue Outturn 2012/13
CABINET - 18 June 2013**

Ref	Directorate	BUDGET 2012/13					Provisional Outturn Actual per SAP	Provisional Outturn Variation	Analysis of variation		Total proposed Carry Forward
		Original Budget	Brought Forward from 2011/12 Surplus + Deficit -	Virements to Date	Supplementary Estimates to Date	Latest Estimate			Returned to Council	This Directorate	
(1)	(2)	£000 (3)	£000 (4)	£000 (5)	£000 (6)	£000 (7)	£000 (8)	underspend - overspend + £000 (9)	underspend - overspend + £000 (10)	underspend - overspend + £000 (11)	£000 (12)
CEF	Children, Education & Families										
	Gross Expenditure	563,507	2,457	-80,646	-13	485,305	505,635	20,330	0	20,330	
	Gross Income	-457,693	0	80,278	0	-377,415	-397,932	-20,517	0	-20,517	
		105,814	2,457	-368	-13	107,890	107,703	-187	0	-187	0
SCS	Social & Community Services										
	Gross Expenditure	259,276	1,122	-14,763	-86	245,549	315,528	69,979	115	3,758	
	Gross Income	-39,641	0	1,240	0	-38,401	-110,044	-71,643	0	-5,537	
		219,635	1,122	-13,523	-86	207,148	205,484	-1,664	115	-1,779	0
EE	Environment & Economy										
	Gross Expenditure	144,307	1,899	-5,164	0	141,042	151,027	9,985	-1	9,986	
	Gross Income	-66,649	0	6,425	0	-60,224	-70,912	-10,688	0	-10,688	
		77,658	1,899	1,261	0	80,818	80,115	-703	-1	-702	-702
CEO	Chief Executive's Office										
	Gross Expenditure	16,360	508	15,026	0	31,894	34,284	2,390	-85	2,175	
	Gross Income	-7,966	0	-1,280	0	-9,246	-12,221	-2,975	0	-2,675	
		8,394	508	13,746	0	22,648	22,063	-585	-85	-500	-92
	Less recharges to other directorates	-49,078				-49,078	-49,078	0			
		49,078				49,078	49,078	0			
	Directorate Expenditure Total	934,372	5,986	-85,547	-99	854,712	957,396	102,684	29	36,249	
	Directorate Income Total	-522,871	0	86,663	0	-436,208	-542,031	-105,823	0	-39,417	
	Directorate Total Net	411,501	5,986	1,116	-99	418,504	415,365	-3,139	29	-3,168	-794

Provisional Revenue Outturn 2012/13
CABINET - 18 June 2013

Ref	Directorate	BUDGET 2012/13					Provisional Outturn Actual per SAP £000 (8)	Provisional Outturn Variation underspend - overspend + £000 (9)	Analysis of variation		Total proposed Carry Forward £000 (12)
		Original Budget £000 (3)	Brought Forward from 2011/12 Surplus + Deficit - £000 (4)	Virements to Date £000 (5)	Supplementary Estimates to Date £000 (6)	Latest Estimate £000 (7)			Returned to Council underspend - overspend + £000 (10)	This Directorate underspend - overspend + £000 (11)	
(1)	(2)										
	Contributions to (+)/from (-)reserves	8,366	-5,986	1,342		3,722	7,022	3,300			
	Contribution to (+)/from(-) balances	2,800			99	2,899	-232	-3,131			
	Pensions - Past Service Deficit Funding	1,500				1,500	1,500	0			
	Capital Financing	37,001				37,001	36,822	-179			
	Interest on Balances	-4,348				-4,348	-5,907	-1,559			
	Additional funding to be allocated			27		27	0	-27			
	Strategic Measures Budget	45,319	-5,986	1,369	99	40,801	39,205	-1,596		-2,374	
	Government Grants	-52,964		-1,187		-54,151	-54,256	-105			
	Council Tax	-4,019				-4,019	-4,019	0			
	Revenue Support Grant	-2,193		-1,298		-3,491	-3,491	0			
	Business rates	-113,119				-113,119	-113,119	0			
	Council Tax Requirement	284,525	0	0	0	284,525	279,685	-4,840		-3,168	

Provisional Revenue Outturn 2012/13
CABINET - 18 June 2013

Ref	Directorate	BUDGET 2012/13					Provisional Outturn Actual per SAP £000 (8)	Provisional Outturn Variation underspend - overspend + £000 (9)	Analysis of variation		Total proposed Carry Forward £000 (12)
		Original Budget £000 (3)	Brought Forward from 2011/12 Surplus + Deficit - £000 (4)	Virements to Date £000 (5)	Supplementary Estimates to Date £000 (6)	Latest Estimate £000 (7)			Returned to Council underspend - overspend + £000 (10)	This Directorate underspend - overspend + £000 (11)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
CEF1	Education & Early Intervention										
	Gross Expenditure	76,372	1,268	1,691	0	79,331	82,061	2,730	0	2,730	0
	Gross Income	-29,443	0	-3,654	0	-33,097	-36,431	-3,334	0	-3,334	0
		46,929	1,268	-1,963	0	46,234	45,630	-604	0	-604	0
CEF2	Children's Social Care										
	Gross Expenditure	47,509	649	959	-13	49,104	49,141	37	0	37	0
	Gross Income	-6,079	0	162	0	-5,917	-6,583	-666	0	-666	0
		41,430	649	1,121	-13	43,187	42,558	-629	0	-629	0
CEF3	CEF Central Costs										
	Gross Expenditure	22,299	540	-1,015	0	21,824	22,839	1,015	0	1,015	0
	Gross Income	-464	0	141	0	-323	-371	-48	0	-48	0
		21,835	540	-874	0	21,501	22,468	967	0	967	0
CEF4	Schools										
	Gross Expenditure	421,211	0	-82,281	0	338,930	355,478	16,548	0	16,548	0
	Gross Income	-425,591	0	83,629	0	-341,962	-358,431	-16,469	0	-16,469	0
		-4,380	0	1,348	0	-3,032	-2,953	79	0	79	0
	Less recharges within directorate	-3,884				-3,884	-3,884	0			
		3,884				3,884	3,884	0			
	Directorate Expenditure Total	563,507	2,457	-80,646	-13	485,305	505,635	20,330	0	20,330	0
	Directorate Income Total	-457,693	0	80,278	0	-377,415	-397,932	-20,517	0	-20,517	0
	Directorate Total Net	105,814	2,457	-368	-13	107,890	107,703	-187	0	-187	0

Provisional Revenue Outturn 2012/13
CABINET - 18 June 2013

Ref	Directorate	BUDGET 2012/13					Provisional Outturn Actual per SAP £000 (8)	Provisional Outturn Variation underspend - overspend + £000 (9)	Analysis of variation		Total proposed Carry Forward £000 (14)
		Original Budget	Brought Forward from 2011/12 Surplus + Deficit - £000 (4)	Virements to Date £000 (5)	Supplementary Estimates to Date £000 (6)	Latest Estimate £000 (7)			Returned to Council underspend - overspend + £000 (10)	This Directorate underspend - overspend + £000 (11)	
		£000 (3)	£000 (4)	£000 (5)	£000 (6)	£000 (7)					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(14)
SCS1	Adult Social Care										
	Gross Expenditure	199,968	550	-2,182	-86	198,250	257,342	59,092	0	3,164	0
	Gross Income	-45,284	0	1,002	0	-44,282	-104,929	-60,647	0	-4,719	0
		154,684	550	-1,180	-86	153,968	152,413	-1,555	0	-1,555	0
SCS2	Community Safety										
	Gross Expenditure	4,268	12	141	0	4,421	4,653	232	0	232	0
	Gross Income	-1,196	0	-153	0	-1,349	-1,715	-366	0	-366	0
		3,072	12	-12	0	3,072	2,938	-134	0	-134	0
SCS3	Joint Commissioning										
	Gross Expenditure	29,753	468	-2,711	0	27,510	27,750	240	0	240	0
	Gross Income	-1,870	0	-791	0	-2,661	-2,997	-336	0	-336	0
		27,883	468	-3,502	0	24,849	24,753	-96	0	-96	0
SCS4	Community Services										
	Gross Expenditure	9,985	0	-9,985	0	0	0	0	0	0	0
	Gross Income	-1,184	0	1,184	0	0	0	0	0	0	0
		8,801	0	-8,801	0	0	0	0	0	0	0
SCS5	Fire & Rescue and Emergency Planning										
	Gross Expenditure	25,480	92	-26	0	25,546	25,783	237	115	122	0
	Gross Income	-285	0	-2	0	-287	-403	-116	0	-116	0
		25,195	92	-28	0	25,259	25,380	121	115	6	0
	Less recharges within directorate	-10,178				-10,178	0	10,178			
		10,178				10,178	0	-10,178			
	Directorate Expenditure Total	259,276	1,122	-14,763	-86	245,549	315,528	69,979	115	3,758	0
	Directorate Income Total	-39,641	0	1,240	0	-38,401	-110,044	-71,643	0	-5,537	0
	Directorate Total Net	219,635	1,122	-13,523	-86	207,148	205,484	-1,664	115	-1,779	0

Provisional Revenue Outturn 2012/13
CABINET - 18 June 2013

Ref	Directorate	BUDGET 2012/13					Provisional Outturn Actual per SAP £000 (8)	Provisional Outturn Variation underspend - overspend + £000 (9)	Analysis of variation		Total proposed Carry Forward £000 (14)				
		Original Budget £000 (3)	Brought Forward from 2011/12 Surplus + Deficit - £000 (4)	Virements to Date £000 (5)	Supplementary Estimates to Date £000 (6)	Latest Estimate £000 (7)			Returned to Council underspend - overspend + £000 (10)	This Directorate underspend - overspend + £000 (11)					
		(1)	(2)	(3)	(4)	(5)			(6)	(7)		(8)	(9)	(10)	(11)
EE1	Highways & Transport														
	Gross Expenditure	54,016	0	-433	0	53,583	56,240	2,657	0	2,657	0				
	Gross Income	-11,396	0	0	0	-11,396	-13,580	-2,184	0	-2,184	0				
		42,620	0	-433	0	42,187	42,660	473	0	473	0				
EE2	Growth & Infrastructure														
	Gross Expenditure	58,464	1,435	-5,310	0	54,589	58,973	4,384	-1	4,385	-473				
	Gross Income	-30,324	0	5,516	0	-24,808	-30,141	-5,333	0	-5,333	0				
		28,140	1,435	206	0	29,781	28,832	-949	-1	-948	-473				
EE3	Oxfordshire Customer Services														
	Gross Expenditure	41,656	419	493	0	42,568	45,298	2,730	0	2,730	-229				
	Gross Income	-41,450	0	909	0	-40,541	-43,709	-3,168	0	-3,168	0				
		206	419	1,402	0	2,027	1,589	-438	0	-438	-229				
EE4	Director's Office														
	Gross Expenditure	6,692	45	86	0	6,823	7,037	214	0	214	0				
	Gross Income	0	0	0	0	0	-3	-3	0	-3	0				
		6,692	45	86	0	6,823	7,034	211	0	211	0				
	Less recharges within directorate	-16,521				-16,521	-16,521	0							
		16,521				16,521	16,521	0							
	Directorate Expenditure Total	144,307	1,899	-5,164	0	141,042	151,027	9,985	-1	9,986	-702				
	Directorate Income Total	-66,649	0	6,425	0	-60,224	-70,912	-10,688	0	-10,688	0				
	Directorate Total Net	77,658	1,899	1,261	0	80,818	80,115	-703	-1	-702	-702				

Provisional Revenue Outturn 2012/13
CABINET - 18 June 2013

Ref	Directorate	BUDGET 2012/13					Provisional Outturn Actual per SAP	Provisional Outturn Variation	Analysis of variation		Total proposed Carry Forward
		Original Budget	Brought Forward from 2011/12 Surplus + Deficit -	Virements to Date	Supplementary Estimates to Date	Latest Estimate			Returned to Council	This Directorate	
(1)	(2)	£000 (3)	£000 (4)	£000 (5)	£000 (6)	£000 (7)	£000 (8)	underspend - overspend + £000 (9)	underspend - overspend + £000 (10)	underspend - overspend + £000 (11)	£000 (14)
CEO1	Chief Executive & Business Support										
	Gross Expenditure	2,036	116	-638	0	1,514	1,482	-32	0	-32	0
	Gross Income	-788	0	0	0	-788	-794	-6	0	-6	0
		1,248	116	-638	0	726	688	-38	0	-38	0
CEO2	Human Resources										
	Gross Expenditure	1,484	214	281	0	1,979	1,791	-188	0	-188	-92
	Gross Income	-1,345	0	0	0	-1,345	-1,442	-97	0	-97	0
		139	214	281	0	634	349	-285	0	-285	-92
CEO3	Corporate Finance & Internal Audit										
	Gross Expenditure	2,429	0	105	0	2,534	2,803	269	-85	354	0
	Gross Income	-2,417	0	106	0	-2,311	-2,787	-476	0	-476	0
		12	0	211	0	223	16	-207	-85	-122	0
CEO4	Law & Culture										
	Gross Expenditure	6,987	126	14,386	0	21,499	23,318	1,819	0	1,819	0
	Gross Income	-4,050	0	-1,211	0	-5,261	-6,955	-1,694	0	-1,694	0
		2,937	126	13,175	0	16,238	16,363	125	0	125	0
CEO5	Strategy & Communications										
	Gross Expenditure	2,859	52	892	0	3,803	4,175	372	0	372	0
	Gross Income	-2,492	0	-175	0	-2,667	-3,219	-552	0	-552	0
		367	52	717	0	1,136	956	-180	0	-180	0
CEO6	Corporate & Democratic Core										
	Gross Expenditure	3,691	0	0	0	3,691	3,841	150	0	-150	0
	Gross Income	0	0	0	0	0	-150	-150	0	150	0
		3,691	0	0	0	3,691	3,691	0	0	0	0
	Less recharges within directorate	-3,126				-3,126	-3,126	0			
		3,126				3,126	3,126	0			
	Directorate Expenditure Total	16,360	508	15,026	0	31,894	34,284	2,390	-85	2,175	-92
	Directorate Income Total	-7,966	0	-1,280	0	-9,246	-12,221	-2,975	0	-2,675	0
	Directorate Total Net	8,394	508	13,746	0	22,648	22,063	-585	-85	-500	-92

PROVISIONAL REVENUE OUTTURN 2012/13

CABINET 18 June 2013

ANALYSIS OF CARRY FORWARD AND PROPOSALS FOR USE OF CARRY FORWARD TO BE APPROVED IN 2012/13: SUMMARY

Budget Book Ref	Service Area	Variation	Same Budget	Different Budget	Virement of Carry Forward	Virement of Carry Forward	Total proposed Carry Forward
(1)	(2)	underspend - overspend + £000 (3)	underspend - overspend + £000 (4)	underspend - overspend + £000 (5)	Other Directorate £000 (7)	Efficiency Reserve £000 (8)	Surplus - Deficit + £000 (9)
CEF	Children, Education & Families	-187	0	-187	0	187	0
SCS	Social & Community Services	-1,779	0	-1,779	0	1,779	0
EE	Environment & Economy	-702	-702	0	0	0	-702
CEO	Chief Executive's Office	-500	-92	-408	0	408	-92
SM	Strategic Measures - Efficiency Reserve					-2,374	-2,374
	Directorate Total	-3,168	-794	-2,374	0	0	-3,168

PROVISIONAL REVENUE OUTTURN 2012/13 - Children, Education & Families
CABINET - 18 June 2013
PROPOSED VIREMENT OF UNDERSPEND CARRY FORWARDS IN 2013/14

ANALYSIS OF CARRY FORWARD AND PROPOSALS FOR USE OF CARRY FORWARD

Budget Book Ref 2012/13	Budget Book Ref 2013/14	Service Area	Variation	Same Budget	Different Budget	Virement of Carry Forward				Total proposed Carry Surplus - Deficit + £000 (11)	Planned Use of Carry Forward (11)
						Within Directorate	Other Directorate	Efficiency Reserve	C/fwd Virement Ref Annex 2(b)		
(1)	(2)	Non-DSG (3)	underspend - overspend + £000 (4)	underspend - overspend + £000 (5)	underspend - overspend + £000 (6)	£000 (7)	£000 (8)	£000 (9)	(10)		
CEF1		Education & Early Intervention									
CEF1-1	CEF1-1	Management & Central Costs	-278		-278	278		0	CEF1	0	
CEF1-2	CEF1-2	Special Educational Needs (SEN)	14		14	-14		0	CEF1	0	
CEF1-3	CEF1-3	Early Intervention (EIS)	-112		-112	112		0	CEF1	0	
CEF1-4	CEF1-4	Education	-183		-183	183		0	CEF1	0	
CEF1-5	CEF1-5	Organisation & Planning	-45		-45	45		0	CEF1	0	
		Sub-total Education & Early Intervention	-604	0	-604	604	0	0		0	
CEF2		Children's Social Care									
CEF2-1	CEF2-1	Management & Central Costs	234		234	-234		0	CEF1	0	
CEF2-2	CEF2-2	Corporate Parenting	-606		-606	606		0	CEF1	0	
CEF2-3	CEF2-3	Social Care	-24		-24	24		0	CEF1	0	
CEF2-4	CEF2-4	Safeguarding	-6		-6	6		0	CEF1	0	
CEF2-5	CEF2-5	Services for Disabled Children	-29		-29	29		0	CEF1	0	
CEF2-6	CEF2-6	Youth Offending Service	-198		-198	11		187	CEF1/ER1	0	
		Sub-total Children's Social Care	-629	0	-629	442	0	187		0	
CEF3		Children, Education & Families Central Costs									
CEF3-1	CEF3-1	Management & Admin	952		952	-952		0	CEF1	0	
CEF3-2	n/a	CEF Support Service Recharges	16		16	-16		0	CEF1	0	
CEF3-3	CEF3-2	Premature Retirement Compensation (PRC)	-1		-1	1		0	CEF1	0	
CEF3-4	CEF3-3	Joint Commissioning Recharge	0		0			0		0	
		Sub-total Children, Education & Families Central Costs	967	0	967	-967	0	0		0	
CEF4		Schools									
CEF4-1	CEF4-1	Delegated Budgets	0		0			0		0	
CEF4-2	CEF4-2	Early Years Single Funding Formula (NEF)	0		0			0		0	
CEF4-3	CEF4-3	Devolved Schools Costs (including Post 16 SEN)	79		79	-79		0	CEF1	0	
CEF4-4	CEF4-4	DSG Income	0		0			0		0	
CEF4-5	CEF4-5	Capitalised Repair & Maintenance	0		0			0		0	
CEF4-6	n/a	Joint Use Agreements	0		0			0		0	
		Sub-total Schools	79	0	79	-79	0	0		0	
		Directorate Total	-187	0	-187	0	0	187		0	

PROVISIONAL REVENUE OUTTURN 2012/13 - Social & Community Services
CABINET - 18 June 2013
PROPOSED VIREMENT OF UNDERSPEND CARRY FORWARDS IN 2013/14

ANALYSIS OF CARRY FORWARD AND PROPOSALS FOR USE OF CARRY FORWARD

Budget Book Ref 2012/13	Budget Book Ref 2013/14	Service Area Non-DSG	Variation underspend - overspend + £000 (4)	Same Budget underspend - overspend + £000 (5)	Different Budget underspend - overspend + £000 (6)	Virement of Carry Forward				Total proposed Carry - Surplus - Deficit + £000 (11)	Planned Use of Carry Forward for One-Off Purposes in 2012/13 (12)
						Within Directorate £000 (7)	Other Directorate £000 (8)	Efficiency Reserve £000 (9)	C/fwd Virement Ref Annex 2(b) (10)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
SCS1		<u>Adult Social Care</u>									
SCS1-1		<u>Older People</u>									
SCS1-1ABC	SCS1-1ABCD	Older People's Pooled Budget	11		11	-11			SCS1		
SCS1-1D	SCS1-1E	Older People Non Pool Budgets	-1,090		-1,090	136		954	SCS1/ ER1		
		Sub-total Older People	-1,079	0	-1,079	125	0	954		0	
SCS1-2		<u>Learning Disabilities</u>									
SCS1-2ABD	SCS1-2ABD	Learning Disabilities Pooled Budget	577		577	-577			SCS1		
SCS1-2C	SCS1-2C	Learning Disabilities Non Pool Budgets	-452		-452	452			SCS1		
		Sub-total Learning Disabilities	125	0	125	-125	0	0		0	
SCS1-3		<u>Mental Health</u>									
SCS1-3A	SCS1-3A	Mental Health Non Pool	-140		-140	14		126	SCS1/ER1		
SCS1-3B	SCS1-3C	Pooled Budget Contribution	14		14	-14			SCS1		
		Sub-total Mental Health	-126	0	-126	0	0	126		0	
SCS1-4	SCS1-4	<u>Services For All Client Groups</u>	-475		-475			475	ER1		
		Sub-total Services for All Client Groups	-475	0	-475	0	0	475		0	
SCS1-5		<u>Physical Disabilities</u>									
SCS1-5A	SCS1-5A	Physical Disabilities Pooled Budget Contribution	0		0						
		Sub-total Physical Disabilities	0	0	0	0	0	0		0	0
		Sub-total Adult Social Care	-1,555	0	-1,555	0	0	1,555		0	0
SCS2		<u>Community Safety</u>									
SCS2-1	SCS2-1	Safer Communities	-16		-16	8		8	SCS1		
SCS2-2	SCS2-2	Gypsy & Traveller Services	-100		-100			100	ER1		
SCS2-3	SCS2-3	Trading Standards	-18		-18			18	ER1		
		Sub-total Community Safety	-134	0	-134	8	0	126		0	

PROVISIONAL REVENUE OUTTURN 2012/13 - Social & Community Services
CABINET - 18 June 2013
PROPOSED VIREMENT OF UNDERSPEND CARRY FORWARDS IN 2013/14

ANALYSIS OF CARRY FORWARD AND PROPOSALS FOR USE OF CARRY FORWARD

Budget Book Ref 2012/13	Budget Book Ref 2013/14	Service Area Non-DSG	Variation underspend - overspend + £000 (4)	Same Budget underspend - overspend + £000 (5)	Different Budget underspend - overspend + £000 (6)	Virement of Carry Forward				Total proposed Carry Surplus - Deficit + £000 (11)	Planned Use of Carry Forward for One-Off Purposes in 2012/13 (12)
						Within Directorate £000 (7)	Other Directorate £000 (8)	Efficiency Reserve £000 (9)	C/fwd Virement Ref Annex 2(b) (10)		
(1)	(2)	(3)									
SCS3	SCS3	<u>Joint Commissioning</u>	-96		-96			96	ER1		
		Sub-total Joint Commissioning	-96	0	-96	0	0	96		0	
SCS5	SCS4	<u>Fire & Rescue and Emergency Planning</u>									
SCS5-1	SCS4-1	Fire & Rescue Service	8		8	-8			SCS1		
SCS5-2	SCS4-2	Emergency Planning	-2		-2			2	ER1		
		Sub-total Fire & Rescue and Emergency Planning	6	0	6	-8	0	2		0	
		Directorate Total	-1,779	0	-1,779	0	0	1,779		0	

**PROVISIONAL REVENUE OUTTURN 2012/13 -Environment & Economy
CABINET - 18 June 2013
PROPOSED VIREMENT OF UNDERSPEND CARRY FORWARDS IN 2013/14**

ANALYSIS OF CARRY FORWARD AND PROPOSALS FOR USE OF CARRY FORWARD

Budget Book Ref 2012/13	Budget Book Ref 2013/14	Service Area Non-DSG	Variation underspend - overspend + £000	Same Budget underspend - overspend + £000	Different Budget underspend - overspend + £000	Virement of Carry Forward				Total proposed Carry Forward Surplus - Deficit + £000	Planned Use of Carry Forward
						Within Directorate	Other Directorate	Efficiency Reserve	C/fwd Virement Ref Annex 2(b)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(11)
EE1		Highways and Transport									
EE1-1-1-42	EE2-31 to EE2-35	Highways & Transport	1,189		1,189	-1,189			EE1	0	
EE1-43	EE2-37	Integrated Transport Unit	167		167	-167			EE1	0	
EE1-44	EE2-21b	Public Transport	-537		-537	537			EE1	0	
EE1-45	EE2-21c	Concessionary Fares	-346		-346	346			EE1	0	
		Sub-total Highways and Transport	473	0	473	-473	0	0		0	
EE2		Growth & Infrastructure									
EE2-1	EE1	Deputy Director	51		51	-51			EE1	0	
EE2-2&3	EE1	Planning & Regulation and Infrastructure Planning	-240	-100	-140	140			EE1	-100	Development of the Community Infrastructure Levy (CIL)
EE2-5	EE1	Business & Skills	-435	-373	-62	62			EE1	-373	Job Clubs (£217k), project manage a developing training skills festival (£112k) and employability skills training for young people (£44k)
EE2-61-67	EE2-22	Property & Facilities	-324		-324	324			EE1	0	
		Sub-total Growth & Infrastructure	-948	-473	-475	475	0	0		-473	
EE3		Oxfordshire Customer Services									
EE3-1	EE3-1	Management Team	182		182	-182			EE1	0	
EE3-2	EE3-2	OCS Finance	-354		-354	354			EE1	0	
EE3-3	EE3-3	ICT	-233		-233	233			EE1	0	
EE3-4	EE3-4	County Procurement	-113		-113	113			EE1	0	
EE3-5	EE3-5	Customer Service Centre	327		327	-327			EE1	0	
EE3-6-7	EE3-6	Human Resources & Adult Learning	-247	-229	-18	18			EE1	-229	Two years funding for future workforce development programme (£154k) and social care apprenticeships and integrated dyslexia support pilot (£75k)
		Sub-total Oxfordshire Customer Services	-438	-229	-209	209	0	0		-229	
EE4		Director's Office									
EE4-1	EE3-7	Directors Office	211		211	-211			EE1	0	
		Sub-total Director's Office	211	0	211	-211	0	0		0	
		Directorate Total	-702	-702	0	0	0	0		-702	

Provisional Revenue Outturn 2012/13: Chief Executive's Office
 CABINET - 18 June 2013
 PROPOSED VIREMENT OF UNDERSPEND CARRY FORWARDS IN 2013/14

ANALYSIS OF CARRY FORWARD AND PROPOSALS FOR USE OF CARRY FORWARD

Budget Book Ref 2012/13	Budget Book Ref 2013/14	Service Area	Variation	Same Budget	Different Budget	Virement of Carry Forward				Total proposed Carry Forward	Planned Use of Carry Forward for One-Off Purposes in 2013/14
						Within Directorate	Other Directorate	Efficiency Reserve	C/fwd Virement Ref		
(1)	(2)	(3)	underspend - overspend + £000 (4)	underspend - overspend + £000 (5)	underspend - overspend + £000 (6)	£000 (7)	£000 (8)	£000 (9)	Annex 2(b) (10)	Surplus - Deficit + £000 (11)	(12)
CEO1	CEO1	Chief Executive & Business Support	-38		-38			38	ER1		To continue to fund the young people currently in post, and apprenticeships that will reach a conclusion during 2013/14. Also to fund a Workforce Initiatives post
CEO2	CEO2	Human Resources	-285	-92	-193	125		68	CEO1/ER1	-92	
CEO3	CEO3	Corporate Finance & Internal Audit	-122		-122			122	ER1		
CEO4	CEO4	Law & Culture	125		125	-125			CEO1		
CEO5	CEO5	Strategy & Communications	-180		-180			180	ER1		
		Directorate Total	-500	-92	-408	0	0	408		-92	

PROVISIONAL REVENUE OUTTURN 2012/13
 CABINET 18 June 2013
 PROPOSED VIREMENT OF UNDERSPEND CARRY FORWARDS IN 2013/14

C/fwd Virement Ref.	Budget Book Ref.	Service Area	Details	From £000 (5)	To			
					Within Directorate £000 (6)	Other Directorate £000 (7)	Efficiency Reserve £000 (8)	
(1)	(2)	(3)	(4)					
CEF1	CEF1-1	Management & Central Costs	Off-set Directorate overspends with underspends within CEF	-278	14			
	CEF1-2	Special Educational Needs (SEN)						
	CEF1-3	Early Intervention (EIS)						
	CEF1-4	Education						
	CEF1-5	Organisation & Planning						
	CEF2-1	Management & Central Costs		234				
	CEF2-2	Corporate Parenting		-606				
	CEF2-3	Social Care		-24				
	CEF2-4	Safeguarding		-6				
	CEF2-5	Services for Disabled Children		-29				
	CEF2-6	Youth Offending Service		-11				
	CEF3-1	Management & Admin		952				
	CEF3-2	CEF Support Service Recharges		16				
	CEF3-2	Premature Retirement Compensation (PRC)		-1				
CEF4-3	Devolved Schools Costs (including Post 16 SEN)	79						
SCS1	SCS1-1ABCD	Older People's Pooled Budget	Off-set Directorate overspends with underspends within S&CS		11			
	SCS1-1E	Older People Non Pool Budgets		-136				
	SCS1-2ABD	Learning Disabilities Pooled Budget						577
	SCS1-2C	Learning Disabilities Non Pool Budgets		-452				
	SCS1-3A	Mental Health Non Pool		-14				
	SCS1-3C	Pooled Budget Contribution						14
	SCS2-1	Safer Communities		-8				
SCS4-1	Fire & Rescue Service		8					
CEO1	CEO2	Human Resources	Off-set Directorate overspends with underspends within CEO	-125				
	CEO4	Law & Culture						125
EE1	EE2-31 to EE2-35	Highways & Transport	Off-set Directorate overspends with underspends with E&E		1189			
	EE2-37	Integrated Transport Unit						167
	EE2-21b	Public Transport		-537				
	EE2-21c	Concessionary Fares		-346				
	EE1	Deputy Director						51
	EE1	Planning & Regulation and Infrastructure Planning		-140				
	EE1	Business & Skills		-62				
	EE2-22	Property & Facilities		-324				
	EE3-1	Management Team						182
	EE3-2	OCS Finance		-354				
	EE3-3	ICT		-233				
	EE3-4	County Procurement		-113				
	EE3-5	Customer Service Centre						327
EE3-6	Human Resources & Adult Learning	-18						
EE3-7	Directors Office		211					

PROVISIONAL REVENUE OUTTURN 2012/13
 CABINET 18 June 2013
 PROPOSED VIREMENT OF UNDERSPEND CARRY FORWARDS IN 2013/14

C/fwd Virement Ref. (1)	Budget Book Ref. (2)	Service Area (3)	Details (4)	From £000 (5)	To		
					Within Directorate £000 (6)	Other Directorate £000 (7)	Efficiency Reserve £000 (8)
ER1	CEF2-6 SCS1-1E SCS1-3A SCS1-4 SCS2-1 SCS2-2 SCS2-3 SCS3 SCS4-2 CEO1 CEO2 CEO3 CEO5 SM	Youth Offending Service Older People Non Pool Budgets Mental Health Non Pool Services For All Client Groups Safer Communities Gypsy & Traveller Services Trading Standards Joint Commissioning Emergency Planning Chief Executive & Business Support Human Resources Corporate Finance & Internal Audit Strategy & Communications Efficiency Reserve	Transfer of Directorate Underspends to Efficiency Reserve	-187 -954 -126 -475 -8 -100 -18 -96 -2 -38 -68 -122 -180			2,374
			Total Virements	-6,531	4,157	0	2,374

**Provisional Revenue Outturn 2012/13
CABINET - 18 June 2013**

NEW VIREMENTS FOR CABINET TO NOTE

Directorate	Month of Cabinet meeting	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
CEF	June	Contribution to Virtual school for orientation programme for unaccompanied Asylum Seekers	CEF1-4	Education	T	10.0	0.0
			CEF2-3	Social Care	T	-10.0	0.0
		Amend income and expenditure budgets for final pupil premium grant allocation.	CEF4-1	Delegated Budgets	T	0.5	-0.5
		Budget to cover consultancy costs	CEF1-1	Management & Central Costs	T	11.1	0.0
			CEF1-4	Education	T	-11.1	0.0
EE	June	Expenditure & Income budgets for Independent Medical Assessors (Occupational Therapists)	EE3-5	Customer Services	T	63.8	-63.8
SCS	June	Final Internal Supported Living costs	SCS1-2ABD	Learning Disabilities Non Pool Services	T	26.3	-26.3
		Internal Day Service Health & Safety building adaptations not started	SCS1-2ABD	Learning Disabilities Non Pool Services	T	-36.0	36.0
Inter-Directorate	June	Expenditure and Income Budgets for additional Thriving Families Grant	CEF2-3	Social Care	T	5.6	0.0
			SM	Strategic Measures	T	0.0	-5.6
Grand Total						60.1	-60.1

Provisional Outturn Report
CABINET - 18 June 2013
EARMARKED RESERVES

Earmarked Reserves	2012/13				Commentary
	Balance at 1 April 2012 £000	Movement		Balance at 31 March 2013 £000	
		Contributions from Reserve £000	Contributions to Reserve £000		
Revenue Reserves					
Schools' Reserves	28,908	-13,233	11,560	27,235	See Annex 3b for further details
Cross Directorate Reserves					
Vehicle and Equipment Reserve	1,864	-96	1,012	2,780	Includes £1.334m to replace Fire and Rescue Vehicles and Equipment in future years
Grants and Contributions Reserve	7,203	-3,215	7,885	11,873	Includes Dedicated Schools Grant (£8.898m)
ICT Projects	2,175	-56	15	2,134	To be used to fund ICT projects that span financial years including Framework-i in CE&F and the replacement for OCN
Total Cross Directorate	11,242	-3,367	8,912	16,787	
Directorate Reserves					
CE&F					
CE&F Commercial Services	627	-291	691	1,027	To be used to support commercial services within CE&F. Includes Oxfordshire Children's Safeguarding Board (£0.330m), Outdoor Education Centres (£0.186m) and Governor Services (£0.167m).
Joint Use	319	0	233	552	Will be used to support the joint-use agreements with the district councils in future years.
Joint Working with Police	622	-119	276	779	To fund a two year project due to anticipated increase in referrals and work. Planned to be spent by October 2014.
School Intervention Fund	1,861	-1,914	1,471	1,418	For school improvement projects in line with Education Strategy. Planned to be spent in 2013/14.
Thriving Families	0	0	800	800	Will be used to fund Thriving Families project in 2013/14 and 2014/15 along with government grant.
Children's Social Care	0	0	195	195	Balance of carry forwards from 2011/12 to be spent in 2013/14. Includes balance of funding for Framework-i developments post, volunteer co-ordinator post, work on adoption process and Corporate Parenting review.
Foster Carer Loans	204	-10	31	225	To meet Children's Act loans write off and interest costs in future years.
Academies Conversion Support	600	-600	600	600	To manage the costs arising in legal services, human resources, property, finance and other areas as a consequence of school conversions to academies, and to provide the opportunity to investigate and implement alternate trust structures for groups of schools considering conversion to academies.
School amalgamations	140	0	0	140	To fund costs incurred by the local authority associated with school amalgamations. These potential amalgamations include the merger of attached nurseries into the associated primary school and the merger of separate infant and junior schools into an all-through primary.
Staff Training & Development	158	0	95	253	Balance of funding agreed by Council in February 2011 for training and staff development towards new ways of working following restructure within CE&F. Balance of apprentice carry forward funding. To be spent by 2014/15.
CE&F Pay Protection Costs	0	-127	452	325	To meet pay protection costs over next 5 years.
Early Intervention Service Reserve	369	0	481	850	To fund various projects with the Early Intervention Service and the replacement of equipment
Total CE&F	4,900	-3,061	5,325	7,164	
S&CS					
Older People Pooled Budget Reserve	5,434	-4,586	6,621	7,469	To be used in future years as agreed by the Joint Management Group
Physical Disabilities Pooled Budget Reserve	0	0	1,311	1,311	To be used in future years as agreed by the Joint Management Group
Learning Disabilities Pooled Budget Reserve	804	-600	0	204	To be used in future years as agreed by the Joint Management Group
OSJ Client Income Reserve	64	-64	0	0	Reserve to provide for client income refunds
S117 Reserve	23	-23	0	0	Reserve set up in 2008/9 to cover any S117 re-assessments.
Fire Control	1,085	-282	0	803	This reserve holds the funding agreed on the fire control project (Oxfordshire/Berkshire/Buckinghamshire Fire Control Centre) and the Fire Link projects which will be used in future years.
Fire & Rescue & Emergency Planning Reserve	193	-50	18	161	To be used for unbudgeted fire hydrant work and renewal of IT equipment
Community Safety Reserve	155	-66	0	89	This reserve will be used to for works at the Redbridge Gypsy and Travellers site and to support the cost of complex Trading Standards investigations.
Total S&CS	7,758	-5,671	7,950	10,037	

**Provisional Outturn Report
CABINET - 18 June 2013
EARMARKED RESERVES**

Earmarked Reserves	2012/13			Balance at 31 March 2013 £000	Commentary
	Balance at 1 April 2012 £000	Movement			
		Contributions from Reserve £000	Contributions to Reserve £000		
E&E					
Highways and Transport Reserve	385	0	0	385	Will be used to support the budget in 2013/14
Area Stewardship	413	0	449	862	Remaining funding available for the Area Stewardship scheme
On Street Car Parking	1,990	-2,083	2,325	2,232	This surplus has arisen under the operation of the Road Traffic Regulation Act 1984 (section 55). The purposes for which these monies can be used are defined by statute.
Countryside Ascott Park - Historical Trail	19	0	1	20	
Carbon Reduction	60	0	0	60	
SALIX Energy Schemes	16	0	4	20	To be used for energy saving schemes in the future
Oxfordshire Waste Partnership Joint Reserve	102	0	31	133	This reserve holds the revenue proportion of the unutilised element of the performance reward grant secured by the Oxfordshire Waste Partnership (OWP)
Dix Pit Engineering Works & WRC Development	580	-44	168	704	To fund engineering work at Dix Pit waste management site
Waste Management	2,007	0	1,242	3,249	To fund financial liabilities due to the cessation of landfill site contracts, contribution to the capital programme with regard to waste recycling strategy and the of EfW architectural enhancements due to revised planning conditions.
Capital Salaries transfer	53	-53	0	0	
Property Disposal Costs	159	0	68	227	To meet disposal costs in excess of the 4% eligible to be charged against capital receipts
Developer Funding (Revenue)	237	0	68	305	To meet the costs of monitoring Section 106 agreements
West End Partnership	137	-51	0	86	This reserve is to ring-fence funding relating to the West End Project
Catering Investment Fund (formerly FWT)	1,471	-479	239	1,231	To be used to invest in the business plus a contingency for unforeseen costs
Asset Rationalisation	0	0	765	765	Investment fund for the implementation of the asset rationalisation strategy
Minerals and Waste Project	0	0	191	191	To fund the Minerals and Waste project
OCS Development Reserves	2,961	-733	0	2,228	To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project
Money Management Reserve	70	0	80	150	Contingency in case of an overspend if income received is less than budget
Oxfordshire - Buckinghamshire partnership	206	0	35	241	This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme
Total E&E	10,866	-3,443	5,666	13,089	
Chief Executive's Office					
Change Fund	771	-771	0	0	For projects that meet criteria set by the Chief Executive for modernisation and change management agendas
Big Society Fund	163	-163	90	90	Balance of the 2012/13 Big Society Fund to be used in 2013/14
CIPFA Trainees	58	0	0	58	This provides cover for any unbudgeted CIPFA trainee costs - pay costs fluctuate according to the qualification level that the current trainees have reached
Change Management & New Ways of Working	160	-25	0	135	To support the project as it continues
Coroner's Service	133	0	0	133	To support various projects that will be completed by 2014
Council Elections	333	0	203	536	This will be used for the May 2013 election. In years where no County Elections take place any underspend on the Council Elections budget will be transferred to this reserve.
Registration Service	553	0	0	553	To be used for refurbishing the Registration buildings and facilities
Cultural Services Reserve	1,170	-74	295	1,391	Of which £1.002m will be used to update software & hardware to maintain an effective library management system.
Total - CEO	3,341	-1,033	588	2,896	
Directorate Reserves	26,865	-13,208	19,529	33,186	

Provisional Outturn Report
CABINET - 18 June 2013
EARMARKED RESERVES

Earmarked Reserves	2012/13				Commentary
	Balance at 1 April 2012 £000	Movement		Balance at 31 March 2013 £000	
		Contributions from Reserve £000	Contributions to Reserve £000		
Corporate					
Carry Forward Reserve	8,410	-8,410	3,168	3,168	The Carry Forward reserve allows budget managers to carry forward under and over spent budgets between financial years in accordance with the County Council's budget management arrangements, subject to Cabinet approval.
Other Reserves	-1	1	0	0	
LABGI Reserve	435	-120	0	315	This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership that will be spent in 2013/14 and 2014/15. It is proposed to transfer this reserve to Environment & Economy from 2013/14.
Efficiency Reserve	10,829	-18,522	11,077	3,384	This reserve is being used to support the implementation of the business strategies and the Medium Term Financial Plan
Corporate Total	19,673	-27,051	14,245	6,867	
Total Revenue Reserves	86,688	-56,859	54,246	84,075	

<u>Other Reserves</u>					
Insurance Reserve	3,459	-523	1,800	4,736	
Capital Reserves					
Capital Reserve	16,942	0	1,477	18,419	This reserve has been established for the purpose of financing capital expenditure in future years
Rolling Fund Reserve	578	0	981	1,559	This reserve has been established to facilitate, through forward funding, the timely provision of infrastructure that supports planned growth.
Prudential Borrowing Reserve	5,033	0	1,293	6,326	This reserve was created as part of the 2008/09 budget setting process to meet the costs of borrowing for increased funding for the capital programme. Similar contributions are to be made each year with draw downs being required as costs are incurred.
Total Capital Reserves	22,553	0	3,751	26,304	
Cash Flow Reserves					
Budget Reserve - 2009/10 to 2013/14	4,361	-1,020	0	3,341	The creation of a budget reserve was agreed as part of the 2009/10 budget setting process. This sum will be available to spend on a one-off basis in future years when there are limited resources available to allocate in the Medium Term Financial Plan.
Budget Reserve - 2013/14 to 2016/17	0	0	17,211	17,211	This reserve is being used to manage the cash flow implications of the variations to the Medium Term Financial Plan.
Total Cash Flow Reserves	4,361	-1,020	17,211	20,552	
Total Other Reserves	30,373	-1,543	22,762	51,592	
Total Reserves	117,061	-58,402	77,008	135,667	

PROVISIONAL REVENUE OUTTURN 2012/13
CABINET 18 June 2013
SCHOOL BALANCES

1. Number of Schools with Deficit/Surplus Budgets

	Number of Schools 31 March 2012		Number of Schools 31 March 2013	
	Deficit Balance	Surplus Balance	Deficit Balance	Surplus Balance
Primary	14	227	11	226
Secondary	2	24	1	13
Special	0	13	0	9
Total	16	264	12	248

2. Balances as at 31 March 2012 and 31 March 2013

	Balances at 31 March 2012			Balances at 31 March 2013		
	Deficit Balance	Surplus Balance	Total Balance	Deficit Balance	Surplus Balance	Total Balance
	£m	£m	£m	£m	£m	£m
Primary	0.160	-14.362	-14.202	0.170	-14.312	-14.142
Secondary	0.307	-7.242	-6.935	0.082	-4.325	-4.243
Special	0.000	-1.517	-1.517	0.000	-1.234	-1.234
Total	0.467	-23.121	-22.654	0.252	-19.871	-19.619
Schools Contingency, Closed Schools and Other Balances			-6.645			-6.627
School Loans and Other School Related Reserves			0.391			-0.989
Schools Balance as shown in Annex 3a			-28.908			-27.235

	Balances 31 March 2013	
	Largest Individual Surplus	Largest Individual Deficit
	£m	£m
Primary	-0.267	0.063
Secondary	-0.646	0.082
Special	-0.281	0.000

Provisional Revenue Outturn 2012/13
CABINET - 18 June 2013
 Year End Revenue Balances

Date	Forecast 2012/13 £m	£m	Budget 2012/13 £m
Outturn 2011/12	13.893		13.734
County Fund Balance	13.893		13.734
Planned Contribution to Balances	2.800		2.800
Original forecast outturn position 2012/13		16.693	16.534
Additions			
Return numeracy and literacy skills pilot scheme carry forward to balances	0.013		
Supplementary estimate required to transfer two unused reserves to Council balances	0.086		
		0.099	0.000
Calls on balances deducted			
Total calls on balances		0.000	-2.000
Automatic calls on/returns to balances			
Flood Levy	0.001		
Retained fire-fighters pay	0.056		
Fire-fighters Pension Scheme - ill health retirements	-0.171		
External Audit Fee	0.085		
		-0.029	
Additional Strategic Measures			
		1.738	1.738
Other Items			
Misc Employee Expenses	0.026		
Decrease in provision for doubtful debts (impairment allowance)	0.187		
Fees & Charges Income	0.019		
		0.232	
Net Balances		18.733	14.534
Total Gross Expenditure Budget		972.873	408.616
Balances as a % of Gross Expenditure		1.93%	3.56%
Net Balances		18.733	
Calls on / returns to balances agreed but not actioned		0.000	
Calls on / returns to balances requested in this report		0.000	
Provisional Outturn position		18.733	

Consolidated Revenue Balances

Outturn 2011/12

13.893

Less year end balances as at 31 March 2013

-18.733

Forecast movement on County Fund Balance

-4.840

Provisional Outturn 2012/13: Social & Community Services
CABINET - 18 June 2013

Pooled Budgets

Older People, Physical Disabilities and Equipment Pool

Original Budget £m	Latest Budget £m		Outturn Variance £m	Forecast Variance February 2013 £m	Change in Variance £m
		Council Elements			
		Older People			
49.644	52.192	Care Homes	+0.969	+1.889	-0.920
26.968	29.295	Community Support Purchasing Budget	-4.458	-4.321	-0.137
		Transfer underspend to reserves		+0.000	+0.000
76.612	81.487	Total Older People	-3.489	-2.432	-1.057
		Physical Disabilities			
2.622	3.020	Care Homes	+0.316	+0.215	+0.101
6.158	6.975	Community Support Purchasing Budget	-0.860	-0.457	-0.403
8.780	9.995	Total Physical Disabilities	-0.544	-0.242	-0.302
0.886	1.343	Equipment	+0.041	+0.068	-0.027
86.278	92.825	Total Council Elements	-3.992	-2.606	-1.386
		PCT Elements			
24.549	27.272	Older People	+1.318	+3.279	-1.961
6.331	6.896	Physical Disabilities	+0.147	+0.343	-0.196
0.308	1.100	Equipment	+0.091	+0.567	-0.476
31.188	35.268	Total PCT Elements	+1.556	+4.189	-2.633
117.466	128.093	Total Older People, Physical Disabilities and Equipment Pool	-2.436	+1.583	-4.019

Provisional Outturn 2012/13: Social & Community Services
CABINET - 18 June 2013

Pooled Budgets

Learning Disabilities Pool

Original Budget £m	Latest Budget £m		Outturn Variance £m	Forecast Variance February 2013 £m	Change in Variance £m
		Council Elements			
50.78	50.061	Personal Budgets	+0.587	-0.871	+1.458
16.050	14.494	Other Services	-0.010	+0.006	-0.016
66.830	64.555	Total Council Elements	+0.577	-0.865	+1.442
12.346	12.074	Total PCT Elements	+0.188	-0.049	+0.237
79.176	76.629	Total Learning Disabilities Pool	+0.765	-0.914	+1.679

PROVISIONAL REVENUE OUTTURN 2012/13

CABINET 18 June 2013

ON/OFF-STREET CAR PARKING 2012/13 - ACTUAL INCOME / EXPENDITURE AND IMPACT ON PARKING RESERVE

ON - STREET PARKING										OFF - STREET PARKING		
	OXFORD CITY	OXFORD CITY	OXFORD CITY	ABINGDON	HENLEY	WALLINGFORD	SUBTOTAL	BUS LANE CAMERA ENFORCEMENT	TOTAL ON - STREET PARKING	WATER EATON PARK AND RIDE	THORNHILL PARK AND RIDE	TOTAL OFF-STREET PARKING
	Pay & Display	Parking Contraventions	Designated Parking Places				a	b	a+b	c	d	c+d
	£	£	£	£	£	£	£	£	£	£	£	£
EXPENDITURE												
PURCHASE EQUIPMENT	132,239	202,066	131,811				466,116		466,116			0
MANAGEMENT CONTRACT	565,904	463,916	316,086	42,885	84,857		1,473,647	195,736	1,669,383	144,332	179,434	323,765
STAFF COSTS	17,882	55,814	45,518				119,214	135,470	254,684	8,128	8,128	16,256
PARKING SHOP	7,213	14,425	115,401				137,039	7,213	144,251			0
OTHER	26,276	69,886	24,652	1,673	6,425		128,911	34,169	163,080	81,537	97,082	178,619
TOTAL EXPENDITURE	749,513	806,107	633,467	44,557	91,282	0	2,324,927	372,587	2,697,514	233,997	284,644	518,641
INCOME												
PAY & DISPLAY	-2,072,230			-21,435	-4,043	-511	-2,098,219		-2,098,219	-1,852	-37,357	-39,209
ENFORCEMENT	-349,024	-608,195	-319,521	-4,000	-10,950		-1,291,690	-953,583	-2,245,273		-2,900	-2,900
RESIDENTS PERMITS			-499,816	-9,140	-52,805		-561,762		-561,762			0
OTHER									0			0
TOTAL INCOME	-2,421,254	-608,195	-819,337	-34,575	-67,798	-511	-3,951,671	-953,583	-4,905,254	-1,852	-40,257	-42,109
NET SURPLUS (-) or DEFICIT (+)	-1,671,741	197,911	-185,870	9,982	23,484	-511	-1,626,745	-580,995	-2,207,740	232,144	244,388	476,532
		12,042										

Designated parking places refer to any bay designated to a class of vehicle or specific purpose and include pay & display bays (some enforcement of rather than income from parking charges), resident's bays, business bays, disabled bays, loading bays, doctors bays, ambulance bays, etc whether they are inside of outside of a controlled parking zone.

Parking contraventions are any other contraventions whether they be inside or outside of controlled parking zones.

Balance on Parking Reserve as at 1 April 2012 **1,989,780**

On Street Parking	1,626,745	(a)
Surplus from Camera Enforcement	580,995	(b)
Budgeted Contribution from 2012/13 revenue budget	117,675	not included in the table above

TOTAL CONTRIBUTION TO PARKING RESERVE 2,325,415

Cost of Water Eaton & Thornhill	-476,532	(c) and (d)
Budgeted Contribution to 2012/13 revenue budget	-1,607,000	(e)

TOTAL CONTRIBUTION FROM PARKING RESERVE -2,083,532

Balance on Parking Reserve as at 31 March 2013 **2,231,663**

**Provisional Revenue Outturn 2012/13
CABINET - 18 June 2013**

CABINET IS RECOMMENDED TO APPROVE THE 2013/14 VIREMENTS AS DETAILED BELOW:

Directorate	Month of Cabinet meeting	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
CE&F	Jun	Delete Unaccompanied Asylum Seeking Children internal income recharge from the Fieldwork cost centre.	CEF2-3	Social Care	P	-250.0	250.0
E&E	Jun	13/14 Real time bus information budget share to a new cost centre	EE1-1 to EE1-5	Strategy & Infrastructure (Excluding Flood Defence Levy)	P	-400.0	0.0
			EE2-31 to EE2-35	Network & Asset Management (Excluding On/Off Street Parking and Park and Rides and Integrated Transport Unit)	P	400.0	0.0
		Educational Support Service - initial budgets and adjustments arising	EE3-1	Management Team	P	-140.1	229.6
			EE3-2	OCS Finance	P	71.6	-146.6
			EE3-3	ICT	P	24.7	32.3
			EE3-6	Human Resources (Including Adult Learning)	P	138.8	-210.3
		Savings targets moved from salaries to Quest income	EE3-1	Management Team	P	7.3	-7.3
			EE3-2	OCS Finance	P	59.8	-59.8
			EE3-3	ICT	P	45.1	-45.1
			EE3-6	Human Resources (Including Adult Learning)	P	140.5	-140.5
		Transfer Budgets to new Central Buying Team from Procurement cost centre.	EE3-2	Education Support Service (ESS)	P	378.6	-16.7
			EE3-4	County Procurement	P	-361.9	0.0
		Realignment of Base Salary Budgets to Reflect Restructure	EE1-1 to EE1-5	Strategy & Infrastructure (Excluding Flood Defence Levy)	P	-292.6	-58.5
			EE2-1	Commercial Management	P	324.9	0.0
			EE2-21a	Highways & Transport Client Management	P	52.9	0.0
			EE2-21b	Public Transport	P	13.8	0.0
			EE2-21c	Concessionary Fares	P	0.0	0.0
			EE2-22	Property & Facilities Management	P	65.6	0.0
			EE2-23	Programme Management	P	81.6	0.0
			EE2-24	Waste & Transport	P	-4.9	0.0
			EE2-24A	Waste Management	P	2.3	0.0
			EE2-25	Highways & Transport Client Management	P	-2.1	0.0
			EE2-31 to EE2-35	Network & Asset Management (Excluding On/Off Street Parking and Park and Rides and Integrated Transport Unit)	P	-334.5	0.0
EE2-36	On/Off Street Parking and Park & Rides		P	17.3	0.0		
EE2-4	Operations Delivery		P	269.3	0.0		
EE3-7	Adult Learning	P	-135.1	0.0			

**Provisional Revenue Outturn 2012/13
CABINET - 18 June 2013**

CABINET IS RECOMMENDED TO APPROVE THE 2013/14 VIREMENTS AS DETAILED BELOW:

Directorate	Month of Cabinet meeting	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
E&E		E&E Directorate Restructure 2013/14 & Set up of Education Support Service	EE1	Strategy & Infrastructure	P	258.2	0.0
			EE2-21	Management	P	338.1	0.0
			EE2-22	Property & Facilities Management	P	-338.1	0.0
			EE2-24A	Waste Management	P	-258.2	0.0
			EE2-25	Highways & Transport Client Management	P	-75.9	0.0
			EE2-31 to EE2-35	Network & Asset Management (Excluding On/Off Street Parking and Park and Rides and Integrated Transport Unit)	P	75.9	0.0
			EE3-1	Management Team	P	-226.3	101.9
			EE3-2	Education Support Service (ESS)	P	3,256.7	-3,002.2
			EE3-3	ICT	P	-493.7	543.6
			EE3-6	Human Resources (Including Adult Learning)	P	-1,636.1	1,688.2
		EE3-8 to EE3-10	OCS Finance	P	-900.6	668.5	
S&CS	Jun	Transfer of the Acquired Brain Injury budget to PD Pool Virement to distribute Department of Health funds to Equipment Pool cost centre Increase in contribution for Acquired Brain Injury budget	SCS1-4	Services For All Client Groups	P	-584.7	0.0
			SCS1-1ABC	Older People Non Pool Services	T	750.0	0.0
			SCS1-1E	Older People and Equipment Pooled Budget Contributions	T	-750.0	0.0
			SCS1-5A	Pooled Budget Contributions	P	584.7	0.0
Inter-Directorate	Jun	Corporate Learning & Development budget moving back to Organisational Development wef 1 April 2013	CEO2	Human Resources	P	1,071.5	0.0
			EE3-6	Human Resources (Including Adult Learning)	P	-1,071.5	0.0
Public Health	Jun	Set budget for Criminal Justice / Police & Crime Commissioner funding	PH1	Public Health	P	327.0	-327.0
CEO	Jun	Adjustments to Central Support and recharges - Law & Culture	CEO4	Law & Culture	T	679.9	-679.9
Grand Total						1,145.2	-1,145.2

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Capital Programme Provisional Outturn 2012/13
Cabinet - 18 June 2013

Summary outturn position compared to the original capital programme, latest updated capital programme and latest forecast

Capital Expenditure	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to Original Capital Programme		Variation to Latest Capital Programme		Variation to Latest Forecast Position	
					£000	%	£000	%	£000	%
Directorate Programmes										
Children, Young People & Families	20,102	21,551	21,551	18,866	-1,236	-6%	-2,685	-12%	-2,685	-12%
Social & Community Services	3,041	3,615	3,477	2,608	-433	-14%	-1,007	-28%	-869	-25%
Environment & Economy - Transport	24,115	19,873	19,618	19,005	-5,110	-21%	-868	-4%	-613	-3%
Environment & Economy - Other	2,314	1,101	1,101	813	-1,501	-65%	-288	-26%	-288	-26%
Chief Executive's Office	835	1,021	1,124	904	69	8%	-117	-11%	-220	-20%
Total Directorate Programmes Expenditure	50,407	47,161	46,871	42,196	-8,211	-16%	-4,965	-11%	-4,675	-10%
Schools Capital	5,155	5,207	5,207	4,807	-348	-7%	-400	-8%	-400	-8%
Earmarked Reserves	70	0	0	0	-70	-100%	0	0%	0	0%
Total Capital Programme Expenditure	55,632	52,368	52,078	47,003	-8,629	-16%	-5,365	-10%	-5,075	-10%
<u>Technical Accounting Adjustments</u>										
Capitalisation of expenditure budgeted for within revenue										
Highways Maintenance				2,814						
Repairs & Maintenance				1,058						
Vehicles				461						
ICT Hardware & Software				441						
Sub-total				4,774						
Capital Revenue Switches				-342						
Other Technical Adjustments				62						
Total Capital Expenditure				51,497						

Use of Resources Performance

Directorate	Original Capital Programme (Council Feb 2012) £'000s	Actual Expenditure 2012/13 £'000s	Variance to original programme £'000s	Use of Resources %	Grant Reductions / Project removals £'000s	Additional Resources £'000s	Other VFM or technical changes £'000s	Cost savings/ contingencies returned £'000s	Adjusted Variation £'000s	Adjusted Use of Resources %
Children, Young People & Families	20,102	18,866	-1,236	-6%	-304		330	-391	-871	-4%
Social & Community Services	3,041	2,608	-433	-14%					-433	-14%
Environment & Economy - Transport	24,115	19,005	-5,110	-21%	-600	840	-444	-1,750	-3,156	-13%
Environment & Economy - Other	2,314	813	-1,501	-65%	-450		-330		-721	-31%
Chief Executive's Office	835	904	69	8%			-135		204	24%
Total Directorate Programmes	50,407	42,196	-8,211	-16%	-1,354	840	-579	-2,141	-4,977	-10%
Schools Capital	5,155	4,807	-348	-7%					-348	-7%
Earmarked Reserves	70	0	-70	-100%					-70	-100%
Total Capital Programme	55,632	47,003	-8,629	-16%	-1,354	840	-579	-2,141	-5,395	-10%

Grant Reductions / projects removed

Schools Energy Reduction Programme - reduced level of take up	-214
Loans to Foster Carers - reduced level of take up	-90
Cogges Link Road - aborted following public inquiry	-600
Street Lighting - no longer viable due to changes in electrical network charges	-300
Kidlington WRC - continuing site feasibility issues - alternative solutions now being investigated	-150
	-1,354

Other VFM or technical changes

Potash Bridge - transferred to earmarked reserves pending settlement of final account.	-444
Big Society - Change in way delivered - revenue spend	-135
	-579

Cost savings/contingencies returned (in-year only)

CEF	-391
Carriageways programmes - savings resulting from introduction of new material recycling techniques.	-750
Thornhill P&R - saving following value engineering exercise	-1000
	-2,141

Capital Programme Provisional Outturn 2012/13
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Summary Capital Financing Position

Capital Financing	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Actual Financing 2012/13 £000	Variation to Original Capital Programme £000	Variation to Latest Capital Programme £000
SCE(R) Formulaic Capital Allocations - Credit Approval	0	0	0	0	0
SCE(R) Formulaic Capital Allocations - Grant	38,531	33,461	31,731	-6,800	-1,730
Devolved Formula Capital - Grant	5,155	5,063	4,085	-1,070	-978
Other Grants	2,567	5,328	2,218	-349	-3,110
Developer Contributions	5,597	5,234	6,161	564	927
Other External Contributions	775	984	174	-601	-810
Schools Contributions	0	50	99	99	49
Revenue Funding	668	735	1,778	1,110	1,043
Prudential Borrowing	2,339	1,513	757	-1,582	-756
Capital Receipts/Reserves	0	0	0	0	0
Total Capital Programme Financing	55,632	52,368	47,003	-8,629	-5,365
Capitalisation of expenditure budgeted for within revenue			4,494		
Total Capital Financing			51,497		

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Capital Balances	Balance brought forward at 1 April 2012 £000	Original planned balance carried forward £000	Latest planned balance carried forward £000	Actual balance carried forward at 31 Mar 2013 £000	Variation to Original Capital Programme £000	Variation to Latest Capital Programme £000
Capital Reserve	16,942	16,942	19,270	18,418	1,476	-852
Capital Receipts Unapplied	9,420	9,475	10,888	10,617	1,142	-271
Total	26,362	26,417	30,158	29,035	2,618	-1,123

Capital Grants (excluding school local balances)	Balance brought forward at 1 April 2012 £000	Balance carried forward at 31 Mar 2013 £000
Reserves (unringfenced)	14,262	27,564
Receipts in Advance (ringfenced/eligible spend not yet incurred)*	9,497	8,512
Total	23,759	36,076

* includes £8.370m Growing Places Fund held for the Local Enterprise Partnership (LEP)

Children, Education & Families Capital Programme Provisional Outturn 2012/13
Cabinet 18 June 2013

Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments
	<u>Primary Capital Programme</u>								
1)	Oxford, Wood Farm - replacement of existing buildings (ED749)	3,400	3,400	3,400	3,504	104	104	104	Phase 1 Complete June 2011. Phase 2 Complete Nov 2012. Phase 3 start Dec 12. Complete July 2012.
2)	Banbury, The Grange - 6 classroom block to replace temporary classrooms (ED739/1)	600	540	540	538	-62	-2	-2	
3)	Bayards (New Scheme) - replacement of existing buildings and additional space to meet basic need	300	200	200	239	-61	39	39	
	<u>Secondary Capital Programme</u>								
4)	Wantage, Fitzwaryn - Phase 2 (Modernisation & new Post 16 accommodation) (ED715)	575	760	760	792	217	32	32	Post 16 complete July 2012.
	<u>Academy Programme</u>								
5)	Oxford Academy (ED678)	0	149	149	108	108	-41	-41	Main works completed Feb 2011, external works complete Sept 2011 and ICT provision complete July 2012. Specific Academy funded project.
6)	Oxford Spires Academy (ED805)	100	2,000	2,000	1,700	1,600	-300	-300	
	<u>Provision of School Places (Basic Need)</u>								
7)	Existing Demographic Pupil Provision (Basic Needs Programme)	4,279	1,000	1,000	997	-3,282	-3	-3	Provision transferred to schemes below. Project development fee for Sept 13 & Sept 14 schemes.
8)	11/12 Basic Need Programme Completions	161	116	116	102	-59	-14	-14	Contingency not required.
9)	Reducing Out of County Provision for SEN Pupils	200	125	125	178	-22	53	53	Project delivery budget with Stage 2 approval in 13/14.
10)	Wantage, Charlton - Phase 2 Foundation & Studio (ED787)	870	870	870	778	-92	-92	-92	Complete Sept 2012. Contingency not required.
11)	Oxford, Windale - Phase 2 (ED792)	540	540	540	527	-13	-13	-13	Complete July 2012.
12)	Oxford, St Nicholas - Phase 2 (ED788)	0	420	420	418	418	-2	-2	Complete August 2012.
13)	Woodeaton - Modular Classroom (ED791)	0	210	210	212	212	2	2	Complete Sept 2012.
14)	West Oxford - Modular & Internals (ED790)	0	15	15	15	15	0	0	Complete April 2012.
15)	Yarnton, William Fletcher - Phase 2 (ED799)	0	499	499	472	472	-27	-27	Complete August 2012.
16)	Oxford, New Marston - Phase 3 (ED797)	0	384	384	364	364	-20	-20	Complete Sept 2012.

Children, Education & Families Capital Programme Provisional Outturn 2012/13
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Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments
17)	Oxford, Rose Hill (ED807)	0	440	440	458	458	18	18	Complete Oct 2012. Cost pressure.
18)	Oxford, Cutteslowe - (Phase 2) 2 class modular (ED796)	0	390	390	449	449	59	59	Complete Jan 2013. Potential cost pressure pending outcome of the recently installed roof which has had to be replaced.
19)	Woodstock, - (Phase 1) Internal alterations (ED809)	0	60	60	60	60	0	0	Complete Sept 2012.
20)	Orchard Meadow, - (Phase 1) Internal alterations (ED819)	0	76	76	58	58	-18	-18	Complete Sept 2012.
21)	Cholsey (ED783)	0	1,100	1,100	983	983	-117	-117	On-site, programme slippage of a month.
	<u>Growth Portfolio - New Schools</u>								
22)	Didcot, Great Western Park - Primary 1 (14 classroom)	50	25	25	0	-50	-25	-25	
23)	Didcot, Great Western Park - Secondary (Phase 1)	100	25	25	0	-100	-25	-25	
24)	Bodicote, Bankside - 10 classroom	50	25	25	0	-50	-25	-25	
25)	Bicester, Gavray Drive - 7 classroom	20	10	10	0	-20	-10	-10	
26)	Bicester - Secondary P1 (incl existing schools)	100	25	25	0	-100	-25	-25	
27)	Bicester, South West - 14 classroom	260	100	100	3	-257	-97	-97	Cabinet report Jan 2013.
28)	Upper Heyford - New Primary School	45	0	0	0	-45	0	0	
	<u>Annual Programmes</u>								
29)	Schools Access Initiative	500	500	500	400	-100	-100	-100	Reduced need on annual programme and unrequired contingency.
30)	Health & Safety - Schools	400	400	400	150	-250	-250	-250	Reduced need on annual programme and unrequired contingency.
31)	Temporary Classrooms - Replacement & Removal	300	430	430	487	187	57	57	Removal of Temps at Schools converting to Academies
32)	Schools Accommodation Intervention & Support Programme	100	70	70	48	-52	-22	-22	
33)	School Structural Maintenance (inc Health & Safety)	5,875	5,031	5,031	3,859	-2,016	-1,172	-1,172	Programme slipped due to delay in programme design development as new contract provider from July 2012 and requirement on new condition survey data.
34)	Schools Energy Reduction Programme	500	240	240	26	-474	-214	-214	As School Structural Maintenance Programme above.

Children, Education & Families Capital Programme Provisional Outturn 2012/13
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Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments
	<u>Other Schemes & Programmes</u>								
35)	Loans to Foster/Adoptive Parents (Prudentially Funded)	90	90	90	0	-90	-90	-90	
36)	Short Breaks (Aiming High)	0	52	52	4	4	-48	-48	New grant provision for 12/13, programme delivery timescale - August 2013. Budget provision transferred to the school (School Managed Scheme). Complete - Sept 2012. 2 schemes slipped to 13/14
37)	Great Tew (Contribution) Conditional Approval	100	0	0	0	-100	0	0	
38)	North Leigh - Temporary Classroom	0	56	56	54	54	-2	-2	
39)	Small Projects	0	174	174	34	34	-140	-140	
	<u>Retentions & Oxford City Schools Reorganisation</u>								
40)	Retentions	587	1,004	1,004	849	262	-155	-155	
	Sub-Total CE&F	20,102	21,551	21,551	18,866	-1,236	-2,685	-2,685	
						-6%	-12%	-12%	
41)	<u>School Capital</u> Devolved Formula Capital	5,155	5,207	5,207	4,807	-348	-400	-400	
	Sub-Total Schools	5,155	5,207	5,207	4,807	-348	-400	-400	
	CE&F Capital Programme Total	25,257	26,758	26,758	23,673	-1,584	-3,085	-3,085	
						-6%	-12%	-12%	

Social & Community Services Capital Programme Provisional Outturn 2012/13
Cabinet - 18 March 2013

Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments
	Community Safety Programme								
	Fire & Rescue Service								
1)	Bicester Fire Station Upgrade (SC108)	130	150	150	155	25	5	5	Complete June 2012.
2)	Fire Equipment	75	75	0	0	-75	-75	0	
2)	Joint Control Room (SC111)	25	90	90	35	10	-55	-55	Commenced March 2013.
	Gypsy & Travellers Sites								
3)	Redbridge Hollow Phase 2 (combined scheme)	344	790	790	801	457	11	11	Complete Sept 2012.
	Community Safety Programme Total	574	1,105	1,030	991	417	-114	-39	
	Social Care for Adults Programme								
	Mental Health								
4)	Mental Health Projects	77	77	0	0	-77	-77	0	Provision towards a grant to an external provider, scheme being developed.
	Residential								
5)	HOPs Phase 1- New Builds	0	0	0	0	0	0	0	
	Specialist Housing Programme								
6)	ECH - Programme	486	461	458	0	-486	-461	-458	On-going negotiations with housing provider on final business case for a particular site, currently in development.
7)	ECH - Greater Leys (SS105)	409	400	414	414	5	14	0	Complete July 2012.
8)	ECH - Shotover (SS104)	600	600	603	603	3	3	0	Complete Feb 2013.
	Day Centres								
9)	Banbury Day Centre (SS97)	515	570	570	508	-7	-62	-62	Complete April 2012.
10)	Deferred Interest Loans (CSDP)	150	150	150	84	-66	-66	-66	
	Social Care for Adults Programme Total	2,237	2,258	2,195	1,609	-628	-649	-586	
	Strategy & Transformation Programme								
	ICT								
11)	New Adult Services System (SC107)	195	195	195	0	-195	-195	-195	Phase of programme aborted.
	Strategy & Transformation Programme Total	195	195	195	0	-195	-195	-195	

Social & Community Services Capital Programme Provisional Outturn 2012/13
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Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments
12)	<u>Retentions & Minor Works</u> Retentions & Minor Works	35	57	57	8	-27	-49	-49	
S&CS Capital Programme Total		3,041	3,615	3,477	2,608	-433	-1,007	-869	
						-14%	-28%	-25%	

Transport Capital Programme Provisional Outturn 2012/13
Cabinet - 18 June 2013

Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments
Network Development									
1)	Thornhill Park & Ride Extensions	3,080	1,519	1,519	1,660	-1,420	141	141	£1m saving returned to corporate contingencies following value engineering exercise. Delayed start due to issues with lease.
2)	London Road Bus Lane	0	0	18	0	0	0	-18	
3)	Kennington & Hinksey Roundabouts	404	300	365	360	-44	60	-5	Delayed progress due to issue with Thames Water asset beneath ground.
Road Safety									
4)	Speed Limit Review	12	50	50	49	37	-1	-1	
Oxford Transport Strategy									
4)	Frideswide Square	125	142	142	145	20	3	3	
5)	Fairfax Rd/Purcell Rd Cycle Link	164	0	0	1	-163	1	1	Scheme delivery slipped to 13/14 due to on-going issues regarding land adoption
6)	New Headington Transport Improvements	26	85	88	18	-8	-67	-70	
7)	LSTF Cycle Improvements	0	100	67	66	66	-34	-1	New scheme added to programme - part of Local Sustainable Transport Fund package
8)	Woodstock Rd, ROQ (project development)	0	20	20	22	22	2	2	
9)	Oxford West Way - A34 Slip Rd	0	268	268	271	271	3	3	New scheme added to programme
10)	Divinity & Magdalen Road area CPZs	0	214	144	121	121	-93	-23	New scheme added to programme - third phase placed on hold
11)	Other OTS small and completed schemes	64	79	43	23	-41	-56	-20	
Towns Programme									
11)	Bicester Town Centre Access Imps	0	500	500	722	722	222	222	New scheme added to programme. Risk adj. to spend profile not required.
12)	Cogges Link Road	600	0	0	0	-600	0	0	Scheme aborted following public inquiry
13)	Banbury: Higham Way Access Road	176	100	36	45	-131	-55	9	Scheme delivery slipped to 13/14 due to on-going issues regarding land adoption
14)	SVUK Highway Schemes (project development)	295	120	98	77	-218	-43	-21	Further works on hold pending review
15)	A44 Crossing, Yarnton	313	209	209	179	-134	-30	-30	Contingency not required
16)	Other Towns Programme small and completed schemes	181	249	258	219	38	-30	-39	
Public Transport									
16)	Didcot Station Forecourt	1,940	1,658	1,658	1,671	-269	13	13	2 months delayed start
17)	SVUK Premium Routes (LTP3)	75	75	75	-2	-77	-77	-77	

Transport Capital Programme Provisional Outturn 2012/13
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Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments
18)	Other Public Transport small and completed schemes	5	0	0	15	10	15	15	Slippage of early project development work on future major schemes -schemes on hold waiting completion of area strategy reviews.
19)	LTP1 Schemes	132	0	0	0	-132	0	0	
20)	Integrated Transport Future Programme-LTP3	792	0	0	0	-792	0	0	
Integrated Transport Strategy Total		8,384	5,688	5,558	5,662	-2,722	-26	104	
						-32%	0%	2%	
Structural Maintenance Annual Programmes									
21)	Carriageway Schemes (non-principal roads)	4,130	3,506	3,526	3,641	-489	135	115	£0.750m savings resulting from introduction of new material recycling techniques. Savings transferred to fund Bagley Wood emergency scheme. £0.312m of work brought forward.
22)	Footway Schemes	1,750	1,750	1,759	1,846	96	96	87	Cost pressure due to coal tar disposal as greater than expected levels of contamination. Increased scheme costs following detail design & procurement
23)	Surface Treatments	4,141	4,036	4,036	3,606	-535	-430	-430	Savings on safety resurfacing programme, unrequired contingency and underspend carried forward on 11/12 programme not required.
24)	Street Lighting Column Replacement	500	500	500	503	3	3	3	Slippage due to poor weather and prioritisation of emergency works.
25)	Drainage	1,100	1,100	1,005	1,019	-81	-81	14	
26)	Bridges	1,723	1,323	890	780	-943	-543	-110	Slippage on Wheatley River Bridge due to requirement for additional design work, clash with nearby HA works. Also slippage on Tadpole Bridge Bampton, Burford and Goring due to poor weather and prioritisation of emergency works.
27)	Public Rights of Way Foot Bridges - Replacement & Repairs Programme	100	0	0	0	-100	0	0	Budget returned to corporate contingencies as no programme of work for 12/13.
28)	Rural Roads Dressing & Treatments	0	500	840	780	780	280	-60	£1m new resources added to the programme (initially 50% risk adjusted). £0.160m not required and returned as savings. £0.060m required in 13/14.
SM Annual Programmes		13,444	12,715	12,556	12,175	-1,269	-540	-381	

Transport Capital Programme Provisional Outturn 2012/13
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Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments
	Structural Maintenance Major Schemes								
29)	Bayswater Brook Reactive Works	0	79	79	80	80	1	1	New scheme added to programme
30)	A4158 Oxford Iffley Road (Phase 2)	555	584	584	635	80	51	51	
31)	Potash Bridge	487	0	0	-3	-490	-3	-3	Scheme complete - transferred to earmarked reserves pending settlement of final account.
32)	Thames Towpath Reconstruction (Sonning Eye, Goring, Farmoor)	350	200	8	13	-337	-187	5	Slippage due to extended procurement and ongoing high water levels
33)	A4130 Bix dual carriageway	570	382	355	344	-226	-38	-11	Refinement of intital spend profile following feasibility
34)	A420 Shrivenham Bypass	200	135	92	85	-115	-50	-7	Refinement of intital spend profile following feasibility
35)	Kennington, Oxford Road (Bagley Wood) Reconstruction	0	90	50	40	40	-50	-10	New scheme added to programme due to subsidence
36)	Murdock Road, Bicester	0	0	336	0	0	0	-336	New scheme added to programme. Slipped to April 13 due to prolonged cold weather
37)	Completed schemes	125	0	0	-26	-151	-26	-26	Unrequired project contingencies
	SM Major Schemes	2,287	1,470	1,504	1,168	-1,119	-302	-336	
	Structural Maintenance Total	15,731	14,185	14,060	13,343	-2,388	-842	-717	
						-15%	-6%	-5%	
	Transport Capital Programme Total	24,115	19,873	19,618	19,005	-5,110	-868	-613	
						-21%	-4%	-3%	

Environment & Economy (Other) Capital Programme Provisional Outturn 2012/13
Cabinet - 18 June 2013

Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments
ASSET STRATEGY IMPLEMENTATION									
1)	Asset Strategy Implementation Programme	300	50	50	2	-298	-48	-48	
2)	Cricket Road Centre Closure (including Unipart House works)	13	52	52	46	33	-6	-6	
ASSET STRATEGY IMPLEMENTATION TOTAL		313	102	102	48	-265	-54	-54	
						-85%	-53%	-53%	
ENERGY EFFICIENCY IMPROVEMENT PROGRAMME									
3)	SALIX Energy Programme	249	212	212	201	-48	-11	-11	
4)	Energy Tax Reduction Programme (Property - non-schools)	173	173	173	0	-173	-173	-173	Late development of programme - works slipped to April/May 2013
5)	Energy Conservation (Prudentially funded)	330	0	0	0	-330	0	0	Transferred to CEF Schools Energy Programme
6)	Energy Strategy Implementation (Street Lighting Pilot)	300	0	0	0	-300	0	0	Removed as no longer viable due to changes in electrical network charges
ENERGY EFFICIENCY IMPROVEMENT PROGRAMME		1,052	385	385	201	-851	-184	-184	
						-81%	-48%	-48%	
ANNUAL PROPERTY PROGRAMMES									
7)	Non-Schools Property Structural Maintenance	100	0	0	0	-100	0	0	No programme of works for 12/13
8)	Minor Works Programme	300	300	300	195	-105	-105	-105	Works slipped to 2013/14
9)	Health & Safety (Non-Schools)	24	24	24	42	18	18	18	
ANNUAL PROPERTY PROGRAMMES TOTAL		424	324	324	237	-187	-87	-87	
						-44%	-27%	-27%	

Environment & Economy (Other) Capital Programme Provisional Outturn 2012/13
Cabinet - 18 June 2013

Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments	
WASTE MANAGEMENT PROGRAMME										
10)	Kidlington WRC	150	0	0	0	-150	0	0	Continuing site feasibility issues - alternative solutions now being investigated On hold until Autumn 2013 awaiting results of a trial. Allocations from New Initiatives Fund made in current year	
11)	Alkerton WRC	200	25	25	0	-200	-25	-25		
12)	Oxford Waste Partnership PRG Allocation	0	104	104	104	104	0	0		
WASTE MANAGEMENT PROGRAMME TOTAL		350	129	129	104	-246	-25	-25		
						-70%	-19%	-19%		
CORPORATE PROPERTY & PARTNERSHIP PROGRAMMES										
13)	Broadband (OXOnline) Project	50	0	0	0	-50	0	0		
14)	Retentions (Completed Schemes)	125	161	161	223	98	62	62		
E&E (Other) Capital Programme Total		2,314	1,101	1,101	813	-1,501	-288	-288		
						-65%	-26%	-26%		

Chief Executive's Office Capital Programme Provisional Outturn 2012/13
Cabinet 18 June 2013

Ref	Scheme	Original Capital Programme (Council Feb 2012) £000	Latest Capital Programme (Council Feb 2013) £000	Latest Forecast Position (as at end of Feb 2013) £000	Actual Expenditure 2012/13 £000	Variation to original Capital Programme £000	Variation to latest Capital Programme £000	Variation to latest Forecast Position £000	Comments
	Community Services Programme Libraries								
1)	Introduction of RFID (Radio frequency identification) self service in Libraries (CS9)	55	55	55	8	-47	-47	-47	Provision for Headington Library.
2)	Introduction of RFID (Radio frequency identification) self service in Libraries- Phase 2 (CS11)	500	700	700	557	57	-143	-143	Provision for remaining libraries within the RFID programme.
3)	Bicester Library	25	25	25	0	-25	-25	-25	
4)	Cholsey Library - Contribution	0	0	103	103	103	103	0	Developer funded contribution.
5)	Headington Library	0	0	0	4	4	4	4	
	County Heritage & Arts								
6)	Abingdon Town Council (CS10)	100	200	200	200	100	0	0	Contribution towards Abingdon Museum.
	Community Services Programme Total	680	980	1,083	872	192	-108	-211	
	Partnerships								
7)	Grants to Voluntary & Community Groups	20	41	41	32	12	-9	-9	
8)	Big Society	135	0	0	0	-135	0	0	Change in way delivered - revenue spend.
9)	Super Connected Cities Bid	0	0	0	0	0	0	0	
	Partnerships Programme Total	155	41	41	32	-123	-9	-9	
	S&CS Capital Programme Total	835	1,021	1,124	904	69	-117	-220	
						8%	-11%	-20%	

Capital Programme Provisional Outturn 2012/13
Annual Programme Carryforwards
Cabinet 18 March 2013

Ref	Directorate	Scheme	Latest Forecast Position (as at end of £000)	Actual Expenditure 2012/13 £000	Variation to latest Forecast Position £000	Comments	Carry Forward	Returned to Capital Programme	Prudential Borrowing	Over + / under - spend
1)	CEF	Existing Demographic Pupil Provision (Basic Needs Programme)	1,000	962	-38	Released to Basic Need programme contingency	-38			
2)	CEF	11/12 Basic Need Programme Completions	116	102	-14	Released to Basic Need programme contingency	-14			
3)	CEF	Schools Access Initiative	500	377	-123	Sufficient future allocation/fund Temporary Classroom overspend		-66		-57
4)	CEF	Health & Safety - Schools	400	150	-250	Sufficient future allocation		-250		
5)	CEF	Temporary Classrooms - Replacement & Removal	430	487	57	Removal of Temps at Schools converting to Academies				57
6)	CEF	Schools Accommodation Intervention & Support Programme	70	48	-22	Sufficient future allocation		-22		
7)	CEF	School Structural Maintenance (inc Health & Safety)	5,031	3,859	-1,172	Plus a further £0.5m in earmarked reserves (January 13 CAPB) to cover potential £1.4m of outstanding liabilities from 12/13 programme not complete as at March 2013.	-1,172			
8)	CEF	Schools Energy Reduction Programme	240	26	-214	Sufficient future allocation			-214	
9)	CEF	Loans to Foster/Adoptive Parents (Prudentially Funded)	90	0	-90	Sufficient future allocation			-90	
10)	CEF	Short Breaks (Aiming High)	52	4	-48	Specific grant (not ring-fenced), programme delivery to August 2013	-48			
11)	S&CS	Fire Equipment	0	0	0	Already C/Fwd to 13/14	0			
12)	S&CS	Joint Control Room (SC111)	90	35	-55	Specific grant (not ring-fenced)	-55			
13)	S&CS	Mental Health Projects	0	0	0	Already C/Fwd to 13/14	0			
14)	S&CS	ECH - Programme	458	0	-458	5 year programme	-458			
15)	S&CS	Deferred Interest Loans (CSDP)	150	84	-66	Sufficient future allocation		-66		
16)	Transport	Carriageways	3,506	3,641	135					135
17)	Transport	Footways	1,750	1,846	96	Net £0.220m underspend returned to corporate contingencies.				96
18)	Transport	Surface Treatments	4,036	3,606	-430			-139		-291
19)	Transport	Drainage	1,100	1,019	-81	Some minor slippages, but these can be met from future programme contingencies		-81		
20)	Transport	Street Lighting Column Replacement	500	503	3					3
21)	Transport	Bridges	1,323	780	-543	Slippage on Wheatley (£0.365m) and Burford (£0.065m) schemes previously reported in the MMR to Cabinet. Further slippage on Tadpole Bridge Bampton (£0.143m) and Goring Vehicle Incursion (£0.027m). Large value in relation to overall size of programme therefore cannot be contained within future programme contingencies	-600			57

Capital Programme Provisional Outturn 2012/13
Annual Programme Carryforwards
Cabinet 18 March 2013

Ref	Directorate	Scheme	Latest Forecast Position (as at end of £000)	Actual Expenditure 2012/13 £000	Variation to latest Forecast Position £000	Comments	Carry Forward	Returned to Capital Programme	Prudential Borrowing	Over + / under - spend
22)	Transport	Rural Roads	1,000	780	-220	Slippage of Binfield Heath scheme due to prolonged cold weather. Remaining allocation not utilised and returned to corporate contingencies	-60	-160		
23)	E&E	Minor Works	300	195	-105	£0.109m spend on the 11/12 programme and £86k spend on the 12/13 programme. Bids outstanding of £0.150m from 12/13 not started. £0.100m slippage on Benson Library and Chinnor Children's Centre Programme being developed for the £0.200m allocation in 13/14	-105			
24)	E&E	Energy Efficiency	173	0	-173	Rewley Road and Central Library schemes slipped to April/May 13. £0.200m allocation for 13/14 and further £1.6m in future years.	-173			
25)	CEO	Introduction of RFID (Radio frequency identification) self service in Libraries (CS9)	55	8	-47	Need to finalise S106 funding for the project as provisional underwritten by Prudential Borrowing funded from service.	-47			
26)	CEO	Introduction of RFID (Radio frequency identification) self service in Libraries- Phase 2 (CS11)	700	557	-143	Funded from Efficiency Reserve	-143			
Total			23,070	19,069	-4,001		-2,913	-784	-304	0

Notes

1) Excludes individual project budgets as automatically c/fwd into future years, unless saving can be released back to capital programme.

Division(s):

CABINET – 18 JUNE 2013

OLDER PEOPLE'S JOINT COMMISSIONING STRATEGY 2013-2016

Report by Director for Social and Community Services

Introduction

1. The purpose of this report is to seek Cabinet approval for the Older People's Joint Commissioning Strategy 2013-2016, which has been developed jointly by the County Council and the Oxfordshire Clinical Commissioning Group.
2. A similar report was discussed by the Oxfordshire Clinical Commissioning Group Governing Body on 30th May 2013, and was agreed.

Background

3. The County Council and Oxfordshire Clinical Commissioning Group have been working together to develop an Older People's Joint Commissioning Strategy. This is linked to proposed changes to the proposed changes to the Older People's Pooled Budget also reported to this meeting, as the pooled budget is a key mechanism for the successful implementation of the priorities within the strategy and will help to ensure alignment with spending decisions by the County Council and the Clinical Commissioning Group.
4. The Older People's Joint Commissioning Strategy is based on detailed analysis of the needs of the people of Oxfordshire. It was the subject of wide consultation with stakeholders and the public from November 2012 to January 2013, and almost 200 responses were received. Although there was broad agreement with the priorities in the strategy, respondents felt there should be more about access to services; loneliness and isolation; and dignity and respect. Another key theme in the responses was how the strategy would actually be delivered and resourced, and how success would be measured.
5. A full and a summary report on the consultation are available on the Public Involvement Network (PIN) pages at:
<https://publicinvolvementnetwork.oxfordshire.gov.uk/consult.ti/OPstrat/consultationHome>

Older People's Joint Commissioning Strategy 2013-2016

6. The strategy has been refined and updated to reflect the outcomes of this consultation, and an action plan developed to set out the initial steps that will be taken to implement the strategy over the next 12 months. Specific measures of success are also being finalised, and these will also form part of the performance measures and targets in Oxfordshire's Joint Health and

Wellbeing Strategy (these are currently being refreshed and will be agreed by the Health and Wellbeing Board in July 2013).

7. The draft strategy and action plan are attached as Appendix 1.
8. The vision in the strategy is:

To enable people to live independent and successful lives

9. The priorities in the strategy have been confirmed as:

Priority 1: I can take part in a range of activities and services that help me stay well and be part of a supportive community.

Priority 2: I get the care and support I need in the most appropriate way and at the right time.

Priority 3: When I am in hospital or longer term care it is because I need to be there. While I am there, I receive high quality care and am discharged home when I am ready.

Priority 4: As a carer, I am supported in my caring role.

Priority 5: Living with dementia, I and my carers, receive good advice and support early on and I get the right help at the right time to live well.

Priority 6: I see health and social care services working well together.

10. Appropriate governance arrangements are now being developed to oversee the implementation of the strategy. These are linked to the governance for the Older People's Pooled Budget, and include a monthly Programme Board to manage the implementation of the Older People's Commissioning Strategy and detailed action plan that will report to the Older People's Joint Management Group.
11. A bi-monthly Older People's Partnership Board will also be established, to ensure the voice of service users and carers is fed into the structure appropriately. This will build on the successful advisory board that has contributed to the development of the strategy.

Risks

12. The main risk associated with this strategy is that it does not increase performance against outcomes, and does not help to reduce spending or realise efficiency savings for the County Council and/or the Clinical Commissioning Group. This is mitigated by establishing a Programme Board and programme management approach, and ensuring appropriately tight management controls and governance arrangements are in place linked to the Older People's Pooled Budget.

Financial and Staff Implications

13. There are no direct financial or staffing implications as a result of this strategy. However, it may lead to greater alignment with spending decisions by the County Council and the Clinical Commissioning Group as a result of changes to the Older People's Pooled Budget.

Equalities Implications

14. In line with the Council's Equality Policy 2012-2016 and the requirements of the Equality Act 2010, a Service and Community Impact Assessment has been completed to consider the implications of the Older People's Joint Commissioning Strategy. This is attached at Annex 2.
15. The Strategy is not considered likely to have any significant negative impacts on people who share protected characteristics. Many of the priorities and actions in the strategy are specifically targeted at improving outcomes for more vulnerable people.
16. Similarly, individual impact assessments are and will be completed for all commissioning activity, service changes and contracts awarded linked to the development and delivery of the joint commissioning strategies. Where appropriate, the outcomes of these assessments are and will be reported to Cabinet to inform decision-making on new policies, contracts and service changes.

RECOMMENDATION

The Cabinet is RECOMMENDED to agree the Older People's Joint Commissioning Strategy 2013-2016.

JOHN JACKSON
Director for Social & Community Services

Background papers: None

Contact Officer: Ben Threadgold, Strategy Manager – Joint Commissioning
Tel: (01865) 328219

June 2013

ANNEX 1 - Older People's Joint Commissioning Strategy 2013-2016



**PLANNING TO MEET THE HEALTH & SOCIAL CARE NEEDS OF OLDER
PEOPLE IN OXFORDSHIRE**

**OXFORDSHIRE
OLDER PEOPLE'S JOINT COMMISSIONING
STRATEGY
2013 – 2016**

**Foreword by the Chairman and
Vice Chairman of the
Adult Health and Social Care
Partnership Board**

We are very pleased to launch the Oxfordshire Joint Older People's Commissioning Strategy 2013 – 2016.

We celebrate the fact that people are living longer. As the number of older people in the population increases, they are the main consumers of Health and Social Care Services. It is important that we work together to make sure the services we commission are right for people in Oxfordshire.

This joint strategy has been put together by a team of older people, people from the voluntary sector, our two local NHS trusts, the district and city councils, GPs and the County Council. We have consulted widely on the draft joint strategy.

Thank you for telling us what you think is important, what works well now, and what you would like us to do better. We hope this final document reflects what you have said and we will ensure that there are opportunities for you to continue to be involved in shaping services.

We look forward to working with you.

Cllr Judith Heathcoat - Chairman of the Adult Health and Social Care Board

Dr Joe McManners - Vice Chairman of Adult Health and Social Care Board

- 1.1 This joint strategy sets out the areas where Oxfordshire Clinical Commissioning Group (OCCG) Oxfordshire County Council (OCC) will work together to support the delivery of: 'Ageing Successfully: Forward from 50'.
- 1.2 The joint strategy has been developed with a steering group of older people, carers, commissioners, providers and partners. Together we believe that a joint approach will work better for people in Oxfordshire.
- 1.3 Oxfordshire County Council is responsible for the social care and support of older people. Oxfordshire Clinical Commissioning Group is the body that commissions most health services. The Oxfordshire Older People's Joint Commissioning Strategy is designed to meet the needs of:
 - Ageing adults
 - Older People
 - People with dementia
 - Carers
- 1.4 'Ageing Successfully', published in March 2009, by the Oxfordshire Health and Wellbeing Partnership Board, sets out the vision and strategic direction for improving outcomes for Older People in Oxfordshire.

“We celebrate the fact of our ageing population. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our mission will be to achieve significant and measured improvement in how we plan and deliver services so that our community will be supported to age successfully.”

- 1.5 The total funding available in 2012/2013 to support this joint strategy is just over £360 million.
- 1.6 The joint strategy starts with a summary of some of our achievements so far. It sets out our vision for supporting older people, what success will look like as described by older people and our main priority areas. The big changes that are needed and how we are going to make them happen are set out in a detailed action plan. Other information and evidence is set out in the Appendices.

2. Consultation on the draft joint strategy

- 2.1 OCC and OCCG carried out a period of consultation on the draft joint strategy from 30 November 2012 to 4 February 2013. A wide variety of engagement methods were used to support the consultation, including a survey, two public workshops and presentations on the draft strategy to particular groups.
Overall, a good range of responses were received, with 98 people taking part in the online survey.
- 2.2 Overall the survey responses were positive about the vision, what will success look like and the Six Main Priorities. Key themes from the survey

comments and stakeholder groups were:

- Was the vision achievable in the current economic situation?
- More accessible information was wanted about where and who to go to for support
- The need for reassurance that the move to providing more services in the community would mean that care would improve and be right for older people's needs
- Difficulty in accessing services, in particular for frail older people and older people living in rural issues
- Loneliness and isolation was raised again and again as an issue that had not been addressed
- Dignity and respect should run right through the strategy
- More focus needed on support and recognition for carers
- The emphasis on staying well and taking individual responsibility was welcome and should be strengthened
- Quality of services, delivered by skilled and trained staff, was a key area to improve
- Services joining up and working well together was seen as vital to putting the priorities into action
- People appreciated the opportunity to contribute to the joint strategy and wanted to be kept informed of progress with delivering the priorities

3. What we have achieved so far

- In February 2012 we undertook a survey of our Adult Social Care clients. The responses overall, and from older people in particular, showed a similar pattern with most people satisfied with the services they received (88% of older people) and feeling they had a high quality of life (88% of older people).
- People who use services, their carers, local communities, statutory agencies and their partners have a long history of working successfully together.
- We have a good record of supporting people to have choice and control over the services and support they receive. We have high numbers of older people who have a personal budget and high numbers of people who have decided to take their personal budget as a direct payment. We have also made good progress with introducing personal health budgets for people with continuing health care needs.
- We have developed a Crisis Response Service to ensure people get the support they need at home and avoid going into hospital unnecessarily.
- We are supporting more carers than we have done before.
- We have developed a new payment by results reablement service that

started on 1 October 2012.

- We opened three Extra Care Housing Services during 2012, which means we have 407 extra care housing flats in Oxfordshire.
- We have built on the success of the stroke service in hospitals and we have met the high national standards in most areas of the service.
- We have significantly increased the number of people who have a specialist bladder and bowel assessment in the community, which means they do not have to go into hospital.
- We have reduced the number of people who go straight to hospital after having a fall through them receiving an assessment and treatment at home from the Falls Service.
- We have put in place a new service for (mainly) older people who have had a fracture which will reduce the chance of them having a further fracture.
- To increase participation by older people in more healthy activities we have set up 'Generation Games', a new service that provides information and tells people where to go to join exercise classes.
- The number of older people and people with long term conditions with depression and anxiety who receive talking therapies has increased.
- Prescriptions for antipsychotic drugs in people newly diagnosed with dementia within Oxfordshire have decreased from 6.07 per cent in 2006 to 3.1 per cent in 2011 due to the increased effectiveness and use of alternative, non-prescription services and interventions.
- We now have a care home support service which provides valuable support to some of the frailest members of society through a team of nurses and therapists led by a consultant gerontologist. The service supports the professional development of care home staff and enhances the experience and outcomes for residents.

4. Vision - what are we trying to achieve?

- 4.1 We celebrate our ageing population in Oxfordshire; however we acknowledge that the natural effect of ageing means that the likelihood of ill health increases with age. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our goal for older people in Oxfordshire is:

To enable people to live independent and successful lives

- 4.2 To achieve this, we will promote healthy approaches to ageing including encouraging healthy lifestyles along with a focus on reducing ill health

through early identification of problems and intervention. We will also invest in community services to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care, including ensuring quality of care in services.

5. What will success look like?

5.1 Older people, their families and carers, regardless of who they are, where they live and what their needs are, will be able to say:

- a) I am generally healthy and I am aware of and supported to take actions to help me remain as healthy as possible as I become older.
- b) I am aware of and able to access services and advice to keep me healthy and/or if I need help.
- c) I take advantage of the free screening programmes available to me including the NHS health checks programme.
- d) I am treated with dignity and respect.
- e) I am given control of my care and support and supported to make choices in my daily life.
- f) I do not have to describe what my needs are again and again to lots of different professionals and the services that support me are of the right level to cater for my individual needs.
- g) I am protected from avoidable harm and supported to live safely in my home environment, yet I have my own freedom to make independent and informed choices.
- h) I understand how my care and support works, my care is regularly reviewed in my best interests, and I know what the options are for what happens next.
- i) I see public money being spent well by joined up services, without duplication and waste and in a fair and consistent way.
- j) I am helped and supported to keep in touch with my family and friends.
- k) I get the right treatment and medication for my needs and I get the support I need in the right setting.
- l) I am happy with the quality of my care and support.
- m) I find that all local organisations have policies that support me to maintain my independence and good quality of life.

5.2 The health and social care system will ensure that:

- a) Services and advice are available and accessible to help people remain healthy for as long as possible.
- b) The person and their carer/s are at the centre; services are designed around them and matched to the individual's needs.

- c) Services will be planned and available on a seven day a week basis.
- d) Support is provided in the most appropriate and timely way and at the closest point to the person's home/usual place of residence.
- e) Where hospital care is needed, planning to move back home starts from day one of admission – with the aim of people living in the community, supported by local services.
- f) Support for a person's physical, mental, cultural and social needs is co-ordinated and delivered in a joined up way.
- g) Support is focused on improving the quality of care and quality of life and promotes dignity, human rights, choice and independence.
- h) Needs determine the services people receive, not the location or who pays the bill and support provided is good value for money.

6. Six Main Priorities

- 6.1 Through the process of developing this joint strategy we have decided upon 6 main priorities. The first three cover the journey a person may make as they grow older and in need of support. Priorities 4, 5 and 6 are relevant to all the first three priorities. The priorities are not ranked in any order and each is as important as the other.

Priority 1: I can take part in a range of activities and services that help me stay well and be part of a supportive community.

Priority 2: I get the care and support I need in the most appropriate way and at the right time.

Priority 3: When I am in hospital or longer term care it is because I need to be there. While I am there, I receive high quality care and am discharged home when I am ready.

Priority 4: As a carer, I am supported in my caring role.

Priority 5: Living with dementia, I and my carers, receive good advice and support early on and I get the right help at the right time to live well.

Priority 6: I see health and social care services working well together.

- 6.2 We have also identified some cross cutting themes that are common to all the priorities:
- Promoting equality
 - Loneliness and isolation
 - Issues for older people living in rural areas
 - Housing Options

- Information and Advice
- Dignity and respect

Priority 1: I can take part in a range of activities and services that help me stay well and be part of a supportive community

Where are we now?

- The County has a growing older population, the number of residents aged over 85 is predicted to more than double by 2033
- We know that investing in preventative approaches keeps people well for longer but there is sometimes a lack of evidence about which service or approach is working well
- People tell us they want information and advice about what is available - not everyone knows what is available to support them
- Not all local policies and services encourage people to be independent, support each other and prevent people becoming isolated
- We know that there are good things happening across Oxfordshire that support and involve older people in their communities, like Good Neighbour Schemes, but these are patchy and not consistent
- The District and City Council have strategies to support older people in their communities, but these are not always in line with the priorities of the County Council or the Clinical Commissioning Group
- The County Council has recently launched Support Finder - one place where you can find out about care and support services in Oxfordshire

Priority 2: I get the care and support I need in the most appropriate way and at the right time

Where are we now?

- Older people in Oxfordshire expect a flexible range of services built around their individual needs so that they can maintain independence and stay as close to home for as long as possible
- The proportion of money Oxfordshire spends in the community is lower than elsewhere and money needs to be re-invested in community services
- Spending on older peoples' services in Oxfordshire is higher than might be expected compared to other areas but satisfaction is lower than might be expected
- There are many services that support people in the community but people are not aware of them.
- Joined up care is the exception rather than the rule
- Current models of care appear to be outdated at a time when society and technology is developing rapidly and changing the way older people communicate with providers of services
- Care still relies too heavily on individual and expensive professional input although older

- people want to play a much more active role in their care, support and treatment
- It still appears to be easier for someone to be admitted to hospital than be supported with appropriate services at home
 - Services that support people at the end of life are good but not consistent
 - There are different methods across Oxfordshire in the way that GP's and primary care decide on the services and next steps for people
 - Because Oxfordshire is a rural county we need to make sure that people are able to get to the right support and services

Priority 3: When I am in hospital or longer term care it is because I need to be there. While I am there, I receive high quality care and am discharged home when I am ready

Where are we now?

- More work is needed to avoid hospital admission in the first place
- There is general consensus that older people are admitted to care homes too early particularly from hospital and for people who pay for their own care
- It takes too long for people to be supported back home after a period of time in hospital
- Services do not always see older people as part of the care team
- The current quality of care in hospitals is variable. For example, last year it was reported that there was poor nutrition for some patients and although this has improved, it needs to improve further¹
- Outpatient appointments are not always sent out in time for people to attend and there are too many cancelled appointments
- Health and social care teams need to work better together
- We need to ensure we use new medical technologies effectively
- We need to make better use of research and information

Priority 4: As a carer, I am supported in my caring role

Where are we now?

- An increasing number of people are engaged in caring for elderly friends and relatives and many more volunteer to help. Many of these people are elderly themselves
- We are supporting more carers than before but we need to focus on identifying more carers so we can offer advice and support
- Increasing numbers of carers have used a direct payment to support them continue their caring role

Priority 5: Living with dementia, I and my carers, receive good advice and support early on and I get the right help at the right time to live well

¹ CQC Dignity and Nutrition Inspection programme October 2011

Where are we now?

- There is a growing number of people with dementia in the County
- Early diagnosis is getting better but needs to improve further
- People with dementia and their carers face stigma and isolation and are fearful of making themselves known
- Staff working with people with dementia need more support and training to help them deliver high quality care
- Services focus on physical health rather than providing a joined up service that takes account of a person's mental and social care needs

Priority 6: I see health and social care services working well together

Where are we now?

- People in Oxfordshire have told us that they want health and social care services to work more closely together
- There is strong commitment of services to working in partnership in Oxfordshire
- There is a joint health and social care budget for older people but it does not include all the funding available to support older people or the ability to use funds flexibly
- Service providers have told us that the Council and Clinical Commissioning Group sometimes put incentives in their separate contracts with providers that may work against each other
- We need to work differently to make the best use of the money available

Action Plans

Priority 1: "I can take part in a range of activities and services that help me stay well and be part of a supportive community"

No	What we are going to do and expected benefits	Actions	Timescale	Commissioning Lead
1	Encourage adults to be more physically active <i>More older people to be involved in physical activity leading to improved health and well being</i>	1. Commissioned 'Generation Games' an active aging project. Contract with Age UK, to end February 2015.	Start Summer 12 and end Feb 2015	OCC G
2	Working with all agencies we will support communities to develop initiatives to maintain good health and wellbeing and	1. Work with the city, district and town and parish councils to ensure all our policies	April 13- March 14	OCC

	<p>reduce loneliness and isolation. For example, develop dementia friendly communities, time banks to exchange skills and voluntary transport schemes</p> <p><i>Addresses loneliness and isolation and enhances well-being. Evidence is that this improves quality of life and enables people to remain independent for longer</i></p>	<p>support this strategy</p>		
		2. Review of outreach service with aim to re-procure by Oct 13	April- Oct 13	OCC
		3. Tier 2 day service reviews	Oct -13	OCC
		4. Ensure that it is clear when a service is free for people or where there may be a charge	July -13	OCC
3	<p>Ensure eligible adults between the ages of 40 and 74 are offered an NHS health check once every 5 years. <i>Enables people to stay healthy and living independently at home</i></p>	1. Ensure that the NHS Health checks programme is extended to include alcohol brief advice and dementia awareness	April -13	OCC Public Health
		2. Work with GPs to make health checks available from every GP practice in Oxfordshire	July -13	
		3. Raise public awareness to ensure that uptake of the programme achieves at least 50%	Nov-13	
4	<p>Offer winter flu vaccinations to people aged 65 and over</p> <p>And that people under the age of 65 who are at risk because of other health conditions are offered flu vaccination.</p> <p><i>Enables people to stay healthy and living independently at home</i></p>	1. There will be an effective flu campaign that will ensure people who are at risk from flu or over the age of 65 will be offered a flu vaccination within their local community	Commences Oct 13	Public Health England with OCC Public Health
		2. Regular data will be provided to GP practices to ensure that they have information to enable them to achieve 75% of over 65'S vaccinated	Nov 13 -Feb 14	
		3. Work with OCCG to develop plans and targets for improved uptake of vaccination for people in at risk categories under the age of 65	Sept- 13	

5	Increase the number of people who have quit smoking <i>Enables people to stay healthy and living independently at home</i>	We will procure additional services which will offer smoking cessation to people outside of traditional settings	July -13	OCC Public
6	Ensure high levels of uptake for cancer screening programmes <i>Enables people to stay healthy and living independently at home</i>	1. We will work OCGG localities to identify low uptake groups and to develop local plans to improve uptake	March- 14	Public Health England with OCC Public Health
		2. Regular data will be provided to GP practices to ensure that they have information to enable them to monitor uptake	Nov 2013	OCC Public Health
7	Develop a range of options to help people with practical support in their own homes (such as handyman services, shopping, gardening and cleaning) <i>Enables people to stay healthy and living independently at home</i>	1. Review range of current services	July -13	OCC
		2. Work with providers to improve offer	July -13	OCC
		3. Stimulate the market to provide these services or re-commission, decommission or commission new services	March- 14	OCC
8	Develop an information and advice service that supports people who have their own funds to buy their own care and support services <i>Enables people to stay healthy and independent, increases choice and control. Less people choosing care homes too early</i>	1. Carry out a needs analysis	April- 13	OCC
		2. Develop a range of options	April -13	OCC
		3. Agree specification	June -13	OCC
		4. Commission new service	Nov- 13	OCC
9	Ensure that advice is given to support people to help themselves as part of preventing illness or a recurrence of an accident/illness and encourage and support people to start thinking of and planning early to meet their needs as they get older and also take more responsibility for meeting their own needs <i>Prevention and enables people to stay healthy and independent</i>	1. Information specifications to include advice on preventing illness.	To be confirmed (TBC)	OCC)
		2. Communications and media plan	TBC	TBC
1	Ensure that people get the right	1. Review and develop	March -13	OCC

		3. Implement Single Point of Access	April- 13	
		4. Review the rehabilitation and reablement service and decide on the future shape of that service in preparation for re-procurement in 2014/15 as a result of 2 above	March- 14	
		5. Implement integrated health and social care locality teams	TBC	
		6. Agree an overall model to include integrated services, diagnostics, bed based services and integrated GP/Gerontology/Psychological support for the community		
		7. Review communications services for people with strokes		
		8. Improve secondary prevention services for people who have had fragility fractures		
		9. Increase the use of equipment and assistive technology	March- 14	
		10. Implement discharge to assess across OCC, Oxford University Hospitals and Oxford Health		
		11. Improve the support and services that people receive when they are in a care home - for short or long term		
		12. Reduce waiting lists - with use of winter pressures funding	13. June- 13	13. OCC
		13. Review of Shared Care Protocols		
2	Ensure that we have the right number of Extra Care Housing	1. Implement ECH plan	April 13 - March-15	OCC

	(ECH) places (housing with personal care provided on site) available. <i>Increased number of older people living at home. People with dementia having needs met in appropriate way</i>	2. Review options for extending the ECH plan 3. Develop range of dementia appropriate services for ECH	June-13 March-13	OCC
3	Work with the City and District Councils to develop good housing options <i>More people living independently at home/ in new home and more people having needs met appropriately and better use of resources and reduced costs</i>	1. Joint seminar to identify alternative housing options 2. Develop housing strategy and implementation plan	Jan-13 July-13	OCC OCC
4	Ensure that the transport needs of people getting to services and supports are taken into account <i>People are able to attend the range of supports/services and leads to more people living independently and reduced loneliness and isolation</i>	1. Review current position and develop plan	TBC	OCC
5	Promote personalised ways of working and improve choice and control through the extension of personal budgets and personal health budgets <i>Improved choice and control, more people having needs met appropriately, better use of resources and reduced costs</i>	Ensure roll out of Personal Health Budgets and personal social care budgets.	2014/15	OCC and OCC G

Priority 3: "When I am in hospital or longer term care it is because I need to be there. While I am there, I receive high quality care and am discharged home when I am ready"

N o	What we are going to do and expected benefits	Actions	Timescale	Com mission
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				g Lead
1	<p>Improve the experience and services that people receive when they are in hospital</p> <p><i>Improves quality, efficiency and effectiveness ensuring people are treated well and discharged in a timely way that promotes independence and well being</i></p>	<p>Dignity and respect</p> <p>Improve the care of people needing end of life services</p>		OCC G
2	<p>Work with Care Homes to ensure the care home market delivers good quality and safe provision at a market price that is financially sustainable, for people who are self-funders and council/NHS funded</p> <p><i>Development of the right range and number of care homes for Oxfordshire. People supported well in care homes with good quality care. Reduced and appropriate admissions to hospital</i></p>	1. Agree commissioning intentions that will inform market position statement	Apr-13	OCC
		2. Implement Order of St John delivery plan	April 13 - March 14	OCC
3	<p>Ensure that services are safe and secure by regular contract reviews and information gathering on providers and target work with poor performing providers and working with the Oxfordshire Safeguarding Adults Board</p> <p><i>Improved quality and reduced risk to clients/carers. Improved carer and client satisfaction</i></p>	1. Agree quality standards	TBC	OCC and OCC G
		2. Agree monitoring process	TBC	
		3. Reviews based in risk analysis		
4	<p>Actively work with people who use services and carers, local communities and partners in the design, development, purchase, delivery and review of local support services</p> <p><i>People engaged and able to contribute to success of strategy.</i></p>	1. Complete consultation on the strategy	March 13	OCC and OCC G
		2. On-going involvement of steering group	March 13- Sept 13	OCC and OCC G
		3. Develop Older People's Partnership Board	Sept- 13	OCC and OCC

				G
5	<p>Commission services in a way that ensures good outcomes/making a difference for older people and their carers and ensure that contracts with service providers are set up so that they work together to deliver this strategy and are rewarded to do so</p> <p><i>Focus on outcomes that matter for people Improved joint working, less handovers, more flexible support services</i></p>	1. Outcomes in all specifications and contracts	March-13 and ongoing	OCC and OCC G
		2. Agree NHS/OCC approach to outcomes based commissioning and provider collaboration		

Priority 4: "As a carer, I am supported in my caring role"

	What we are going to do and expected benefits	Actions	Timescale	Com missioning lead
1	<p>Increase the identification of all carers across Oxfordshire to:</p> <p><i>More carers supported early and report improved involvement in decision making and support planning with/about the person they care for.</i></p>	<p>Agree targets with each partner agency, using the Carers Strategy, for improved identification rates. Carers Board to receive and monitor reported data. Improve data collection and management. Improve identification of and service planning for Black and Minority Ethnic groups and "hard to reach" carers.</p>	March-14	OCC
2	<p>Improve access to emergency support for all carers</p> <p><i>Reduces carer stress, reduces admissions to acute hospital, improves quality of life, reduces admissions to care homes and call on 'Funded Nursing Care' and CHC funding</i></p>	<p>Increase marketing of current emergency support services. Seek opportunities to integrate emergency response activities.</p>	March -14	OCC

3	<p>Provide more direct payments to support carers to have a break. Provide better support for carers to remain in employment</p> <p><i>Reduces carer strain, reduces admissions to acute hospital, improves quality of life, reduces admissions to care homes and call on 'Funded Nursing Care' and CHC funding</i></p>	<p>Audit of current uptake of carer breaks to improve targeting. Review and develop improvement plan for respite provision. Agree future resourcing for carer breaks and support for 2015/16.</p>	March -14	OCC
4	<p>Continue to provide carers with support and training to help them support people in a safe way, such as moving and handling training</p> <p><i>Reduces carer strain, reduces admissions to acute hospital, improves quality of life, reduces admissions to care homes and call on 'Funded Nursing Care' and CHC funding</i></p>	<p>Identify carer training needs at point of first contact. Improve marketing carer training opportunities, to improve and target early uptake.</p>	March -14	OCC

Priority 5: "Living with dementia, I and my carers, receive good advice and support early on and I get the right help at the right time to live well"

No	What we are going to do and expected benefits	Actions	Timescale	Commissioning Lead
1	<p>Develop a dementia awareness campaign and dementia friendly communities</p> <p><i>More people with dementia supported to continue living in their own home. Increased independence</i></p>	<p>1. Use the Dementia Challenge fund to create 60 learning groups across the county.</p> <p>2. Endorse and support awareness campaign by voluntary organisations.</p>	<p>Mar-14</p> <p>April 13-March 15</p>	<p>OCC and OCC G</p>
2	<p>Improve information and advice and guidance services</p> <p><i>Combining early diagnosis and</i></p>	<p>1. Commission Dementia Web Oxfordshire.</p>	Oct-13	OCC and OCC G

	<i>support with ensuring dementia friendly communities reduces the probability of people going in to care homes by 2 years, therefore reduces call on FNC and CHC funding. Early support to carers</i>	2. Dementia Advisers and support workers will be able to download paper copies of information required.	Oct 13	
		3. Provide information covering the dementia pathway on the regional website www.ourhealth.southwest.nhs.uk	June-13	OCC and OCC G
3	Implement the learning site proposal for a collaborative model between primary care and Oxford Health in South West Locality. Improve memory clinic services <i>Early and more diagnosis of people with dementia will lead to more people being supported to live independently at home and reduce hospital admissions. Early support to carers</i>	1. Continue to monitor and review the operations of the memory services.	Mar-14	OCC G
		2. Facilitate collaboration between primary and secondary care to ensure timely diagnosis and effective support closer to people's homes.	Mar-14	OCC G
4	Put in place a service that trains staff in hospitals and in the community to be more aware of the needs of people with dementia <i>Early and more diagnosis of people with dementia will lead to more people being supported to live independently at home and reduce hospital admissions. Early support to carers</i>	Use the Dementia Challenge Fund to train the workforce in both hospital and community. Dementia CQUIN and OUH Inpatient Integrated Psychological Medicine Service, which requires some awareness training, is being implemented.	Mar-14	OCC and OCC G
5	Ensure that all health and social care services understand the needs of people with dementia and provide a quality service to them <i>Early and more diagnosis of people with dementia will lead to more people being supported to live independently at home and reduce hospital admissions. Early support to carers</i>	To be achieved through CQUIN, Sustainable Workforce project funded with Dementia Challenge monies. Embed this in service provider contracts.	Mar-14	OCC and OCC G

6	<p>Provide continued support for carers of older people with dementia through day opportunities and training support</p> <p><i>Early and more diagnosis of people with dementia will lead to more people being supported to live independently at home and reduce hospital admissions.</i></p> <p><i>Early support to carers</i></p>	<p>Training for carers (including CBT) is being provided. Take up of carer's respite fund through GPs is being monitored.</p>	Mar-14	OCC
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Priority 6: "I see health and social care services working well together"

No	What we are going to do and expected benefits	Actions	Timescale	Commissioning Lead
1	<p>Develop a set of clear commissioning intentions to support the health and social care market to deliver services – this will include a market position statement from June 2013</p> <p><i>Clear set of outcomes and actions communicated to the market to ensure people's needs are met in a timely way</i></p>	<p>1. Strategy published after c consultation</p> <p>2 Delivery plan agreed</p> <p>3. Market position statement</p>	<p>March-13</p> <p>Delivery plan from April - 13</p> <p>Market position statement June -13?</p>	<p>OCC and OCC G</p> <p>OCC and OCC G</p> <p>OCC</p>
2	<p>Review the pooled budget arrangement and extend the services and budgets to be included in pool</p> <p><i>Supports the delivery of the commissioning strategy. Facilitates integrated services</i></p>	<p>1. New S75 in place for June 13.</p> <p>With Agreed services and funding to be brought into a larger pool. Agreed risk sharing. Agreed governance, membership and terms of reference</p>	<p>June-13</p> <p>April-13</p>	<p>OCC and OCC G</p>
3	<p>Ensure that there is a trained and skilled workforce available to meet the range of needs of older people</p> <p><i>Skilled and trained workforce to</i></p>	<p>1. Develop workforce strategy</p> <p>2. Implement and communicate strategy</p>		<p>OCC and OCC G</p>

	<i>meet increasing demands</i>	3. Annual review		
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ANNEX 2

Oxfordshire Older People's Joint Commissioning Strategy
Draft 1 - Service and Community Impact Assessment Following
Consultation on the Draft Strategy

June 2013

Lead Officers: Alan Sinclair and Fenella Trevillion

1. Purpose of the Assessment

- 1.1 This document is an assessment of the impact of the new Oxfordshire Older People's Joint Commissioning Strategy 2013-2016 following consultation on the draft strategy. The draft strategy was presented to the Adult Health and Social Care Partnership Board on 23 April 2013 and is going to Cabinet on 18 June 2013. This assessment will be kept under review as the strategy and priorities it contains are implemented, and updated as necessary to ensure emerging risks are identified and appropriate mitigating action taken. Separate assessments will be undertaken on specific actions as appropriate, for example where they in themselves constitute a significant change in policy in their own right or are intended to effect specific improvements in outcomes.

2. Introduction

- 2.1 Section 149 of the Equalities Act 2010 ("the 2010 Act") imposes a duty on the Council to give due regard to three needs in exercising its functions. This proposal is such a function. The three needs are:
- the need to eliminate any conduct which is prohibited by or under the 2010 Act;
 - the need to advance equality of opportunity between persons who
 - share any of the protected characteristics listed in section 149(7); and the need to foster good relations between persons who share a relevant protected characteristic and those who do not.
- 2.2 Complying with section 149 may involve treating some people more favourably than others, but only to the extent that that does not amount to conduct which is otherwise unlawful under the new Act.
- 2.3 The need to advance equality of opportunity involves having due regard to the need to:

- remove or minimise disadvantages which are connected to a relevant protected characteristic and which are suffered by persons who share that characteristic,
- take steps to meet the needs of persons who share a relevant protected characteristic and which are different from the needs other people, and encourage those who share a relevant characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low.
- Steps to meet the needs of disabled people which are different from the needs of people who are not disabled include steps to take account of a person's disabilities.

2.4 The need to foster good relations between different groups involves having due regard to the need to tackle prejudice and promote understanding.

These protected characteristics are:

- Age (people of different age groups)
- Disability (e.g. physical or sensory impairments, long-term illnesses and conditions, hidden impairments such as a heart condition, frailty, learning disabilities or mental health problems)
- Gender Reassignment
- Marriage/civil partnerships (but only in respect of eliminating unlawful discrimination)
- Pregnancy & Maternity
- Race (including ethnic or national origins, colour or nationality)
- Religion or belief (including lack of belief)
- Sex
- Sexual orientation

2.5 In addition to the characteristics above, the Council has also considered the effect of the proposals on particular communities (e.g. urban, rural, deprived).

3. **Background and Context**

3.1 The Oxfordshire Older People's Joint Commissioning Strategy is a joint approach from the County Council and Clinical Commissioning Group to meet the health and social care needs of older people.

3.2 It builds upon and responds to:

- The vision and aims set out in Ageing Successfully: Forward from 50 – Oxfordshire's Strategy for Ageing 2010 - 2015, published jointly by NHS Oxfordshire and Oxfordshire County Council in 2009,
- The Oxfordshire County Council draft Commissioning Intentions for Older People 2012 - 2015, which outlined the areas it would focus on to support the delivery of the outcomes and vision in Ageing Successfully, published in April 2012,

- A key measure in Oxfordshire's Joint Health and Wellbeing Strategy published in August 2012 to:

“Support older people to live independently and with dignity whilst reducing the need for care and support.”

4. Evidence and Consultation

Evidence

- 4.1 Consultation on a draft of the Strategy with the public and a wide range of organisations took place between 30 November 2012 and 4 February 2013. This included individuals, communities and organisations from across the county, including representatives of some of the groups that share protected characteristics and from rural areas and areas of deprivation. The consultation also included staff and providers of services.
- 4.2 A wide variety of engagement methods were used to support this consultation, including online and printed survey, meetings with key stakeholders, and public meetings.
- 4.3 Overall a good range of responses were received to the consultation. In total the survey yielded 193 replies; public meetings attracted 105 people, and specific stakeholder meetings approximately 90 people.
- 4.4 The outcomes of this consultation were used to further refine the Strategy, including the development of an action plan to implement the priorities.
- 4.5 Overall the survey responses were positive about sections on the Vision, What will success look like, and the Six Main Priorities in the Strategy.
- 4.6 The overall agreement with the vision and priorities meant that these were not altered and the majority of the key themes were already included within the strategy and the feedback was used to strengthen them. The key themes that needed more work were:
 - Access to services
 - Loneliness and isolation
 - Dignity and respect

5. Impact on Individuals and Communities

- 5.1 The Oxfordshire Older People's Joint Commissioning Strategy 2013-2016 is intended to provide overarching direction in the development of health and social care services for older people. The strategy itself is a high level document that identifies key strategic priorities that will be shared between partner agencies. The 6 priorities form the main focus of the Joint

Management Group for Older People and the Adult Health and Social Care Partnership Board. They have been selected as areas where focused work will result in meaningful and measurable improvements whilst ensuring value for money, and confirmed as being the main priorities for the county through the detailed Needs Assessment which supports the Strategy.

- 5.2 The Strategy focuses on long-term intractable issues, and identifies priorities where working across health and social care can make a real difference in maintaining or improving the health and wellbeing of older people in Oxfordshire.
- 5.3 By definition, the Oxfordshire Older People's Joint Commissioning Strategy Joint Health and Wellbeing Strategy 2013-2016 is intended to have a positive impact on outcomes for people who share protected characteristics and in many cases for the wider communities of Oxfordshire as well. The priorities in the Strategy have a particular emphasis on improving outcomes for vulnerable groups and/or people who share protected characteristics where particular challenges, issues and under-performance have been identified:
- **Priority 1: I can take part in a range of activities and services that help me stay well and be part of a supportive community.**
 - **Priority 2: I get the care and support I need in the most appropriate way and at the right time.**
 - **Priority 3: When I am in hospital or longer term care it is because I need to be there. While I am there, I receive high quality care and am discharged home when I am ready.**
 - **Priority 4: As a carer, I am supported in my caring role.**
 - **Priority 5: Living with dementia, I and my carers, receive good advice and support early on and I get the right help at the right time to live well.**
 - **Priority 6: I see health and social care services working well together.**

Impact/Risk	Mitigation
The needs of different individuals/communities and organisations are not fully understood leading to no or inappropriate action	Consultation and engagement with a wide range of individuals, communities and organisations took place during November 2012 to February 2013 Detailed Needs Analysis developed
Key priorities for action are not implemented or do not make a difference	Progress in implementing the actions needs to be regularly monitored and reviewed and appropriate action taken by an accountable group
Implementing actions to have a positive effect on one group may have an unintended or negative impact on another	Progress in implementing the actions will be reported as detailed above and via the performance arrangements established for the Health and Wellbeing Board In addition a governance structure has been

	<p>established to implement the priorities in the strategy which ensures involvement from a wide range of groups</p> <p>Actions that represent a significant change in policy or are likely to impact one or more groups will undergo a Service and Community Impact assessment</p>
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6. Impact on specific individuals and communities

- 6.1 No additional impacts on specific individuals and communities, who share protected characteristics, have been identified beyond those discussed above.

7. Impact on Staff

Risk	Mitigation
Staff are not aware of the new strategy, or their opportunity to engage in the development process	<p>Consultation and engagement has taken place with a wide range of individuals, communities and organisations</p> <p>Progress in implementing the actions will be regularly monitored and reviewed and appropriate action taken by the accountable group</p> <p>A communications and engagement plan will be developed to help raise public awareness of the strategy</p>
Staff need to be confident in adopting a partnership approach to the implementation of actions	<p>As above</p> <p>As a result of the above strong partnership working relationships have been developed resulting in cultural change which will be further supported and developed. This includes relationships between the Council, Clinical Commissioning Group, providers of services, other key stakeholders and older people and carers themselves</p> <p>This will be further reinforced through the governance structure for the delivery of the strategy</p>

8. Impact on Providers

Risk	Mitigation
Providers are not aware of the strategy	<p>As above</p> <p>Commissioners have also been raising awareness of the new partnership arrangements and emerging priorities as part of regular engagement with providers, and will continue to do so as part of ongoing contract monitoring</p>

	<p>arrangements and market testing / development. This will include a focus on improving quality of services as well as ensuring equity of services and consistently high standards in service delivery</p> <p>Following sign off of the Strategy, further communications and engagement will be used to raise awareness and help embed the priorities and actions within business plans and individual work programmes</p>
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9. Action Plan

9.1 This SCIA will be updated at the end of each key milestone as set out below:

Action	By When	Who
Sign off Strategy following consultation	June 2013	Cabinet
Implementation of strategy	July 2013 – March 2016	Partner organisations, including council and clinical commission group
Performance management and monitoring implementation of strategy	At meetings	JMG, Adult Health and Social Care Partnership Board, wider governance structure for monitoring implementation of the Strategy
Review of Oxfordshire Joint Older People's Commissioning Strategy and production of Action Plan for 2014/15	February 2014	JMG, Adult Health and Social Care Partnership Board, wider governance structure for monitoring implementation of the Strategy

Division(s): N/A

CABINET – 18 JUNE 2013

OLDER PEOPLE’S POOLED BUDGET ARRANGEMENTS (SECTION 75 AGREEMENT)

Report by Director for Social and Community Services

Introduction

1. The purpose of this report is to seek Cabinet approval to increase the services and budgets that form the Older Person’s Pooled Budget arrangements between Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group, and to ensure the risk sharing and governance arrangements are appropriate for a truly pooled budget.
2. A similar report was discussed by the Oxfordshire Clinical Commissioning Group Governing Body on 30 May 2013, and was agreed subject to further clarification of the financial risks. This was then discussed further by the Governing Body on 11 June 2013, the outcomes of which will be reported to the meeting.

Background

3. Section 75 of the National Health Services Act 2006 contains powers enabling NHS Bodies to exercise certain local authority functions and for local authorities to exercise various NHS functions. This in turn enables better integration of health and social care, leading to a better experience and outcomes for patients and service users.
4. The County Council and the Oxfordshire Clinical Commissioning Group have a single agreement under Section 75 to pool resources and deliver shared objectives, often referred to as ‘pooled budgets’. This agreement covers services for Older People, people with Physical Disabilities, people with Learning Disabilities (for which the County Council has lead commissioning responsibilities) and for people with Mental Health needs (for which the Clinical Commissioning Group has lead commissioning responsibilities).
5. Both the County Council and the Oxfordshire Clinical Commissioning Group are committed to continuing the existing joint working arrangements, and building on them to ensure even greater integration of health and social care, best use of resources, and improved outcomes for the people of Oxfordshire.
6. These joint working arrangements include a new Older People’s Joint Commissioning Strategy 2013-2017 (reported elsewhere on the agenda), which has been the subject of public consultation. The Older People’s pooled

budget is a key mechanism for implementing the detailed action plan that forms part of the new strategy, and programme management arrangements to ensure its successful delivery are also being finalised.

7. It is therefore timely to review the existing pooled budget for Older People to ensure it supports the effective implementation of the priorities in the strategy, and has risk sharing and governance arrangements that provide appropriate reassurance, transparency and oversight.

Services and Budgets

8. It is proposed to include significantly higher contributions from both the County Council and the Clinical Commissioning Group in the Older People's Pooled Budget. These figures may change slightly as financial contributions from both parties are finalised, but will broadly be as follows:

	Existing Contribution	Additional Contribution	Total Contribution
County Council	£78m	£21m*	£99m*
Clinical Commissioning Group	£30m	£59m	£89m
Total	£108m	£61m	£188m

* The Council will transfer an additional £21m into the pool, bringing the total contribution to £99m. However the Council will also transfer an income target of £18 million into the pool, meaning the net Additional Contribution is £3 million and the net Total Contribution is £81 million. Apportionment of risk for 2013/14 will be based on the gross figure of £99m.

9. The increased contributions from the County Council relate to a number of services that can broadly be categorised as follows:
- Prevention and early intervention – including the Alert service, dementia and stroke services, equipment and services for carers;
 - Social Work and Commissioning – including locality and hospital teams, support for sensory impairment and other central costs;
 - Day Services and Transport;
 - Income from service user contributions towards the cost of their care under Fairer Charging legislation.
10. The increased contributions from the Clinical Commissioning Group relate to a number of services that can broadly be categorised as follows:
- Community Services Contract with Oxford Health – including community hospitals, community nursing, hospital at home (in the south and west of the County), podiatry, emergency multidisciplinary unit and single point of access for rehabilitation and care.
 - Mental Health Services Contract with Oxford Health – Older People' mental health services including community, acute inpatient and outpatient services as well as day services.

- (c) End of Life care, palliative care, heart failure, pulmonary and respiratory care and rehabilitation, night services, supported hospital discharge service and hospital at home in the north and north east of the County.
11. The full list of services and budgets that will form the Older People's Pooled Budget if this increased contribution is approved is attached in a revised draft of Schedules 2 and 3 of the Section 75 agreement (see Appendix A).
 12. In future years, the contributions of each party to the Older People's Pooled Budget will continue to be discussed and agreed through the respective business planning processes in each organisation and through the Older People's Joint Management Group. If both parties are unable to reach agreement, or circumstances significantly change the rationale of the pool, then both parties will have the option to either renegotiate the Section 75 agreement or choose to withdraw from it.

Risk Sharing Arrangements

13. Presently, contributions from each partner are ring-fenced within the Older People's pooled budget and used to fund certain categories of service - defined as either "OCCG Funded" for OCCG contributions or "Council Funded" for Council contributions.
14. Any overspend or underspend in relation to "OCCG Funded" or "Council Funded" categories of service are the sole responsibility of the respective lead partner. Any underspend on such categories of service is returned to the lead partner at the end of the relevant Financial Year unless the Partners agree otherwise.
15. The lead partner must indemnify the other partner and the Older People Pooled Fund against any liabilities that may arise due to an overspend, unless these liabilities arise due to any negligent act or omission of the other partner or any breach by the other partner of its obligations under the Section 75 agreement.
16. It is proposed that in future the risk sharing between organisations reflect a truly pooled budget arrangement, working to a joint strategy with joint decision making. This would mean the risk of any overspend would be shared between both parties irrespective of which service it happened against. This arrangement has operated effectively in the Learning Disability pooled budget arrangements for a number of years, and that risks are jointly owned and managed rather than seen as the responsibility of one partner or the other.
17. It is proposed that the risk sharing between the Clinical Commissioning Group and County Council would be directly proportional to the gross contributions of both parties. For 2013/14 this would be 53% County Council and 47% Clinical Commissioning Group.

18. The main benefit of this change is that it means both parties have a vested interest in ensuring spend is committed in the most effective way. It is in the interests of both parties to know how actions or savings by one partner can impact on those of the other to the extent that duplication within services is avoided and to make the most efficient use of resources. It will be the responsibility of the Older People Joint Management Group to ensure that spending is contained within the resources available. Where financial pressures arise in year, the Older People Joint Management Group must look at options to contain total spending within the resources available.

Governance Arrangements

19. The current governance arrangements for the Older People's Pooled Budget have been in place for a number of years, and so a review is timely.
20. The current governance arrangements include a bi-monthly Older People Joint Management Group at which the Council and Clinical Commissioning Group are represented by Director / Deputy Director and Finance Business partner level, with other officers, partner organisations including providers and service user representatives in attendance in a non-voting capacity. There is also a monthly pre-meeting, at which commissioning, finance and performance officers from the Council and the Clinical Commissioning Group manage finance, activity and performance in the pooled budget and report up to the Joint Management Group.
21. Although the existing arrangements are considered to be effective in ensuring sound financial and performance management, they do not necessarily reflect the significance of the pool to both organisations or provide transparency about joint decision-making. The current arrangements are not necessarily appropriate to ensure the successful implementation of the Older People's Joint Commissioning Strategy, and there is a lack of clarity about the respective roles of the Joint Management Group and the Adult Health and Social Care Board (that sits under the Health and Wellbeing Board).
22. It is therefore proposed to have more senior representation at the Older People Joint Management Group from both organisations, including the Cabinet Member for Adult Social Care and the Chief Executive Officer of the Clinical Commissioning Group, to reflect the significance of the pool. As now, the Older People Joint Management Group will be supported by a Commissioning and Finance Officer Group meeting monthly, to manage performance, activity and budget. There will also be a monthly Programme Board to manage the implementation of the Older People's Commissioning Strategy and detailed action plan, and a bi-monthly Older People's Partnership Board will also be established, to ensure the voice of service users and carers is fed into the structure appropriately.
23. The Older People's Joint Management Group will continue to feed into the Adult Health & Social Care Board and will contribute to the implementation of the priorities and targets in the Joint Health & Wellbeing Strategy that is relevant to older people.

24. The proposed governance structure, membership and Terms of Reference of the Older People Joint Management Group is attached in a revised Schedule 4 of Section 75 Agreement for all client groups (see Appendix A).

Benefits of these changes

25. These changes will improve joint decision making over investments and disinvestments by moving more money and services into the pool under the legal framework provided by the Section 75 agreement. They will allow greater integration of services and commissioning activity, leading to higher quality and less waste or duplication, and greater alignment in how both organisations measure and report success. They also enable actions in one party that lead to savings in another to be managed jointly, which benefits the whole pool and ensures best use of available resources.
26. The changes will also improve transparency and visibility of decision-making about funding and expenditure, by making the governance of the pooled budget more streamlined and holding the Joint Management Group meetings in public.
27. This in turn will increase the accountability of both partners for the successful implementation of the Older People's Joint Commissioning Strategy, by ensuring that funding is allocated and managed across both the Council and the Clinical Commissioning Group in line with the priorities of the Strategy. It will also help to ensure that funding follows decision-making, within and across parties, and that risks are jointly owned and managed rather than seen as the responsibility of one partner or the other.
28. This 'whole system' approach is particularly beneficial in tackling complex and intractable issues (such as delayed transfers of care, care home placements and emergency admissions) where action is required from both parties, and is supportive of the ambitions for greater integration between health and social care.

Risks associated with these changes

29. There are a number of risks for both the Council and the Clinical Commissioning Group from extending the pooled budget arrangements. Many of these are the same as exist under the current arrangements, such as demographic pressures and increased demand, performance and quality controls, possible implications of changes to funding for Adult Social Care from 2015, and ensuring appropriately skilled and trained staff are available. Although these are amplified due to the larger sums involved and changes to risk sharing arrangements as set out above, a more integrated approach as a result of the proposed changes to the pooled budget arrangements also gives a greater chance of addressing these challenges and jointly mitigating the risks.

Pressures on the Pooled Budget

30. A significant proportion of the services transferring into the Older People's Pool from the Clinical Commissioning Group are commissioned under block contracts and will not represent a pressure in 2013/14. The biggest pressure within the Older People's Pool for Clinical Commissioning Group services will continue to be Continuing Healthcare and Funded Nursing Care. This pressure will continue to grow as long as demand within the older population grows.
31. Applying a demographic increase to the figures of 3.1% in line with OCC predictions, together with an increase in nursing home costs of around 2.5%, gives a potential cost pressure of almost £1.5m.
32. For 2014/15 and onwards growth in demand will continue to be the primary factor affecting costs although the Oxford Health contract may also represent a risk and work is on-going to quantify this risk. Increased demand could lead to cost pressures in 2014/15 of around £1.6m rising to £1.65m thereafter.
33. The key risk from the County Council is the demand for services. In 2013-14, demand is currently exceeding budgeted resource by around £2,600 per week. If this continues all year, there will be additional expenditure of £3.5m. The Council recognised this as a key risk in the budget setting process and set aside a sum of money as corporate cover.
34. In addition, the County Council has a savings target of £5.2m to deliver in 2013-14; it is unlikely that all these savings will be delivered in-year, and the Council can manage this through one-off resources.
35. For 2014-15, there is a real risk that demand will continue at the higher level resulting in additional expenditure of £3.5m. However this will be considered and addressed through the Service Resource & Planning process in the Autumn.
36. It is important to recognise that the County Council corporate cover is for County Council risk only. If the County Council underspends within the pool (meaning the corporate cover is not required), this underspend will be available to meet any overspend on the Clinical Commissioning Group side on risk share basis (53% County Council and 47% Clinical Commissioning Group for 2013/14).
37. If the Clinical Commissioning Group underspend, this will not be used to fund County council overspend as that overspend will be funded from the County Council's corporate cover.
38. This situation will need to be reviewed each year to reflect any changes in predicted overspend and availability (or otherwise) of corporate cover within each organisation.

Income

39. The County Council is transferring £18m of income into the pooled budget. There is a risk that if this is not achieved in the year it will create an additional pressure on the pooled budget that will need to be met by reducing activity in other areas. However, this is recognised in apportioning risk between both parties based on gross contributions rather than net, meaning the County Council carries the greater proportion of risk based on current contributions.
40. The County Council is bound by national charging regimes for residential and non-residential care, and has limited discretion around local policy. All clients receiving a service are financially assessed to contribute, and income varies according to the type of service provided and the client's personal wealth and income. The Council is consulting on a revised Contributions Policy over the summer, and are forecasting a break even position for 2013/14 based on current activity and the financial implications of the draft policy.

Other Risks

41. The implementation of payment by results for mental health services within the Oxford Health Mental Health Contract in 2014/15 could lead to overpayment if performance exceeds expectation, with limited ability to control demand or choose not to admit patients. At this stage it is unclear how likely this risk is to occur, so the model is being run in shadow throughout 2013/14 to help assess this.
42. There is also a risk that the relationships between organisations become strained in the face of significant financial pressure, and that the opportunities of taking a single, integrated approach are lost or the pooled budget is dissolved. However, embedding an integrated approach to commissioning and the associated relationships and behaviours is a key component of the programme to deliver the Older People's Joint Commissioning Strategy. This will be regularly reviewed and emerging issues escalated through the governance arrangements of the pooled budget.

Changes to the Section 75 Agreement

43. There is an existing Section 75 Agreement covering all client groups, including older people. A copy of the current Section 75 Agreement for All Client Groups has been placed in the Member's Resource Room.
44. This agreement will be updated by legal variation to reflect the changes to the budgets and services, risk sharing and governance arrangements outlined above. This will involve amendments to the schedules, but will not require changes to the overall agreement. A draft of the relevant sections reflecting the proposed changes is attached at Appendix A.

Financial and Staff Implications

45. The full financial implications to the Council and the Clinical Commissioning Group are set out in the draft Schedules attached at Appendix A, in particular Schedule 3. The total contribution from the County Council to the Older People's pooled Budget for 2013-14 will now be £99 million (including £18 million income target), and the total contribution from the Clinical Commissioning Group will be £88 million.
46. If the income target of £18 million is not achieved in the year, this will create an additional pressure on the pooled budget that will need to be met by reducing activity in other areas.

Equalities Implications

47. In line with the Council's Equality Policy 2012-2016 and the requirements of the Equality Act 2010, a Service and Community Impact Assessment has been completed to consider the implications of the changes to the Older People's Pooled Budget. This is attached at Appendix 2.
48. There are not considered to be any direct implications of this agreement on individuals, communities, staff or providers of services as the agreement is essentially a mechanism for the delivery of joint commissioning strategies, including the new Older People's Joint Commissioning Strategy 2013-2017.
49. The new joint commissioning strategy has been developed following significant consultation with clients, the public, providers and organisations involved in the commissioning and delivery of services. Many of the priorities and actions in the strategy are specifically targeted at improving outcomes for more vulnerable people, and it has its own impact assessment that has been updated throughout its development.
50. Similarly, individual impact assessments are and will be completed for all commissioning activity, service changes and contracts awarded linked to the development and delivery of the joint commissioning strategies. Where appropriate, the outcomes of these assessments are and will be reported to Cabinet to inform decision-making on new policies, contracts and service changes.

RECOMMENDATIONS

51. **The Cabinet is RECOMMENDED to:**
 - (a) **approve the proposed changes to the older people's pooled budget arrangements for older people, including changes to the Section 75 Agreement for All Client Groups to reflect this, subject to the inclusion of any necessary changes in the text as agreed by the Director for Social & Community Services after consultation with the Cabinet Member for Adult Social Care;**

- (b) **RECOMMEND that the County Council approves the virement of £21m into the Older People's Pooled Budget, as well as an income target of £18m.**

JOHN JACKSON

Director for Social & Community Services

Background papers: Section 75 Agreement for All Client Groups

Contact Officer: Ben Threadgold, Strategy Manager – Joint Commissioning
Tel: (01865) 328219

June 2013

Schedule 1

The Pooled Funds

A. OLDER PEOPLE POOLED FUND

1. The Older People Pooled Fund shall consist of contributions from the OCCG and the Council to commission services for older people.
2. The Council shall be the Host Partner for the Older People Pooled Fund. The Services delivered shall be the social care services and specialist health services for older people as more particularly described in Schedule 2.
3. The Council shall be the Lead Commissioner for some elements of these Services and the OCCG shall be the Lead Commissioner for other elements of these Services. The division of responsibility for the commissioning of these Services is set out in Schedule 2.
4. The aim of the Older People Pooled Fund is to use resources efficiently to commission a range of health and social care services which enable older people to live independent and successful lives that are healthy and personally and socially fulfilling.
5. The Older People Pooled Fund will be used for commissioning a range of services for all client groups where the majority of users are older people (for example support for carers, equipment, reablement). See Schedule 2 for more detail.

Schedule 2

The Services

All Services may be purchased through individual spot contracts, block contracts, framework contracts, personal budgets or Direct Payments.

Area Covered

Patients and service users may be referred if they are the responsibility of the Clinical Commissioning Group or the Council's Social & Community Services, being people ordinarily resident in the County of Oxfordshire and/or registered with a general practice that is part of the Clinical Commissioning Group..

From time to time, there may be prospective Clients who seek referral or are referred by other professionals who are not resident within the area of Oxfordshire County Council as not all of the CCG boundaries are within the Oxfordshire County Council boundary. In those cases, they will be dealt with on a case by case basis through negotiation with the neighbouring Local Authority and Clinical Commissioning Group and according to existing national guidelines on district of residency and delegation of NHS functions.

It should be noted that while some patients in Thame and Shrivenham fall outside the boundaries of the Clinical Commissioning Group, they are within the Oxfordshire County Council administrative boundary and Social & Community Services funding for these areas is provided within the current Pool.

Financial Assessment of Clients

People receiving social care services through the Pooled Fund will receive a financial assessment and be charged in line with the Council's Social and Community Services Fairer Charging guidance or the Charging for Residential Accommodation guidance issued by the Department of Health. There is currently no charge for specialist health provision. The JMGs will be consulted about any changes to the charging policy.

Carers

Carers are entitled to an independent carers' assessment in line with the Carers' Act 1995.

Market Position Statement

A Market Position Statement will be developed by the Partners in consultation with service users, carers and other significant stakeholders. The Market Position Statement will set out the current market and future needs of the population of Oxfordshire, and will inform the development and maintenance of a range of services to deliver the aims and objectives of the Joint Commissioning Strategies. This will help to maximise independence as far as possible, and assist people to lead

independent lives with the minimum support necessary to maintain a reasonable quality of life.

A. OLDER PEOPLE POOLED FUND

Scope of Service

The Council will be the Lead Commissioner for the following Services:

- Prevention and early support services
- Information and advice services
- Support to carers
- Intermediate care
- Reablement
- Residential Care
- Nursing Care
- Respite care
- Long-stay care in a registered or non-registered setting
- Other services designed to substitute for, or reduce the need for admission to, acute or long-stay care
- Support at home
- Personal Budgets, direct payments and brokerage
- Day Opportunities and transport
- Equipment and assistive technology
- Dementia support
- Support to people following a stroke
- Support to people with a sensory impairment
- Locality teams
- Hospital teams
- Sensory impairment

The OCCG will be the Lead Commissioner for the following services:

- Community Rehabilitation
- Falls Service
- Aphasia (communication service)
- Community Hospitals
- Community Nursing
- Hospital at Home
- Care Homes Support Service
- Podiatry
- Home Oxygen Assessment Service
- Emergency Multidisciplinary I Units
- Single Point of Access for Rehabilitation and Care (SPARC)
- Healthier at Home (Interface Medicine)
- Acute inpatient beds for older adults

- Support for older people with mental health needs in hospitals and their community including day services
- End of life care
- Support for people following a stroke
- Night services
- Supported Hospital Discharge Service
- Hospital at Home
- Heart failure
- Respiratory Pulmonary rehabilitation
- Palliative Care (Hospices & Bereavement services and community matrons)
- Non Emergency Patient Transport

Many of the services commissioned from this pool are for all adult age clients, including prevention and early support, information and advice, reablement, equipment and assistive technology. Support for carers is commissioned from this pool for adults of all ages and children and young people.

Purchase Contracts

The details of the Service will be specified in Service Contracts entered into by the Council or where relevant the OCCG. These will include contracts to purchase 100% NHS health care.

Criteria for Eligibility

All prospective Clients shall be assessed under the Integrated/Joint Assessments Process.

Without prejudice to the Integrated/Joint Assessments Process, the following individuals will be eligible for services purchased by the Council:

- Any Person who meets the National Framework for Continuing Health Funding Criteria for adults/older people (introduced on 1 October 2007)
- Any person who meets the Funded Nursing Care ('FNC') criteria as laid down by the Department of Health from time to time
- Any person who does not need to be in an acute NHS and community beds but cannot return home for any reason and requires a temporary stay in a residential or nursing home
- Any person who meets the criteria for intermediate care as agreed from time to time
- Any person who has identified health care tasks undertaken by care workers as part of their care package as set out in the shared care protocol
- Persons assessed as having eligible needs under the Fair Access to Care criteria as agreed from time to time

Care Pathway

Entry to the Service will be through one of two pathways which are:-

CA8

A: any person who is not eligible under the National Framework for Continuing Health Criteria but is eligible under Fair Access to Care criteria (see below)

OR

B: any person who may meet the National Framework for Continuing Health Criteria

OR

C: Any person at home who has health tasks delegated to a care worker (as per Shared Care Protocol November 2005)

The care pathway for group A will be via referral to the agreed local authority contact and assessment process. Funding will be allocated through the current devolved budget arrangement.

The care pathway for Group B or C will be via applications to the Continuing Care Team; an assessment will be made against the National Framework for Continuing Health Criteria and funding will be allocated by the Continuing Care Services Manager.

Service options to meet need will be determined in accordance with Access to Service Policies which will be agreed by both partners each year.

Schedule 3**Financial Resources****A. OLDER PEOPLE POOLED FUND****1. Older Peoples Pooled Budget Contributions 2013-14**

All figs in £

	Oxfordshire Clinical Commissioning Group	Oxfordshire County Council	Total
2013-14 Older People	87,899,000	98,282,965	186,181,965
Equipment	761,000	1,136,688	1,897,688
Total	88,660,000	99,419,653	188,079,653

- * The Council will transfer an additional £21m into the pool, bringing the total contribution to £99m. However the Council will also transfer an income target of £18 million into the pool, meaning the net Additional Contribution is £3 million and the net Total Contribution is £81 million. Apportionment of risk for 2013/14 will be based on the gross figure of £99m.

2. Timing of Payments

- The Council and the CCG will make payments to the pooled fund and to each other for services commissioned on their behalf quarterly in advance, subject to receipt of an invoice, unless agreed otherwise.

Schedule 4

Governance and Joint Management Group

Section 1 – Provisions common to all Joint Management Groups

1. Deputies and Quorums

- 1.1 Each member of the Joint Management Group will have a deputy nominated by the relevant Partner who may attend meetings on behalf of that Joint Management Group member. Such deputies will have authorisation from the respective Partners to take any actions that the member is authorised to take. Such deputies should be appropriately briefed and with sufficient authority to fulfil the same role and be able to make similarly informed decisions on behalf of the organisation they represent as the member for whom they are deputising. In exceptional circumstances an alternative deputy will be allowed subject to this being confirmed in writing from the member to the Pool Manager prior to the meeting and being agreed by the other Partner. Such alternative deputies will have authorisation from the respective Partners to take any actions that the member is authorised to take.
- 1.2 Meetings will only be considered quorate if there are 2 members/deputies attending from each of the Partners.

2. Role of Joint Management Group

The role of the Joint Management Group shall be to:

Strategy and Governance

- a) deliver the commissioning strategies through the Commissioning Intentions agreed annually by the Partners
- b) report progress against key outcomes within the Oxfordshire Health and Wellbeing Strategy to the Adult Health and Social Care Board and the Health and Wellbeing Board.

- c) work with the Public Involvement Network / Healthwatch Oxfordshire to ensure the involvement of service users and carers in the development and delivery of commissioning strategies and intentions.
- d) review the operation of this Agreement and consider its renewal subject to the terms of any existing contractual commitments under the management of the Council or CCG in its role as Lead Commissioner on behalf of the Partners.
- e) review and consult on commissioning strategies and intentions, and revise this agreement as appropriate
- f) annually and formally agree the annual contribution made by each Partner.
- g) annually and formally agree Commissioning Intentions for the Pooled Fund.

Finance

- h) Receive monthly finance reports from the Pool Manager as set out in this Schedule.
- i) Agree such variations to this Agreement from time to time as it sees fit.
- j) Review and agree annually revisions to this agreement as required.
- k) Agree a scheme of financial management with the Pool Manager.
- l) Set such protocols and guidance as it may consider necessary to enable the Pool Manager to approve expenditure from the Pooled Funds.

Performance

- m) Receive monthly performance reports from the Pool Manager
- n) Consider progress on key objectives as outlined in this agreement and consult further where necessary.
- o) Approve the monthly, quarterly and annual reports on outcomes as appropriate from the Pool Manager to be submitted by the Joint Management Group to the Partners for information.
- p) report on progress to stakeholders through the relevant programme or partnership board

Risk

- q) monitor the appropriate reports quarterly to assess any risk that expenditure might exceed the contributions to the Pooled Fund and that where there is such a risk ensure actions are put in place to address the overspend.
- r) review risks quarterly in relation to delivery of objectives, performance of commissioned services, and reputation of the Partners in relation to the Pooled Budget

- s) review any other risks quarterly relating to the performance of this agreement
- t) review annually the overspend and underspend provisions of Clause 8 and Schedule 3 of the Agreement.

2. Role of Pool Manager

The Pool Manager shall:

- 2.1 submit monthly finance and performance reports to the Joint Management Group;
- 2.2 submit monthly, quarterly and annual reports on finance and performance to Joint Management Group for approval and submission to the Partners;
- 2.3 preparation of an annual budget and commissioning intentions for approval by Joint Management Group;
- 2.4 manage the Pooled Fund on a day-to-day basis; and
- 2.5 report to Joint Management Group immediately any forecast overspend / underspend on Pooled Funds and submit an action plan to bring the budget back into balance or seek guidance from Joint Management Group on actions to achieve balance.

3. Joint Management Group Support

The Joint Management Group will be supported by officers from the Council and the OCCG from time to time and they may be involved in assisting the Joint Management Group in implementation of the aims, objectives and intended outcomes set out at Clause 3 and as specified in Schedule 1 and performance targets as agreed by the Joint Management Group.

4. Meetings

- 4.1 The Joint Management Group will meet at least 6 times a year.
- 4.2 Joint Management Group members will receive an agenda and accompanying reports and papers at least 5 working days before each meeting.

- 4.3 However, it is recognised that on occasions and dependent on dates of meetings it may not always be possible to produce financial reports this far in advance, in which case they will be circulated as far in advance of the meeting as possible.
- 4.4 Joint Management Group members will be provided with Finance and Performance Reports on a monthly basis, and these will be circulated to members irrespective of whether a meeting is taking place that month.

5. Decision Making

- 5.1 Decisions of the Joint Management Group shall be made by those Joint Management Group voting members present and shall require the unanimous consent of all voting members. Where there is disagreement between the Partners regarding an element of the Services the Lead Commissioner for such element shall have discretion to take such action or inaction as it decides in accordance with its obligations under this Agreement. All decisions shall be recorded in writing. Minutes of the meetings to include all decisions made shall be kept and copied to the Joint Management Group members by the Pool Manager within 14 days of every meeting.
- 5.2 The views of those in attendance will be taken into account for all of the work of the Joint Management Group including decision making. These views will be recorded in the minutes of the meeting. This will include agreement or disagreement to the decisions made by voting members.

6. Confidentiality

From time to time the Joint Management Group will be discussing both financially and commercially sensitive information and personal client and carer information. It is important that all members of the Joint Management Group and all other attendees are clear that they must treat the information as confidential and that they must discuss and use such information outside the Joint Management Group only where it is appropriate to do so in order for them to fulfil their obligations.

Section 2 – Pool-specific provisions for each Joint Management Group

A OLDER PEOPLE POOLED FUND

A1 Joint Management Group Membership

A1.1 The membership of the Joint Management Group with voting rights will be as follows:-

The Council:

Cabinet Member for Adult Social Care – Cllr Judith Heathcoat

Director of Social and community Services – John Jackson

Assistant Chief Executive and Chief Finance Officer – Sue Scane

The OCCG:

Chief Executive Officer – Dr Stephen Richards

Director of Commissioning and Partnerships– Lorraine Foley

Chief Finance Officer – Gareth Kenworthy

Each named representative assigned to the roles specified above may be changed by the Partner which is being represented by written notification to the other Partner.

A1.2 In Attendance: (Non-Voting)

Deputy Director for Joint Commissioning–Sara Livadeas

Deputy Director for Adult Social Care - Lucy Butler

Adult Social Care Finance Business Partner - Sarah Fogden

Pool Manager - Alan Sinclair, Lead Commissioner Older People

Assistant Director Older People OCCG - Fenella Trevillion

Assistant Chief Finance Officer OCCG – Julia Boyce

OCCG Clinical Lead for Older People – Joe McManners

GP Locality Commissioner – TBD

GP Provider – TBD

District Council Representative - TBD

Service user and carer representatives, including Older People

Partnership Board representative(s) - TBD

Voluntary and independent sector representatives – TBD

Healthwatch Oxfordshire and Public Involvement Network representatives - TBD

Oxford Health NHS Foundation Trust - Yvonne Taylor Chief Operating Officer

Oxford University Hospitals NHS Trust - Paul Brennan Director of Clinical Services

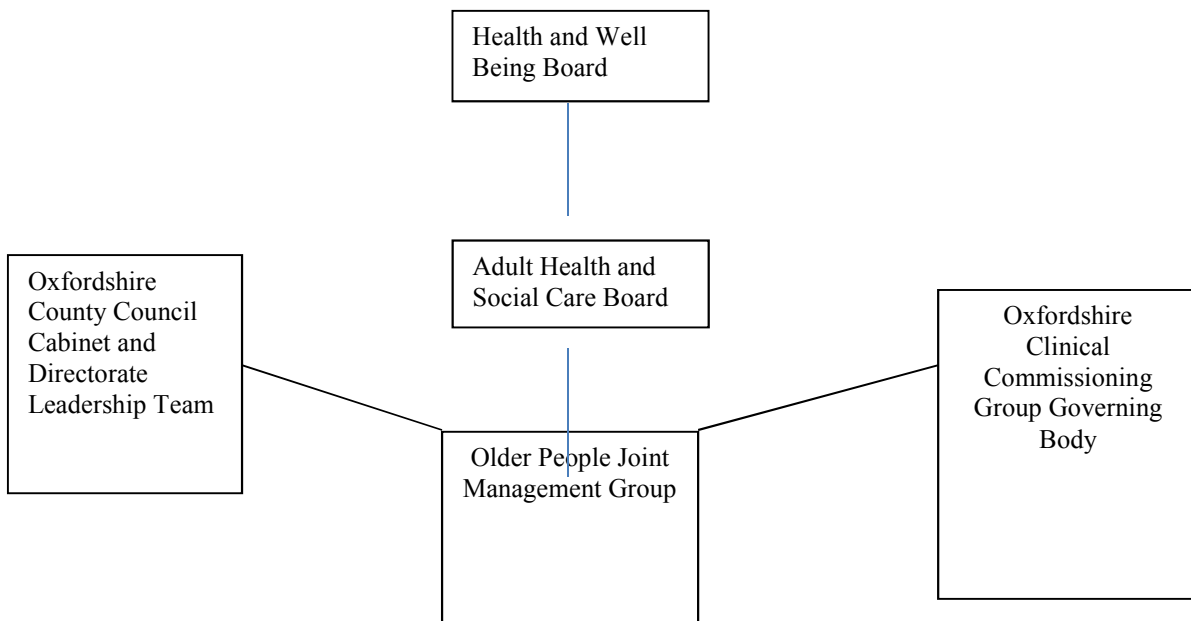
Others may be invited where JMG consider this appropriate.

A2 Chair

The meetings will be chaired by Dr Stephen Richards, Chief Executive Officer OCCG (or successor in title) and by his nominated deputy if absent unless otherwise agreed by the Partners.

A3 JMG Relationship to Other Bodies

Governance framework diagram



Pre-JMG Pooled
budget manager
with team/staff to
support in S&CS
and OCCG

Older People Joint
Commissioning
Strategy
Programme Board

Older People
Partnership Board

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Service and Community Impact Assessment (SCIA)

Front Sheet:

Directorate and Service Area:
Joint Commissioning, Social and Community Services

What is being assessed (eg name of policy, procedure, project, service or proposed service change):
Older People's Pooled Budget

Responsible owner / senior officer:
Sara Livadeas

Date of assessment:
22 May 2013

Summary of judgement:

There are not considered to be any direct implications of the changes to the pooled budget for older people on individuals, communities, staff or providers of services. This is because the pooled budget is essentially a mechanism for the delivery of the Older People's Joint Commissioning Strategies.

These joint commissioning strategies are all developed following significant consultation with clients, the public, providers and organisations involved in the commissioning and delivery of services. In most cases they are specifically targeted at improving outcomes for more vulnerable people, and each has its own impact assessment.

Similarly, individual impact assessments are completed for all commissioning activity, service changes and contracts awarded linked to the development and delivery of the joint commissioning strategies. This will include any decisions to move significant amounts of money between pools. Where appropriate, the outcomes of these assessments will continue to be reported to Cabinet to inform decision-making on new policies, contracts and service changes.

However, there may be impacts for the Council and Clinical Commissioning Group arising from changes to risk sharing arrangements, and to other organisations as a result of changes in governance arrangements.

Detail of Assessment:

Purpose of assessment:

This assessment considers the impact of increasing the contributions from the County Council and the Clinical Commissioning Group to the older people's pooled budget, and changing the risk sharing and governance arrangement associated with its operation.

Section 149 of the Equalities Act 2010 ("the 2010 Act") imposes a duty on the Council to give due regard to three needs in exercising its functions. This proposal is such a function. The three needs are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic, and those who do not.

Complying with section 149 may involve treating some people more favourably than others, but only to the extent that that does not amount to conduct which is otherwise unlawful under the new Act.

The need to advance equality of opportunity involves having due regard to the need to:

- remove or minimise disadvantages which are connected to a relevant protected characteristic and which are suffered by persons who share that characteristic,
- take steps to meet the needs of persons who share a relevant protected characteristic and which are different from the needs other people, and
- encourage those who share a relevant characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low.
- take steps to meet the needs of disabled people which are different from the needs of people who are not disabled and include steps to take account of a person's disabilities.

The need to foster good relations between different groups involves having due regard to the need to tackle prejudice and promote understanding.

These protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief

- sex
- sexual orientation
- marriage and civil partnership

Context / Background:

Section 75 of the National Health Services Act 2006 contains powers enabling NHS Bodies to exercise certain local authority functions and for local authorities to exercise various NHS functions. This in turn enables better integration of health and social care, leading to a better experience and outcomes for patients and service users.

The County Council has an existing agreement under Section 75 with Oxfordshire Clinical Commissioning Group to pool resources and deliver shared objectives. This agreements cover services for Older People and people with Physical Disabilities, people with Learning Disabilities and for people with Mental Health needs.

Both the County Council and the new Oxfordshire Clinical Commissioning Group (which formally comes into being from 1 April 2013) are committed to continuing the existing joint working arrangements, and building on them to ensure even greater integration of health and social care, best use of resources, and improved outcomes for the people of Oxfordshire.

These joint working arrangements include a new Older People's Joint Commissioning Strategy 2013-2017, which has been the subject of public consultation. The Older People's pooled budget is a key mechanism for implementing the detailed action plan that forms part of the new strategy, and programme management arrangements to ensure its successful delivery are also being finalised

Proposals:

It is proposed to include significantly higher contributions from both the County Council and the Clinical Commissioning Group in the Older People's Pooled Budget, an additional £58m from CCG and £3m from the Council (if considered net of a £21 million increase and £18 million income target also being transferred into the pool).

The increased contributions from the County Council relate to a number of services that can broadly be categorised as follows:

- a) Prevention and early intervention - including the Alert service, dementia and stroke services, equipment and services for carers
- b) Social Work and Commissioning – including locality and hospital teams, support for sensory impairment and other central costs
- c) Day Services and Transport
- d) Income from service user contributions towards the cost of their care under Fairer Charging legislation

The increased contributions from the Clinical Commissioning Group relate to a number of services that can broadly be categorised as follows:

- a) Community Services Contract with Oxford Health – including community hospitals, community nursing, hospital at home (in the south and west of the county), podiatry, emergency multidisciplinary unit and single point of access for rehabilitation and care
- b) Mental Health Services Contract with Oxford Health – Older People’s mental health services including community, acute inpatient and outpatient services as well as day services for older people
- c) End of Life care, palliative care, heart failure, pulmonary and respiratory care and rehabilitation, night services, supported hospital discharge service and hospital at home (in the north of the county)

It is also proposed that in future the risk sharing between organisations reflect a truly pooled budget arrangement, working to a joint strategy with joint decision making. This would mean the risk of any overspend would be shared between both parties irrespective of which service it happened against. This arrangement has operated effectively in the Learning Disability pooled budget arrangements for a number of years, and that risks are jointly owned and managed rather than seen as the responsibility of one partner or the other.

It is proposed that the risk sharing between the Clinical Commissioning Group and County Council would be directly proportional to the contributions of both parties. For 2013/14 this would be 53% County Council and 47% Clinical Commissioning Group

It is proposed to have more senior representation at the Older People Joint Management Group from both organisations, including Cabinet Member for Adult Social Care and the Chief Executive Officer of the Clinical Commissioning Group, to reflect the significance of the pool. As now, the Older People Joint Management Group will be supported by a Commissioning and Finance Officer Group meeting monthly, to manage performance, activity and budget. There will also be a monthly Programme Board to manage the implementation of the Older People’s Commissioning Strategy and detailed action plan, and a bi-monthly Older People’s Partnership Board will also be established, to ensure the voice of service users and carers is fed into the structure appropriately.

It is also proposed that, subject to agreement by the Health and Wellbeing Board in July, the Older People Joint Management Group is combined with the Adult Health and Social Care Board, to further streamline decision-making and reduce duplication / bureaucracy. The Older People Joint Management Group will therefore meet in public, improving transparency of decision-making, and include wider representation (eg District Councils). The Older People Joint Management Group will therefore assume responsibility for managing the implementation of the priorities in the Joint Health and Wellbeing Strategy related to older people, and will be accountable to the Health and Wellbeing Board.

Responsibilities of the Adult Health and Social Care Board relevant to manage the implementation of targets in the Joint Health and Wellbeing Strategy for younger adults with long term conditions will become the responsibility of the relevant Joint

Management Group (physical disability, learning disability and mental health), reporting to the Health and Wellbeing Board

Evidence / Intelligence:

The proposal to increase the contributions to the pooled budget, and make alterations to the risk sharing and governance arrangements within the section 75 agreement has been discussed in detail with senior officers and elected members / Board members from the County Council and the Clinical Commissioning Group (CCG), as well as the lead commissioners from both organisations. It has also been discussed with service users through the existing Joint Management Group and Older People's Partnership Board arrangements.

They believe these changes will improve joint decision making over investments and disinvestments by moving more money and services into the pool under the legal framework provided by the Section 75 agreement. They will allow greater integration of services and commissioning activity, leading to higher quality and less waste or duplication, and greater alignment in how both organisations measure and report success. They also enable actions in one party that lead to savings in another to be managed jointly, which benefits the whole pool and ensures best use of available resources

The changes will also improve transparency and visibility of decision-making about funding and expenditure, by making the governance of the pooled budget more streamlined and holding the Joint Management Group meetings in public

This in turn will increase the accountability of both partners for the successful implementation of the Older People's Joint Commissioning Strategy, by ensuring that funding is allocated and managed across both the Council and the Clinical Commissioning Group in line with the priorities of the strategy. It will also help to ensure that funding follows decision-making, within and across parties, and that risks are jointly owned and managed rather than seen as the responsibility of one partner or the other

This 'whole system' approach is particularly beneficial in tackling complex and intractable issues (such as delayed transfers of care, care home placements and emergency admissions) where action is required from both parties, and is supportive of the ambitions for greater integration between health and social care

Alternatives considered / rejected:

Continuing with the existing level of contributions was rejected as failing to fully realise the opportunity to improve joint decision making over investments and disinvestments by moving more money and services into the pool under the legal framework provided by the Section 75 agreement. The changes will allow greater

integration of services and commissioning activity, leading to higher quality and less waste or duplication, and greater alignment in how both organisations measure and report success. They also enable actions in one party that lead to savings in another to be managed jointly, which benefits the whole pool and ensures best use of available resources

The possibility to continue with the current risk sharing arrangements was rejected as not reflecting a truly pooled budget arrangement, working to a joint strategy with joint decision making. Sharing the risk of any overspend proportional to contributions has operated effectively in the Learning Disability pooled budget arrangements for a number of years, and means both parties have a vested interest in ensuring spend is committed in the most effective way. It is in the interests of both parties to know how actions or savings by one partner can impact on those of the other to the extent that duplication within services is avoided and to make the most efficient use of resources.

Continuing with the existing governance arrangements, or variations that included keeping the Adult Health and Social Care Board as well as an extended Older People's Joint Management Group, were rejected as failing to streamline or improve transparency and visibility of decision-making about funding and expenditure, or bringing sufficient clarity to the roles of the various groups and boards.

The proposed changes will increase the accountability of both partners for the successful implementation of the Older People's Joint Commissioning Strategy, by ensuring that funding is allocated and managed across both the Council and the Clinical Commissioning Group in line with the priorities of the strategy. It will also help to ensure that funding follows decision-making, within and across parties, and that risks are jointly owned and managed rather than seen as the responsibility of one partner or the other.

This 'whole system' approach is particularly beneficial in tackling complex and intractable issues (such as delayed transfers of care, care home placements and emergency admissions) where action is required from both parties, and is supportive of the ambitions for greater integration between health and social care.

Impact Assessment:

Identify any potential impacts of the policy or proposed service change on the population as a whole, or on particular groups. It might be helpful to think about the largest impacts or the key parts of the policy or proposed service change first, identifying any risks and actions, before thinking in more detail about particular groups, staff, other Council services, providers etc.

It is worth remembering that 'impact' can mean many things, and can be positive as well as negative. It could for example relate to access to services, the health and wellbeing of individuals or communities, the sustainability of supplier business models, or the training needs of staff.

We assess the impact of decisions on any relevant community, but with particular emphasis on:

- Groups that share the nine protected characteristics
 - age
 - disability
 - gender reassignment
 - pregnancy and maternity
 - race – this includes ethnic or national origins, colour or nationality
 - religion or belief – this includes lack of belief
 - sex
 - sexual orientation
 - marriage and civil partnership
- Rural communities
- Areas of deprivation

We also assess the impact on:

- Staff
- Other council services
- Other providers of council services
- Any other element which is relevant to the policy or proposed service change

For every community or group that you identify a potential impact you should discuss this in detail, using evidence (from data, consultation etc) where possible to support your judgements. You should then highlight specific risks and any mitigating actions you will take to either lessen the impact, or to address any gaps in understanding you have identified.

If you have not identified an impact on particular groups, staff, other Council services, providers etc you should indicate this to demonstrate you have considered it.

Impact on Individuals and Communities:

All Communities / Groups

There is not considered to be any direct impact on individuals or communities from expanding the Older People's Pooled Budget and changing the governance and risk sharing arrangements. The pooled budget is a mechanism to enable the effective use of resources in commissioning services, and the implementation of the joint commissioning strategy for Older People that is intended to have a positive impact on outcomes for individuals and communities and is itself subject to consultation and a separate impact assessment.

There is a risk that the agreement does not align closely to the joint commissioning strategy and therefore client need. This is mitigated by the section 75 agreement referring to the aims and targets in the Joint Commissioning Strategy rather than having separate / different ones. It is also mitigated by the involvement of services users, carers and providers in the Joint Management Group responsible for the implementation of the strategy and section 75 agreement. There is also an Older

People’s Partnership Board supporting the Joint Management Group that further ensures alignment of delivery with the strategy. New policies, services and contracts will also be subject to separate impact assessments and consultation as appropriate to ensure alignment to client need.

The Joint Management Group for Older People is responsible for and implementation of the agreement and the management / use of pooled funds. The Joint Management Group is responsible for ensuring alignment with the joint commissioning strategies, and that the impact of any decisions on new policies or contracts, or to move money between pools, is fully considered. The Joint Management Group includes elected members and senior officers from the Clinical Commissioning Group and County Council, as well as representatives from key partners / providers and service users. This ensures the impacts can be fully appreciated and considered as part of decision making.

Risks	Mitigations
Implementation of section 75 agreement does not fully align to client need.	<p>The section 75 agreement refers to the Older People’s Joint Commissioning Strategy for aims and targets rather than having separate ones.</p> <p>The involvement of services users, carers and providers in the Joint Management Group and Older People’s Partnership Board responsible for the implementation of the strategies and section 75 agreement.</p> <p>New policies, services and contracts will also be subject to separate impact assessments and consultation as appropriate to ensure alignment to client need.</p>

Impact on Staff:

Although the proposed governance arrangements will slightly reduce the number of meetings that need to be supported, there is not considered to be any significant direct impact on staff as a result of extending the pooled budget for older people.

Impact on other Council services:

Extending the pooled budget for Older People will not impact significantly on other services, as colleagues from Legal Services and Finance are involved in drawing up and monitoring existing agreements.

Risks	Mitigations
Section 75 agreement for Older People is	Older People’s Joint Management Group

<p>not appropriately governed, monitored or implemented leading to significant work to resolve disputes or redefine agreement.</p>	<p>will meet at least 6 times a year will have responsibility for oversight and implementation, and include senior representation from both organisations.</p> <p>Governance and monitoring requirements are specified within agreement, including roles and responsibilities for pooled budget manager and Joint Management Group</p> <p>Legal and Finance colleagues from both partners are involved in drawing up the agreement, and monitoring implementation</p> <p>Significant issues and proposals are escalated within County Council and Clinical Commissioning Group governance arrangements as appropriate</p>
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Impact on providers:

There is not considered to be any direct impact on providers of extending the Older People's Pooled Budget. There may be impacts as a result of the commissioning activity, contracts and services that happen as a result, but these will be linked to commissioning strategies that providers are consulted on, and will have separate impact assessments. Providers are also invited to attend the Older People's Joint Management Group, Older People's Joint Commissioning Strategy Programme Board and Older People's Partnership Board.

Action plan:

Action	By When	Person responsible
Ensure all projects, policies, contracts, services and significant changes to pooled budgets have separate impact assessments	As each is developed	Lead Commissioner for Older People / pooled budget manager
Review the effectiveness of the new governance arrangements around the Older People's Pooled Budget	March 2014	Deputy Director for Joint Commissioning
Review this SCIA to ensure no unanticipated impacts emerge	March 2014	Lead Commissioner for Older People / pooled budget

		manager
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Monitoring and review: See actions above

Person responsible for assessment: Ben Threadgold

Version	Date	Notes (eg Initial draft, amended following consultation)
1	22 May 2013	Initial draft
2	7 June 2013	Updated to reflect amended proposals

**DIRECTOR OF
PUBLIC HEALTH
FOR OXFORDSHIRE**

ANNUAL REPORT

VI

Reporting on 2011-2013

Recommendations for 2013-2014

Produced: May 2013

Foreword:

This is the 6th Director of Public Health Annual Report for Oxfordshire. It is also the first Annual Report produced since Public Health returned home to Local Government.

What is the purpose of a Director of Public Health's Annual Report?

The purpose of a Director of Public Health is to improve the health and wellbeing of the people of Oxfordshire. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population in Oxfordshire and by making recommendations for improvement to a wide range of organisations.

Producing a report is now a statutory duty of Directors of Public Health and it is the duty of the County Council to publish it.

The Director of Public Health's Annual Report is the main way in which Directors of Public Health make their conclusions known to the public. This helps the Director of Public Health to be an independent advocate for the health of the people of Oxfordshire.

The Annual Report:

- Is Scientific
- Is Factual
- Is Objective
- Focuses on long term gaps
- Makes clear recommendations

Public Health – everyone's business

Good health and wellbeing are not created in a vacuum. Good health is closely related to a wide range of factors such as employment, quality of neighbourhoods, quality of schools and having a part to play in society. These factors are, in turn, linked to issues of housing, skills and employment and all contribute to the general economic prosperity of the County. **In addition, to make a difference, it is necessary to focus on the same topics for a number of years to make sustained change.**

For these reasons, the recommendations made in this report are long-term and wide-ranging and are not confined to traditional areas such as health services and social care.

What Priorities are Highlighted In this Report?

The six main long-term challenges to long-term health in Oxfordshire are:

- An ageing population – the “demographic challenge”
- Breaking the cycle of disadvantage
- Mental health and wellbeing: avoiding a Cinderella service
- The rising tide of obesity
- Excessive alcohol consumption
- Fighting killer infections

These topics are dealt with one by one. The current issues and recent action are laid out and progress will be monitored in future reports.

Within these topics there is a particular emphasis in this report on 3 issues:

- Health in rural areas
- Loneliness as a health issue, and
- The increase in residents from minority ethnic groups

Your comments are welcome as long-term success will depend on achieving wide consensus across many organisations. Please direct comments to: andrea.taylor@oxfordshire.gov.uk.

Many people have helped to produce this report. It would have been impossible without them. They are acknowledged at the end of the document.

I hope you enjoy the report and act upon it.

Dr Jonathan McWilliam

Director of Public Health for Oxfordshire

May 2013

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Chapter 1 – The Demographic Challenge

The increasing number of older people living in Oxfordshire remains both a blessing and the number one challenge for our health and social services. The 2011 census gives us a clear picture of the continuing increase in the number of older people in the County.

Many older people live healthy lives and need little help from local services, however, when people do need help; we need to ensure that it is available, at the right time and in the right place. Our services are becoming more responsive to the needs of older people, but there is still a way to go. Because there will be an increasing number of people needing care in the future, that care has to be both effective and affordable.

What should we do about this? We should do 3 things as a priority:

- 1) **We should join up health and social care** to align our priorities and give people a smooth passage through our services. This includes investing in prevention, joining up NHS services and social services, keeping people out of hospital and getting people home as quickly as possible.
- 2) **We should re-shape services to put people in the driving seat of their own care.** This includes making direct payments to people for care and giving 'expert patients' programmes a boost.
- 3) **We should help people and communities find their own solutions.** This includes finding new ways to help people help themselves and find new ways to support those who help them, notably family, friends, communities, faith groups and the voluntary sector.

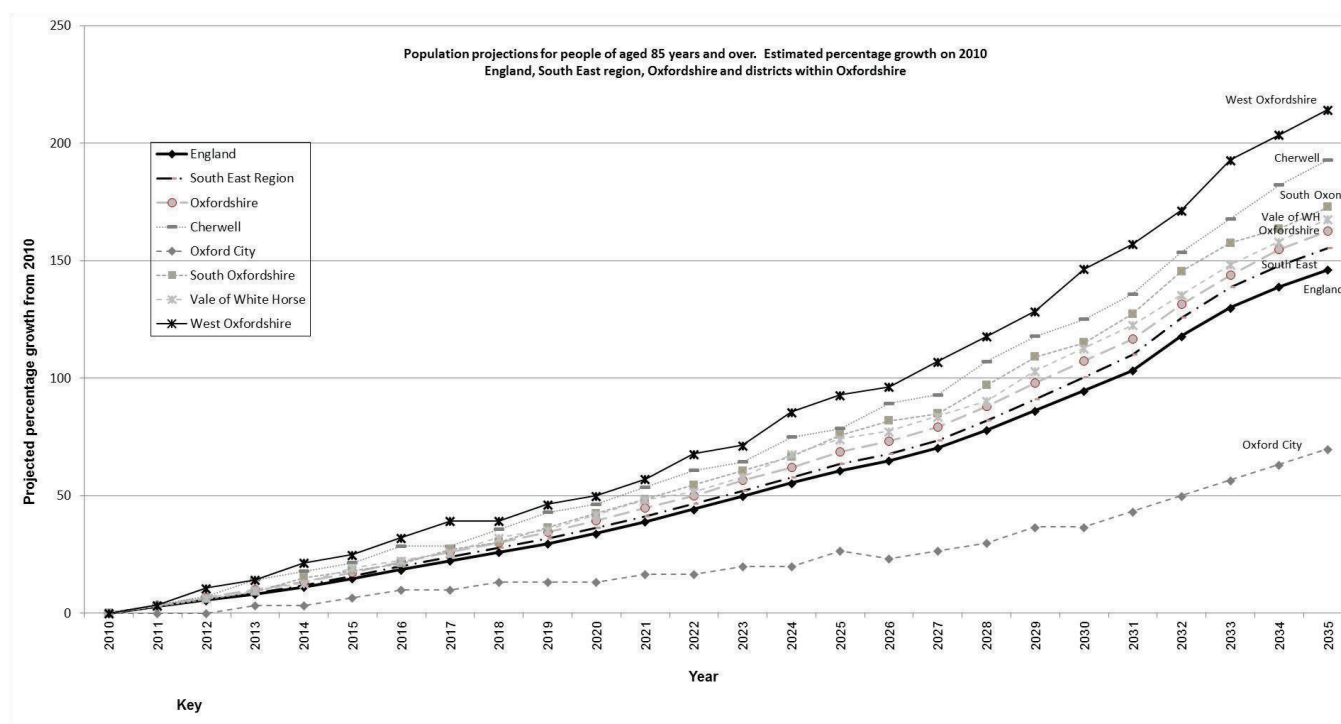
Much work is already underway on the first two of these topics and so this chapter will focus on the third, namely, **helping people find their own solutions.**

But first, let's take a look at the new census data in more detail because it gives us an up to date picture of the situation we face.

What does the new census data show?

The new data tells us important things about three topics: **population growth; rurality and loneliness.** These are all important if we want to help people and communities find their own solutions. The facts are summarized below, beginning with population growth.

The chart overleaf shows the new predictions of the increase of people aged 85+ in the County overall and its five Districts.



Office for National Statistics (ONS) Subnational Population Projections

This shows that:

- Overall, Oxfordshire’s population is ageing faster than the national average.
- Ageing across the County is far from uniform. West Oxon and Cherwell will ‘age’ faster than the rest of the County.
- The City shows a fundamentally different picture with a much lower increase in numbers of older people.

The stark differences are highlighted in the table below which shows the percentage change in people aged 85+ comparing data for 2001, 2011 and predictions for 2035 for the County and each District.

Area	Number of People over 85 in 2001	Number of People over 85 in 2011	Number of people over 85 in 2035	Increase in people aged over 85 from 2001 – 2011 (%)	Increase in people 85+ from 2011 to 2035 (%)	Increase in people 85+ from 2001 to 2035 (%)
Oxfordshire	11,277	14,683	39,400	30%	168%	249%
Cherwell	2,140	2,819	8,200	32%	191%	283%
Oxford	2,454	2,697	5,100	10%	89%	108%
South Oxfordshire	2,556	3,375	9,000	32%	167%	252%
Vale of White Horse	2,121	3,052	8,300	44%	172%	291%
West Oxfordshire	2,006	2,740	8,800	37%	121%	339%

Office for National Statistics (ONS) Subnational Population Projections

This shows that, comparing 2001 and 2035:

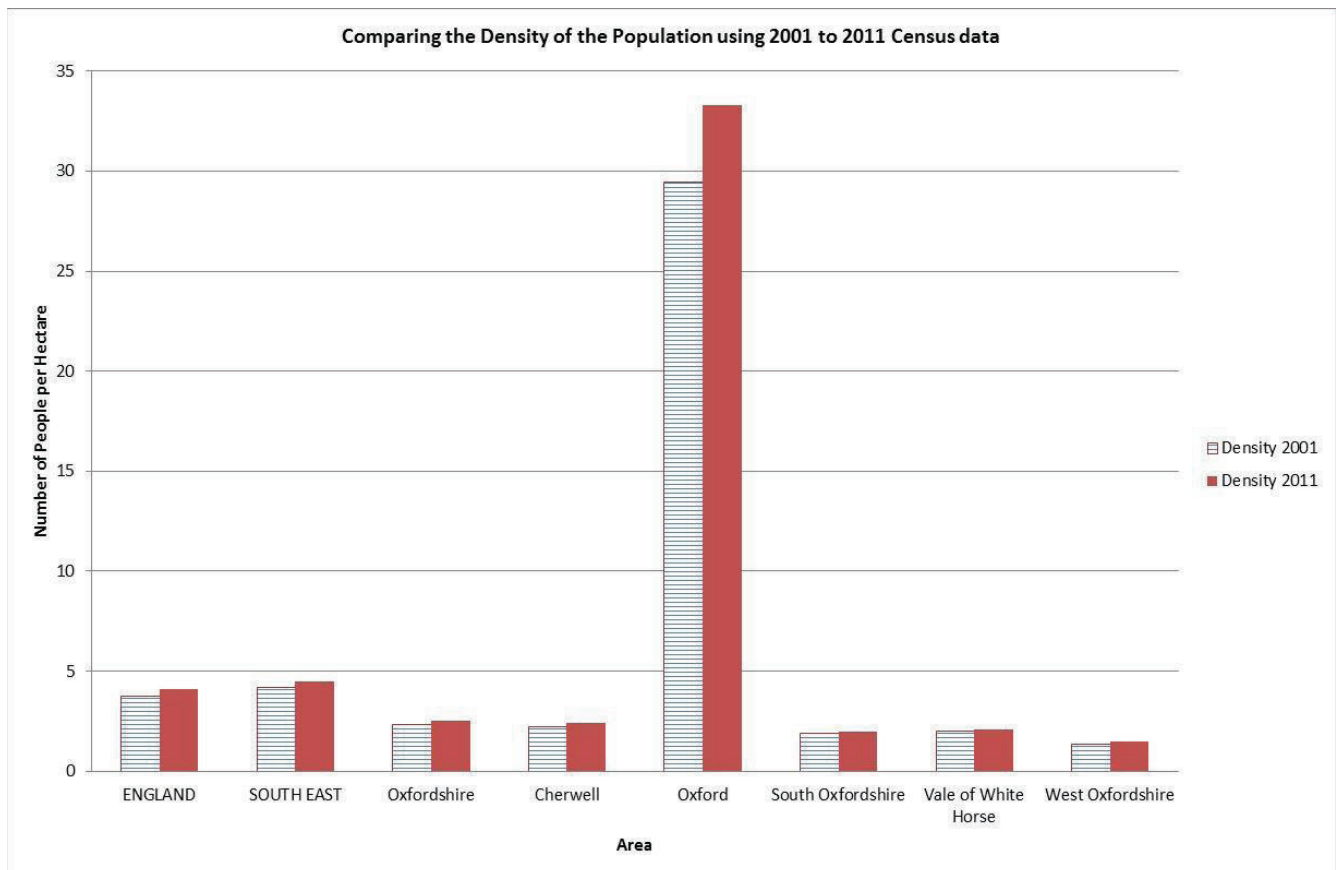
- 1) There will be more than three times as many people aged over 85 in the County.
- 2) There will be more than four times more in West Oxfordshire
- 3) There will be around double the number in the City.

Rurality and the over 85's

The more rural Districts of the County will experience the greatest increase in the over 85s over the coming decades. This is important because:

- Access to services is generally poorer in more rural areas
- Older people in rural areas are spread out and will be at more risk of isolation
- Each rural community is different across the County – if we want to support communities to help themselves, this means we need to find ways that are flexible enough to support 100s of different solutions.

Statistics for population density (i.e. people living per square hectare¹- which is about 2 ½ acres) give a useful measure of rurality. Overall figures for Oxfordshire are given in the table below and show stark contrasts.



Office for National Statistics (ONS) Census 2011

¹ The **hectare** is a metric unit of area defined as 10,000 square metres (100 m by 100 m), and primarily used in the measurement of land. A hectare of land is 2.47 acres.

The chart shows that:

- Oxfordshire is much more rural than England and the South East Region with about half the Region's population density.
- Within Oxfordshire there is a massive difference between the City and the other Districts. People in the City are more than 10 times more 'densely packed' (around 33 people per hectare) than in other parts of the County (County average is 2.5 people per hectare).
- Population density for Oxford City (excluding the more rural parts of Wolvercote and Marston) is 39 people per hectare.
- West Oxfordshire is the most rural District with a population density of 1.5 people per hectare. However it is no longer the most rural area in the South East, this honour has been claimed by Chichester.
- Even the presence of Banbury and Bicester in Cherwell District do not raise the population density above 2.4 people per hectare.
- However looking at the wards that make up Banbury and Bicester shows that Banbury has a density of 37.6 and Bicester 40.2 people per hectare which are about the same as Oxford City.

This means that:

- We need to be flexible enough to design services in different ways in different places
- Better still, we need to be flexible enough to allow local people to design their own services in their own way in different places
- Services in the City will need to be very different from the more rural parts of the County because the age structure, population density and needs are markedly different.
- Partnership work between the County Council and Districts and Clinical Commissioning Group localities will need to be flexible. – **There is no 'one size fits all' solution for Oxfordshire.**

Loneliness and older people

Loneliness is becoming a topic of increasing concern. Loneliness can happen anywhere, in both rural and urban communities, but older people living in greater isolation in more rural parts are more at risk. Recent research and a recent conference held in Oxfordshire under the auspices of Age UK pointed out that loneliness is a "hidden killer", increasing the risks of death in elderly people by 10 per cent. Those who are lonely have a higher risk of heart disease and blood clots as they tend to adopt a more sedentary lifestyle, exercise less and drink more alcohol.

Loneliness has a wide range of negative effects on both physical and mental health. Some of the health risks associated with loneliness include:

- Depression and suicide
- Heart disease and stroke
- Increased stress levels
- Decreased memory and learning ability
- Poor decision-making
- Alcoholism and drug abuse
- Faster progression of Alzheimer's disease (dementia)

The impact of loneliness on mental health is well known but the impact on physical health is only just being understood.

We can get a handle on loneliness in older people by looking at the census data on people living alone who are aged over 65. The table below gives the figures:

Area	One person households aged 65 and over in 2001	One person households aged 65 and over in 2011	One person households aged 65 and over in 2001 – As a percentage of all households	One person households: Aged 65 and over in 2011As a percentage of all households
Oxfordshire	31,140	29,852	13%	12%
Cherwell	6,118	5,967	12%	11%
Oxford	7,415	6,049	14%	11%
South Oxfordshire	6,728	6,570	13%	12%
Vale of White Horse	5,738	5,947	12%	12%
West Oxfordshire	5,141	5,319	14%	12%

Office for National Statistics (ONS) Census 2011

The data tells us that:

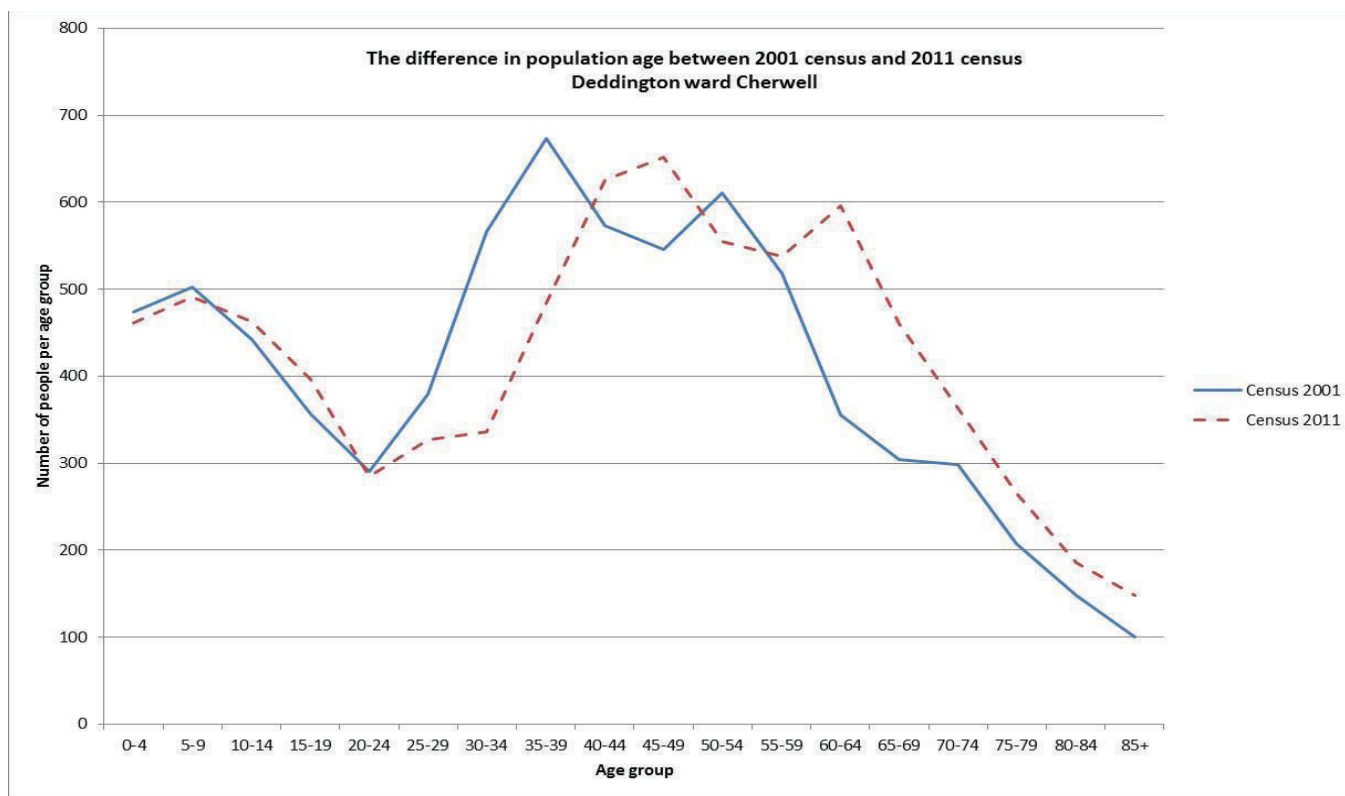
- Living alone in older age is a common finding. There are nearly 30,000 people over the age of 65 living alone – **that’s about one in every 8 households across the County.**
- The percentage of older people living alone is about the same in rural and urban areas.
- The percentage has been fairly stable on average over the last 10 years at around 12% to 13%

Unfortunately we can't tell from census data what the figures for over 85s living alone are.

The implications of this are:

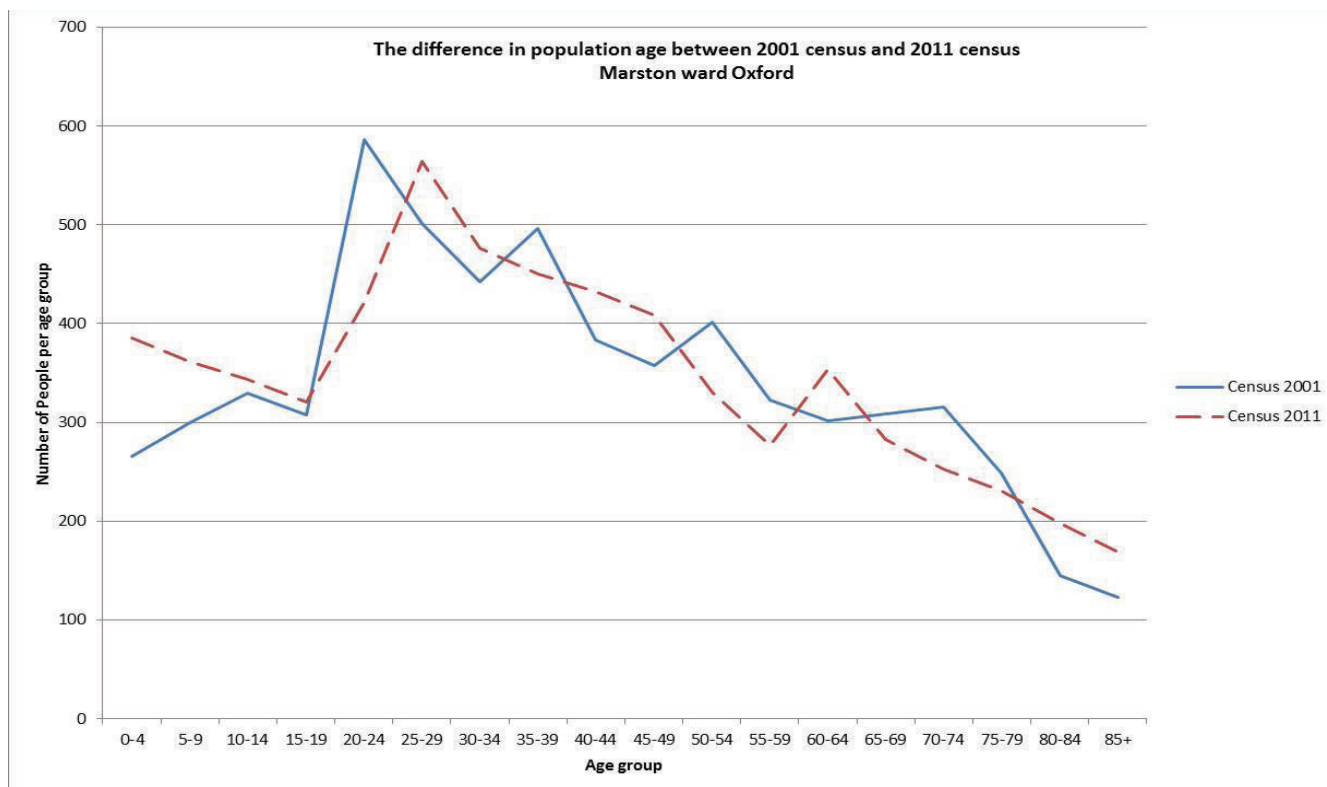
- We CAN use this data to give us a feel for helping to target those most at risk of loneliness.
- Services need to become more geared to recognizing loneliness as a risk factor for disease.
- Individuals and communities need to find ways to use their resources to combat loneliness and statutory services need to help them

As society changes, many of our most rural villages may become populated predominantly by older people with fewer children and young adults. This is the overall trend of the last 10 years. Take a look at the charts below. These show the ‘ageing shift’ that has taken place in many rural areas over the last 10 years. The blue solid line shows the population in 2001 and the red dashed line shows the population 10 years later in 2011. The more the line ‘moves to the right’, the more the population is ageing.



Office for National Statistics (ONS) Census 2001 and 2011

Contrast this with the picture in more urban areas. The two lines for Marston in Oxford City show very little difference – the population here is not ageing in the same way at all. Here the biggest feature is an increase in the number of children aged 0-4.



Office for National Statistics (ONS) Census 2001 and 2011

This means that, we need to plan differently in different parts of the County and find both 'rural solutions' and 'urban solutions'.

Once again it should be stressed that each rural community will be individual in its needs and individualistic in the way it finds solutions. The solutions will characteristically depend on the nature of the community and the willingness of its leading members to make a difference. The question is, "How can we best help them to do it?"

Implications

Putting the facts together about population growth, rurality and loneliness alongside a recession, a squeeze on public spending and the government's encouragement for local communities to help themselves to find their own solutions creates a powerful cocktail of factors which affect Oxfordshire deeply.

What does all this mean for policymakers, and what should public sector organisations do? Common sense suggests that we need to find new ways to **empower** the people of Oxfordshire to help themselves.

Empowering Oxfordshire

Local government is well placed to continue its traditional leadership role to empower people and communities to help themselves. The Clinical Commissioning Group, Faith Groups and Voluntary organisations have major roles to play too. What might this look like?

It means finding ways to encourage local people and local organisations to find their own local solutions, particularly in rural communities. This may mean promoting and spreading solutions such as community planning and time-banking, and making it easy for villages to own and run their own village shops.

Identifying 'village agents' as a focus for some of this work is also a promising idea. Finding ways to harness the collective power of individuals, local societies, voluntary agencies, faith groups and philanthropists will be crucial if this is to work.

Recommending that we turn our attention towards 'Empowering Oxfordshire' is the main thrust of this chapter. What are the elements of this?

Empowering People

We need to exploit the full possibilities of new rules around making direct payments to people so that people can buy the services they need. We have already noted that this is well underway in Oxfordshire, but we may be able to extend this further and cut more red tape.

Linked ideas in the NHS about helping patients to become the experts driving their own care and owning their own records and care plans may also help. Getting people involved in service planning through our Public Involvement Networks and through the new 'Local Healthwatch' will be important too.

Empowering Prevention

It goes without saying that '*an ounce of prevention is worth a pound of cure*'. We need to make sure that older adults benefit fully from programmes such as bowel screening, which find disease early enough to treat, and flu jabs which directly prevent disease and disability.

We also need to 'mainstream' the prevention of loneliness as a direct means of improving health. This may mean that in the future, every visit to the local lunch club run in the local community becomes as important as a visit to the GP's surgery.

Empowering carers and volunteers.

Without the army of carers and volunteers at work in Oxfordshire, services as we know them would be unable to continue. Recent years have shown a welcome recognition of the work of carers and volunteers. We need to keep our foot pressed fully on the accelerator in terms of identifying and supporting carers and finding easy ways to recruit and encourage volunteering.

What we said last time

The last annual report was produced at a time of unprecedented upheaval in the public sector and was most concerned to keep the demographic challenge high on the agenda of the new Clinical Commissioning Group, the Health and Well-being Board and Public Involvement Network. The Health Overview and Scrutiny Committee were also encouraged to keep a close eye on proceedings.

These things have been achieved and the NHS and social services now work more closely together than ever before - **this is a major achievement.**

It is now time to add a new emphasis which picks up the theme as of an increasingly ageing population, loneliness and isolation particularly in our communities.

Empowering people and empowering communities and the voluntary and faith groups which support them to help themselves has now become the major gap we need to fill.

A final word on dementia.

Previous annual reports have highlighted the need to improve the recognition of dementia and to strengthen treatment services and the care of carers. This remains a priority. There is also a need to ensure that dementia is seen as part and parcel of mainstream health services as it co-exists with other physical illnesses. It should not be seen as solely a 'mental health problem'.

Recommendations

One strategy: One pooled budget: One Plan

By October 2013:

- The County Council and the Clinical Commissioning Group should have implemented the agreement to create a genuinely pooled budget bringing together adult social care resources and community health resources
- The Health and Wellbeing Board should be re-designed to oversee the management of this resource.
- The use of this resource should be guided by a single plan formally agreed between Oxfordshire Clinical Commissioning Group and Oxfordshire County Council (as part of the Oxfordshire Older Peoples' Joint Commissioning Strategy).
- This plan should be driven by re-vamped outcome measures and targets agreed as part of the refreshed Joint Health and Wellbeing Strategy.
- The Health and Wellbeing Board should receive regular reports on how this money is used.
- The Health Overview and Scrutiny Committee should provide strict external scrutiny of these arrangements.

A coordinated approach to tackling Loneliness

By March 2014:

- Oxfordshire Clinical Commissioning Group, Oxfordshire's 6 Local Authorities, Age UK, Carers Representatives and other Voluntary and Faith sector partners should bring together practical proposals for tackling the issue of loneliness.
- This should build on the start made in The Oxfordshire Older People's Joint Commissioning Strategy.
- This work should be overseen by the Health and Social Care Board.
- Tackling loneliness should be a goal of the refreshed Joint Health and Wellbeing Strategy.

Chapter 2 – Breaking the Cycle of Disadvantage - New Opportunities: New Challenges

This County is committed to breaking the 'Cycle of Disadvantage', but what does this mean? It means that we are determined to improve the life chances for our residents living in the areas of the County where disadvantage is passed down from one generation to the next. The last year has been a year of new opportunities and new challenges.

The 3 main opportunities are:

1. The new 'Thriving Families' initiative
2. The work of the GP Commissioners' locality groups
3. The work of the Health and Wellbeing Board

The 3 major challenges are:

1. The changing ethnic minority structure of the County
2. The possible impact of benefit changes for those on the brink of homelessness
3. The need to guard against complacency and continue to monitor our bread-and-butter indicators of disadvantage

Let's take a look at these one by one:

The 3 Main Opportunities

Opportunity 1) The way in which we have picked up the 'Thriving Families' initiative and run with it.

The Government launched its 'Troubled Families' initiative in December 2011. The County Council adopted this as the more positive 'Thriving Families' programme and invested £1.6 Million into it to make it really fly. Working with partners, the aim is to identify the County's most needy families and give them a hand-up rather than a hand-out.

There are already important lessons to learn from the first 9 months of operation:

Lesson 1: It is only by persistently joining up the long term information held by all organisations like social services, police, NHS and probation that we find the families who need the help most. Individual agencies all have data, but it is knitting it together over the long term that counts. *This has never been done systematically before, and it is bearing fruit.*

Lesson 2: Local sources know best: Talking to the local schools and the local 'bobby on the beat' is a good place to start to piece together a local story

Lesson 3: The families we need to help are spread right across the County. **This approach is helping to identify families in both urban and rural settings. This is a real achievement. We have been searching for a way to find those most in need in rural areas for many years.** These families are too often 'hidden' when we look at data on a bigger scale. It means that we can help people based on their needs not on where they live.

The table below gives an early indication of where the families who need help the most might live. Take a look at the column on the far right which shows how evenly spread these families are as a percentage of all 'families' in each District.

Area	Number of families tentatively identified so far	Number of families identified as a percentage of all households in the area
County	761	1%
Cherwell	208	1.2%
Oxford	229	2%
South Oxfordshire	122	1%
Vale of White Horse	108	1%
West Oxfordshire	94	1%

Oxfordshire County Council, Thriving Families Team

During the next year work will start to help families in earnest, aiming to make a measurable difference to their lot – watch this space.

Opportunity 2) The way the Clinical Commissioning Group is handling locality planning

The GP Commissioners divide the County into 6 localities. These map roughly onto the District Councils, with separate localities for Banbury and Bicester. Each locality has now started to make plans based on local needs. Some green shoots are beginning to show from this work, for example:

- In Banbury “equalities and access managers” are working with local practices to increase the uptake of cervical screening amongst ethnic minorities.
- Targeting advice on healthy lifestyles and screening programmes to areas of the City with worst health outcomes. This includes a weight loss programme for men called ‘Footy Fitness at Oxford United’. Men can be referred by their GP during their NHS Health Check or can just turn up for the weekly weigh-in, advice and football fitness session.
- Encouraging smokers to pledge not to smoke at home or in the car so they can keep the air smoke-free for their children. This work is being targeted in both Banbury and parts of Oxford.
- Providing information and support to people from Asian backgrounds to identify diabetes and make sure they get the right help to manage their condition successfully.
- The 'Benefits in Practice' initiative which places benefit advisors in GP practices - new work in Hardwick and Horsefair surgeries has directed almost 100K to the families who need it most.
- Cooking skills courses in Banbury and in Barton. 17 courses took place in Banbury in 2012 and 247 people have participated from the start of the courses with good results such as reduced consumption of ready meals and takeaway meals and an increase in cooking from scratch and consumption of fruit and veg.
- Working with End of Life Care services to outreach into Black and Minority Ethnic communities and break down barriers to access these services and ensure that services provided are culturally appropriate.
- Working with new migrant communities such as Portuguese speaking communities and East Timorese community, to improve access to health services.

Opportunity 3) The potential for the Health and Wellbeing Board to bring things together.

The Health and Wellbeing Board has identified inequalities as a major theme, and reducing inequalities in life expectancy is one of its targets. It is also working to promote breastfeeding, reduce teenage pregnancy and raise educational attainment, all of which will help to reduce inequalities.

So much for the opportunities, the 3 biggest **new challenges** we face to break the cycle of disadvantage are:

Challenge 1 The changing ethnic minority structure of the County

Early data from the 2011 census shows that the County has a substantially increased ethnic mix compared with 10 years ago. Of course, 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.

A real wake-up call was the fact reported in the press that:

“In Oxford nearly half of births (47%) in 2010 were to non UK-born mothers, compared to a national and County average of 26%.”

Early indications show that the % of people in ethnic minority groups has risen in between censuses as follows:

Area	% of all ethnic minority groups in the 2001 census	% of all ethnic minority groups in the 2011 census	Number of additional people from ethnic minority groups between 2001 and 2011	% increase over the last 10 years in the proportion of ethnic minority groups in the overall population	% increase over the last 10 years in the ethnic minority population
Oxfordshire	10%	16%	46,081	7%	57%
Cherwell	7%	14%	9,527	7%	51%
Oxford City	23%	36%	24,006	16%	57%
South Oxfordshire	6%	9%	4,278	3%	65%
Vale of White Horse	7%	10%	4,624	4%	63%
West Oxfordshire	4%	7%	3,586	4%	54%

Office for National Statistics (ONS) Census 2001 and 2011

The headlines are:

- **An across the board increase in residents from ethnic minority groups of 57% on 2001 figures INVOLVING EVERY DISTRICT IN THE COUNTY**
- **An increase of 46,000 residents** from all ethnic minority groups over the last 10 years
- **Over 1/3 of all City residents are from ethnic minority groups** and over 10% of all Cherwell residents.

The table below looks further ahead at predictions for the growth of Oxfordshire's BME communities up to 2051:

Area	People from All Ethnic Minority Groups in 2001	People from all Ethnic Minority Groups Predicted for 2051	% increase from 2001 to 2051
Cherwell	5431	17164	216%
Oxford	17528	44065	151%
South Oxfordshire	2762	11663	322%
Vale of White Horse	2837	8561	202%
West Oxfordshire	1593	7289	358%
OXFORDSHIRE	30150	88242	193%

Office for National Statistics (ONS) Census 2001 and 2011

Long term trends should always be treated with caution, but the headlines are:

- There is a predicted long term increase in people from BME communities across the County from 30,000 residents to almost 90,000. **This is a tripling of numbers predicted for the first half of this century.**
- Around half of these will live in Oxford (44,000)
- The whole County is involved.

There **WILL** be implications for the policies of all organisations in these figures, some minor and some major but it is too early to indicate yet what they might be. All schools, all public services and all employers will need to continue to adapt. We will need to unpack the more detailed census data as it arrives over the coming months, so this is very much an early indication to 'watch this space'

Challenge 2 To keep a weather eye on the impact of benefit changes for those on the brink of homelessness.

As a result of changes in the way welfare benefits are calculated and paid there may be a temporary or longer term impact on some of the more vulnerable people in our population. These changes have attracted much publicity nationally and the situation needs to be monitored with care. People with mental health problems are thought to be particularly vulnerable. Work is on-going in all Local Authorities to monitor these changes and we need to make sure we are able to respond if need be.

Challenge 3) The Eternal Need to Guard against Complacency

It is vital that we keep a close eye on our routine, well-established indicators of disadvantage. Following increased vigilance over the last 5 years, many of these indicators do show improvement....

However it is all too easy to let the situation slide, and we must not let this happen – the key lies in openly and honestly reviewing the data we have and reviewing it regularly – and this is what the remainder of this chapter will do.

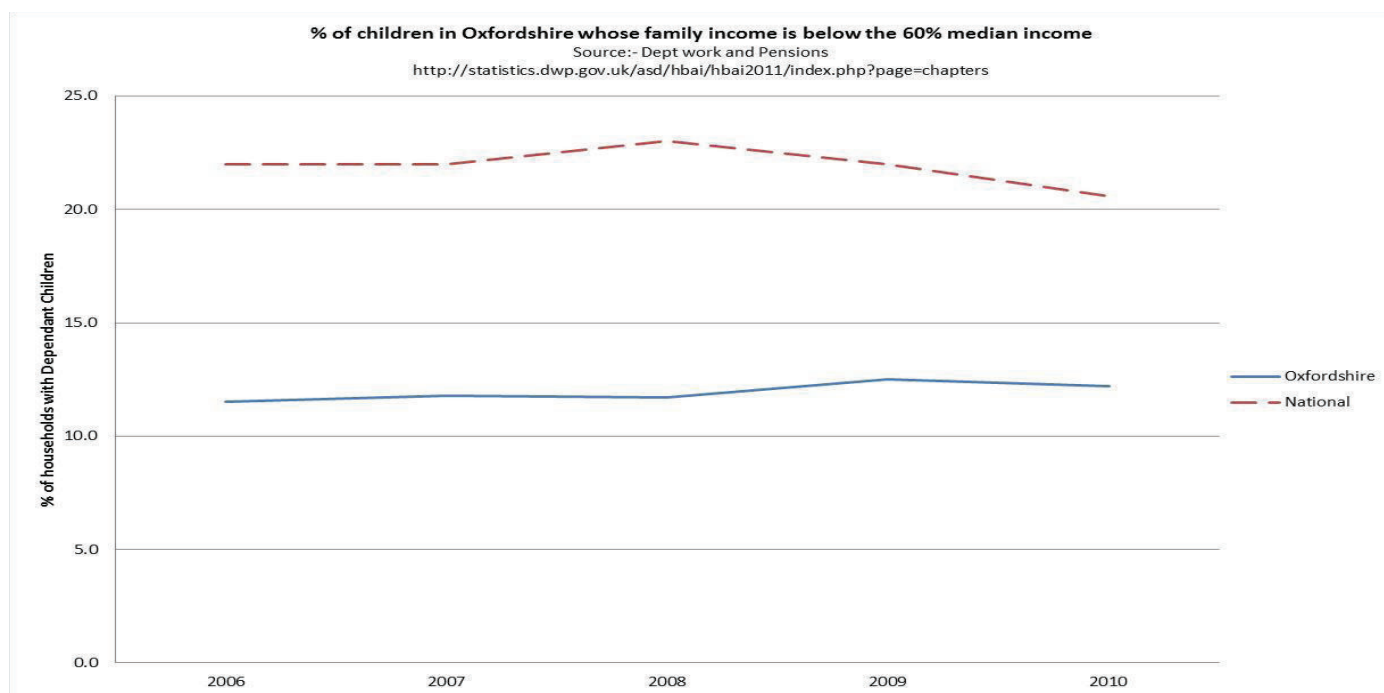
We will look at 8 key indicators in the remainder of this chapter.

Indicator 1 - Child Poverty

The County's Child Poverty Strategy shows that the number of children who live in Poverty in Oxfordshire fell slightly from the 2009 figure. In 2008 there were 15,660 children living in poverty. This jumped to 16,940 in 2009 and fell to 16,645 in 2010. These are children living in families who meet the government's definition of child poverty i.e. 'a child living in homes taking in less than 60% of the median UK income'.

In November 2012, the average annual income was £26,500. The median national income is £565 per week and 60% of it is therefore £339 a week or £17,628 per annum.

There is a lot of debate about whether this is a good measure of poverty, but whatever the rights and wrongs, it does allow us to monitor progress and to compare Oxfordshire's performance with elsewhere. The detail is set out in the chart and table below:



Source: Dept of Works and Pensions, <http://statistics.dwp.gov.uk/asd/hbai/hbai2011/index.php?page=chapters>

The figures show that:

- Child poverty in Oxfordshire is way below national levels – almost 50% below. This is very good news but the County average does mask small areas where levels of poverty are high.
- The Oxfordshire figure is fairly static over time whilst nationally the data shows a reduction; we await more up to date data.

Because the spread is not even across the County we need to look at more detailed data at District level. Data on children living in households claiming out of work benefit gives the following picture from 2011:

Children living in Families who are claiming any Out of Work Benefit

Local Authority	Age 0-15	Age 16-18	Number of Households	% of all households in each District claiming out of work benefit	% of households with Children in each District claiming out of work benefit	Where families claiming out of work benefit live.
Oxfordshire	14,180	1,450	8,100	3.10%	10.7%	
Cherwell	3,350	330	1,950	3.40%	10.9%	24%
Oxford	5,000	520	2,730	4.90%	18.4%	34%
South Oxfordshire	2,150	210	1,260	2.30%	7.8%	16%
Vale of White Horse	2,090	230	1,210	2.40%	8.3%	15%
West Oxfordshire	1,590	160	950	2.20%	7.6%	12%

Snapshot data as at 31 May 2011, DWP using census 2011 household data

http://research.dwp.gov.uk/asd/asd1/ben_hholds/index.php?page=child_ben_hholds

This shows that:

- Around a third of all households in the County which claim out of work benefit live in Oxford (2,730 households out of 8,100) and around 1/4 live in Cherwell (1,950 families).
- Around 5% of all households in Oxford claim out of work benefit compared with between 2% and 3% in the other Districts
- There are 5 wards with over 200 families claiming out of work benefit, these are: Northfield Brook, Blackbird Leys and Barton and Sandhills in Oxford, and Ruscote and Grimsbury and Castle wards in Banbury.

The overall picture means that:

- Oxfordshire is very prosperous overall compared with the national average, and
- We *can* use data about children living in our worst-off households to target resources within the County

Indicator 2 - Unemployment Benefit Claimants.

Research shows that being unemployed is bad for both the physical and mental health of those affected.

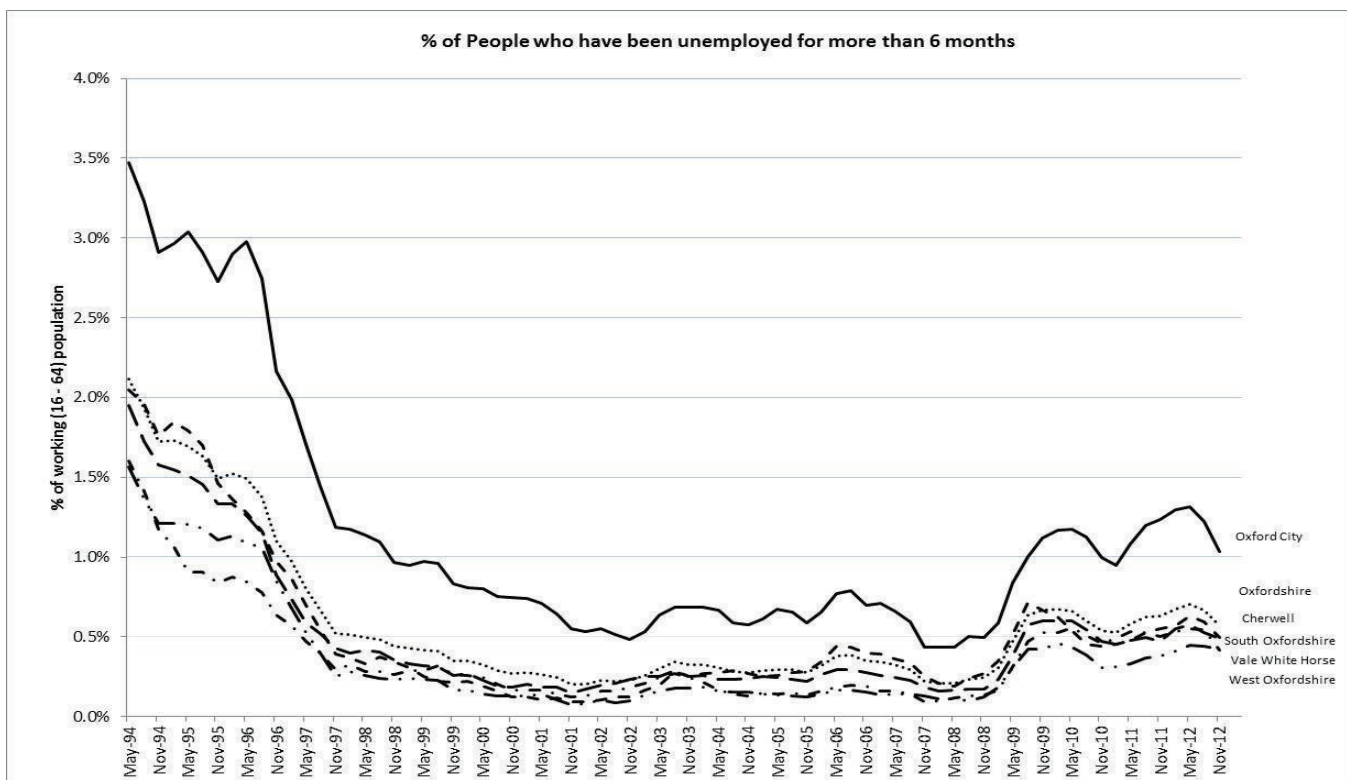
Mental health impacts include:

- Increased levels of depression
- Higher anxiety levels
- Feelings of alienation from the local community and therefore lower levels of life satisfaction
- Low self-esteem

Physical health impacts include:

- Increased number of visits to Doctors
- Increased use of hospital beds
- Higher number of medications taken compared to working counterparts and poorer self-assessed health with an increased number of diagnoses
- Poor lifestyle choices which may include poorer diet, lack of physical activity increased use of alcohol and smoking

If we look at the percentage of people in the County who have been unemployed for more than 6 months we can see the following picture:-



Source: Office National Statistics, Regional Labour Market, March 2012.

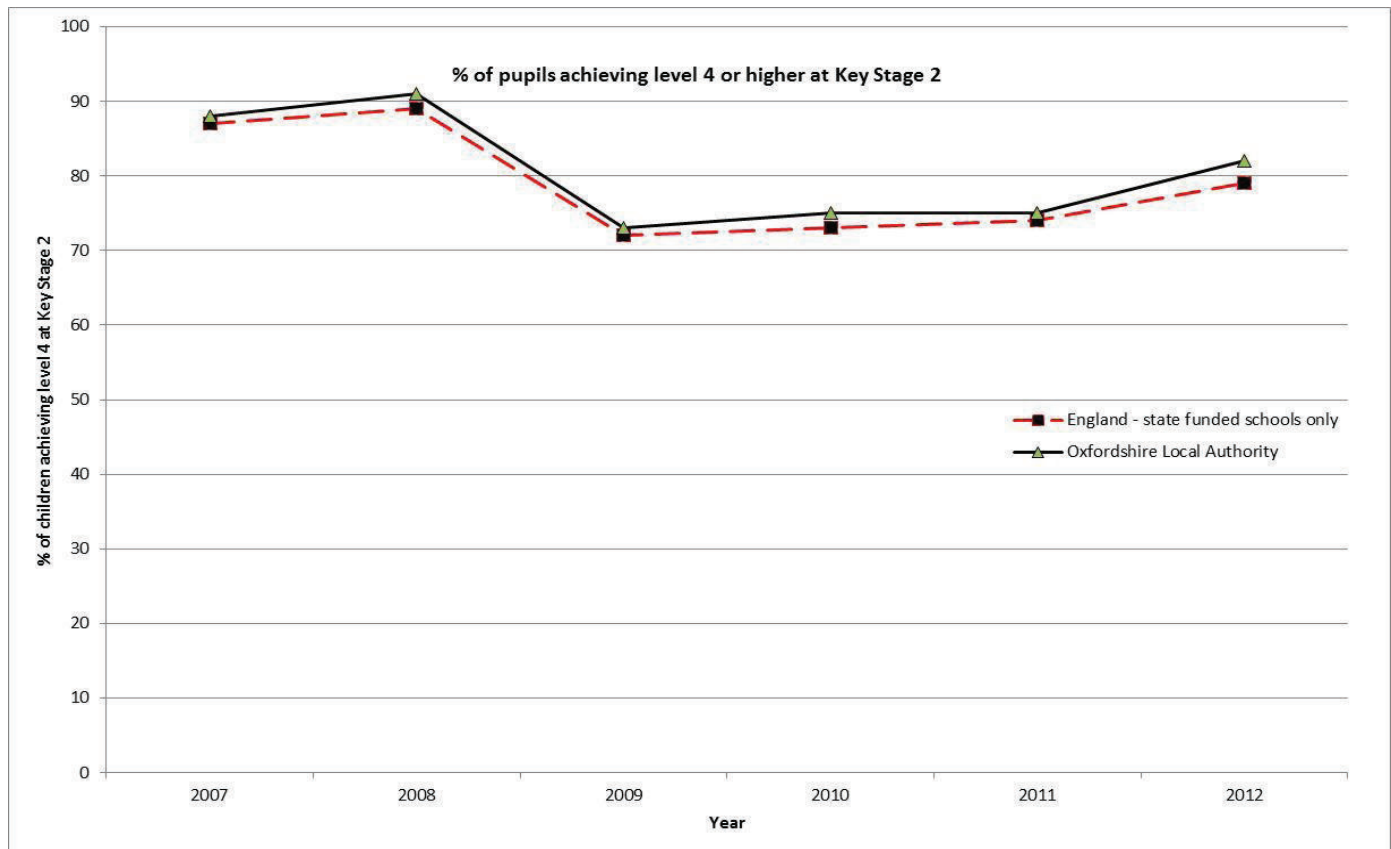
This shows that:

- The percentage of people unemployed fell sharply from a high point in the early '90s
- The county figures are well below the national percentage of 1%. Oxfordshire's unemployment rate is only half the national rate – which is good news. Oxford City's rate however is equal to the national average and double the County average.
- The numbers increased as a result of recession in 2009.
- The most recent figures show another welcome downturn.
- There is a marked difference across the County with a higher rate of long term unemployed people living in the City (around 1% compared with ½% in the other Districts).

Indicator 3 – Educational Attainment

Educational attainment in Oxfordshire has been a concern over the past few years, however, there is evidence that the hard work which has gone into this area is beginning to pay off. There is good news and not so good news and we must continue to focus on this topic.

The good news is that we are seeing improved figures in younger years, particularly key stage 2 (Children aged 7 – 11years old).



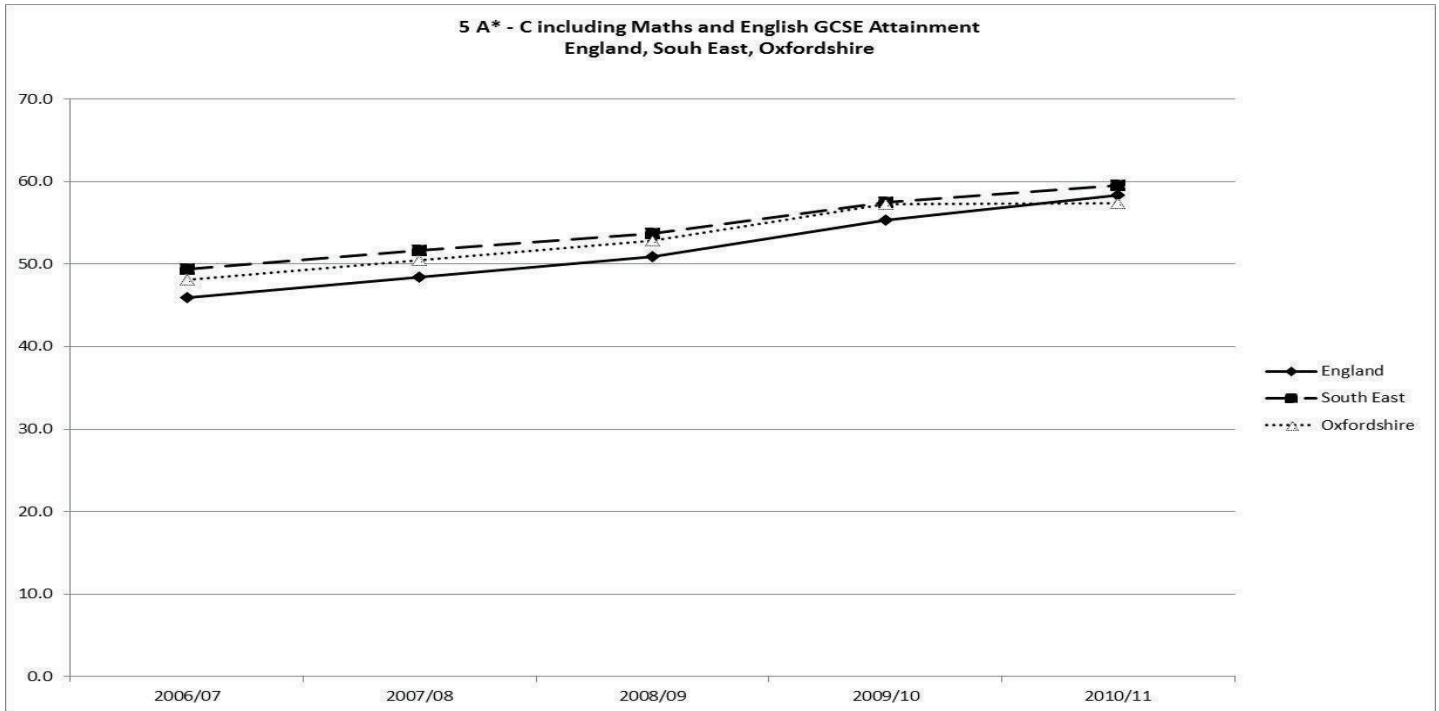
Source: - Department for Education, Statistics: GCSEs (key stage 2).

The chart above shows that Oxfordshire are outperforming England at Key Stage 2 (i.e. children aged 7) and a clear gap is opening up. **This is good news.**

Whilst we are beginning to see the fruits of our labours in these early years, there is continued concern however about GCSEs which has already been widely reported.

A principal concern relates to pupil progress from key stage 2 to key stage 4. Data shows that certain groups of children and young people perform particularly badly, for example those in receipt of free school meals and other vulnerable groups such as children in care. Steps are being taken to address these areas of concern

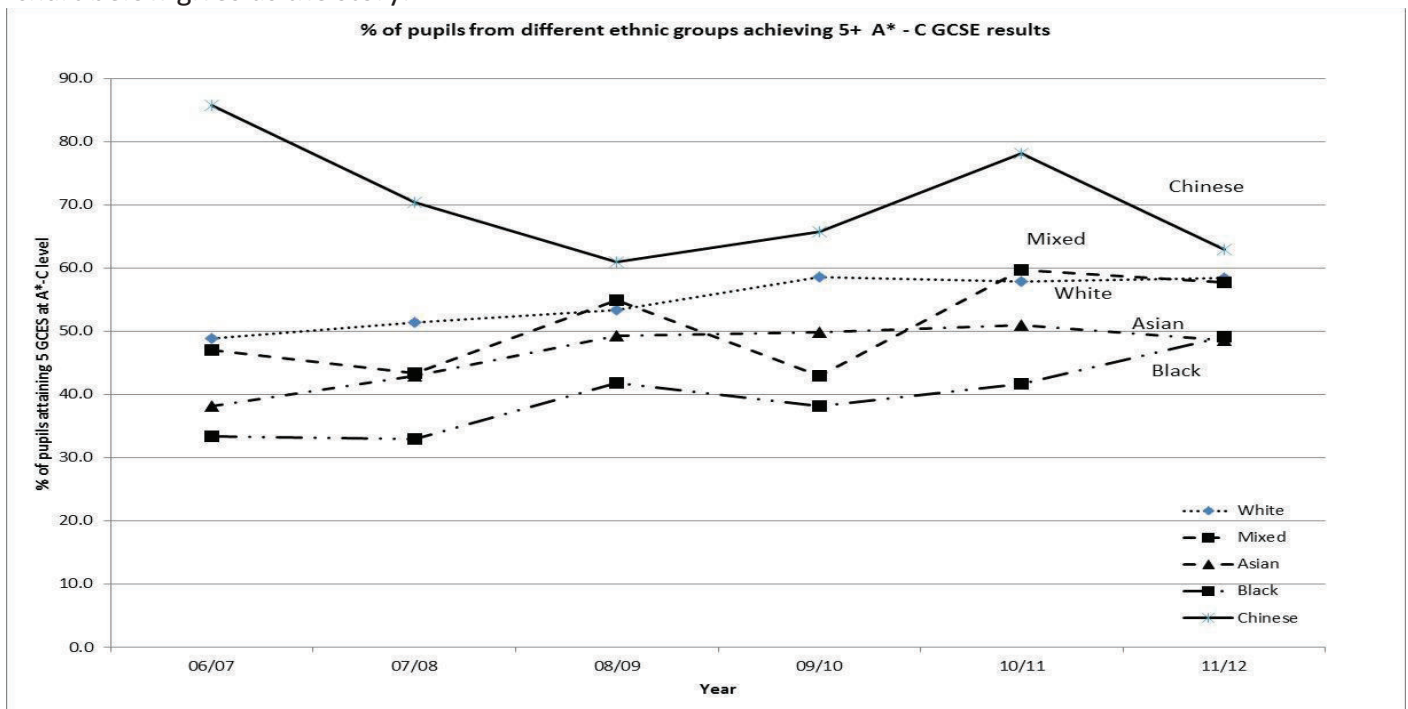
Looking at pupils achieving 5 A* to C results at age 16 gives the following picture:



Source: - Department for Education, Statistics: GCSEs (key stage 4).

This chart shows that our GCSE results continue to be lower than the national average. This remains a high priority for the County Council and the Health and Wellbeing Board.

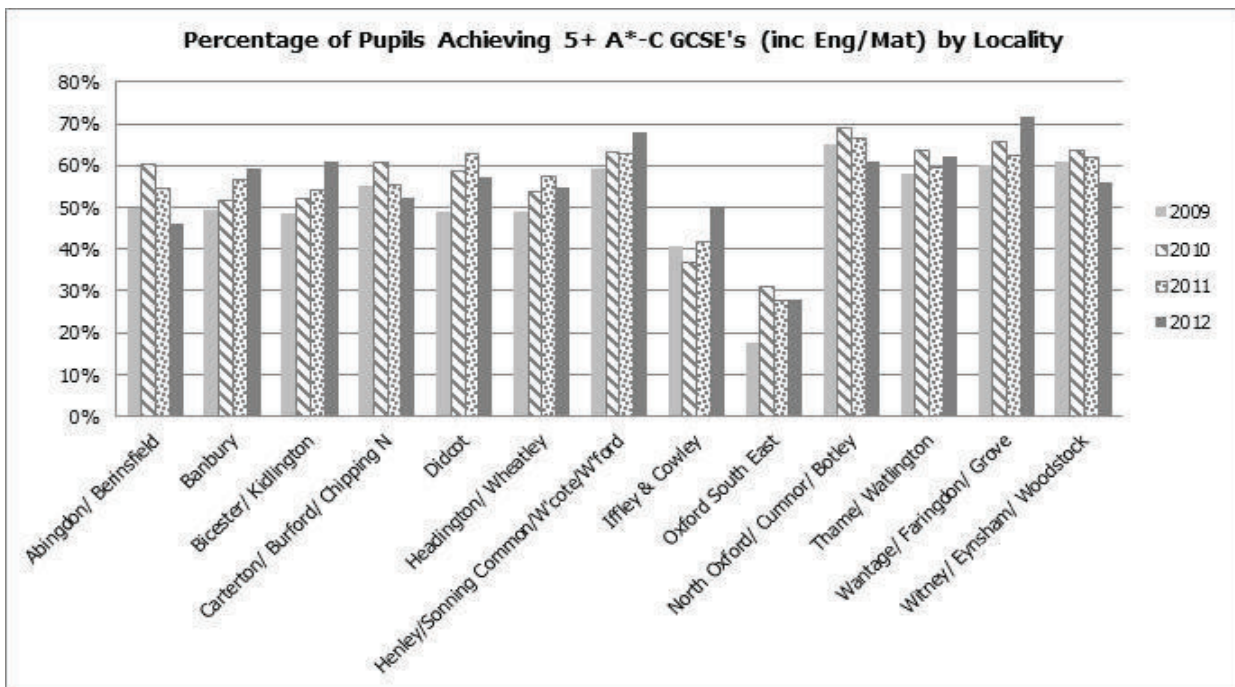
There is also continued concern that performance varies widely across our ethnic minority populations. With the increase in numbers of these populations in the County this is a particularly important issue. The chart below gives us the story:



Source: - Department for Education, Statistics: GCSEs (key stage 4).

This shows that children from Asian and Black ethnic minorities perform markedly less well at GCSE than their 'white' counterparts. On the other hand, children from the Chinese community perform well, but we are talking about small numbers of children in this case.

The final facet of inequality in these results we will look at is geographical inequality. The chart below tells the story.



Source: Oxfordshire County Council, Data Observatory

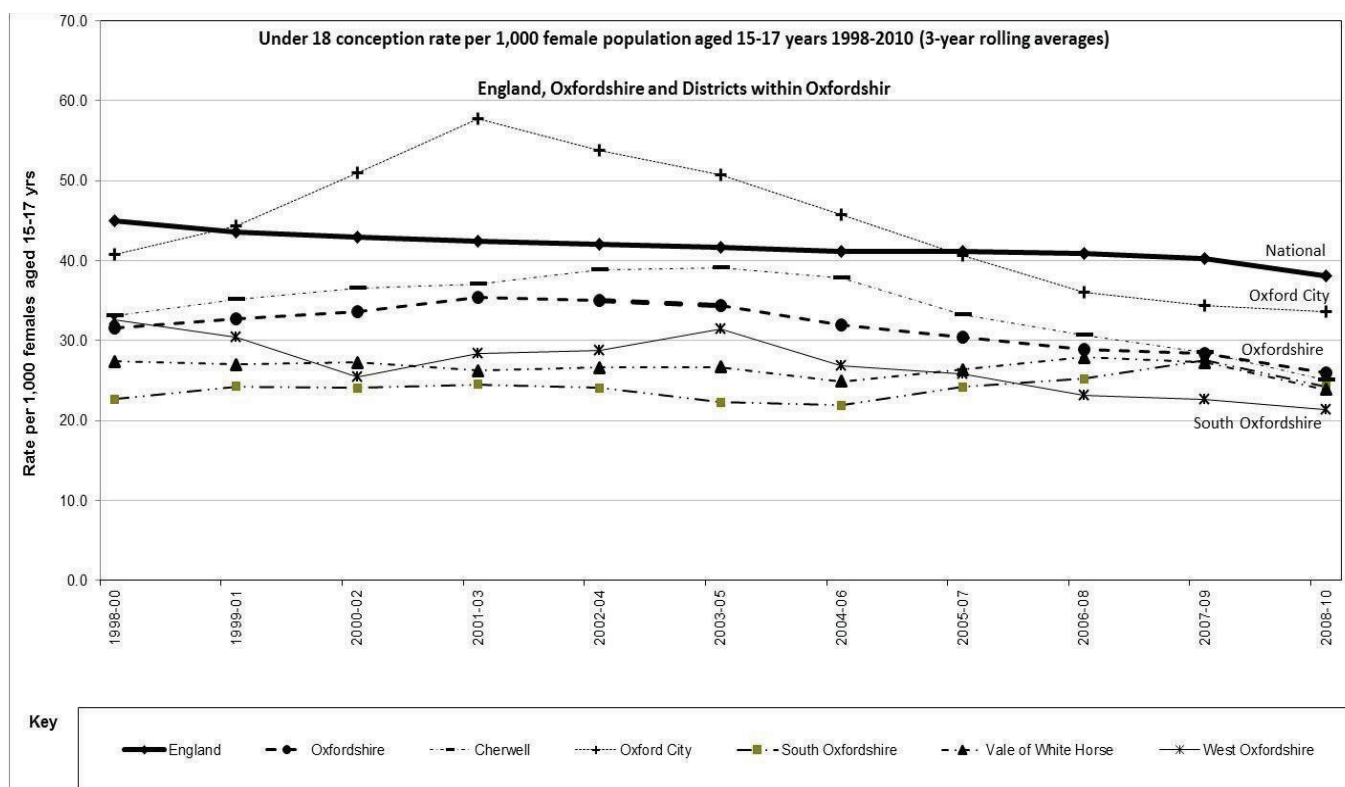
Once again this shows marked variation across the County with children from 'Iffley and Cowley' and 'Oxford South East' performing less well. These are the areas which tend to show poor results across all statistics. This is evidence of the cycle of disadvantage being maintained.

On the other hand, the results for Banbury and Bicester are improving with consistent improvements for the last 4 years. The recent upturn in results in Iffley and Cowley is good news.

Indicator 4 - Teenage Pregnancy

In terms of the cycle of disadvantage, teenage pregnancy is both a challenge and a success - there are still inequalities across the County, **but targeted action has shown that previously very high rates in the City have fallen steadily over the last decade. This is a major success.**

The overall picture is shown in the chart below:



Office for National Statistics (ONS) - combining information from birth registrations and abortion notifications. Conception statistics include pregnancies that result in: one or more live or still births (miscarriages are not included), or a legal abortion under the Abortion Act 1967.

This shows:

- Oxfordshire’s average as well below the national average and the Regional average – this is good news
- Rates have fallen sharply in the City over the last 10 years. This is good news.

Overall the Oxfordshire under 18 conception rate is decreasing, broadly in line with rates in England. Oxfordshire has the 12th 'best' rates for all Local Authorities in the Country and those Local Authorities with lower rates tend to be smaller authorities in leafy shires with few areas of disadvantage.

The key to success is to identify the ‘hotspot’ areas and focus services there. If we do this, the hotspots will change over time and reduce in number overall. The most recent analysis shows that **Oxfordshire has 10 hotspot wards with particularly high rates**. Hotspots are defined as those wards that are in the worst 20% of wards in the Country (i.e. currently those with more than 53.1 conceptions per year per 1,000 females aged 15-17 years).

There is no room for complacency, but **this is a considerable improvement to the picture 5 years ago when we had 18 hotspots**. This means we are moving ‘up’ the national league table and improving faster than elsewhere. The table below is a bit ‘busy’ but the detail is worth looking at.

It shows the hotspot wards in the County over the last decade.

There are 4 main themes:

- The number of hotspots has reduced.
- The pregnancy rates have all reduced over time – the worst rate in 2002-4 was 112 pregnancies per 1000 girls and in 2008-10 the worst rate was down to 77 pregnancies per 1000 girls.
- There is a group of 8 wards which appear in all 3 'league tables'. These are, from Oxford: Blackbird Leys, Northfield Brook, St Mary's, Rose Hill and Iffley, Barton and Sandhills and Iffley Fields, and from Banbury, Grimsbury & Castle and Ruscote wards.
- The latest figures show worryingly high rates emerging in Didcot in two wards: Northbourne and All Saints.

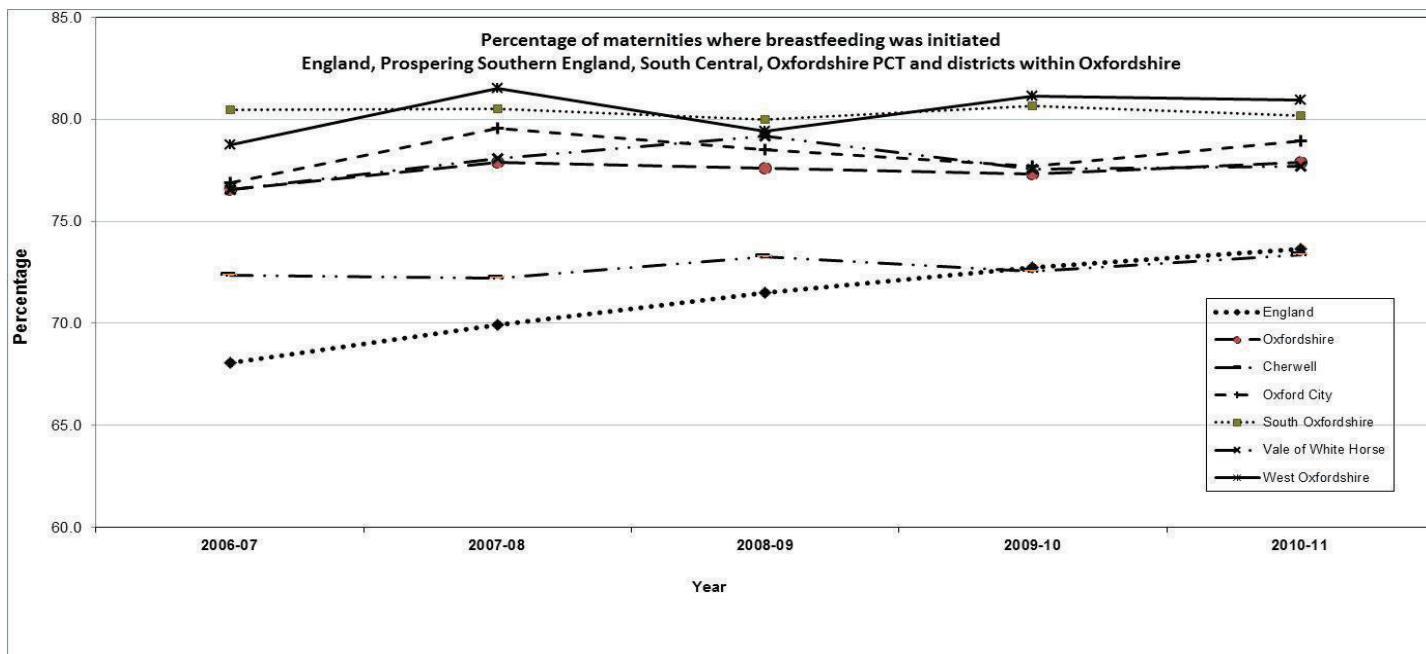
The key to this topic is to keep up our strict surveillance of the issues and then to target our services where they are needed the most.

Wards with high conception rates (in top 20% nationally) 2002 to 2004		Wards with high conception rates (in top 20% nationally) 2004 to 2006		Wards with high conception rates (in top 20% nationally) 2008 to 2010	
Ward Name	Rate 2002/04	Ward Name	Rate 2004/06	Ward Name	Rate 2008/10
Cowley Marsh	112.75	Banbury Grimsbury and Castle	103.91	Blackbird Leys	77.00
Banbury Grimsbury and Castle	103.45	Banbury Neithrop	89.72	Northfield Brook	71.00
Northfield Brook	98.21	Northfield Brook	81.30	St Mary's	65.00
Littlemore	94.34	Littlemore	78.81	Didcot Northbourne	63.00
St Mary's	90.20	Banbury Ruscote	77.52	Rose Hill and Iffley	61.00
Cowley	87.72	Witney Central	70.82	Banbury Grimsbury and Castle	57.00
Blackbird Leys	83.33	Banbury Hardwick	69.44	Banbury Ruscote	57.00
Banbury Ruscote	79.04	Cowley	66.31	Iffley Fields	57.00
Banbury Hardwick	77.88	Blackbird Leys	65.69	Barton and Sandhills	55.00
Iffley Fields	76.70	Lye Valley	63.84	Didcot All Saints	54.00
Barton and Sandhills	73.45	Ducklington	62.60		
Abingdon Caldecott	69.84	Iffley Fields	62.50		
Lye Valley	62.71	Carterton South	59.83		
Rose Hill and Iffley	63.49	Rose Hill and Iffley	58.88		
Jericho and Osney	61.40	Berinsfield	57.35		
Marcham and Shippon	56.91	Abingdon Caldecott	56.74		
Abingdon Abbey and Barton	65.93	Carterton North West	56.13		
Witney Central	64.81	Brize Norton and Shilton	55.87		

In the last 12 years, teenagers in Oxfordshire have had 120 fewer pregnancies than if rates had remained at the 2001/03 levels. The most conservative estimate of the financial impact of a teenage pregnancy is

£19,000- £25,000 over three years, according to the Department of Education and Skills in 2006. This equates to a saving of around £3 Million over 3 years and longer term.

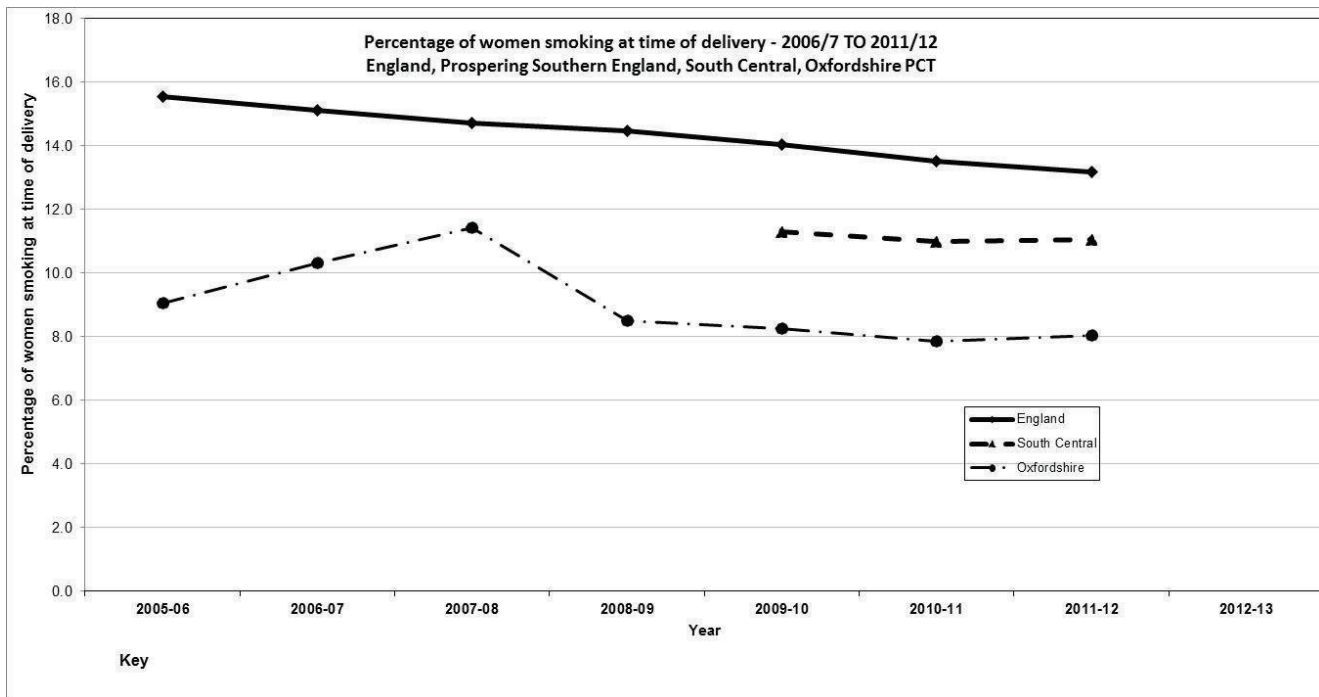
Indicator 5 - Breastfeeding



Source: Department of Health, Vital Signs Monitoring Return

Breastfeeding gives children a fantastic start in life. The percentage of mothers breastfeeding across Oxfordshire is high (79%) compared with national levels (74%). This is a good result. However, there are inequalities across Oxfordshire with not all mothers choosing to breastfeed their children. The data shows high levels of uptake across Oxfordshire but lower levels in Cherwell. Breastfeeding remains a high priority for the Health and Wellbeing Board and this should be maintained.

Indicator 6 – Smoking in Pregnancy

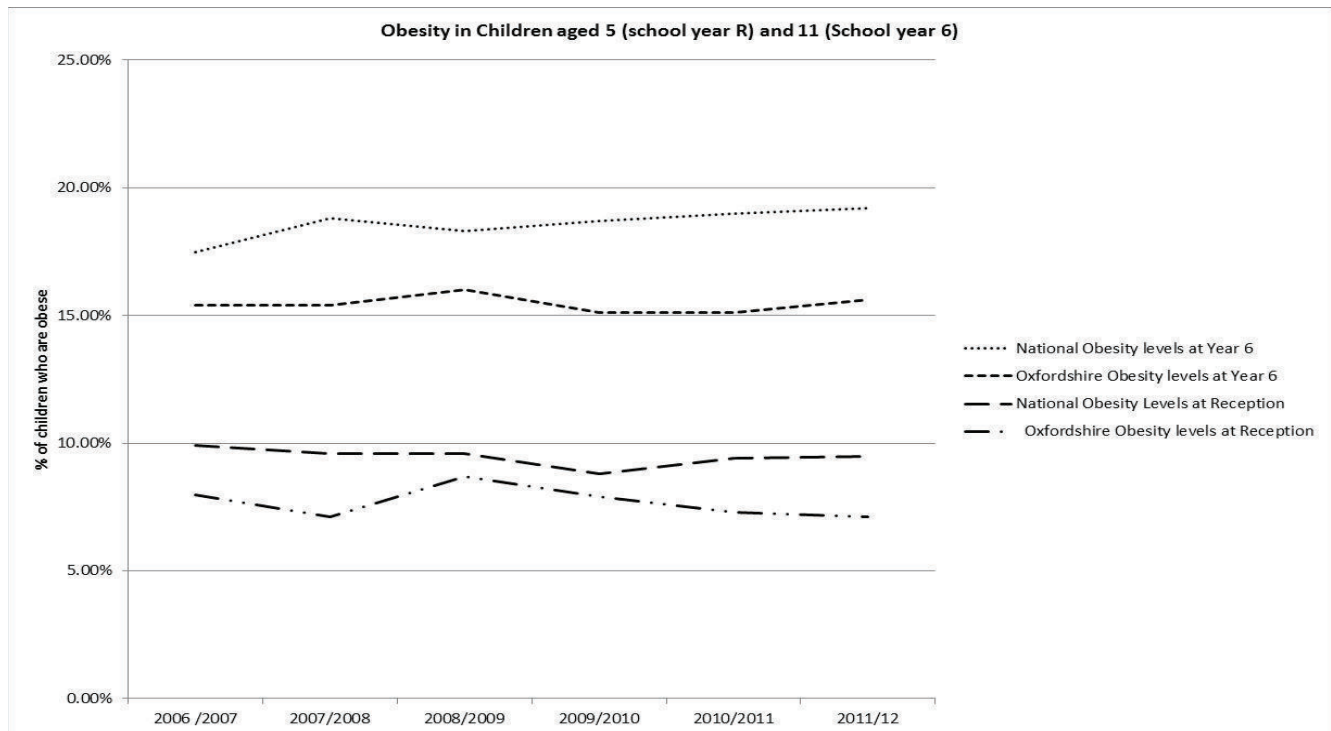


Source: - Prior to 2011/12: Department of Health (national and PCT data); NHS Information Centre Omnibus Survey (local data), 2011/12 onwards: NHS Information Centre (national and PCT data); local hospital trusts (local data)

Smoking in pregnancy is bad for the health of both mother and baby. Oxfordshire’s figure stands at 8.1% of pregnant women smoking at the end of their pregnancy which is well below the national level of 13.2% and the regional level of 11.1%. This is a good result but we need to press on and make it even better as this is a really important indicator. Pregnancy is a good time to persuade mothers to give up smoking and if we grasp the opportunity we will produce real long term benefits for both mothers and their families.

This means out of 8,000 or so pregnancies each year, 650 mothers are smokers and only 160 quit using our local services. We perform well compared with elsewhere, but surely Oxfordshire could be doing better. When we look at the number of smoking quitters during pregnancy, we see that rates have not really changed much over the last three years and hover around 40 quitters per quarter.

Indicator 7 - Obesity in Children



Source: National Child Measurement Programme (NCMP) report, NHS Information Centre, Child Obesity e-atlas, National Obesity Observatory

This section focuses on inequalities in obesity. See chapter 4 for a thorough look at all aspects of obesity.

The data tells us that

- Oxfordshire has significantly lower levels of childhood obesity than the national average and we are bucking the National trend. **This is very good news.**
- Levels of obesity more than double (from 7% to 15%) between the ages of 5 (reception year) and 11 (year 6). The rise in obesity levels continues into adulthood. **This is not good news.**
- National data shows that there is a strong relationship between social disadvantage and childhood obesity. This is borne out when we look at Oxford's data where obesity levels are higher than the County average
- Analysis for England indicates that there is a higher prevalence of obesity amongst 'Black British' reception year children (15.5% compared with an average of 9%)
- When we look at exercise data, there are no significant differences between Districts in the County.

Indicator 8 – Deaths in Oxfordshire

Many of the indicators we have looked at have shown that disadvantage has a bad effect on people's health. Disadvantage is also associated with an earlier death.

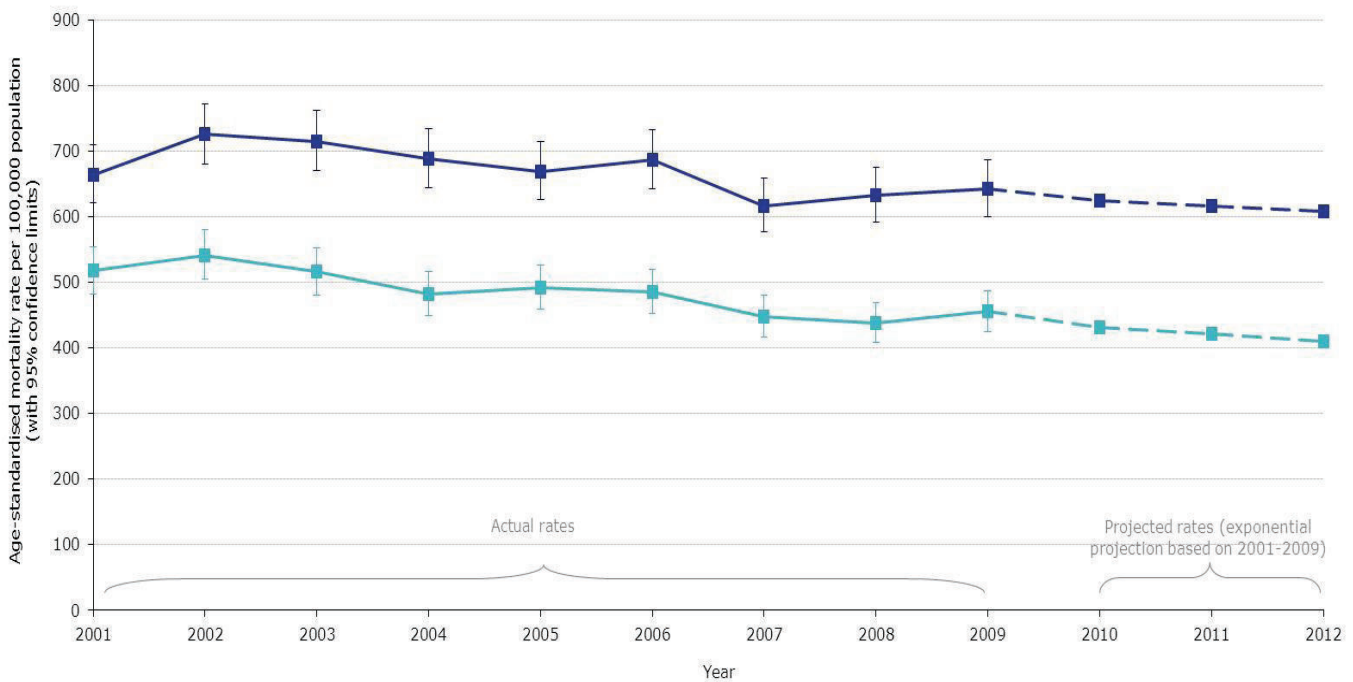
If we compare the latest death rates for those living in the 20% best off and 20% worst off small areas of the County we find that there is a 6 year difference in life expectancy, *i.e.* :

'On average the sum total of disadvantage could be said to knock 6 years off your life'.

To put it another way, the odds of you dying in any one year if you come from a well-off area are around 1 in 250. In the most disadvantaged areas the chances of dying each year are 1 in 170.

The chart below shows 2 lines. The top solid line shows the high death rates in the 1/5th most disadvantaged wards in the County. The lower solid line shows the lower death rate in the most well off 1/5th of wards.

Death Rates in Oxfordshire showing the top 1/5th and bottom 1/5th of wards



Source: SEPHO Health Inequalities Gap measurement Toolkit. http://www.sepho.org.uk/gap_intro.aspx

The Data shows that:

- The gap in death rates between the best and worst wards (the distance between the two lines) is fairly static over time.
- The overall trend in death rates is falling, indicating better health for everyone in general.

Also, we know that Oxfordshire's death rates are considerably lower than the national average - another reflection of our relatively good health overall. This highlights the two biggest common factors for most health data in Oxfordshire:

- We enjoy better health than the England average
- There are marked differences in health between the best off and worst off, and these trends are persisting.

The wards in the County with the lowest life expectancy are:

- Sandford - Oxford (73.1years)
- Carfax – Oxford (73.6 years)
- Caversfield- Bicester (74.7 years)
- Blackbird Leys – Oxford (74.8 years)
- Banbury Grimsbury and Castle – Banbury (75.5 years)
- Northfield Brook – Oxford (77.8 years)

The wards in the County with the highest life expectancy are:

- Didcot Ladygrove – (90.3 years)
- Bicester South (86.4 years)
- North Leigh (85.2 years)
- Abingdon Dunmore – (84.9 years)
- Burford (84.9 years)

Source: Office of National Statistics, Life expectancy at birth for wards in England and Wales, 1999-2003 (experimental), Results for all persons.

Recommendations

Keeping up the pressure to break the cycle of disadvantage.

By October 2013 The Health and Wellbeing Board should ensure that the updated Joint Health and Wellbeing Strategy continues to have reduction of inequalities as a major theme.

This should include improvements in educational attainment, improvements in obesity and in breastfeeding.

By March 2014 Oxfordshire's Thriving Families programme should demonstrate a measurable impact on wellbeing of our most needy families.

The database of families most in need of help should also be maintained.

By March 2014, Oxfordshire Clinical Commissioning Group should be able to demonstrate practical results to reduce disadvantage in each of its localities.

By March 2014 the Health Improvement Board should have monitored any impact on housing and homelessness arising from recent changes to benefit entitlements homelessness. If these changes have an impact on health and wellbeing, the Health Improvement Board should coordinate action to ameliorate this.

Chapter 3 – Mental Health: Avoiding a Cinderella Service

Why does mental health matter?

There are three main reasons.

The first is that mental health problems are common in England, and Oxfordshire is no exception. For example

- 64,500 people in Oxfordshire suffer from common conditions in this County such as anxiety and depression.
- 5,000 people in Oxfordshire suffer from severe mental health problems such as schizophrenia
- 3,200 people in Oxfordshire suffer from dementia and this figure will rise as the population ages.

The second reason mental health matters is that it cannot be separated from physical health. The one can cause the other. For example if you are suffering from chronic lung disease and you are also depressed, your health outcomes will be worse.

The third reason is that mental health problems occur hand in hand with some of the most serious social issues we face as a society, such as homelessness, alcoholism and drug addiction.

These are the 3 reasons why mental health will remain a main priority for this annual report.

The next section reviews progress made over the last year and looks ahead to the challenges we face.

A good, year but storm clouds are gathering

Useful progress has been made during the last year in the following areas:

Strategic alignment of plans - the new GP led Clinical Commissioning Group has adopted the 'Better Mental Health in Oxfordshire Strategy' and the Health and Wellbeing Board has adopted a raft of mental health priorities as part of its Joint Health and Wellbeing Strategy.

Direct payments - good progress has been made in making direct payments to people with mental health problems so that they can have a bigger say about the type of care they receive.

Successful recovery and wellbeing services - the new 'Keeping People Well' service, which aims to ensure those recovering from Mental Health problems are supported, has had a good year with more than 2,000 patient contacts.

Public involvement. The new Public Involvement Network has had success in engaging people who have mental health problems

Integrating services for mental and physical health - new services are planned to support people with physical illness in our local hospitals with mental health services.

The service which supplies 'talking therapies' for people with common mental health problems has been extended - to cover young people and to improve the service for people from black and minority ethnic groups.

The dementia challenge - a huge amount of new work has begun to improve services for people with dementia. This is spearheaded by Oxford University Hospitals Trust and Oxford Health Foundation Trust and brings together all services from the NHS, Local Government and academia.

The storm clouds

We have come a long way in improving mental health and mental health services in this County over the last five years. We now need to prepare to meet a new set of challenges which are growing. In order to protect the people of Oxfordshire we need to respond to these challenges now. The challenges are:

The danger of integration - Integrating mental health and physical health services is a good idea. However there is a real danger that the focus on mental health issues will be lost within the much bigger topic of physical health services.

Our success in improving mental health services in Oxfordshire arose from focussing specifically on mental health services. We need to make sure this focus is not lost

The need to ensure that severe and enduring mental health problems do not lose out to less severe mental illness.

The focus of recent years has rightly been on improving services for common conditions and dementia and on improving our commissioning. We are now moving on to new services which join up mental health and physical health services.

All of these things are good, but the overall pay packet we are dipping into is not getting any bigger. We are in effect trying to stretch the same old balloon of resources and hoping it does not burst.

Above all we need to take action to ensure that services designed to treat severe and enduring illnesses such as schizophrenia and manic depression do not lose out.

Homelessness: a new threat?

The chapter on breaking the cycle of disadvantage has highlighted the potential issue of an increase in the number of homeless people in society. People with severe mental illness who are on the brink of homelessness face a triple whammy (particularly in Oxford City) of high housing costs, the possible impact of changes in the benefits system and practical difficulties in getting a job. Action is needed to guard against this.

Summary

We have kept up the positive progress on mental health issues in this County over the last year and there are more promising developments on the horizon.

However we also now need to take steps to ensure that the storm clouds gathering on the horizon do not combine to produce a tempest which sweeps our best efforts away.

In this context, the following recommendations are appropriate:

Recommendations

Keeping up the good work

- Close monitoring is required to make sure that recent gains are not lost. The Health and Wellbeing Board should continue to treat mental health issues as a priority and this should be included in the refreshed Joint Health and Wellbeing Strategy by October 2013.

Keeping a close eye on serious mental illness.

- By March 2014. Oxfordshire's Clinical Commissioning Group should monitor the health of people with severe and enduring mental illnesses to ensure that standards of care do not fall.

Keeping a close eye on homelessness.

- By March 2014 the Health Improvement Board should have monitored any impact on housing and homelessness arising from recent changes to benefit entitlements. If these changes have an impact on health and wellbeing, the Health Improvement Board should coordinate action to ameliorate this.

Chapter 4 – The Rising Tide of Obesity²

‘If you were the standing on the bridge of HMS Oxfordshire you’d be pressing the panic button as the iceberg of obesity loomed dead ahead.....’

The Facts

The problem is that every little lifestyle choice you make, or make for your children, decides whether you will put on weight or not. After a decade or so you wake up one day and find that you’re in the red zone on the bathroom scales. To a large extent it’s your choice, but it’s a choice we should all make with our eyes wide open. Why should we care?

Because:

- Being obese knocks around 9 years off your lifespan
- Once obesity is established in childhood it is very hard to shake off in later life.
- Obesity can lead to high blood pressure and long term conditions such as diabetes, heart disease, stroke and cancer which lead to premature death and drive the costs of health and social care which we cannot afford.
- The risk of getting diabetes is up to 7 times greater in obese women and up to 5 times greater in obese men.
- 1 in 10 of all cancer deaths among non-smokers is linked to obesity.
- Obesity decreases mobility making independent living harder which boosts the bill for social care.
- The risks of obesity causing diabetes are higher in some groups than others. If you are of South Asian origin your risk of developing type 2 Diabetes is 4 times greater, whilst those from Black African origins have a risk 3 times greater than the white population. Given the changes in Oxfordshire's ethnic minority profile this will become an increasingly important issue.

But it’s not all doom and gloom. Next to giving up smoking, losing just a bit of weight is the best favour you can do yourself in terms of your health. The good news is that taking action really does work - a reduction in 10% of body weight gives the following benefits, even if you don’t return to a normal weight category. So, if you weigh 12 stone, getting down to just under 11 stone means:

- a 20% fall in your chances of dying in any one year
- a 30% reduction in your chance of dying from a cause linked to diabetes.
- a 40% reduction in your chance of dying from an obesity-related cancer (e.g. bowel cancer).
- a 90% decrease in the symptoms of angina.
- a significant reduction in blood pressure and cholesterol levels.

Now that’s a really good deal!

^{2 2} Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²).

The WHO definition is:

- a BMI greater than or equal to 25 is overweight
- a BMI greater than or equal to 30 is obesity.

How does Oxfordshire compare with elsewhere?

We have very good data about childhood overweight and obesity thanks to our child measurement programme in schools (this is highlighted in Chapter 2 as indicator 7). This shows that we are still doing better than the national average..... but doing better during what amounts to a national epidemic of obesity is cold comfort.

Data on obesity in adults is less reliable, but again shows that our Region is generally healthier than the national average.

However, the fact remains that around 1 in 4 adults in this County (and rising) are obese

Also, on the exercise front, we are still measured as the sportiest County in the Country for the second year in a row. This is a great achievement and our Sports Partnership is to be congratulated. So, the conclusion is that Oxfordshire is still bucking the national trend – but not by much and not by enough.

Why are we as a society sliding into obesity?

It's really quite simple. There seems to be a delicate balance between eating and exercising as to whether or not we put on weight, and as a nation we tipped over the balance point about 30 years ago. To put it simply, we now eat more and exercise less. We ride in cars when we could walk, we take the lift not the stairs and we eat sweets and biscuits and burgers and drink more beer and wine. We pass on these messages to our children and hey presto! We have obesity.

What can we do about it at local level?

A lot of the causes are complex and are linked to national policies and how we behave as a nation. So what can we do locally?

The key is to take a long term view, stay focused and be persistent. This isn't a quick fix - it's a case of turning The Titanic around. It has taken us a few decades to get into the current situation and it will take decades to get out of it again.

Much work is going on in Oxfordshire and this is a priority for our Health and Wellbeing Board.

We are increasing physical activity initiatives, getting a healthy eating message 'out there' and helping people who are overweight to access treatments. We are joining up agencies to address obesity in a concerted way using the best available evidence. For example:

Initiatives with children

- Oxfordshire has over 50 practitioners who are trained to deliver parenting courses covering Health, Exercise and Nutrition for the Really Young (HENRY). In 2012, 20 courses were delivered in Children's Centres across Oxfordshire reaching over 160 families
- To celebrate Playday in Oxfordshire a record number of large, community events took place across the County in 2012. Approximately 16,000 people attended the 12 events run in local communities and on Armed Forces bases across Oxfordshire.

Initiatives with adults

- In 2012, the Oxfordshire Sports Partnership launched the popular **Active Women project** which is helping to get more women taking part in Athletics, Badminton, Tennis, Netball, Football and Gymnastics by removing barriers such as lack of childcare, inconvenience, no 'buddy' to play with and expense.

- The **Get Oxfordshire Active (GO Active)** partnership continues to go from strength to strength and from April 2011- March 2012, 7,296 new participants attended activity sessions such as Just Jog, Zumba and Health Walks throughout the year.
- Oxfordshire Weight Loss and Lifestyle Service (OWLS) continue to support obese adults in the efforts to achieve a healthier weight. From Sept 2011 - August 12, 483 patients were referred by their GP and 446 people joined the lifestyle programme. On average, 77% of those who attend the intensive 12 week programme lose weight. Of those who stay on the programme for the full 12 months, approximately half maintain a minimum of 5% weight loss.
- Generation Games is a physical activity service for all 50+ in Oxfordshire, delivered by Age UK and commissioned by Oxfordshire Clinical Commissioning group. With a focus on fun and enjoyment, the service offers everything from dance and Tai Chi to seated exercise, bowls and lots more.

What did we say last year?

The aim last year was two-fold:

1. To emphasise the fight against obesity is the most important lifestyle challenge for the County

And

2. To make sure the Health and Wellbeing Board took obesity seriously, working to a re-vamped County Strategy that would bind all partners together through regular network meetings. Getting this strategic work right gives us the right framework for all our work and helps to make our efforts count for more.

All of these things were achieved.

Recommendations

Keeping obesity high on the health agenda

By October 2014 The Health and Wellbeing board should have refreshed the Joint Health and Wellbeing Strategy to include child obesity as a main priority.

Working hand in hand with partners

By October 2014 the Health Improvement Board should ensure that partnerships to tackle obesity and promote physical exercise are thriving. This should include a full role for District Councils.

Commissioning a wider range of services

By March 2014 the Public Health Directorate should have completed commissioning a full range of services to prevent obesity and to facilitate treatment for it, according to need.

Chapter 5 – Alcohol what’s your poison?

'Alcohol is a serious issue. We mustn't sweep it under the carpet.'

During the last year there was no sign that levels of alcohol consumption have decreased and hospital admissions for alcohol related disease continued to rise.

This issue is one of the biggest challenges we face and we are still storing up worse for the future. In trying to prevent the harm alcohol causes we still have one arm tied behind our backs as cut price booze, relaxed licensing laws and a society that lionizes ‘shot drinking’ work against us.

So what’s all the fuss about?

Let’s recap on the issues:

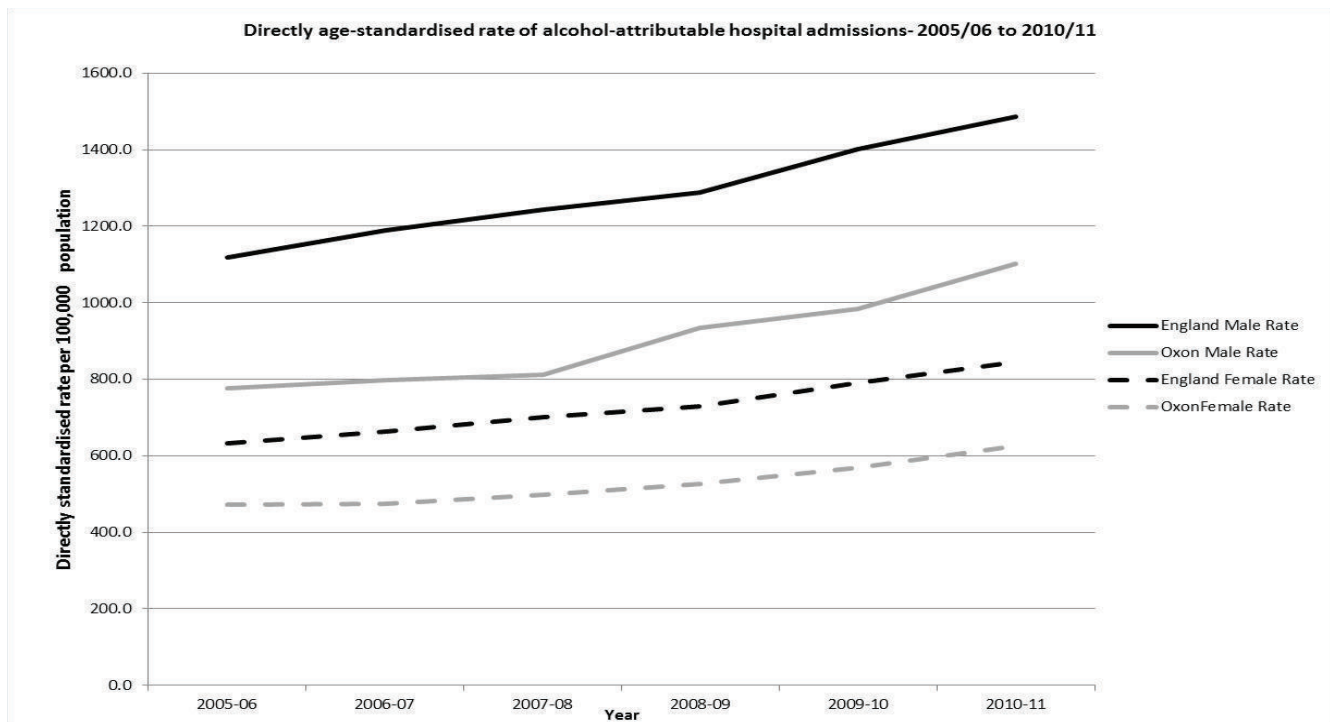
- Alcohol consumption has risen in the last 40 years and continues to rise.
- 1 in 5 adults exceed recommended drink levels
- Drinking in young people has increased, with binge drinking large quantities of spirits seen as the yardstick of a good night out.
- Alcohol causes disease – this year's ‘Health Survey for England’ links alcohol as a cause of more than 60 diseases including cancer of the mouth, throat, stomach, liver and breast as well as causing high blood pressure, cirrhosis and depression.
- The annual cost to the NHS alone has been estimated at £2.7 Billion per year.
- Alcohol led to 8,747 deaths in the UK in 2011 and leads to 304,200 unnecessary hospital admissions per year and rising.
- Alcohol is getting cheaper and is easily available - the unit cost of a shot of booze is less than 50% of the cost in the late 80s
- The health benefits are over-stated. It is an urban myth that some alcohol daily is wholly good for you. It is true that for the over 40s drinking a small amount of alcohol may reduce the risk of heart disease and stroke, but this doesn’t apply to the under 40s or to the over 40s who drink more. In addition, any amount of alcohol always increases your risk of cancer.
- Alcohol damages families and social networks. It is a major factor in domestic violence.
- Alcohol fuels anti-social behaviour especially at weekends in towns across our County.
- Alcohol hits the taxpayer hard in terms of emergency services, hospital services and the cost of cleaning up our towns the morning after the ‘party’.

Isn’t this all a bit ‘killjoy’ and ‘nannying’?

The scientific facts say not. It is simply a factual issue and the problem needs to be plainly stated so we can decide what to do about it.

The **majority** of drinkers are not harmed, but a **worrying minority** are - and they tend to harm society and those around them too.

The chart below shows local hospital admissions due to conditions caused by alcohol. It makes stark reading. These are ‘our’ people in ‘our’ local hospitals. They are suffering and the public purse is suffering. It is a practical problem.



Source: North West Public Health Observatory (NWPHO) from Hospital Episodes Statistics (on-line extract) and Office for National Statistics (ONS) mid-year population estimates.

The chart above shows three main things:

- 1) Hospital admissions related to alcohol are climbing fast locally and nationally
- 2) Women are less affected by men – but they are still affected
- 3) The problem in Oxfordshire is less than the National average – but it is still a big problem.

Sometimes it is thought that this is a problem primarily about young people but the figures say otherwise – the average age of people admitted with these problems is 55 to 64, often the result of a lengthy drinking career.

Is there a happy medium?

It's difficult to say. Most people drink moderately throughout their lives with no real problem..... and yet alcohol is undeniably an addictive poison. The problems come from three main places:

- The results of binge drinking in the young and
- The slippery slope of alcohol addiction and slowly increasing consumption over the decades which harms people and their families over a whole 'drinking career'.
- The impact on society which falls on families, employers and public services

There are three things we can do:

1) Put the brakes on supply at National level

In 2012 the National Alcohol Strategy set out possible measures that can be implemented by Central Government to "Turn the Tide" of alcohol related harm. A formal consultation on some of these ideas was held in early 2013. A wide range of partners in Oxfordshire collaborated in responding to the consultation. They supported proposals to introduce minimum unit pricing of alcohol and to ensure that health services have a say in licensing decisions where there is an impact on health and wellbeing. They were opposed to proposals to allow other businesses to be licensed to sell alcohol on the premises, such as beauty parlours

and hairdressers. A response from the Government following this consultation is still awaited at the time of writing.

2) Prevention: Keep putting the message 'out there'

We need to keep up the efforts to promote the message of sensible drinking. This needs to be aimed separately at young people and at adults. During the year we have run campaigns to target men, drink drivers and the military. It is a case of endless drip drip drip.....

We will need to work with schools as they change to Academy status to work out how we keep this work going. We also need to make sure our partnerships are strong across the public sector so that we make the most of our combined muscle. Many partner organisations including the police, the NHS, District Councils and County Council have been through a great deal of change in the last couple of years and a period of consolidation is needed to rebuild our strength.

The importance of '**brief advice**' cannot be overstated too. This happens when a professional gives someone specific advice about their drinking in a quick and efficient manner. It has been proved to work and we have a good training scheme in place in Oxfordshire which we need to push further. So far we have trained staff in the health, probation, social care, youth services, prison, housing and mental health services. Next year GPs will be paid a supplement to provide brief advice too which should be a real help.

3) Minimise the harm that is caused.

This is all about the 'blue light' services working closely with licensees, Local Government, A and E departments, street pastors and a host of others. It is about being careful about granting licences and also about putting safeguards in place to keep people and property safe and minimise the damage done.

Street pastors are a good example of what volunteers can do – helping people who are the worse for wear safely into a licensed cab at 3a.m. with the help of a 'taxi marshal' can make all the difference. *But it's still sweeping up the mess after the party and is second best to prevention.*

What did we say last year?

We said we should clarify the roles of the strategic groups involved in this area, including the Safer Communities Partnership and the Health and Wellbeing Board, and this has been done.

We also said that we should strengthen the work on education and brief advice and we have made good progress here too. However we still need to do more to get the prevention message across and make more people and organisations up to the need to take this issue seriously.

Recommendations

Better Strategic Alignment

Oxfordshire's Safer Communities Partnership should continue to consider work on alcohol as a priority. By March 2014, the work programmes of the Safer Communities Partnership, the Drug and Alcohol Action Team and the Police and Crime Commissioner should be fully aligned.

Brief Interventions

By March 2014 a wide range of professionals should have been trained to offer brief interventions and GPs should be offering this service across the County as part of the NHS Health Checks programme.

Chapter 6 - Fighting Killer Diseases

Killer infectious diseases remain a constant threat to good health. It is a duty of Directors of Public Health in Local Authorities to keep watch over them. Without good monitoring, careful prevention and swift treatment they can easily cause major problems. We should not let the recent decades of the 'age of antibiotics' catch us off guard. Diseases such as these are capable of changing and mutating so it is important we keep our guard up.

Oxfordshire's record shows that this vigilance pays off. New cases of hospital superbugs and HIV are all currently in decline, but without simple measures such as good immunisation and safe sex they would be hitting the headlines again. We will need to be extra vigilant over the coming year as the current responsibilities for communicable disease go into a 4 way split between the new Clinical Commissioning Group, the NHS England in Thames Valley, the County Council and Public Health England. District Councils also continue to have a role in enforcing Environmental Health legislation.

The new responsibilities will look like this:

Organisation	Roles and Responsibilities
Oxon Clinical Commissioning group	Responsible for commissioning most hospital services and all community hospital and community nursing services such as District Nurses. Covers infectious disease prevention and control, TB services and hospital superbugs.
NHS England	Responsible for buying expensive specialist services such as HIV care, taking a lead role in co-ordinating the NHS response to major outbreaks and pandemics, buying GP services, which includes immunisation and some screening services
Oxfordshire County Council	Has a Watchdog and oversight role and acting as an 'honest broker' between all organisations to ensure that the local population remains safe and that any threats are dealt with effectively. Promoting Public awareness
Public Health England	Keeps a watching brief on communicable diseases and reporting concerns to local Directors of Public Health. Deals with and co-ordinates response to outbreaks of infectious disease.
District Councils	Through Environmental Health, works with Public Health England to manage outbreaks locally.

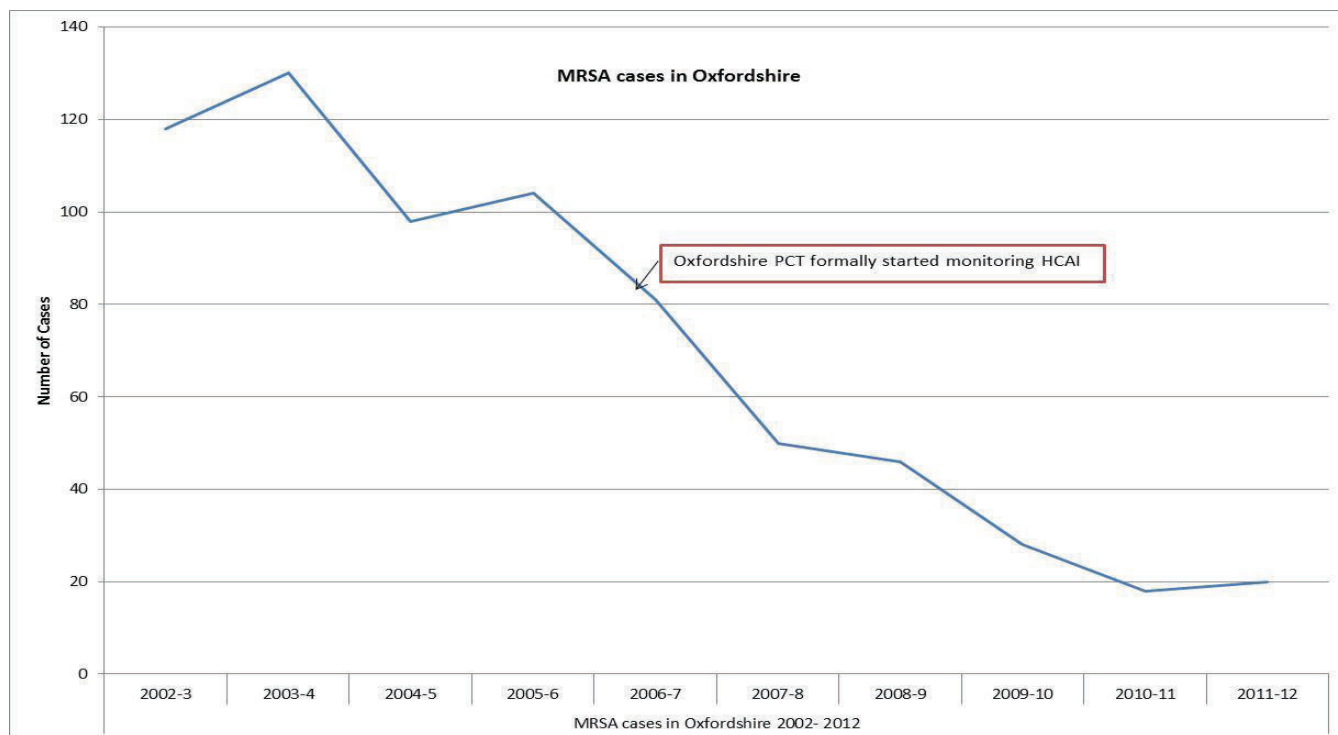
This chapter reports on the most important diseases one by one.

1. Superbugs, known as Health Care Associated Infections (HCAIs) - Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C.Diff.)

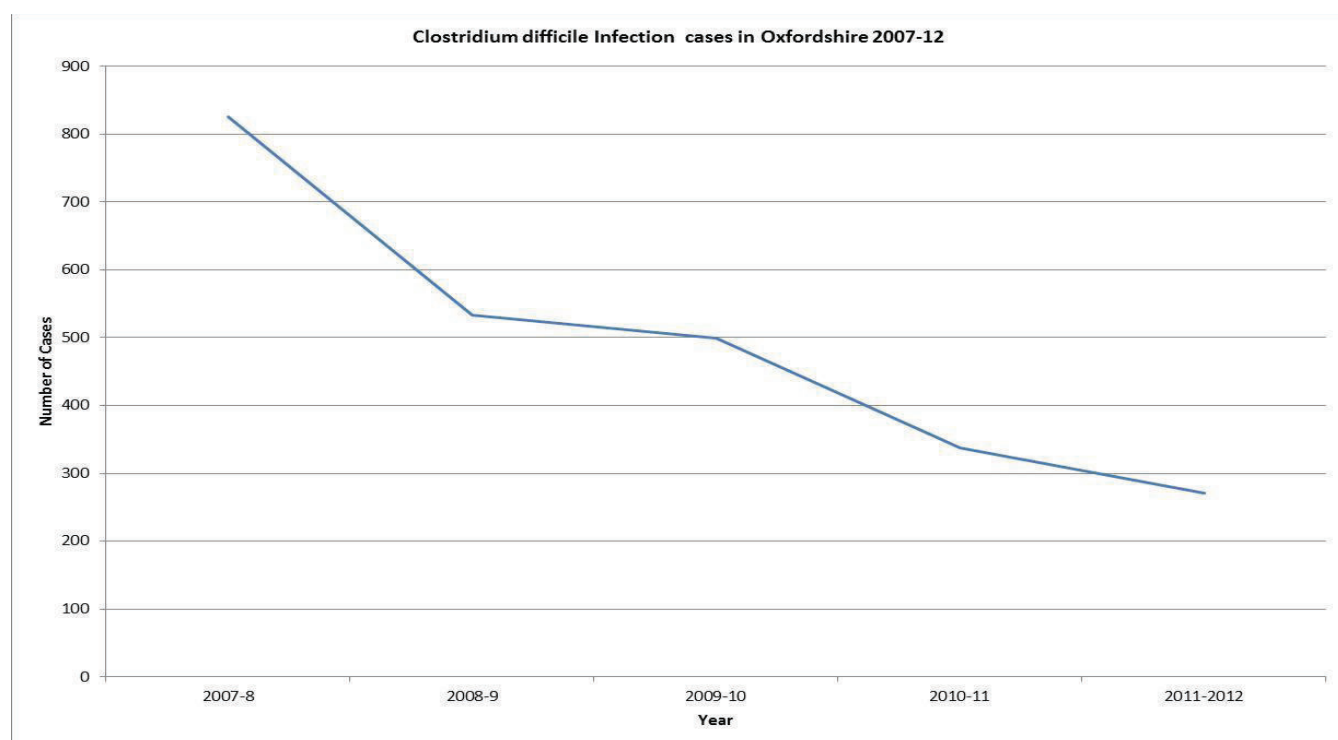
Infections caused by superbugs like *Methicillin Resistant Staphylococcus Aureus* (MRSA) and *Clostridium difficile* (*C.diff.*) remain an important cause of sickness and death, both in hospitals and in the community. However, numbers of infections **can and have been** reduced through considerable focussed effort in this County. Both of these superbugs are now under control or in decline thanks to basic good hygiene like careful hand washing in healthcare settings. **This is an impressive achievement for healthcare in Oxfordshire.**

The two charts below speak for themselves. In 2011/12 there were 15 cases of MRSA across all of Oxfordshire’s residents, no matter where they were treated.

We need to keep an eye on MRSA to ensure that the numbers of cases stay low and don’t start to creep up again. This is now the responsibility of the new Clinical Commissioning Group.



Source: Health Protection Agency (HPA)



Source: Health Protection Agency (HPA)

Whilst the number of Clostridium Difficile cases has also fallen, the rate in Oxfordshire is still higher than the national average and we need to make a concerted effort to reduce cases further, so that they are in line with the national average.

2. Tuberculosis (TB) in Oxfordshire

TB is caused by a bug that can infect any part of the body, but most commonly affects the lungs. If not treated properly, TB can lay dormant and re-emerge years after the initial infection. When active lung disease is present, TB is infectious. It is important to identify and treat such cases quickly. Treatment is effective but requires long term antibiotics and completing the course properly is crucial to completely cure the infection and for preventing the bugs becoming antibiotic resistant.

Homeless communities, those suffering from alcohol or drug-misuse, people who are immune-suppressed, and people from countries that have a high incidence of TB are more likely to have Tuberculosis.

In Oxfordshire, the county average rate for new cases is consistently lower than the UK rate- we have around 1/3 fewer cases than the UK average. There were 69 cases of TB reported in Oxfordshire in 2011 compared to 59 in 2010. This increase is largely due to us detecting new cases more effectively. Continued vigilance is essential for maintaining our good progress.

This topic has also benefited from the close attention of the Health Overview and Scrutiny Committee (HOSC) who regularly assure themselves that all reasonable steps are being taken.

Tuberculosis incidence rate in Oxfordshire

Year	Number of Cases	Rate per 100,000 population
2006	53	8.4
2007	76	12.0
2008	56	8.8
2009	55	8.6
2010	61	9.5
2011	69	10.7

Source: Enhanced TB Surveillance System, Prepared by: Thames Valley Health Protection Unit

Over the past 5 years the rates of new cases occurring, and the number of cases, has remained highest in Oxford City and Cherwell District Council.

TB incidence rate by Local Authority, Oxfordshire, 2011

Local Authority	Cases	Population	Rate per 100,000 population
Cherwell	16	142,300	11.2
Oxford	43	150,200	28.6
South Oxfordshire	Less than 5	135,000	3.0
Vale of White Horse	6	121,900	4.9
West Oxfordshire	Less than 5	105,400	2.8
Oxfordshire	69	654,800	10.7
UK			14.4

Source: Enhanced TB Surveillance System, Prepared by: Thames Valley Health Protection Unit

The main interventions to control tuberculosis are early diagnosis and completing the long course of treatment. Oxfordshire does very well, with 98% of cases completing treatment. This compares favourably with the Chief Medical Officer's target of 85%.

Given the increased incidence of TB in those who are homeless, mobile x-ray screening was undertaken in this group in Oxford this year. No TB was found on screening a large proportion of Oxford's homeless population. This offers some reassurance that cases among this population are being diagnosed promptly by local healthcare services.

3. Other Diseases Preventable by Immunisation

a) Childhood immunisations

Major life-threatening diseases can be prevented by immunisation in childhood. The World Health Organisation (WHO) sets this threshold for good coverage at 95%.

Immunisation coverage in Oxfordshire remains high compared to regional and national rates. A lot of effort has gone into tracking down un-immunised children one by one and by checking new children arriving in the County. Maintaining and improving this position requires constant effort.

b) Immunisation against Measles Mumps and Rubella (MMR)

The rates of measles and mumps infection decreased slightly between 2010 and 2011 in Oxfordshire; there were no cases of rubella. This is the result of relatively high immunisation rates of 93.6% for children who have had 2 doses by the age of 5. This is considerably higher than the national average of 89.1%, however it is still below the WHO recommended 95% uptake rate.

Nationally, Measles has been in the spotlight, with cases increasing across the country. This is in part due to historical poor uptake of vaccination during the 1990s. When looking at our local figures, cases of measles have not increased.

Year	Number of Confirmed Cases
2010	9
2011	4
2012	6
2013 (January to April)	0

Source: Thames Valley Health Protection Unit

We cannot be complacent and must be vigilant against outbreaks, which spread quickly within school environments and amongst unimmunised children/young people

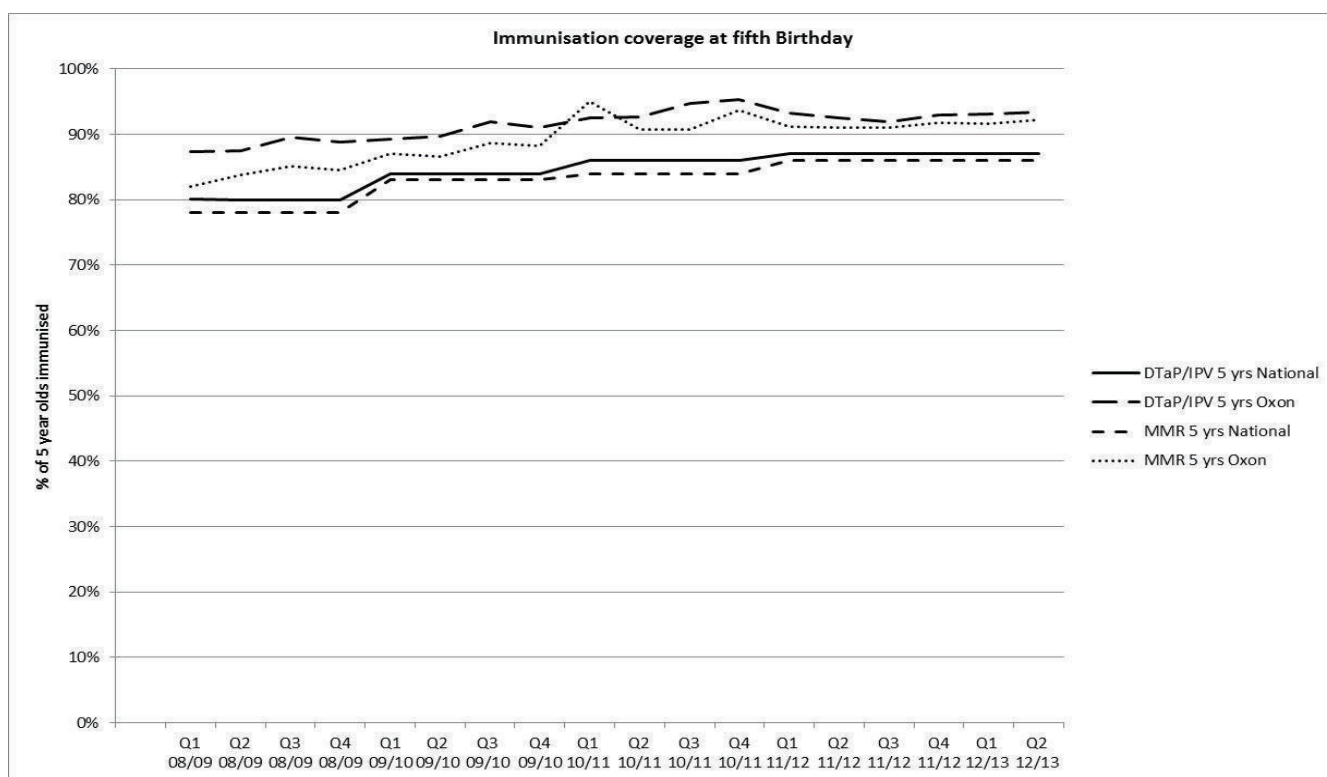
c) Immunisation against Diphtheria, Tetanus, Pertussis (whooping cough), Polio, and Haemophilus Influenzae B (a type of meningitis); (DTaP/IPV/Hib)

2011 immunisation coverage rates remain high in Oxfordshire with 98.0% of babies being vaccinated before the age of 2 with these vaccines, well above the recommended 95% coverage rates but slightly lower than 98.7% achieved in 2010.

There has been a rise in cases of pertussis (whooping cough) in Oxfordshire in 2011, which mirrors both the national pattern and the usual three year cycle of the disease.

Oxfordshire's good progress is shown in the chart below.

Childhood Immunisations



Source: - Health Protection Agency (HPA)

A warning about immunisations.

From the 1st April 2013, immunisation will move from being a County responsibility to a Thames Valley responsibility. The Thames Valley arm of NHS England will be responsible for immunisations. Local Directors of Public Health will work with them and will also act as watchdog to make sure that standards do not decline. The Health and Wellbeing Board and the Health Overview and Scrutiny Committee will help to oversee this. However, keeping immunisation rates high requires constant attention and there is a real risk that standards may fall. This will be monitored carefully and early action taken if required.

4. Sexually transmitted infections

a) HIV & AIDS

HIV remains a significant disease both nationally and locally. During 2011, Oxfordshire saw a drop in the number of new diagnoses.

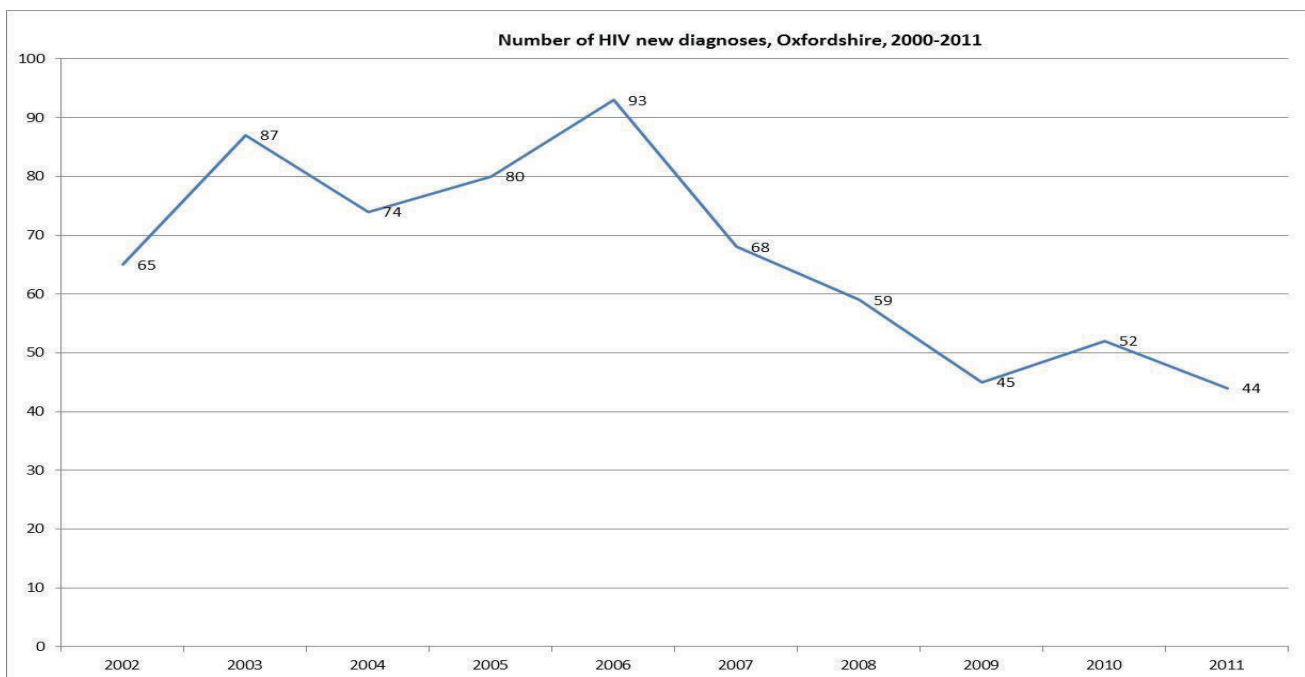
There are now approximately 500 people living with HIV in Oxfordshire. The national report 'HIV in the United Kingdom: 2010'³, suggests that ¼ of people with HIV have yet to receive a diagnosis. In Oxfordshire, this equates to another 125 people bringing the total estimated cases for Oxfordshire to 625.

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 two ways:

³ 2010, Health Protection Agency, HIV in the United Kingdom: 2010 report.

- 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 community testing, we have introduced 'HIV rapid testing' in three chemists 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 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.



Source: HARs data set, Health Protection Agency (HPA)

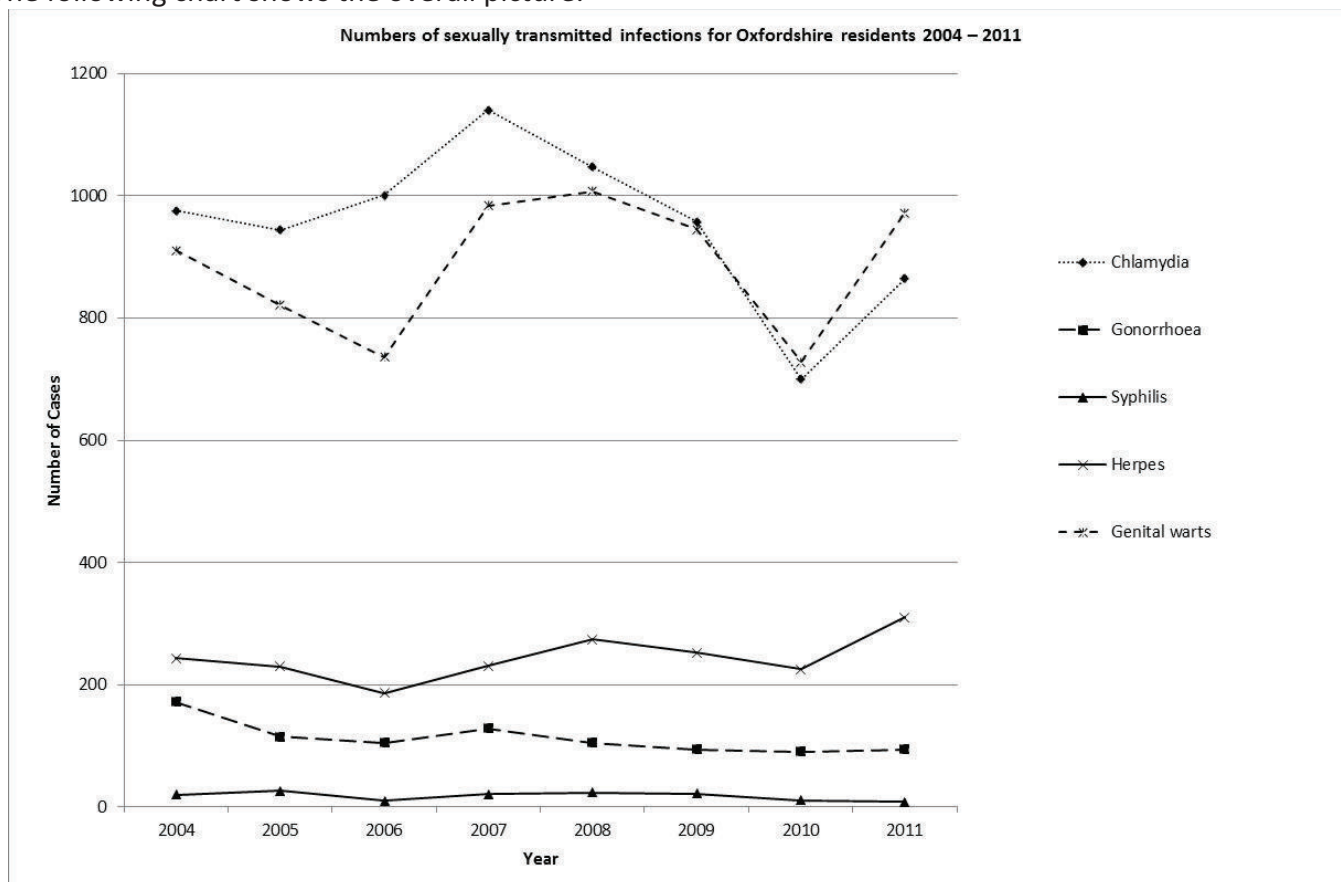
b) Sexual Health

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'.

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

- Gonorrhoea – is falling and below national average in all areas of the County
- Syphilis - is falling and below national average in all areas of the County
- Chlamydia –levels are lower than national average – but we have had difficulties in persuading young people to come forward for testing despite, best efforts.
- Genital Warts – rates are slightly higher than national average, Oxford City is significantly higher (reflecting the younger age group) but the trend is stable.
- Genital Herpes – rates are lower than national average except in the City which has higher levels but not significantly so. The total number of cases in the year is small (125). Again this reflects the predominantly younger population in the City.

The following chart shows the overall picture:-



Source: Health Protection Agency - Sexually transmitted infections (STIs) annual data tables

What did we say last year about killer diseases?

Last year the recommendations were all about maintaining vigilance and not letting the situation slip – this has mostly been achieved. We do need to continue to monitor the situation around STIs closely.

Much credit should also go to our local Health Protection Agency team (now a part of Public health England), who provide an excellent service and are great partners. This recommendation will need to be repeated for next year as responsibility for different killer diseases will go to the GP Commissioners, the NHS at Thames Valley level or to the County Council.

This topic must always remain a top priority in order to protect the public health of Oxfordshire.

Recommendations

Maintain vigilance and priority after reorganisation

The Director of Public Health and the local Health Protection Agency must work closely during the forthcoming year to maintain surveillance of communicable diseases during 2013/14 and take appropriate steps to control these diseases and any new emerging killer diseases.

Active surveillance and monitoring of the NHS will be important as the Clinical Commissioning group and Thames Valley Area Team take up their new responsibilities.

The Health Improvement Board should be charged with overseeing the situation and escalating concerns immediately to the Health and Wellbeing Board and the Health Overview and Scrutiny Committees. This should be in place by September 2013.

The need to refocus on sexual health prevention and promotion

The Director of Public Health should review sexual health services and agree a plan which will include the re-commissioning of services by April 2014

The need to report on these figures in Public

The Director of Public Health should report on killer infections and infectious diseases in subsequent annual reports and should make strong recommendations to all of the organisations responsible to make improvements when this is required.

Acknowledgements

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Documents and Sources of Information used to produce this Report

Census Data 2001 and 2011

Data from Govt Departments including Office of National Statistics

GP Consortia Information packs – March 2011

Health Protection Agency Infectious Disease data

Joint Strategic Needs Assessment versions 1 - 4

Learned journals

Oxfordshire Children and Young Peoples Plan indicators

Oxfordshire County Council Data Observatory

Oxfordshire PCT Performance data

Oxfordshire Safer Communities Partnership performance framework

Oxfordshire Safer Communities Partnerships Alcohol Strategy Group basket of indicators for Oxfordshire

Public Health Surveillance Dashboard

The Child Poverty Needs Assessment for Oxfordshire

Division(s): All

CABINET – 18 JUNE 2013

APPOINTMENTS 2013/14

Report by County Solicitor & Monitoring Officer

Introduction

1. The report asks the Cabinet to consider member appointments to a variety of bodies which in different ways support the discharge of the Council's executive functions. The report reflects the basis on which appointments to the respective bodies have been made in the past and, subject to any adjustments that may be considered appropriate, invites the Cabinet to agree arrangements for filling the councillor places on those bodies.
2. The schedule only refers to those appointments which are the direct responsibility of cabinet to make. There are other outside body appointments that are the responsibility of the Remuneration Committee or local processes as appropriate. The schedule only refers to those appointments which are the direct responsibility of Cabinet to make. There are other outside body appointments that are the responsibility of the Remuneration Committee or local processes as appropriate. For example both the Choose Abingdon Partnership and Bicester Vision will be appointed through the locality meetings.

Joint Committees

3. These are formal bodies set up to exercise statutory functions jointly with other authorities. Members of joint committees exercising executive functions must be members of the Cabinet.

The current joint committees are listed in **Section 1** of the Annex to this report.

Local Statutory Bodies

4. The County Council is required to set up and run a number of local bodies in connection with certain of its statutory functions, typically with other organisations. County Council representation is not generally limited to Cabinet Members although the view has been taken in the case of the Oxfordshire Supporting People Commissioning Body that the appointee should be a Cabinet Member.

The current local statutory bodies are listed in **Section 2**.

Strategic Partnerships

5. This category comprises Partnerships which the Cabinet has designated as 'strategic' and whose membership Cabinet has agreed should be linked to the

role of Cabinet Member/s and not to individually named members. You are asked to consider an exception with the representative on the Oxfordshire Safer Communities Partnership being the representative of the County Council on the Thames Valley Police & Crime Panel.

The current strategic partnerships are listed in **Section 3**.

Standing Advisory Bodies

6. This category comprises bodies which have been set up on a permanent basis in connection with particular functions. They do not possess executive powers but provide a forum for discussion and liaison. County Council representation is not limited to Cabinet Members.

The current standing advisory bodies are listed in **Section 4**.

Informal Member/Officer Working Groups

7. This is a diverse group of informal bodies set up from time to time to assist with the discharge of the responsibilities of the Cabinet. There is a wide variety of form and purpose, from purely internal management tools to inter-authority forums for overseeing issues of common interest. Members and officers share an equal status on these bodies, which are not subject to the access to information rules applying to formal committees and subcommittees; however, some are open to the public and may allow public address at their meetings.
8. These bodies cannot exercise executive functions themselves but provide available forum for discussion of issues outside the formal decision-making processes. Thus, where voting on such groups is permitted this can only be on the basis of an indicative view and cannot in any way bind the body responsible for the ultimate decision.

The informal member / officer working groups are listed in **Section 5**.

Strategic Outside Bodies

9. The Cabinet is responsible for appointments to those outside bodies which it has identified as 'strategic' and which have been endorsed as such by the Council.

The strategic outside bodies are listed in **Section 6**

RECOMMENDATION

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

(a) agree the change to the basis of the appointment to the Oxfordshire Safer Communities Partnership as set out paragraph 5 in the report; and

(b) agree the appointments as set out in the Annex to this report, subject to any amendments at the meeting.

PETER CLARK
County Solicitor & Monitoring Officer

Annex: Appointments Schedule 2013/14

Background papers: Nil

Contact Officer:
Sue Whitehead, Principal Committee Officer
(01865 0260)

June 2013

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APPOINTMENTS SCHEDULE 2012/13

SECTION 1

Joint Committees

<i>Joint Committee</i>	Frequency of meetings (FOM)	Places	Appointees for 2012/13
S.E. Fire Improvement Partnership Board	as required	1	Deputy Leader
Traffic Penalty Tribunal - Outside London Adjudication Committee	quarterly	1	Cabinet Member for the Environment

Local Statutory Bodies

Statutory Body	FOM	Places	Basis of Member Appointment	Con Ind Alliance	Lib Dem	Lab	Grn
Admission Forum	4 per annum	2	On the nomination of the political groups according to political balance	2 Stratford Waine	0	0	0
Adoption & Permanency Panels & Fostering Panels	3 per month	3	On the nomination of the political groups according to political balance: Adoption & Permanency	2 Hibbert- Biles Lilly	0* Godden*	1	0
	2 per month	2	Fostering * At the invitation of Councillor Tilley	1 Hibbert- Biles	Godden*	1 vacancy	
Standing Advisory Council for Religious Education (SACRE)		3	On the nomination of the political groups according to political balance	2 Mathew vacancy	0	1 vacancy	0

Strategic Partnerships

Partnership	FOM	Appointees for 2012/13
Oxfordshire Partnership Board	2 per annum	Leader of the Council
Thematic Partnerships:		
Health & Well Being Board	3 per annum	Leader of the Council
Children & Young People's Board	3 per annum	Cabinet Member for Children, Education & Families
Adult Health and Social Care Board	3 per annum	Cabinet Member for Adult Social Care
Health Improvement Board	3 per annum	Cabinet Member for Public Health & the Voluntary Sector
Spatial Planning & Infrastructure Partnership	1 in June 2011	Leader of the Council
Oxfordshire Local Enterprise Partnership	1 per month	Leader of the Council
Oxfordshire Safer Communities Partnership	4 per annum	Councillor Kieron Mallon in his role as representative on the Thames Valley Police & Crime Panel.
Oxfordshire Stronger Communities Alliance	4 per annum	Cabinet Member for Public Health & the Voluntary Sector
Oxfordshire Waste Partnership (meeting with Oxfordshire Environment Partnership)	4 per annum	Cabinet Member for Environment

SECTION 4

Standing Advisory Bodies

Body	FOM	Places	Basis of Member Appointment	Con	Lib Dem	Lab	Grn
Arts Council S. E. Region Board	3/4 per annum	1*	Cabinet Member for Community Services Nomination only – appointment process by Arts Council	1 Lindsay-Gale			
Music House Committee / Music Education Hub (Partnership) for Oxfordshire	3 per annum	3	On the nomination of the political groups according to political balance	2 Waine Tilley	0	1 vacancy	0
Outdoor Centres House Committee (under review)		3	On the nomination of the political groups according to political balance	2 Waine Tilley	0	1 vacancy	0
Schools Organisation Stakeholder Group (includes former Oxfordshire School Forum)	quarterly	5 1 observer (with no voting rights)	On the nomination of the political groups according to political balance Cabinet Member for Children, Education & Families	3 Newton Stratford Waine Tilley	1 Altaf-Khan	1	
Young People's Well-Being Group	2	5	5 non-executive councillors on the nomination of the	3 Chapman-City	1 vacancy-South	1 Beal - Cherwell	0

Body	FOM	Places	Basis of Member Appointment	Con	Lib Dem	Lab	Grn
			<p>political groups according to political balance, to reflect as far as possible the geographic areas of the county;</p> <p>the Cabinet Member with responsibility for Children and Young People (ex officio)</p>	<p>Rose-West</p> <p>Constance-Vale</p>			

Informal Member/Officer Working Groups

Working Group	FOM	Places	Basis of Appointment	Con	Lib Dem	Lab	Grn
Corporate Parenting Panel	4 per annum	10	On the nomination of the political groups according to political balance, to include the Cabinet for Children Education & Families and the three members serving on the Fostering & Adoption Panels Director for Children, Education & Families and Director for Social & Community Services or nominees	6 Billington Chapman Hibbert- Biles Lilly Tilley Waine	2 Godden Fooks* *At the invite of the Chairman	2 Brighthouse vacancy	0
Oxfordshire Museums Joint Working Group	quarterly	3	On the nomination of the political groups according to political balance Cultural Services Manager and/or representative(s)	2 Lindsay- Gale Mathew	0	1 vacancy	0

Working Group	FOM	Places	Basis of Appointment	Con	Lib Dem	Lab	Grn
Minerals & Waste Local Plan Working Group For details see addenda							
Oxfordshire County Council South Africa Link Group	2/3 per annum	4	On the nomination of the political groups according to political balance	2 Hibbert-Biles Lovatt Gearing	1 D. Turner	1	0
School Governor Appointments Panel	as required	6	On the nomination of the political groups according to political balance Representatives of the Children, Education & Families Governors Team	4 Owen Tilley Newton Waine	1 Altaf-Khan	1 Brighthouse	0
Minority Ethnic Consultative Forum (replacing Social Inclusion Reference Group) for details see addenda.							

Working Group	FOM	Places	Basis of Appointment	Con	Lib Dem	Lab	Grn
West End Steering Group	as required	2	Leader of the Council and Deputy Leader or representative	2 Hudspeth Rose	0	0	0

SECTION 6

Strategic Outside Body	FOM	OCC Entitlement	Appointees for 2012/13
County Councils Network (CCN)	Council - 4 per annum Executive – 4 per annum Annual conference	4 county councillors	Hudspeth Lindsay-Gale Rose Tilley
Local Government Association (LGA)	General Assembly -1 per annum	4 county councillors (* to cast additional OCC vote)	Hudspeth* Hibbert-Biles Rose Tilley
LGA: Rural Commission	as required	1 county councillor	Rose
LGA: Urban Commission	as required	1 county councillor	Fatemian
Oxfordshire Association of Local Councils	as required	1 county councillor	Greene
Oxfordshire Care Partnership Board	as required	1 county councillor	Heathcoat
Oxfordshire Countryside Access Forum	2/3 per annum	1 county councillor	Rose
Oxfordshire Rural Community Council	as required	1 county councillor	Greene
South East England Councils	Executive – 4 per annum AGM	1 county councillor + 1 deputy	Hudspeth <i>Hibbert-Biles</i>

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Division(s): N/A

CABINET – 18 JUNE 2013

FORWARD PLAN AND FUTURE BUSINESS

Items identified from the Forward Plan for Forthcoming Decision

Topic/Decision	Portfolio/Ref
Cabinet, 16 July 2013	
<ul style="list-style-type: none"> <p>▪ Delegated Powers of the Chief Executive - July 2013 To report on a quarterly basis any executive decision taken by the Chief Executive under the specific powers and functions delegated to her under the terms of Part 7.4 of the Council's Constitution – Paragraph 1(A)(c)(i). It is not for scrutiny call in.</p> 	Cabinet, (Leader) 2013/028
<ul style="list-style-type: none"> <p>▪ Flood Risk Management Strategy To seek members approval of the draft Flood Risk Management Strategy prior to formal public consultation.</p> 	Cabinet, (Deputy Leader) 2013/079
<ul style="list-style-type: none"> <p>▪ Corporate Plan Performance Report for the 4th Quarter 2012 Quarterly Performance Monitoring report.</p> 	Cabinet, (Deputy Leader) 2013/004
<ul style="list-style-type: none"> <p>▪ Adult Social Care Management System To seek approval for the business case to go out for full procurement of a new adult social care management system in preference to the earlier Cabinet decision (June 2011) to upgrade our existing system.</p> 	Cabinet, (Adult Social Care) 2013/057
<ul style="list-style-type: none"> <p>▪ Care Home Fees To decide the way forward following consultation on the agreed proposals.</p> 	Cabinet, (Adult Social Care) 2012/174
<ul style="list-style-type: none"> <p>▪ Joint Carers Strategy To seek endorsement of the joint Carers Strategy which sets the direction for meeting the needs of the county's carers.</p> 	Cabinet, (Adult Social Care) 2013/023
<ul style="list-style-type: none"> <p>▪ Future Direction of Oxfordshire Customer Services and School Facing Services To report to Cabinet on the outcomes and recommendations following the review of existing services and delivery models.</p> 	Cabinet, (Business & Customer Services) 2013/080

- **Expansion of Wolvercote Primary School, Oxford to 1.5 Form Entry** Cabinet, (Children, Education & Families) 2013/085
 If objections received, final decision on proposed expansion of Wolvercote Primary School to 1.5 form entry with admission number of 45 from September 2014.
- **Expansion of St Joseph's Catholic (VA) Primary School, Oxford to 2 Form Entry** Cabinet, (Children, Education & Families) 2013/087
 If objections received, final decision on proposed expansion of St Joseph's Catholic (VA) Primary School to 2 form entry with admission number of 60 from September 2014.
- **Expansion of Queensway Primary School, Banbury to 2 Form Entry** Cabinet, (Children, Education & Families) 2013/046
 If objections received, decision on whether to approve publication of a statutory notice in order to expand the school from September 2014 on a permanent basis.
- **Expansion of Watchfield Primary School to 2 Form Entry** Cabinet, (Children, Education & Families) 2013/059
 If objections are received, decision on whether to proceed to publish a Statutory Notice.
- **Alteration of Hill View Primary School's Lower Age Limit in Order to Establish Nursery Provision** Cabinet, (Children, Education & Families) 2013/061
 If objections are received, final decision required on this proposal.
- **Alteration of St Peter's CE (VA) Primary School (Cassington) Lower Age Limit in Order to Establish Nursery Provision** Cabinet, (Children, Education & Families) 2013/063
 If objections are received, final decision required on this proposal.
- **Home to School Transport Policy** Cabinet, (Children, Education & Families) 2013/089
 Whether to approve a new OCC Home to School Transport policy, following a consultation.
- **2013/14 Financial Monitoring & Business Strategy Delivery Report - May 2013** Cabinet, (Finance) 2013/002
 Financial report on revenue and capital spending against budget allocations, including virements between budget heads.
- **Treasury Management 2012/13 Outturn** Cabinet, (Finance) 2013/027
 To review Treasury Management activity in 2012/13 in accordance with the CIPFA code of practice.

Cabinet Member for Children, Education & Families, 15 July 2013

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| <p>▪ Expansion of Wolvercote Primary School, Oxford to 1.5 Form Entry</p> <p>If no objections received, final decision on proposed expansion of Wolvercote Primary School to 1.5 entry with admission number of 45 from September 2014.</p> | <p>Cabinet Member for Children, Education & Families, 2013/086</p> |
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| <p>▪ Expansion of St Joseph's Catholic (VA) Primary School, Oxford to 2 Form Entry</p> <p>If no objections received, final decision on proposed expansion of St Joseph's Catholic (VA) Primary School to 2 form entry with admission number of 60 from September 2014.</p> | <p>Cabinet Member for Children, Education & Families, 2013/088</p> |
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| <p>▪ Alteration of Hill View Primary School's Lower Age Limit in Order to Establish Nursery Provision</p> <p>If no objections received, final decision required on this proposal.</p> | <p>Cabinet Member for Children, Education & Families, 2013/060</p> |
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| <p>▪ Alteration of St Peter's CE (VA) Primary School (Cassington) Lower Age Limit in Order to Establish Nursery Provision</p> <p>If no objections are received, final decision required on this proposal.</p> | <p>Cabinet Member for Children, Education & Families, 2013/062</p> |
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Cabinet Member for Environment, 25 July 2013

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| <p>▪ Tree Management Policy - Refresh of Existing Policy to Reflect Changes in the Local Environment</p> <p>To seek approval to the revised policy.</p> | <p>Cabinet Member for Environment, 2013/020</p> |
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| <p>▪ Cotswolds AONB Management Plan 2013-2018</p> <p>To formally endorse the Management Plan.</p> | <p>Cabinet Member for Environment, 2013/075</p> |
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| <p>▪ Proposed Parking Restrictions, Mallards Way, Bicester</p> <p>To seek approval to proceed.</p> | <p>Cabinet Member for Environment, 2013/064</p> |
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| <p>▪ Proposed Disabled Persons Parking Places - Various Sites in Oxford City and Cherwell</p> <p>To seek approval to proceed.</p> | <p>Cabinet Member for Environment, 2013/065</p> |
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| <p>▪ Proposed Zebra Crossing - Reading Road, Wallingford</p> <p>To seek approval to proceed.</p> | <p>Cabinet Member for Environment, 2013/066</p> |
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- **Proposed Zebra Crossing - Over Norton Road, Chipping Norton**
To seek approval to proceed. Cabinet Member for Environment, 2013/067
- **Consideration of Objections to Experimental Traffic Regulation Order - Parking in Shiplake**
To seek approval to proceed. Cabinet Member for Environment, 2013/068
- **Consideration of Objections to Experimental Traffic Regulation Order - Banned Turns on A40 Risinghurst**
To seek approval to proceed. Cabinet Member for Environment, 2013/069
- **Proposed Parking Restrictions - Burford Road/Moor Avenue, Witney**
To seek approval to proceed. Cabinet Member for Environment, 2013/070
- **Proposed Parking Restrictions - Limborough Road, Wantage**
To seek approval to proceed. Cabinet Member for Environment, 2013/072
- **Proposed 40mph Speed Limit and Other Traffic Orders - B4100 Bicester Eco-Town**
To seek approval to proceed. Cabinet Member for Environment, 2013/076

Cabinet Member for Public Health & the Voluntary Sector, 24 July 2013

- **Chill Out Fund 2013/14 - July 2013**
To consider applications received (if any) from the Chill Out Fund. Cabinet Member for Public Health & the Voluntary Sector, 2013/055

Division(s):

CABINET 18 JUNE 2013

THE PRINCIPLE OF DIRECT DELIVERY BY DEVELOPERS OF ON-SITE INFRASTRUCTURE & MAJOR OFF-SITE HIGHWAY WORKS

Report by Director for Environment & Economy

Introduction

1. New developments bring with them a need for investment in infrastructure and services that are provided by the County Council. The approach to date has been to secure this using financial contributions and works from the developer through the planning process, as follows:
 - Non-highway infrastructure;
 - Financial contributions towards on- and off-site provision, for both major (e.g. schools) and small infrastructure
 - Highway infrastructure¹;
 - Financial contributions towards off-site major (typically costing over £1m) works.
 - Direct provision of the routine off-site schemes (under £1m) via a S278 agreement; including access works linking to the public highway
2. The proposed change is to enable the direct delivery of major infrastructure:
 - non-highway on-site; and
 - highway off-site
3. Increasingly, proposers of substantial developments are expressing a desire to design and construct major infrastructure rather than make a financial payment to the County Council to in turn deliver the infrastructure.

Exempt Information

4. Legal issues associated with the principle of direct delivery of major infrastructure have been considered in detail – a summary of that assessment and received advice is in **Annex 3**.

The public should therefore be excluded during consideration of the Annex because their discussion in public would be likely to lead to the disclosure to members of the public present of information in the following categories prescribed by Part 1 of Schedule 12A to the Local Government Act 1972 (as amended): paragraph 3 – Information relating to the financial or business affairs of any particular person (including the authority holding that information). Since it is considered that, in all circumstances of the case, the

¹ These works are/include changes to the public highway. Highways within a development (e.g. the estate roads & spine roads) are directly delivered and may be offered for adoption as public highways through the S38 agreement process.

public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that disclosure would be to the detriment of the Council's ability properly to discharge its fiduciary and other duties as a public authority.

Key Issues

5. The argument put forward by developers is that 'direct delivery' of on-site infrastructure and major off-site highway works will be more cost effective.
6. Direct delivery could also bring significant benefits to the County Council arising from the transfer to the private sector of financial risks associated with delivering new infrastructure, thereby helping reduce the level of risk on the Council's Capital Programme. It also offers the potential (once established) to simplify and speed up the S106/S278 negotiation process thus reducing costs for both the developer and the County Council.
7. In order to satisfactorily mitigate risks to the county council key principles to be adhered to in S106/S278 agreements when allowing direct delivery of major infrastructure are set out in **Annex 1**. These risk areas are considered below.

Specification of Infrastructure Requirements

8. Enabling developers to undertake direct delivery of major infrastructure must not result in a reduction in the standard of that infrastructure provided. The County Council would therefore need to ensure that it has clearly defined, and up to date, specifications in place that define the standard of infrastructure which is to be delivered by the developer.
9. With regard to highway infrastructure the County Council uses a combination of existing national and local standards. These standards are kept under regular review and are updated where necessary.
10. With regard to property, and in particular the construction of new schools, the County Council would rely upon the use of specifications that set out the expectations in terms of design and build requirements. As a matter of good practice Carillion Capita Simonds have been instructed to review and update our current requirements. The outcome of this work could then form the basis for agreeing with a developer the basis for direct delivery of on-site infrastructure. There will also need to be comprehensive (documented) procedures to ensure satisfactory delivery akin to the Standard Conditions used for direct delivery of off-site highway works. Contractually the developer (and the professionals/contractor) would be responsible for ensuring that any defects arising from the design and build process are appropriately remedied.
11. The review of our current requirements provides the opportunity to ensure that any works undertaken by a developer take full account of the need to meet mandatory requirements in respect of energy efficiency. It also provides the opportunity to ensure that the design process takes account of the need to

minimise the on-going maintenance and operational costs of any new building.

12. In parallel with the consideration of this issue a review of school space standards is currently underway following the outcome of the James' review. The outcome of the review of school space standards will be considered in September. Were the Cabinet to agree to a change in school space standards these would be reflected in the requirements placed upon developers.
13. Compliance by the developer in meeting the County Council's requirements for new infrastructure would be monitored during the design and construction phase as appropriate. Contract supervision of this kind is already a part of the highway construction process.
14. As part of the package of measures needed to enable direct delivery by developers the standard conditions (for S278 agreements) for the control of highway works in conjunction with development have been reviewed and updated by Environment and Economy and Legal Services; the updated conditions are suitable for use with both routine and major highway infrastructure schemes but the major schemes will require additional collateral warranties.
15. In updating the standard conditions, provisions have been incorporated to ensure compliance with the Noise Insulation Regulations 1975, with the position on compensation regularised and clarified so as to require developers discharge mandatory compensation. The Cabinet's approval of the revised standard conditions (**Annex 2**) is sought and so too the revocation of a previous determination by the Council's Highway Committee in May 1976 on noise insulation compensation requirements.
16. A pre-condition of any S106/S278 agreement would be the developer's acceptance of the relevant County Council requirements ~~specification~~ for the proposed infrastructure.

Managing Contractual Relationships

17. If the County Council were to permit direct delivery of major on-site infrastructure there would be a need to ensure that the County Council can hold the design suppliers and design teams employed by the developer to account for resolving any design and/or construction faults that might arise.
18. This risk would be managed through the County Council insisting on having a role to play in the selection of the design and construction teams employed by the developer. This would be backed up by the use of collateral warranties to provide the necessary level of assurance.

Implications for the Highways and Property Contracts

19. Implications on the County Council's existing highway and property contracts by allowing developers to undertake the direct delivery of major off-site highway works and on-site infrastructure have been discussed with the corresponding Programme Boards.
20. The contract with Carillion Capita Simonds specifically excludes projects in relation to S106 agreements under which the County Council agrees that a developer can undertake the work (or other arrangements whereby the developed undertakes relevant works to mitigate the impact of the development). However, Carillion Capita Simonds would be able to bid for work commissioned by developers on a commercial basis.
21. For both contracts the management overhead is distributed across the programme of work: in other words it is in the interest of the County Council that its delivery partners maximise their workload.

Timing of Delivery

22. Where major off-site highway works and/or on-site infrastructure is being delivered by the developer the County Council would include within the legal agreements restrictions on the occupation of dwellings/buildings that may occur before a piece of infrastructure is opened. This is standard practice for S278 works.

Procurement Requirements

23. A developer wishing to undertake direct delivery of infrastructure would have to satisfy the County Council that the procurement process for appointing the design and construction teams is undertaken using an open, fair and competitive process. This would safeguard contractors and design professionals and thereby in practice reduce the risk of potential challenge from third party contractors and professionals that the direct delivery agreement contravenes public procurement law. There are also important processes which must be adhered to where the full rigours of the Public Contract Regulations 2006 apply (i.e where the estimated value of the works is in excess of the EU threshold) so as to prevent a challenge which might lead to cancellation of the direct delivery agreement.

Guaranteeing Availability of Pupil Places

24. In the case of on-site provision of a school the freehold ownership of the site and building will transfer to the County Council upon completion of the works, with the facility then leased to the Academy/Free School/University Technical College provider

Direct Delivery of Infrastructure off-site.

25. There are potentially some circumstances where direct delivery of infrastructure might fall outside the remit of S106 agreements – for example

where a developer's obligations are met through direct delivery (by him/her) on land owned by a third party (private land or land of the Council).

26. The County Council must comply with public procurement law and the related requirements of the Contract Procedure Rules contained in the Council's constitution. Where the full rigours of the Public Contract Regulation 2006 do not apply (i.e. where the value of the works is below the EU threshold c£4.3m), it will be necessary to seek an exemption from the Contract Procedure Rules and ensure that the developer advertises and awards the works following a fair and transparent competitive process. Where the full rigours of the Public Contract Regulations are engaged (because the value is above the EU threshold) an exemption is not permissible.

Financial and staff implications

27. Developer contributions secured through S106 agreements are often insufficient to deliver the required capital infrastructure schemes in full. Permitting direct delivery of major off-site highway works and on-site infrastructure offers the potential of delivering schemes on a more cost effective basis and with a reduced risk of overspend. While this cannot be quantified, the removal of potential shortfalls in funding would strengthen the council's position to deliver wider infrastructure elsewhere to support the growth of the economy in Oxfordshire.
28. In order to properly manage the capital programme and provide transparency [to the overall consideration] how the relevant mitigation works (infrastructure) associated with a development are to be delivered, through contributions or direct delivery, will need to be made explicit prior to the completion of the appropriate S278/S106 agreements.
29. The potential for increased revenue costs, such as legal/technical expertise, would be mitigated by making appropriate provision within the agreements secured through the planning process. It is not envisaged that there will be any effect on current staffing levels.
30. In order to ensure the delivery of infrastructure (whether through direct delivery or contributions) the County Council will continue to require bonds to guarantee payment/delivery.
31. The transfer of financial risk to the developer offers significant benefit to the County Council. The extent of any residual risks to the authority and to the building occupier can be mitigated. In the light of potential benefits to infrastructure delivery and to the Council, the principle of potential direct design and construction of infrastructure by developers (within Section 106 and 278 agreements) is recommended
32. In exceptional circumstances where best value to the authority can be demonstrated, a developer should also be able to deliver infrastructure on a third party site in lieu of contributions provided that there is compliance with the Council's constitution. This must however be the subject of review on a

case by case basis in the light of the competencies of the developer and the outcomes experienced by the Council.

RECOMMENDATIONS

33. Cabinet is **RECOMMENDED** to:

Approve:

- a. In relation to development proposals the principle of direct delivery of
 - i. major on-site infrastructure, and
 - ii. major off-site highway infrastructure
- b. The entering into of S106/S278 agreements (subject to the prior approval of the Director for Environment & Economy) to secure the direct delivery of major infrastructure in line with the key principles as set out in Annex 1.
- c. The standard conditions (for S278 agreements) for the control of highway works in conjunction with development (as in Annex 2).
- d. Development of school space standards for subsequent approval by Cabinet (Paragraph 4.5).

Revoke:

- e. Previous determinations in relation to the standard conditions for highway works in conjunction with development and in relation to noise insulation compensation requirements taken by the Highways Committee on 18 May 1976.

HUW JONES

Director for Environment & Economy

June 2013

Contact: Martin Tugwell - Deputy Director (Strategy and Infrastructure Planning)
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Roy Newton - Service Manger Infrastructure Development
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Annex 1: KEY PRINCIPLES OF DIRECT DELIVERY OBLIGATIONS TO BE INTEGRATED WITHIN S106

FOR EDUCATION AND OTHER ON SITE INFRASTRUCTURE:

1. 'voluntary transparency notice' is issued prior to the completion of the S106 agreement (and no objections received). Regulatory minimum notice to apply
2. Section 106 agreement completed - Works commitments to be given in Section 106 agreement (not postponed decision) conditional on grant of permission and implementation
3. Section 106 agreement to incorporate standard conditions encompassing the following:-
 - Developer exercises competitive procurement of works and services.
 - Standards are reviewed and revised to deliver essential requirements in line with national policy.
 - Consultants are jointly selected by the authority and developer.
 - Appropriate levels of engagement combined with defined standards.
 - Bond protection extends to remedying of defects arising during defects liability period.
 - Collateral warranties are gained from key members of the supply chain.
 - Gateway evaluation of the proposed project is carried out at appropriate stages, including final acceptance of completed scheme.
 - Developer to cease occupations if the school is not handed over by a defined number of units (based upon available capacity within existing / temporary infrastructure).
 - Contribution accounting for works, making good, travel etc. shall be levied in circumstances where provision of temporary school facilities are necessary.
 - Residual costs to the authority are met through developer contributions (fit out, ICT, professional fees etc.).
 - Indemnity from developer for any residual procurement risk.
 - Certificate of completion

FOR TRANSPORT:

1. 'voluntary transparency notice' is issued prior to the completion of the Section 278 agreement (no objections received). Regulatory minimum notice to apply
2. Section 278 agreement completed at the same time as Section 106 agreement i.e. commitments conditional on grant of planning permission and implementation.
3. Agreement incorporates Standard Conditions for the Control of Highway Works in conjunction with Development.
4. Completion of works linked to required stage(s) of the development with prohibition on further developments/occupation until met. This is tied in with other related Planning Conditions if required.
5. Where estimated value of works is in excess of £2M collateral warranties to be provided.
6. Indemnity from developer for any residual procurement risk.

Annex 2: REVISED STANDARD CONDITIONS FOR SECTION 278 AGREEMENTS

OXFORDSHIRE COUNTY COUNCIL

PRINCIPAL CHANGES TO THE STANDARD CONDITIONS FOR THE CONTROL OF HIGHWAY WORKS IN CONJUNCTION WITH DEVELOPMENT (March 2013)

- a. Improved process of the undertaking and provision of Safety Audits.
- b. Condition 9 which relates to various matters for submission to the Council which must be submitted to the Council have been put into tabular form so as to improve clarity and compliance Condition 11 which addresses consents and approvals required for the carrying out of the Works has been amplified so as to give further examples of the type of approvals etc. - which may be required and to make clear that any consent is to be secured at the developer's expense and subject to standard procedures.
- c. Standard requirement for the developer to sufficiently advertise the proposed works and award contract by means of fair, transparent and competitive process.
- d. Provisions have been incorporated for the developer to undertake noise surveys so as to address fully responsibilities of the County under the Noise Insulation Regulations 1975 and thereby improve compliance.
- e. Interest is to be payable on late payments due to the Council.
- f. Introduction of charges to cover increased costs to the Council for extensions of time.

OXFORDSHIRE COUNTY COUNCIL

STANDARD CONDITIONS FOR THE CONTROL OF HIGHWAY WORKS IN CONJUNCTION WITH DEVELOPMENT

CONTENTS

General

1. Interpretation
2. Relationship with Agreement
3. Communications with the Council
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20** Edition

OXFORDSHIRE COUNTY COUNCIL

STANDARD CONDITIONS FOR THE CONTROL OF HIGHWAY WORKS IN CONJUNCTION WITH DEVELOPMENT

GENERAL

1 INTERPRETATION

In these Conditions:-

- 1.1 “the Agreement” means any agreement or other instrument by which these Conditions are applied.
- 1.2 “Authorisations” has the meaning given in Condition 11.1.
- 1.3 “the Bond” means the bond referred to in Condition 12.
- 1.4 “the Certificate of Completion” means the certificate issued under Condition 29.
- 1.5 “Contractor” includes an agent and any sub-contractor or agent of a main contractor.
- 1.6 “the Council” means the Oxfordshire County Council of County Hall New Road Oxford OX1 1ND and, so far as the context admits, includes any employee or contractors duly appointed by them.
- 1.7 “the Developer” means the person or persons by whom the Agreement requires the Works to be executed.
- 1.8 “including” means including without limitation or prejudice to the generality of any preceding description defining term phrase or word(s) and ‘include’ shall be construed accordingly.
- 1.9 “Safety Audit” means a safety audit in accordance with Oxfordshire Safety Audit Guideline as revised from time to time and incorporating H.D. 19/03 (Road Safety Audit Volume 5 design manual for roads and bridges)
- 1.10 “the Scheme of Works” means the matters specified in Conditions 9.1 – 9.3 as may for the time being have been varied and/or augmented under Condition 11 and/or Condition 23.
- 1.11 “statutory requirements” means the requirements of any enactment (being any act and any subordinate legislation as defined in the Interpretation Act 1978) national guidance or good practice guides.
- 1.12 “the Works” means the works which the Agreement requires to be executed in accordance with these Conditions and references to “the Works” includes each and every part of them.
- 1.13 The headings are for ease of reference and shall not affect the construction or interpretation of these Conditions.

1.14 References to the Construction (Design and Management) Regulations are to the Construction (Design and Management) Regulations 2007 as varied or replaced from time to time.

1.15 Any reference to any enactment includes any amendments to or modification of it and the version of it for the time being in force shall apply.

2 RELATIONSHIP WITH AGREEMENT

These Conditions shall be construed together with and subject to the Agreement and in the event of any inconsistency between the Conditions and the Agreement the latter shall prevail.

3 COMMUNICATIONS WITH THE COUNCIL

Any notice or other communication required by these Conditions to be given by the Developer to the Council shall be given in writing to the Council's Director for Environment & Economy at his main office at Speedwell House Speedwell Street Oxford OX1 1NE or to such other person and/or at such other place as he may identify in writing to the Developer.

4 APPROVALS AND CERTIFICATES

4.1 No approval consent authorisation or payment as specified in Condition 4.3 shall create any contractual relationship between the Developer and the Council beyond that contained in the Agreement or operate in any way as a warranty or otherwise imply that the subject matter of such approval consent authorisation or payment is fit for its intended purpose nor shall it relieve the Developer or any professional adviser or contractor engaged in connection with the Works from their respective obligations to use all proper skill and care in respect of the Works.

4.2 The Council will not be liable for any loss damage or injury which the Developer may sustain arising from action taken in consequence of such approval consent authorisation or payment.

4.3 The matters referred to in Condition 4.1 are:

4.3.1 any approval or consent given by the Council in respect of the discharge by the Developer of its obligations under these Conditions;

4.3.2 any authorisation given or implied by or under these Conditions in respect of anything done or to be done by the Developer on or in relation to any highway; or any payment made by the Developer to the Council under these Conditions.

5 COUNCIL TO ACT IN DEFAULT OR EMERGENCY

5.1 In the event that either of the following circumstances occur:-

- 5.1.1 if the Developer shall be materially in default in respect of any of the provisions of the Agreement including these Conditions requiring work to be done or not done, or to be done in a particular manner or by a particular time and if such default continues after the Council have given to the Developer not less than 21 days' written notice of the steps they require to be taken to remedy such default; or
- 5.1.2 if it shall appear to the Council at any time during the course of execution of the Works that danger to persons or prejudice to the structure or stability of the public highway or of adjoining land exists or is imminent, and that it is not reasonably practicable to cause the Developer to take the necessary remedial steps forthwith;

The Council may take such steps themselves to the exclusion of the Developer and charge the expenses incurred (including their reasonable administrative costs) against the Developer.

5.2 Such expenses will be a debt due to the Council and recoverable by them by action or otherwise and for the avoidance of doubt the Council may recover such expenses under the Bond where the Council has taken such steps because the Developer is in default as provided in Condition 5.1.1 or where the Council has taken such steps in an emergency further to Condition 5.1.2 and in the latter case the Developer has failed to discharge the Council's expenses.

6 **INDEMNITY**

The Developer shall indemnify the Council and keep them indemnified against;

- 6.1 all actions, liabilities, claims, costs and proceedings which may arise from the execution and completion of the Works (except insofar as may arise from the negligence or default of the Council) and from anything done or not done by the Developer or by its employees or contractors in connection with the Works;
- 6.2 all actions, liabilities, claims, costs and proceedings arising in connection with or incidental to or in consequence of the lawful use of the highway following upon the carrying out or completion of the Works under the Land Compensation Act 1973 or under regulations made pursuant to Section 20 of the Land Compensation Act 1973 (insulation against noise) and any grants made by the Council under such regulations in accordance with its established policy. The Council may by advertisement invite claims under the Land Compensation Act 1973 and under regulations made pursuant to Section 20 of that Act.

7 **HEALTH AND SAFETY**

The Developer shall act as the only client in respect of the Works for the purposes of The Construction (Design and Management) Regulations.

8 PAYMENTS

Where the Council seeks any payment further to these Conditions then save where there is express provision as to timing for payment such payment shall be due within 28 days of written request from the Council and if payment is not made within such 28 day period (or where applicable such other period as expressly provided) then interest at 4% per annum above the base rate from time to time of Lloyds TSB Bank PLC shall be payable from the expiration of the 28 day period until the date of payment.

PRELIMINARIES

9 SUBMISSIONS TO THE COUNCIL

The Developer shall submit to the Council the information and other matters specified in column 1 below in accordance with the timetable set out in column 2 below and the notes set out in column 3 below: -

Highway Matters

9.1

Information	Timetable	Notes
<p>Detailed plans (which shall include a layout plan to a scale of 1:1250 or 1:2500 according to whichever is the Ordnance Survey base scale for the area), drawings and specifications of the Works (including the drainage of them) and the materials to be used when complying with the relevant standards and specifications of the Council for the time being in force, together with such structural and drainage calculations as the Council may consider necessary having regard to the nature of the Works;</p>	<p>No later than 3 months before any tender is invited for the execution of the Works</p>	<p>There shall be paid to the Council on the submission a sum equal to 0.4% of the estimated gross cost of the Works as identified in Condition 12</p>

9.2

<p>A detailed programme designed</p>	<p>No later than 2 weeks</p>	<p>Significant</p>
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to ensure the orderly and timely execution and completion of the Work with the minimum of disturbance and disruption to use of highway and occupiers of property and to facilitate the implementation of any such measures in respect of undertaker's apparatus as may be identified pursuant to Condition 10.	after the acceptance of any tender for the execution of the Works	programme changes to be identified not less than 2 weeks prior to the change
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9.3

(a) Measures for the control of vehicles and plant to be used in the course of execution of the Works (including vehicles engaged on the transport of materials and equipment to and from the Works) and measures for traffic regulation in order to minimise and/or alleviate damage to the highway disturbance to occupiers of property and disturbance and disruption to use of the highway (including traffic congestion) <i>(and (b) traffic safety measures and measures including lights, guards, fencing and warning signs in order to protect the Works and/or for the safety and convenience of the public</i>	No later than 2 weeks before the Works are expected to commence	
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9.4

Safety Audit Stage 2 Report	No later than 3 months before any tender is invited for the execution of the Works	
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9.5

Details in accordance with Condition 15 of the persons proposed to be invited to tender.	No later than 1 month before any tender is invited for the execution of the Works.	
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Other Matters

9.6

Details of the guarantor proposed to be given pursuant to Condition 12, together with any	No later than 1 month before the Works are expected to commence.	
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bills of quantities or tenders which the Developer wishes the Council to take into account under that Condition.		
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9.7

Details of the insurances required by Condition 14.	No later than 1 month before the Works are expected to commence.	
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9.8

<p>Part 1 Noise survey and assessment and modelling sufficient to establish whether any properties will be eligible for noise insulation according to regulation 3 or regulation 4 (as applied by the Council) of the Noise Insulation Regulations 1975 applying the requirements of the Design Manual of Roads and Bridges Volume 11 – Environmental Assessment and the Calculation of Road Traffic Noise 1988 to be undertaken by a noise expert approved by the Council.</p> <p>Part 2 If the assessment concludes that there will be any property eligible for noise insulation to submit to the Council:</p> <p>(a) a map and list of all eligible properties. ¹</p> <p>(b) a list of all occupiers and landlords</p> <p>(c) a survey and assessment for each eligible property of the work to be carried out to comply with requirements of the Noise Insulation Regulations 1975 and the specification for that work</p>	<p>No later than 1 month before the Works are expected to commence or earlier than 3 months before the Works are expected to commence.</p> <p>As above</p>	<p>Precise timing of survey to be agreed with the Council. Location of the survey/testing to be advised to the Council and if applicable adjusted to ensure regulatory compliance.</p>
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9.9

Condition survey (comprising photographs) of land and highway adjoining and neighbouring the site of the Works together with such further areas as the Council may	No later than 1 month before the Works are expected to commence.	
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¹ Dwellings and other buildings used for residential purposes which will be not more than 300 metres from the edge of the carriageway of the highway after completion of the work.

require.		
9.10		
Notification of the identity of the contractor who has submitted a successful tender.	No later than 2 weeks after the acceptance of any tender for the execution of the Works.	

In any particular case any information or matter may be submitted to the Council at such later time as the Council may consider expedient subject to the Council identifying such later time in writing.

10 UNDERTAKERS' APPARATUS

10.1 The Developer shall in preparing the Scheme of Works consult every undertaker within the meaning of the New Roads and Street Works Act 1991 whose apparatus or services lie in, on, under or over the site of the Works or may otherwise be affected by the Works (whether or not it is intended to connect into such services in connection with the Works), with a view to the identification and implementation of any measures considered necessary by the undertakers for the protection of, or otherwise in relation to, their apparatus or services, and shall be responsible for all dealings with such undertakers in respect of the implementation of such measures and for all costs payable to the undertakers in that behalf.

10.2 For the avoidance of doubt the Developer shall comply with statutory requirements relating to street works (as defined in the 1991 Act).

11 AUTHORISATIONS

11.1 Authorisations signifies all rights, approvals and consents and any other requisite action to enable the Works to be properly and lawfully executed and completed (in accordance with the Agreement including these Conditions) and the subsequent implementation and functioning of the Works including (but not so as to provide an exhaustive list of examples)²:-

11.1.1 planning permission for the Works;

11.1.2 authority for stopping up diversion or other alteration of any existing highway so far as necessary to enable the Works to proceed and / or be implemented and function;

11.1.3 authority or agreement for stopping up (including relocating) any private access to any existing highways which is necessary in the opinion of the Council to enable the Works to proceed and / or be implemented and function³ ;

11.1.4 street works licence further to the New Roads and Street Works Act 1991;

² Examples may also include noise consent from district council

³ This relates to for example Section 127HA.

- 11.1.5 authorisation for any traffic regulation measures including prohibitions, restrictions and controls where necessary in the Council's opinion to enable the Works to proceed and/or to be implemented and function⁴; and
- 11.1.6 any rights and easements which in the Council's opinion are necessary to ensure the permanent and satisfactory drainage or lighting of the Works such rights and easements to be in a form previously approved by the Council.
- 11.2 The Developer shall be responsible for ensuring that all Authorisations are secured in timely manner at its own cost.
- 11.3 Save in so far as any consent is expressly granted under the Agreement nothing in the Agreement shall prejudice or affect in any way the exercise by the Council of its powers and duties relating to any application for an Authorisation including the consideration and processing of an application, the carrying out of any procedural requirements (pursuant to any enactment or Council policies or protocols) and the determination as to whether or not the Authorisation should be made, granted or confirmed.
- 11.4 Any costs incurred by the Council relating to any application for an Authorisation - and any related matters shall be discharged by the Developer.
- 11.5 Where the procedures for securing any Authorisation entail consultation and in consequence of such consultation the Council determines that the Works / the Scheme of Works shall be varied and / or augmented then any reference to the Works and / or the Scheme of Works shall be construed as a reference to the Works and / or the Scheme of Works as so varied and / or augmented.
- 11.6 Forthwith on securing any Authorisation the Developer shall supply evidence of this to the Council to the Council's reasonable satisfaction.

12 **BOND**

- 12.1 The Developer and a guarantor satisfactory to the Council shall enter into a Bond in such form as shall have been approved by the Council guaranteeing the execution and completion of the Works in accordance with the Agreement including these Conditions.
- 12.2 The amount of the Bond shall be

⁴ This is directed at securing any requisite TROs which are integral to the Works e.g. bus lanes and also there may be various works such as traffic calming and signals where consultation is mandatory.

- 12.2.1. the gross cost of the Works (including any costs payable to undertakers pursuant to Condition 10) as then (being one month before the Works are proposed to be commenced) estimated by the Council and such estimate may take into account any bills of quantities prepared or tenders received by the Developer in respect of the Works and submitted by it to the Council; and
- 12.2.2. adjusted to take account of inflation for the duration of the Works (and subsequently) as reasonably estimated by the Council; and
- 12.2.3. adjusted to reflect the full costs that may be incurred by the Council as provided in Condition 5.1 (Council to act in default or emergency).

13 MONITORING AND OTHER COSTS

13.1 The Developer shall pay to the Council in respect of the costs to be incurred by the Council in monitoring the execution and completion of the Works (and administration of the Agreement) a sum equal to 9% of the amount of the Bond, subject to a minimum payment of £1,500

Note: The provisions of Condition 27.2 also apply

13.2 The Developer shall pay to the Council legal costs reasonably incurred in connection with the drafting and completion of the Bond.

14 INSURANCE

The Developer shall take out and maintain, until two years after the date on which the Council issues the Certificate of Completion (or if later the date on which all defects and outstanding works have been made good and completed as mentioned in Condition 33), such insurances satisfactory to the Council in the sum of £10million (or such higher sum as the Council may require) as may be appropriate to cover the liability of the Developer and of its employees and contractors in respect of any injury or damage to persons or property which may arise from or in connection with the execution and completion of the Works.

15 CONTRACTORS

15.1 The Developer shall not employ any contractor or agent for the execution of the Works except such contractor or agent as shall be recognised by the Council as being of proven competence and good standing in the field of civil and electrical engineering and experienced in the type and scale of the work which is to be the subject of the contract, and for that purpose the Developer shall not invite tenders for the execution of the Works except from persons proposed to and approved in writing by the Council before any such tender is invited; The employment of a contractor or agent shall not remove or abate any obligation on the part of the Developer arising from the Agreement including these Conditions.

15.2 The Developer shall appoint a contractor to undertake the Works in compliance with the following:-

15.2.1 advertising/publication of the proposed contract for carrying out the Works sufficient to open up the market to competition and for the transparency and impartiality of the procurement procedure to be reviewed such advertising/publication to include the essential details of the contract to be awarded and of the award methodology;

15.2.2 awarding the contract for the Works further to competition applying such transparent and impartial procurement procedures and award methodology.

15.2.3 the Developer shall without cost to the Council, supply such information as the Council may reasonably require demonstrating compliance with this Condition.

16 PRECONDITIONS TO LETTING CONTRACT

The Developer shall not let any contract for the execution of Works unless and until:-

16.1 The Scheme of Works has been approved by the Council; and

16.2 Safety Audit Stage 2 Report has been approved by the Council.

IMPLEMENTATION OF THE WORKS

17 COMMENCEMENT OF WORKS

The Developer shall agree a commencement date with the contractor appointed to execute the Works which is no less than one month from such agreement and forthwith on agreeing the commencement date the Developer shall notify the Council in writing of the agreed date to the intent that the Council is given no less than one month's notice of the commencement date provided always for the avoidance of doubt this notice is for the purpose of the Agreement only and does not constitute notice for any other function of the Council.

18 NO WORK PENDING APPROVALS ETC

18.1 The Works shall not be commenced before the following have occurred:

18.1.1 the Council has issued written approval of the Scheme of Works;

18.1.2 Safety Audit Stage 2 Report has been approved;

18.1.3 evidence of all Authorisations have been supplied to the Council;

18.1.4 the Bond duly executed as a deed by the Developer and the approved guarantor has been delivered to the Council;

18.1.5 the costs referred to in Condition 13 have been paid to the Council;

18.1.6 the Council has given its written approval to the insurances referred to in Condition 14;

18.1.7 the noise survey assessment and modelling in accordance with Condition 9.8 has been supplied to the Council and if appropriate the information referred to in the second part of that Condition has been supplied to the Council

18.1.8 the survey referred to in Condition 9.9 (condition survey) has been supplied to the Council.

18.2 The Developer must have readily available at the site of the Works a copy of the insurances and approved Scheme of Works and shall retain them at the site for the duration of the Works and produce them to any representative of the Council on request.

19 **GENERAL CONDUCT**

19.1 The Developer shall execute and complete the Works in compliance with the approved Scheme of Works, in a sound and workmanlike manner with proper materials and in accordance with good engineering practice and in compliance with all statutory requirements and the provisions of the Agreement including these Conditions.

19.2 Without prejudice to the generality of Condition 6.2 and Condition 19.1 the Developer shall provide the Council with such assistance, information and documentation as the Council shall require to comply with any obligations under the Noise Insulation Regulations 1975 including assistance in responding to any claims made under Regulation 13 of those Regulations.

20 **MONITORING OF SITE AND MATERIALS**

20.1 The Developer shall at all reasonable times give to the Council free access to every part of the Works and shall permit them to monitor them and inspect all materials used or intended for use in the Works.

20.2 Where the Council require any such materials to be tested the Developer shall reimburse the Council the reasonable cost of such testing.

21 **ERRORS AND DEFECTS**

If in the course of execution of the Works it shall appear to the Council:

21.1 that any error has arisen in the position, levels, dimensions or alignment of the Works; or

21.2 that any work carried out or materials used for the purpose of the Works are defective to such extent as to prejudice in any respect the structure, stability, durability or subsequent functioning of the Works; or

- 21.3 that any damage has occurred in respect of the Works; or
- 21.4 that in any other respect the Works are not in accordance with the Scheme of Works;

and the Council notify the Developer in writing of this then the Developer shall, at its own expense and to the satisfaction of the Council, forthwith take such remedial steps as the Council shall specify in the notice. For the avoidance of doubt this Condition is without prejudice to Condition 19.

22 SUSPENSION OF WORK

If in the opinion of the Council some part of the Works ought not properly to be commenced or continued by reason either of:-

- 22.1 the dependence of that part on the completion of remedial steps specified in a notice given under Condition 21; or
- 22.2 adverse weather conditions such as to prejudice the structure or stability of that part if executed under those conditions;

the Developer shall on the written order of the Council suspend the progress of that part of the Works for such time or times and in such manner as the Council may consider necessary, and shall during such suspension properly protect and secure the Works so far as is necessary in the opinion of the Council.

23 VARIATIONS AND ADDITIONS

In the event that any of the following circumstances arising in the course of execution of the Works,:-

- 23.1 if discovery is made of adverse ground conditions or artificial obstruction or other unforeseen factor of a like nature which in the opinion of the Council necessitate a modification of the Works to avoid or compensate for such conditions, obstruction or other factor in the interests of the satisfactory completion and subsequent functioning of the Works; or
- 23.2 if it shall appear to the Council requisite, in accordance with good engineering practice and to ensure satisfactory completion and subsequent functioning of the Works that any work or materials should be added, or that any such work or materials proposed by the Developer to be done or used should be omitted or changed; or
- 23.3 if it shall appear to the Council expedient that any obligation arising from the approved Scheme of Works should be deferred by reason of delay incurred by the Developer arising from some cause not within the Developer's control; or
- 23.4 otherwise if in a particular case the Developer and the Council so agree;

The Scheme of Works shall be varied and/or augmented in manner notified in writing by the Council to the Developer, and in the application of these Conditions any reference to the Scheme of Works shall be construed as a reference to the Scheme of Works as so varied and/or augmented.

24 PREVENTION OF NOISE, DISTURBANCE ETC

24.1 All work shall be carried out without unreasonable noise and disturbance and in such manner as not to interfere unnecessarily or unreasonably with the use and enjoyment of property adjoining or near the Works by their owners and occupiers.

24.2 Without prejudice to the generality of Condition 24.1, no work shall be carried on between the hours of 8.00pm and 7.00am the following day or on any Sunday or public holiday except insofar as:-

24.2.1 any operations are necessary to avoid disruption to or for the control of traffic on any highway; or

24.2.2 any work is unavoidable or absolutely necessary for the safety of life or property or the safety of the Works; or

24.2.3 the Council have in writing otherwise agreed.

25 PROTECTION OF HIGHWAY

25.1 Insofar as the Works affect in any respect the existing highway such part shall be executed with the minimum of disturbance to that highway and traffic using that highway consistent with the work in hand.

25.2 In the event of it appearing to the Council at any time that such disturbance has occurred or is likely to occur to such extent as to prejudice the structure of the highway or the safety of users the Developer shall forthwith take such remedial steps as the Council may require.

25.3 Prior to the commencement of the Works the Developer will provide suitable vehicle and wheel cleaning apparatus and ensure that such apparatus is maintained in good and useable condition and used by all vehicles immediately before leaving the site of the Works to prevent mud or other materials being deposited on the adjoining existing highway.

25.4 In the event of Developer receiving any complaint it will promptly notify the Council.

26 SAFEGUARDING OF COMPLETED WORK

The Developer shall until the Council have issued the Certificate of Completion take all steps necessary to protect and maintain those parts of the Works which have been executed, so that upon substantial completion of the whole of the Works every part of the Works is in a

sound and workmanlike condition and free from any damage and any material wear and tear.

COMPLETION AND CONSEQUENTIAL MATTERS

27 COMPLETION OF WORKS

27.1 The Works shall be executed and completed within such period as the Agreement may define (whether by duration or by reference to a specified date or both), provided that in the event of delay to the work arising from some cause not within the Developer's control the Developer shall be entitled to a reasonable extension of such period.

27.2 Without prejudice to any right or remedy of the Council, the Council may at any time by notice to the Owner permit an extension of time as the Council shall in its discretion determine and the Developer shall pay within 14 days of demand such additional monitoring fees (in addition to that provided for in Condition 13) as is necessary to reimburse to the Council the additional cost incurred in monitoring the Works by reason of the grant of such extension of time

28 CLEARANCE OF SITE

On substantial completion of the Works the Developer shall clear away and remove from the site of the Works all plant, surplus material, rubbish and temporary works and items of every kind, and shall leave the whole of the site of the Works clean and in a workmanlike condition to the satisfaction of the Council.

29 COMPLETION CERTIFICATE

29.1 On substantial completion of the Works and clearance of the site of the Works in accordance with Condition 28 the Developer shall lodge a stage 3 Safety Audit report with the Council. The Council shall issue the Certificate of Completion forthwith if the Council is satisfied that the Works (save for such minor outstanding works as the Council shall agree) have been completed in accordance with the Agreement including these Conditions and if the Council has approved the Safety Audit Stage 3.

29.2 Where the Council is not satisfied and/or has not approved the Safety Audit Stage 3 report the Certificate of Completion will be issued when all remedial/outstanding work has been carried out to the satisfaction of the Council and without cost to the Council.

30 DEDICATION AS HIGHWAY

Upon the issue of the Certificate of Completion unless the Agreement provides otherwise the whole of the land comprised in the Works (so far as not already forming part of the public highway and excluding such part as the Developer and the Council may in writing agree) shall be deemed to have been dedicated as public highway and shall thereafter subject always to compliance with Condition 33 be a highway maintainable at public expense.

31 EASEMENTS

31.1 The Developer shall forthwith following the issue of the Certificate of Completion:-

31.1.1 transfer to the Council all those rights and easements (so far as the same do not at that time already subsist in favour of the Council) referred to in Condition 11.1.5; and

31.1.2 grant to the Council any easement which in the Council's opinion is necessary to ensure the permanent and satisfactory drainage or lighting of the Works in respect of any land which is retained by the Developer and such easement shall be in a form previously approved by the Council and the Developer will procure that any person with an interest in the relevant land joins in the deed of easement for the purpose of consenting to and confirming such easement.

31.2 The Council shall not be liable for the payment of compensation or legal or any other costs or fees arising from any such transfer or grant of easement.

32 HEALTH AND SAFETY (AND NOISE INSULATION)

32.1 The Developer shall within two months following the issue of the Certificate of Completion (or such longer period as the Council may in writing agree furnish to the Council the Health and Safety File prepared in accordance with the Construction (Design and Management) Regulations. The Health and Safety File shall include detailed plans and drawings showing the Works as the same have actually been executed and completed and Developer shall at his own cost ensure that the Council shall not be prevented by copyright or otherwise from reproducing such plans and drawings or part of them as the Council may require for purposes relating only to the Works and the highway and the Developer shall furnish satisfactory evidence to the Council that this has been done). The plans and drawings furnished under this Condition shall be no less detailed than the plans and drawings submitted under Condition 9.1 unless the Council shall in writing otherwise agree.

32.2 The Developer shall within 1 month after the opening of the Works to public traffic supply to the Council an update of the information required pursuant to part 2 of Condition 9.8 (noise survey assessment and modelling- map lists and works) which relates to all eligible properties at the date of the opening of the Works to public traffic.

33 REMEDYING OF DEFECTS AND OUTSTANDING WORKS

33.1 If at any time during the period of two years following the date on which the Council issue the Certificate of Completion:-

33.1.1 any defect in the Works becomes manifest (not being a defect arising solely from normal use by the public as a highway or from accidental or wilful damage by any third party); or

33.1.2 the Developer shall fail to complete any of the outstanding works mentioned in Condition 29 (minor outstanding Works on issue of Certificate of Completion) and the Council notify the Developer in writing of this then the Developer shall at his own expense cause such defect to be made good or outstanding works to be completed (as the case may be) to the satisfaction of the Council.

33.2 The Council may require the Developer to carry out the Safety Audit Stage 4 within 3 months of the opening of the Works and to lodge the report with the Council within one month thereafter and if the Council is not satisfied with the Safety Audit Stage 4 report the Council may then notify the Developer of this at any time prior to the expiry of two years following the date on which the Council issue the Certificate of Completion (*Timescales to be reviewed on a case by case basis*)

33.3 Forthwith on receipt of any notification from the Council further to Condition 33.1 and/or as applicable Condition 33.2 the Developer will agree with the Council the timing of the carrying out of such remedial or outstanding works and unless otherwise agreed shall secure their completion within one month of receipt of such notification (except in the event of delay arising from some cause not within the Developer's control when the Developer shall be entitled to a reasonable extension of time).

34 RELEASE OF BOND

34.1 Upon the issue of the Certificate of Completion the Bond shall be deemed to be released by eighty per cent (80%) of its original value;

34.2 The Bond shall be deemed to be fully discharged at the latest of the following:

34.2.1 the date two years after the date on which the Council issue the Certificate of Completion; and

34.2.2 the date on which all defects and outstanding works have been made good and completed as referred to in Condition 33; and

34.2.3 the date on which the Council have recovered their full expenses in all cases where Condition 5 applies (Council may act in default or emergency);

34.2.4 the date on which the Council have received the transfers or grants further to Condition 31;

34.2.5 the date on which the Developer shall have furnished to the Council the detailed plans and drawings and consent to use as referred to in Condition 32.

34.3 Conditions 34.1 and 34.2 are without prejudice to the Council's absolute discretion from time to time upon application of the Developer to release the Bond to an extent commensurate with the proportion of the Works that have been executed and completed at such time.

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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By virtue of paragraph(s) 1, 2, 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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