

# Meeting of Council

Monday 16 December 2013

Members of Cherwell District Council,

A meeting of Council will be held at Bodicote House, Bodicote, Banbury, OX15 4AA on Monday 16 December 2013 at 6.30 pm, and you are hereby summoned to attend.



**Sue Smith**  
Chief Executive

Friday 6 December  
2013

## AGENDA

1 **Apologies for Absence**

2 **Declarations of Interest**

Members are asked to declare any interest and the nature of that interest which they may have in any of the items under consideration at this meeting.

3 **Communications** (Pages 1 - 2)

To receive communications from the Chairman and/or the Leader of the Council.

#### **4 Petitions and Requests to Address the Meeting**

The Chairman to report on any requests to submit petitions or to address the meeting.

#### **5 Urgent Business**

The Chairman to advise whether they have agreed to any item of urgent business being admitted to the agenda.

#### **6 Minutes of Council (Pages 3 - 10)**

To confirm as a correct record the Minutes of Council held on 21 October 2013.

#### **7 Presentation by Oxfordshire Clinical Commissioning Group - Improving the health of Oxfordshire (Pages 11 - 26)**

Stephen Richards, Chief Executive, Oxfordshire Clinical Commissioning Group will be invited to address Council, following which Members will be able to ask questions.

#### **8 Minutes**

- a) Minutes of Executive, Lead Member Decisions and Executive Decisions not included in the Forward Plan

The Leader of the Council to formally propose that the minutes of the meetings of the Executive and Lead Member Decisions as set out in the Minute Book (circulated separately) be received and to report that since the last meeting no decisions have been taken by the Executive which were not included in the Executive Work Programme.

- b) Minutes of Committees

The Leader of the Council to formally propose that the minutes of committees as set out in the Minute Book (circulated separately) be received.

#### **9 Questions**

- a) Written Questions

To receive any written questions and answers which have been submitted with advance notice in accordance with the constitution. A written response to the question will be circulated at the meeting.

- b) Questions to the Leader of the Council

The Chairman to invite questions to the Leader of the Council (including any matters arising from the minutes).

Following a response to their question being provided members will be entitled to a follow up or supplementary question.

- c) Questions to Committee Chairmen on the minutes

The Chairman to invite questions to Chairmen of Committees on any matter arising from the minutes of their committee (if any).

## 10 **Motions**

To debate any motions which have been submitted with advance notice, in accordance with the constitution.

## **Council Business Reports**

### 11 **Community Governance Review Bicester Town Council** (Pages 27 - 36)

Report of Chief Executive

#### **Purpose of report**

To request the revocation of a previous Council resolution relating to Bicester Town Council in the light of further submissions received.

#### **Recommendations**

The meeting is recommended:

- 1.1 To revoke resolution (5) of Minute 30 of Council on 22 July 2013, relating to a proposed increase in the number of Town Councillors for Bicester Town Council.

### 12 **Council Tax Reduction Scheme 2014-15** (Pages 37 - 40)

Report of Interim Head of Finance and Procurement

#### **Purpose of report**

To enable the Council to approve the Council Tax Reduction Scheme for 2014-15.

#### **Recommendations**

The meeting is recommended:

- 1.1 To approve the current Council Tax Reduction Scheme (CTRS) for the year 1 April 2014 to 31 March 2015 as indicated in the report.
- 1.2 To delegate authority to the Council's section 151 officer in consultation with the Lead Member for Financial Management to determine if any further amendments to the CTRS are required by 31 January 2014.

## **13 Transformation Bid - Policy Framework and Section 113 Arrangements** (Pages 41 - 44)

Report of Chief Executive

### **Summary**

To add the principle of shared working with Stratford-on-Avon District Council to the policy framework and to approve entering into a Section 113 agreement with Stratford-on-Avon District Council and South Northamptonshire Council for the purposes of establishing a Joint Transformation team.

### **Recommendations**

The meeting is recommended:

- 1.1 That the principle of shared working with Stratford-on-Avon District Council and South Northamptonshire Council for the purpose of the establishment and working of the proposed Joint Transformation team be added to the adopted policy framework.
- 1.2 That the Council enters an agreement with Stratford-on-Avon District Council and South Northamptonshire Council pursuant to section 113 of the Local Government Act 1972 and all other enabling powers so that employees can be placed at the disposal of the other Councils for the purpose of the establishment and workings of the proposed Joint Transformation team and that the Head of Law and Governance be authorised to complete such agreement in negotiation with the Head of Legal and Democratic Services at Stratford-on-Avon District Council.

## **14 Exclusion of the Press and Public**

The following reports contain exempt information as defined in the following paragraph of Part 1, Schedule 12A of Local Government Act 1972.

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

Members are reminded that whilst the following items have been marked as exempt, it is for the meeting to decide whether or not to consider each of them in private or in public. In making the decision, members should balance the interests of individuals or the Council itself in having access to the information. In considering their discretion members should also be mindful of the advice of Council Officers.

Should Members decide not to make a decision in public, they are recommended to pass the following recommendation:

“That, in accordance with Section 100A(4) of Local Government Act 1972, the press and public be excluded from the meeting for the following items of business, on the grounds that they could involve the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of that Act.”

**15 Bicester Community Building (Pages 45 - 54)**

Exempt Report of Head of Regeneration and Housing

**16 Questions on Exempt Minutes**

Members of Council will ask questions on exempt minutes, if any.

**Councillors are requested to collect any post from their pigeon hole in the Members Room at the end of the meeting.**

**Information about this Agenda**

**Apologies for Absence**

Apologies for absence should be notified to [democracy@cherwellandsouthnorthants.gov.uk](mailto:democracy@cherwellandsouthnorthants.gov.uk) or 01295 221587 prior to the start of the meeting.

**Declarations of Interest**

Members are asked to declare interests at item 2 on the agenda or if arriving after the start of the meeting, at the start of the relevant agenda item.

**Local Government and Finance Act 1992 – Budget Setting, Contracts & Supplementary Estimates**

Members are reminded that any member who is two months in arrears with Council Tax must declare the fact and may speak but not vote on any decision which involves budget setting, extending or agreeing contracts or incurring expenditure not provided for in the agreed budget for a given year and could affect calculations on the level of Council Tax.

**Evacuation Procedure**

When the continuous alarm sounds you must evacuate the building by the nearest available fire exit. Members and visitors should proceed to the car park as directed by Democratic Services staff and await further instructions.

**Access to Meetings**

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

**Mobile Phones**

Please ensure that any device is switched to silent operation or switched off.

**Queries Regarding this Agenda**

Please contact James Doble, Democratic and Elections  
[james.doble@cherwellandsouthnorthants.gov.uk](mailto:james.doble@cherwellandsouthnorthants.gov.uk), 01295 221587

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# Agenda Item 3

## Chairman's Engagements

21 October – 16 December 2013

### October

- 22 October The Chairman and his wife attended the St Frideswide Civic Service at Oxford's Christ Church Cathedral. The annual service provides an opportunity to celebrate not only the county's patron saint but also an aspect of everyday life in Oxfordshire – this year's theme being Health and Wholeness.
- 27 October The Chairman and his wife were invited by The Mayor of Wantage to the Alfred's Day Service at Wantage Parish Church. Wantage Town Council hosted the Vikings re-enactment group as part of the Alfred's Day celebration.

### November

- 6 November The Vice Chairman attended a talk by General Sir Nick Parker KCB CBE at the Oxfordshire Golf Club which was entitled "The Commander in Chief Looks Back". This was at the invitation of HM Lord-Lieutenant of Oxfordshire who is President of the Soldiers of Oxfordshire Trust.
- 10 November Remembrance Day services were attended as follows:  
  
Banbury Town Council parade and service in the morning where CDC was represented by the Vice Chairman  
Bicester Town Council parade and service attended by the Chairman and his wife  
Kidlington RBL where Cllr Gibbard represented the District and  
Bodicote RBL where the Vice Chairman attended the parade and service in the afternoon.
- 13 November The Chairman chaired the Parish Liaison meeting at Bodicote House.
- 14 November The Chairman and his wife attended St Mary's Church in Banbury for one of the annual Children Singing for Children concerts which are organised by the Banbury Rotary Club. This was the twelfth annual concert to be held which have enabled the club to donate £35,000 to children's charities over the past years.
- 15 November The Chairman attended RAF Croughton for a Civic Leader's Day event.
- 15 November The Chairman and his wife attended the Mayor of Witney's Charity Dinner at the Witney Lakes Resort. The event was raising funds for Combat Stress and Volunteer Link Up.
- 21 November The Chairman and his wife attended the annual Lights of Love Remembrance Service at St. Mary's Church, Banbury which was organised by the Katharine House Hospice. Before the service he participated in the switching on of the lights on the tree in Horse Fair.
- 24 November The Chairman and his wife attended Banbury Town Council's Christmas Lights Switch On in Banbury town centre which this year attracted record crowds.

30 November The Chairman and his wife attended the Mayor of Bicester's Silver Screen Themed Charity Dinner/Dance at the Bicester Hotel Golf and Spa.

**December**

3 December The Chairman accompanied the Chief Executive on the first of their Christmas walkabouts to meet staff around the district – today visiting the Bicester area and Highfield Depot.

5 December Continuation of the walkabout with Karen Curtin (Bicester Director) deputising for the Chief Executive – visiting part of Bodicote House, the Banbury One-Stop-Shop in Castle Quay and the Thorpe Lane depot.

6 December The Vice Chairman and Chief Executive completed the 'walkabout' by visiting staff at Bodicote House.

13 December The Vice Chairman attended the staff Christmas lunchtime gathering at Bodicote House, hosted by the Chief Executive and other members of JMT.

15 December The Vice Chairman attended the Service Clubs of Banbury Carol Service at Marlborough Road Methodist Church.

**Correct at time of printing.**

**Advance notification: Chairman's Charity Dinner – Saturday 12 April, 2014**



# Agenda Item 6

## Cherwell District Council

### Council

Minutes of a meeting of the Council held at Bodicote House, Bodicote, Banbury, OX15 4AA, on 21 October 2013 at 6.30 pm

Present: Councillor Lawrie Stratford (Chairman)  
Councillor Kieron Mallon (Vice-Chairman)

Councillor Ken Atack  
Councillor Alyas Ahmed  
Councillor Andrew Beere  
Councillor Maurice Billington  
Councillor Fred Blackwell  
Councillor Norman Bolster  
Councillor Ann Bonner  
Councillor Mark Cherry  
Councillor Colin Clarke  
Councillor Margaret Cullip  
Councillor Surinder Dhesi  
Councillor John Donaldson  
Councillor Diana Edwards  
Councillor Tim Emptage  
Councillor Andrew Fulljames  
Councillor Michael Gibbard  
Councillor Timothy Hallchurch MBE  
Councillor Simon Holland  
Councillor Alastair Milne Home  
Councillor Russell Hurle  
Councillor Tony Ilott  
Councillor Ray Jelf  
Councillor Mike Kerford-Byrnes  
Councillor James Macnamara  
Councillor Melanie Magee  
Councillor P A O'Sullivan  
Councillor D M Pickford  
Councillor Lynn Pratt  
Councillor Neil Prestidge  
Councillor Nigel Randall  
Councillor G A Reynolds  
Councillor Alaric Rose  
Councillor Gordon Ross  
Councillor Les Sibley  
Councillor Rose Stratford  
Councillor Lynda Thirzie Smart  
Councillor Nicholas Turner  
Councillor Douglas Webb  
Councillor Douglas Williamson  
Councillor Barry Wood  
Councillor Sean Woodcock

Also Present: Chief Constable Sara Thornton, Thames Valley Police  
Superintendent Colin Paine, Thames Valley Police

Apologies for absence: Councillor Chris Heath  
Councillor David Hughes  
Councillor Nicholas Mawer  
Councillor Nigel Morris  
Councillor Jon O'Neill  
Councillor Daniel Sames  
Councillor Trevor Stevens

Officers: Sue Smith, Chief Executive  
Calvin Bell, Director of Development  
Karen Curtin, Director (Bicester)  
Ian Davies, Director of Community and Environment  
Kevin Lane, Head of Law and Governance / Monitoring Officer  
Adrian Colwell, Head of Strategic Planning and the Economy  
James Doble, Democratic and Elections Manager

## 31 **Declarations of Interest**

Members declared interests with regard to the following agenda items:

### **11. The Draft Submission Local Plan**

Councillor Nicholas Turner, Disclosable Pecuniary Interest, as leaseholder of Drayton Leisure Golf Course and Drayton Farm.

## 32 **Communications**

### **Banbury Ruscote By-election**

The Chairman welcomed Councillor Mark Cherry to the Council following his election at the Banbury Ruscote by-election.

### **Director (Bicester)**

The Chairman welcomed Karen Curtin to her first meeting in her new role as Director (Bicester).

### **Independent Remuneration Panel Survey**

The Chairman advised Council that copies of the Independent Remuneration Panel survey had been placed on their desks and he requested members to complete it and return it to the Democratic and Elections team.

33 **Petitions and Requests to Address the Meeting**

There were no petitions or requests to address the meeting.

34 **Urgent Business**

There were no items of urgent business.

35 **Minutes of Council**

The minutes of the meeting held on 22 July 2013 were agreed as a correct record and signed by the Chairman.

36 **Thames Valley Police - Address by Chief Constable**

The Chairman welcomed Sara Thornton, Chief Constable of Thames Valley Police and Cherwell Local Area Commander Superintendent Colin Paine to the meeting.

Chief Constable Thornton addressed the meeting regarding policing in Thames Valley. A number of Members asked questions and answers were duly provided.

In the course of discussion it was agreed that written answers would be provided with regard to the contractual arrangements regarding the driver awareness scheme and whether there were any cases regarding female genital mutilation currently under investigation.

The Chairman thanked the Chief Constable and Superintendent Paine.

37 **Minutes**

a) **Minutes of the Executive, Lead Member Decisions and Executive Decisions made under Special Urgency**

**Resolved**

That the minutes of the meeting of the Executive and Lead Member decisions as set out in the Minute Book be received and that it be noted that since the last meeting of Council, no decisions had been taken that was subject to the special urgency provisions of the Constitution.

b) **Minutes of Committees**

**Resolved**

That the minutes of Committees as set out in the Minute Book be received.

38 **Questions**

**a) Written Questions**

There were no written questions.

**b) Questions to the Leader of the Council**

Questions were asked and answers received on the following issues:

Graven Hill and application of Crichel Down: Councillor Sibley

School bus charges: Councillor Macnamara

Contracts with building companies who blacklist employees who raise health and safety concerns: Councillor Cherry

Removal of Dagnall Surgery at Horton Hospital: Councillor Dhesi

Scrutiny Review of Wind Turbine Policy: Councillor Macnamara

**c) Questions to Committee Chairmen on the minutes**

There were no questions to Committee Chairman on the minutes of meetings.

**(Councillor Nicholas Turner left the meeting)**

39 **Motions**

There were no motions.

40 **The Draft Submission Local Plan**

The Head of Strategic Planning and the Economy submitted a report to endorse the draft Submission Local Plan for the Cherwell District for submission to the Secretary of State for Communities and Local Government, which was presented and proposed by Councillor Gibbard.

Council discussed the Draft Local Plan Submission at length and it was made known by the Leader of the Council that no group whip was in place with regard to the adoption of the plan.

The recommendations as set out in the report were proposed, seconded and agreed unanimously.

**Resolved**

- (1) That the draft Submission Local Plan be endorsed for submission to the Secretary of State for Communities and Local Government.
- (2) That it be noted that the Infrastructure tables in the draft Local Plan are to be replaced in due course by a full Infrastructure Delivery Plan (IDP) prior to Examination.

- (3) That approval of the IDP, minor text changes (including updating the thematic maps and final Monitoring Framework) to the draft Submission Local Plan text be delegated to the Head of Strategic Planning and the Economy in consultation with the Lead Member for Planning and its transfer in its publication format for Submission.

**(Councillor Nicholas Turner rejoined the meeting)**

**41 Appointments to Labour Group Vacancies on Committees**

Following the Banbury Ruscote By-election, the Leader of the Labour Group notified Council of his group's appointments to the Labour Group Vacancies on Committees following the resignation of Councillor Patrick Cartledge.

**Resolved**

That Councillor Mark Cherry be appointed to Labour Group vacancies on the following committees:

- Joint Appeals Panel
- Council and Employee Joint Committee
- Personnel Committee
- Standards Committee (Substitute)

**42 Graven Hill Policy Framework**

The Director (Bicester) submitted a report which sought Council approval to add the potential acquisition and redevelopment of Graven Hill into the Policy Framework and to make available the capital sums required as part of the budget.

**Resolved**

- (1) That the potential acquisition and redevelopment of Graven Hill be added into the Policy Framework and make available the capital sums required as part of the budget be made available.
- (2) That Officers be requested to prepare a business case outlining the full implications of the potential acquisition together with a detailed analysis of the capital sums required to be brought to the December Executive to enable the Executive to make an informed decision with regards to the potential acquisition and redevelopment of this site.

**43 East West Local Rail Contribution**

The Director of Development submitted a report for Council to agree the level of local contribution to be made towards the construction of East West Rail. In the course of discussion the Leader of the Council agreed to provide Councillor Woodcock, Leader of the Labour Group with the cost/benefits of the scheme.

**Resolved**

- (1) That the recommendation of the Executive to approve a local contribution of £4.353m towards the delivery of East West Rail be agreed.

44 **Revised Scheme of Officer Delegations**

The Head of Law and Governance submitted a report to enable the Council to adopt a revised scheme of officer delegations that reflects the recent revision to various Head of Service responsibilities.

**Resolved**

- (1) That the revised scheme of officer delegations (annex to the minutes as set out in the minute book) be adopted with immediate effect.
- (2) That the Head of Law and Governance be delegated to make any future amendments to the scheme that are consequential on the current allocation of service responsibilities being revised, new service responsibilities being introduced or post titles changing.

45 **Calendar of Meetings January to September 2014**

The Head of Law and Governance submitted a report requesting Council to consider revisions to the calendar of meetings for municipal year 2013/14 for the period January to April 2014 and the municipal year 2014/15 for the period May to September 2014.

In the course of discussion it was agreed that the date of the proposed reserve Council meeting in January should be forwarded to all members and the dates of the Parish liaison meetings also circulated.

**Resolved**

- (1) That the revised calendar of meetings for the municipal years 2013/14 and 2014/15 for the period January to September 2014 be approved.

46 **Cherwell Boundary Review Council Size Submission and Community Governance Review Update**

The Chief Executive submitted a report which sought agreement of the council size submission to the Local Government Boundary Commission for England and to resolution of an outstanding issue regarding the Community Governance Review.

In the course of debate Councillor Tim Emptage, Leader of the Liberal Democrat group requested that it be recorded that whilst his group would have preferred a lower council size they would support the proposed council

size submission, however his group did not feel able to support the retention of election by thirds, due to the costs believed to be in the region of £200,000 to £250,000 that could be saved from moving to all out elections in the period 2017 to 2020.

### **Resolved**

- (1) That Cherwell District Council retain election by thirds.
- (2) That the proposed Council size be 48 Members.
- (3) That the Council Size submission be approved.
- (4) That the Chief Executive be given delegated authority to make any necessary amendments to the Council Size submission prior to submission to the Local Government Boundary Commission for England in light of the resolutions of Council.
- (5) That the Chief Executive be given delegated authority, in consultation with the Boundary Review Working Group, to respond to the Local Government Boundary Commission for England "minded to" council size if it is 48 members and if it is a different number delegate authority to the Chief Executive to call an extraordinary meeting of Council.
- (6) That the update on the Community Governance Review be noted and the Head of Law and Governance be given delegated authority to finalise the Cherwell (Reorganisation of Community Governance) Order 2013 once consultation with Bicester Town Council and Bicester District Councillors has concluded on 13 November 2013.

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### **Questions on Exempt Minutes**

There were no questions on exempt minutes.

The meeting ended at 9.12 pm

Chairman:

Date:

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## Improving the health of



## Oxfordshire Clinical Commissioning Group Overview of our Strategic Direction

Final draft for engagement  
4 November 2013

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<b>14</b>	<b>Leaving feedback on our approach</b>

## Oxfordshire Clinical Commissioning Group: Our vision

Oxfordshire Clinical Commissioning Group (CCG) is the body responsible for ensuring quality healthcare services for the 685,000 people living in Oxfordshire. Our role is to commission (plan, design and pay for) community services, mental health services, learning disability services and hospital services for our population.

Oxfordshire CCG is a clinically led organisation, formed of the 83 GP practices in the county. We are the clinical body responsible for healthcare services in Oxford. **Our vision** is that by working together we will create a healthier Oxfordshire, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

### Creating a healthier Oxfordshire

Our vision is that by working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

The CCG is supported by and accountable to NHS England. NHS England is also responsible for commissioning GP services, pharmacies, opticians, dentists and specialised services for the Oxfordshire population.

The Government, through the NHS Mandate, has reaffirmed its guarantee that the NHS will remain comprehensive and universal, available to all based on clinical need (not on ability to pay), and able to meet patient's needs and expectations now and in the future.

Every day the NHS in Oxfordshire helps people to stay healthy, recover from illness and live independent and fulfilling lives. However, the NHS doesn't always live up to the high expectations people have of it. Demand for NHS services is rising and our financial resources are constrained. Unchecked, these pressures threaten to overwhelm the NHS; we need to find a new approach to how we deliver and use health and care services so that we can continue to provide high quality healthcare, and meet the future needs of the population.

We are optimistic about the future and ambitious about the scale of improvement that can be made as we enable clinicians to work together and with patients to redesign health services.

This document provides an overview of the approach we are taking to tackle the challenges we face, and to achieve our vision of a healthier Oxfordshire. It is consistent with the issues and themes in the NHS England publication "A Call to Action"<sup>1</sup> which describes the challenges faced by the NHS as a whole. The purpose of this document is to enable a discussion with our partners about the proposed approach, to seek ideas and views about what else we need to do, and about how we should work together to deliver the changes

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<sup>1</sup><http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs-belongs.pdf>

required. A five year plan for the CCG is now being developed, based on the themes set out in this document.

## Health needs in Oxfordshire

Oxfordshire, compared to the rest of the UK, is a healthy county. However, Oxfordshire's Joint Strategic Needs Assessment (published in March 2013)<sup>2</sup> and the Director of Public Health's Annual Report for Oxfordshire (published in May 2013)<sup>3</sup> identify that Oxfordshire faces a number of long-term health challenges. These are summarised in the figure below.

### An ageing population

We celebrate the fact that people are living longer and we want all people as they age to lead lives that are healthy and fulfilling. However, older patients account for the majority of health expenditure and so the ageing population creates serious pressures for the health and care system. As there will be an increasing number of people needing care in the future, that care has to be both effective and affordable

### Breaking the cycle of disadvantage

Whilst Oxfordshire is a healthy county, areas of disadvantage persist. Across the county we have pockets of deprivation in rural and in urban areas. Poverty and socio-economic disadvantage have a negative impact on people's health and are associated with earlier death; life expectancy in the worst off areas in Oxfordshire is 6 years lower than in the best off areas

### Improving mental health

Mental health problems such as anxiety and depression are common. In Oxfordshire 5,000 people suffer from severe mental health problems such as schizophrenia, 3,200 people suffer from dementia. Mental health problems occur hand in hand with some of the most serious social issues we face as a society, and can not be separated from physical health, as one can cause the other.

### The rising tide of obesity

Around 1 in 4 adults in Oxfordshire are obese. Being obese takes around 9 years off a person's lifespan, leads to the development of long term conditions and reduces mobility. Once obesity is established in childhood it is very hard to shake off in later life. The fight against obesity is our most important lifestyle challenge

### Reducing Alcohol intake

Alcohol consumption continues to rise, with 1 in 5 adults exceeding recommended drink levels. Hospital admissions for alcohol related disease continued to rise. Whilst the majority of drinkers are not harmed, a worrying minority are - and they tend to harm society and those around them too. Alcohol is a cause of more than 60 diseases and damages families and social networks. .

### Fighting killer diseases

Killer infectious diseases remain a constant threat to good health. Major life-threatening diseases can be prevented by immunisation in childhood. Sexually Transmitted Infections (STIs) are continuing to increase, but are preventable

<sup>2</sup><http://insight.oxfordshire.gov.uk/cms/jsna-2012>

<sup>3</sup>[www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/publichealth/PH\\_AR\\_2013-14.pdf](http://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/publichealth/PH_AR_2013-14.pdf)

The NHS Outcomes Framework<sup>4</sup> sets out the measures used to hold the NHS to account for improvements in health outcomes. Across the five domains of the NHS Outcomes Framework, Oxfordshire CCG currently performs consistently well.

### High public expectations of the NHS

Patients and the public have high expectations of the NHS. Overall we know that the people of Oxfordshire have a positive experience of the health service. The GP patient survey consistently shows a very good level of satisfaction with primary care services. National and local surveys consistently show high levels of patient satisfaction with the hospital and community based services provided in Oxfordshire. Patient satisfaction with mental health services has been lower, and we are working to tackle the issues that patients and service users raise. The recent findings of the Friend and Family Test show that 93% of respondents would be 'likely' or 'extremely likely' to recommend the service to friend or family who had the same need.

However, there is a lot more we need to do. We must work to ensure that all patients experience the standard of treatment they deserve and expect. People expect the services provided by the NHS to be convenient, in terms of where and when they are delivered and in the use they make of new technologies, such as online services. Patients and their families express concerns about transport to, and parking at, larger hospitals. Patients tell us that they would prefer to receive as much of their care as possible as close as possible to their home. Those with complex needs believe that services need to be more integrated, both within the health sector and between health and social care. To achieve the levels of convenience, co-ordination and access that people expect, we must re-think where and how services are provided.

### A joint health and well-being strategy for Oxfordshire

The local Health and Wellbeing Board, a partnership between Oxfordshire County Council, the NHS and the people of Oxfordshire, is working to improve the health and wellbeing of the local population. Its priorities<sup>5</sup> – which are based on the health needs identified in the Joint Strategic Needs Assessment, the challenges identified by the Director of Public Health, the current outcomes delivered by health services in Oxfordshire, and the expectations of patients - are summarised in the figure below:

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<sup>4</sup>[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213055/121109-NHS-Outcomes-Framework-2013-14.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213055/121109-NHS-Outcomes-Framework-2013-14.pdf)

<sup>5</sup>[www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwstrategy.pdf](http://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwstrategy.pdf)

**Priorities for children and young people**

- 1: All children have a healthy start in life and stay healthy into adulthood
- 2: Narrowing the gap for our most disadvantaged and vulnerable groups
- 3: Keeping all children and young people safe
- 4: Raising achievement for all children and young people.

**Priorities for adult health and social care**

- 5: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential
- 6: Support older people to live independently with dignity whilst reducing the need for care & support
- 7: Working together to improve quality and value for money in the Health and Social Care System

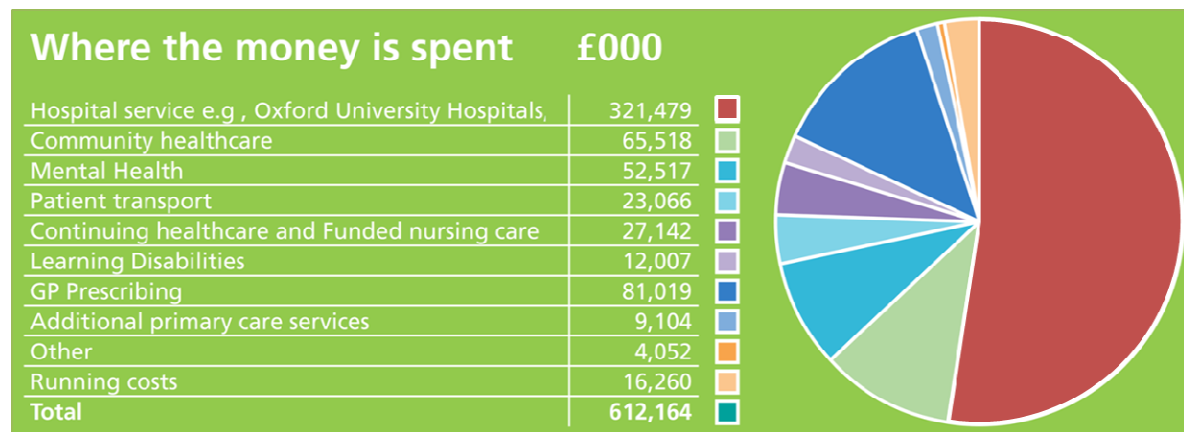
**Priorities for health improvement**

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

It is these priorities which drive our strategic direction and have informed our plans for the next five years.

**Making the best use of the available resources**

Oxfordshire CCG has resources of £612m for 2013/14. NHS funding allocations are derived from measurable levels of deprivation; Oxfordshire is a largely healthy county and as such has one of the lowest funding per capita in England. This means that Oxfordshire has less to spend on healthcare services than other counties. The table below shows where resources are currently spent.



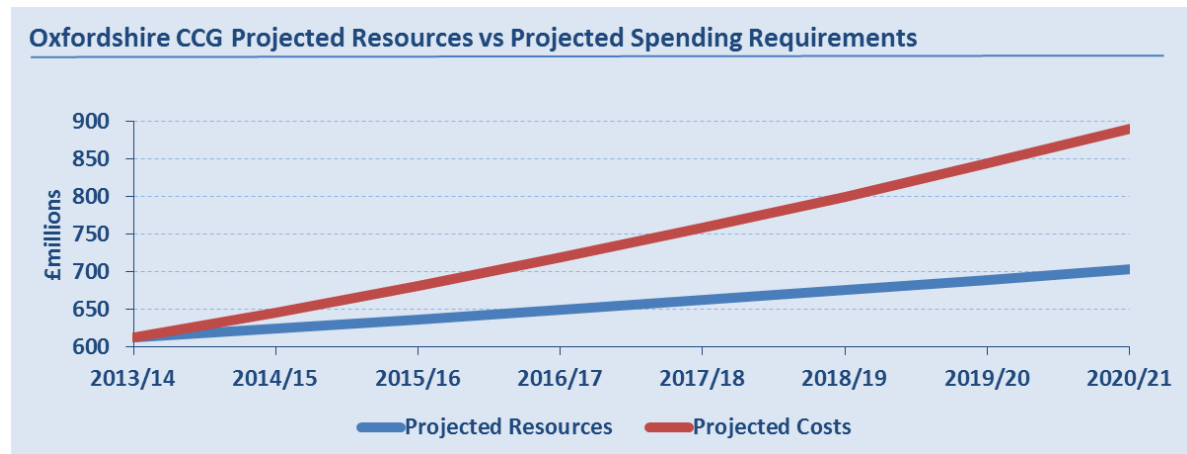
The CCG only has the funding for some of the services for the Oxfordshire population. NHS England is responsible for commissioning primary care (GPs, Pharmacists, dentist and Optometrists) and specialised services. NHS England spend approximately £123m on primary care services and £167m on specialised services for the Oxfordshire population. In addition Public Health services are now commissioned by Oxfordshire County Council. The CCG works close with these other commissioners to ensure all the available funding is used to best effect.

Providing healthcare is becoming more expensive. New technologies, new drugs and new treatments extend the range of services that the NHS is able to deliver, but often also increase costs. Coupled with the costs of meeting increased demand, this means that the cost of providing services to meet the future needs of the population of Oxfordshire will continue to rise.



These pressures come at a challenging time for the NHS nationally and locally. After a period of sustained investment, which averaged nearly 7% per year in England in the decade to 2010/11, the NHS has now entered an unprecedented and difficult economic environment.

Looking ahead, if we continue with the current model of care, the gap between the projected spending requirements and the resources that will be available to the CCG will rise to almost £200m by 2020/21. This estimate is before taking into account any productivity improvements and assumes that the health budget will remain protected in real terms.



The need to find a new approach

Daily operational pressures place the local health and social care system under strain. This results in failures in parts of the system; too many patients currently experience delays in ambulance transfers, in waits to be seen in A&E, and in waits for treatment.

In overall terms the NHS in Oxfordshire benchmarks well in terms of efficiency compared to other parts of the country<sup>6</sup>, with low emergency admission rates, low A&E attendance rates, low GP referral rates, low elective admission rates and low prescribing spend in primary care. For example, in 2011 this CCG had 86 non-elective admissions per 1,000 population compared to a median of 100 in its ONS cluster and the national average of 111.

Currently the 2013/14 allocation of £938 per head of population that the CCG receives is the second lowest in the country compared to a national average of £1,137. NHS England have been reviewing the allocations policy and using the new formula (based on the Advisory Committee on Resource Allocation (ACRA) recommendations) would mean that OCCG is nearly £40m below its target allocation compared to the actual 2013/14 allocation of £612m we received. The proposed revisions to the allocation formula would increase our per capita allocation to £995. The pace of change in implementing a new allocations policy will be agreed to ensure that no system is destabilised by the movement of resources. This means that any increase in allocation to OCCG will be phased in over many years.

We estimate that the efficiency required within the NHS in Oxfordshire will be as high as 5-6% per annum in the period to 2020/21. Improvements such as better performance management, reducing length of stay, wage freezes or better procurement

<sup>6</sup><http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-pack-10a.pdf>

practices all have a role to play in keeping health spending at affordable levels. However, these measures have been employed for a number of years and there is a limit to how much more can be achieved without damaging quality or safety. **A fundamentally different Oxfordshire health service is now needed, one capable of meeting future health needs with broadly the same resources.**

Our performance as a health system is generally good, but not good enough. We need to be consistently among the very best health systems in the UK in terms of quality and productivity, across all service areas. We need to ensure that every pound of public money that we spend is demonstrably providing value for money and evidence based care.

Oxfordshire CCG is committed to closer working with social care and approximately one-third of the CCG's resources are already allocated to pooled budgets, in the realms of care for older people, care for those with physical and/or learning disability and those with serious mental health problems.

By bringing clinicians together with patients, to redesign how services are delivered, we can address the challenges we face –improving quality at the same time as making a significant reduction in waste and duplication and releasing savings. Many costs are 'trapped' in the system as a consequence of the ways we currently work. For example we know that many patients spend longer in hospital than they need to, because delays occur in putting in place the arrangements needed to support them at home. Unnecessarily extended stays in hospital can lead to reduced independence for patients and to patients acquiring secondary problems such as infections. This is also poor use of resources – with up to £20m spent each year in Oxfordshire on inpatient care for individuals experiencing delayed transfers of care.

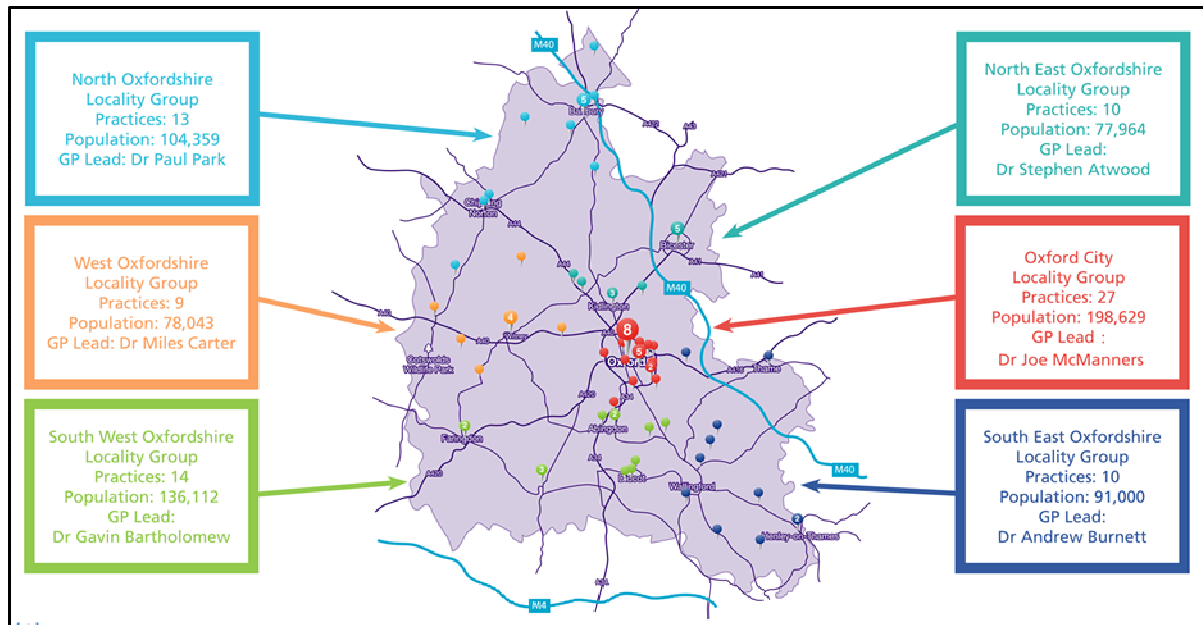
Current contracting approaches are focused around a single patient pathway with separate contracts with each provider and are not fit for purpose. This form of contracting means that care for an individual patient is often provided by different organisations and is therefore fragmented, without agreed outcomes for that patient. There is no financial incentive at the moment for health services to work together to deliver a set of outcomes. Organisations are paid by volume rather than good outcomes for patients, meaning that when money has to be saved the focus is on managing demand for those services rather than joint working to improve efficiency while maintaining quality.



## The next five years: Our opportunities to transform healthcare delivery

### Oxfordshire CCG: A clinically led organisation based around general practice

A clinically led, membership organisation, Oxfordshire CCG is formed of the 83 GP practices in Oxfordshire and organised into six localities, as illustrated on the map below. The population in each locality has different needs. Working this way, through clinicians in every local practice, allows us to better reflect local health needs in the services we commission.



### Our vision, mission and values

**Our vision** is that by working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

**Our mission** is to work with the people of Oxfordshire to develop quality health services, fit for the future. Through clinical leadership we will:

- Achieve good health outcomes for us all within the money available
- Balance the needs of you as individuals with the needs of the whole county

We have set ourselves **values that inform how we work** and the decisions we make.

- Creativity – visionary, resourceful, excellent
- Integrity – ethical, candid, committed
- Inclusivity – responsive, respectful, loyal

Seven themes characterise our approach to address the challenges we face and achieve our vision of a healthier Oxfordshire. At its heart our approach is about harnessing the opportunity we have, as a clinically led organisation rooted in our community, to improve the quality and the effectiveness of NHS services in Oxfordshire.

#### Clinicians and Patients working together to redesign how we deliver care

Too often in the past, artificial barriers have been created between primary care, community care and acute care, between health and social care, and between commissioning and provision of health care. These barriers have prevented clinicians and organisations working together effectively.

We intend to break down these barriers. We will enable clinicians across the whole of the NHS, from primary care, community care and acute care, from physical health services and from mental health services, from commissioning organisations and from providers, to come together, with patients, to co-design and to implement new, better, ways of delivering care.

**“We will break down the barriers that prevent clinicians working together to plan and deliver better patient care”**

We will usher in a new era of commissioning, which moves away from a transactional contracting process to one in which clinicians and patients lead a reconfiguration of how we work across the county.

With quality as the underlying design principle, this process of patient and clinician led service and pathway redesign will result in services that deliver higher levels of safety, improved outcomes and improved patient experience, within the available resources.

#### Reducing health inequalities by tackling the causes of poor health

In Oxfordshire we see persistent health inequalities and in some areas people’s social, economic and ethnic origin mean that their health outcomes are amongst the worst in the country. This focus in reducing health inequalities will run through all areas of our work. Oxfordshire CCG will work to address the causes of this by

- Identifying the causes of these health inequalities
- Targeting services to help reduce the gap in health outcomes
- Working with partners in local authorities and wider to tackle the social determinants of poor health
- Providing a strong Locality focus to address local variation in health outcomes
- Developing evidence based interventions with partners to reduce health inequalities

- Work with local communities to help them with solutions to poorer health for some areas and populations.

### Outcome based commissioning

As service models and pathways are redesigned, we will change how we contract with providers of NHS services. We will shift from contracts based on levels of activity to contracts that are outcome based, that incentivise providers in the system to work together and that enable a shift of NHS resources to where they are most needed in the system.

The aim is that we put in place contractual mechanisms and levers that encourage and facilitate the system to achieve the patient outcomes to which we all aspire, and which are aligned with the delivery of the clinically designed new models of care.

**“40% of contracts will be outcome based by**

Oxfordshire CCG has committed to alter the method of contracting in three areas initially: older people, mental health (psychosis, anxiety and depression) and maternity services. Following the implementation of outcomes in these areas we plan to extend the approach with up to 40% of contracts will be outcome based by 2015.

We see the potential for the move to outcome based commissioning to result in changes in the provider landscape. This may include, for instance, the continued integration of health and social care provision, the emergence of providers who take responsibility for meeting the needs of specific populations, and reconfiguration in primary care as individual practices increasingly work with other practices to deliver care for their local population.

### Commissioning Patient Centred High Quality Care

The views of patients and carers will drive the design of services in Oxfordshire, through significantly greater involvement of patients and their representatives in the work we do to redesign care delivery. Through our members – GPs in every local practice – we are in touch with the views of local people, but we will continue to improve the approaches we use to listen to, gather and act on the views of patients. We will design new approaches to hear the experiences of care from those traditionally ‘hard to reach groups’.

**“Services designed by patients, delivering evidence based care”**

We are committed to applying the principle of ‘No decision about me without me’ to our commissioning approach.

We know that, for patients, their experience of care, as well as the health outcomes resulting from treatment, are very important. We therefore expect to see future services with improved customer service, better and more streamlined administration processes, easier access to care, and fewer handoffs between the various parts of the system.

We expect to commission services which operate to benchmarked levels of best practice, demonstrably delivering evidence based care that supports achievement of our shared objectives. We simply won't be able to afford to commission services that we are not confident are offering us the very highest levels of patient safety, outcomes, experience and value for money.

Oxfordshire gained substantial benefits and learning from its experience as a national pilot for personalised health budgets. Personal health budgets will play an increasing role in future, providing individual patients with greater choice and influence over the care and treatment they receive.

A joint Quality Improvement and Innovation Strategy is being developed which will be shared by all health and social care organisations across Oxfordshire. This is designed to enable the NHS to create a culture where it can learn from its mistakes, and where innovation is an integral part of service delivery. It builds on the lessons from the recent Francis<sup>7</sup>, Berwick<sup>8</sup> and Keogh<sup>9</sup> Reports, which examined how the NHS can learn from failings and mistakes, and improve quality and safety in the NHS.

#### Promoting integrated care through joint working

Integration is built on collaborative working, shared decision making and jointly defined priorities. Oxfordshire's pioneering work on the shared care record aims for a fully interoperable IT system with patient access in 5 years.

Being coterminous with Oxfordshire County Council, and our track record and experience of working together means that we are well placed to undertake joint commissioning across an increasing range of services. Integrated health and social care commissioning is a key enabler to achieving our vision of a healthier Oxfordshire.

We will develop partnerships and joint approaches that leverage the skills, capabilities and resources of the third sector across the whole of Oxfordshire.

With the local area team of NHS England, we will work to enable GPs to redesign primary care, and to ensure that appropriate levels of specialist services are commissioned for our population.

With industry and local academic institutions, and through the Oxford Academic Health Science Network, we will work to ensure that the important focus on research and innovation, and the development of new technology, rapidly and cost effectively translates into benefits for patients.

#### Supporting individuals to manage their own health

We see the opportunity to place a much greater emphasis on supporting individuals to manage and take responsibility for their own health. By doing so we aim to reduce demand for healthcare, improve health and wellbeing and reduce health inequalities across

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<sup>7</sup>[www.midstaffspublicinquiry.com/report](http://www.midstaffspublicinquiry.com/report)

<sup>8</sup>[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/226703/Berwick\\_Report.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf)

<sup>9</sup>[www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf)

Oxfordshire. There is convincing evidence that investing in prevention can reap benefits for individuals and for the taxpayer.

It is estimated that 70-80% of people with long term conditions can be supported to manage their own condition, and self management programmes have been shown to improve health outcomes and patient experience. Self care is actively encouraged and supported. In future we want to see co-created, personalised care plans in place for every individual at risk in the system, with patients having access to high quality information and education, and to care coordinators who will help them navigate services. New technologies will be widely used to support self care, and will play a key role in maintaining patients in their own homes. This will include a single patient record, accessible to patients, and to those involved in their care.

General Practices across Oxfordshire have begun to use risk stratification to better understand the needs of their population. We see the opportunity to go much further, systematically identifying the children, adults and older people who are at greatest risk of becoming unwell, detecting the early stages of disease and intervening before full symptoms develop. This proactive, rather than reactive approach will be a key characteristic of the future NHS in the county.

#### More care delivered locally

Our aim is to provide as much care as possible as close as possible to where patients live and work. A key thrust of our strategy is to keep people out of hospital when better care can be provided in other settings such as the community or at home.

The planned new models of integrated primary and community care will enable more individuals to be supported at home or in community settings, rather than in hospital, and for those who do need hospital care to be able to return home once the acute phase of their illness is over. New models will also improve the productivity of out of hospital care and improve care co-ordination. Continuity of care is a priority for patients with enduring or complex needs, including very elderly patients, some of those with long-term conditions, disabilities and learning difficulties, and families with young children. Enhanced access arrangements, longer appointments and extended opening hours also help to support strong therapeutic relationships with these patients and reduce the need to use secondary care and out of hours services.

Services delivered in-hours will work seamlessly with out of hours services, and transfers of care will be made safely and quickly. Access to appointments with GPs and other practice staff will be simple and timely, and alternatives to face-to-face consultations such as telephone and online consultations will become standard features of the system. GPs will act as the coordinator of care and navigator of the local health system on behalf of patients. Practices are likely to address some of the pressures they face by federating to share some services and expertise, and to deliver services.

Community services will become fully integrated with each other, with primary, secondary and intermediate care, and with out of hours services. They will be easily accessible to patients and flexible enough to respond to individual need. The planning and design of community services will address the different needs of particular communities and groups

within communities. Specialist locally-based long term conditions teams, integrated with primary care, will deliver holistic health and social care services.

As the balance of service delivery shifts to community based care, hospitals will focus on specialised urgent and emergency care, and planned care that can not be appropriately delivered elsewhere.

Patients will continue to be able to access excellent hospital based care when they need it. Those who need hospital care will receive world class treatment and the very best experience, delivered by providers with the highest standards of productivity. However, the work we do to strengthen primary and community based care, co-designed by patients, GPs, community clinicians and hospital clinicians, will mean that we need fewer inpatient beds and smaller hospitals, and fewer people will be admitted to long term residential care. Patients nearing the end of their lives will experience better end of life care, and more individuals will be able to spend the last days of their lives at home, rather than in hospital, if that is their choice.

There will be new roles for community and local hospitals, as thriving centres of a network of local integrated care delivery, with local access to diagnostics, planned care, urgent assessment and treatment. Consultants and other clinicians from across Oxfordshire will be involved in delivering local care in local hospitals.

### Impact for patients

These changes will improve the quality of care for patients. The figure below summarises what will be different for patients.

#### **What will our strategy mean for patients by 2018?**

1. I will continue to be treated with kindness and dignity in a safe environment
2. I will be able to have care locally or in my home where and when it is safe, clinically and cost effective to do so
3. I or my carer will be involved in decisions about my care. If I have an ongoing problem I will have a clear, written plan of what to do and who to contact in a crisis
4. I am confident in the quality of all of the services I receive.
5. I will have different options as to how I can access care and information about my treatment, by a variety of means, using technology
6. I know that those involved in my care will have appropriate access to my medical records, as will I. This means that I get better care and avoid having to repeat my story
7. I, my carer or my representative will be involved in deciding what I and others with my condition would view as positive achievements of care
8. I will need to make fewer and shorter journeys to see healthcare professionals and these are available when it is easier for my friends or family to accompany me
9. I know what to do to help me and those who care about me to stay healthy, and to make informed decisions about our health.

## Summary

By working together we will create a healthier Oxfordshire, with fewer inequalities, and health services that are high quality, cost effective and sustainable. The key themes of our approach are:

- Clinicians and Patients working together to redesign how we deliver care
- Commissioning with providers on the basis of Outcomes
- Commissioning Patient Centred High Quality Care
- Promoting integrated care through joint working
- Supporting individuals to manage their own health
- Ensuring that more care is delivered locally

## Feedback on our approach

We are sharing this strategic overview widely and there are many opportunities and ways to comment, as follows:

- Print out this document and send in a written response to the following address:  
FREEPOST RRRK-BZBT-ASXU  
Oxfordshire Clinical Commissioning Group (OCCG)  
Communications and Engagement Team  
Jubilee House  
5510 John Smith Drive  
Oxford  
OX4 2LH
- Respond to our survey or join a discussion forum at the following link:  
<https://consult.oxfordshireccg.nhs.uk/consult.ti/5yrstrat>
- Attend a public meeting. To book a place or find out more call 01865 334638 or email [cscsu.talkinghealth@nhs.net](mailto:cscsu.talkinghealth@nhs.net) (details of agenda and location/directions will be sent when your booking is confirmed).
  - Wantage, 19 November, 1.00pm – 5.00pm
  - Witney, 20 November, 6.30pm – 9.30pm
  - Oxford, 21 November, 9.00am – 12 noon
  - Banbury, 3 December, 1.00pm – 5.00pm
  - Bicester, 5 December, 9.00am – 1.00pm
  - Wallingford, 19 December, 9.00am – 1.00pm

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## Cherwell District Council

### Council

16 December 2013

<p><b>Community Governance Review – Bicester Town Council</b></p>
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### Report of Chief Executive

This report is public

#### Purpose of report

To request the revocation of a previous Council resolution relating to Bicester Town Council in the light of further submissions received.

#### 1.0 Recommendations

The meeting is recommended:

- 1.1 To revoke resolution (5) of Minute 30 of Council on 22 July 2013, relating to a proposed increase in the number of Town Councillors for Bicester Town Council.

#### 2.0 Introduction

- 2.1 The Community Governance Review (CGR) has been in progress since December 2012. Amendments are being made to several Parish boundaries, and numbers are being increased at several Parish Councils.

#### 3.0 Report Details

- 3.1 As part of the initial consultation process, a request was made by Bicester Town Council to increase their number of Town Councillors by five, from 15 to 20 (see appendix 1).
- 3.2 The Community Governance Review Working Group (CGRWG) agreed to this request at its meeting on 4 February 2013, and at the Council meeting on 25 February 2013 Members' agreed to include the increase request in the consultation phase, taking place from February to June 2013.

- 3.3 At its meeting on 22 July 2013, Council approved the increase in Town Councillors for Bicester, to take effect from the next ordinary day of election in 2015, with details on the exact spread of the extra Councillors still to be agreed.
- 3.4 Bicester Town Council were contacted in early October 2013, with a suggestion from officers as to where the additional five Town Councillors should be allocated. Bicester Town Council requested that, due to the short time allocated, they be afforded extra time to consider the suggestions in order to discuss it at a scheduled meeting of the Town Council on 12 November 2013. Officers agreed to this request, and a resolution was passed at the Council meeting on 21 October 2013 delegating authority to the Head of Law and Governance to complete the CGR Order once views of Bicester Town Council had been received.
- 3.5 Following the meeting on 12 November 2013, Bicester Town Council have now requested **not** to have an increase in Town Councillors, as they are of the view that the development taking place around Bicester is not happening quickly enough to warrant extra Town Council capacity at this time.
- 3.6 The Democratic and Elections Manager met with the Chairman and Clerk of Bicester Town Council on 28 November 2013, to discuss the situation and clarify the position. Following the meeting it was agreed that Bicester Town Council would withdraw their request for five extra Town Councillors at this time, with a view to requesting a further Review of the Bicester Town Boundaries after the 2015 Town Council election (see Appendix 2).

## **4.0 Conclusion and Reasons for Recommendations**

- 4.1 Council is therefore requested to revoke its earlier resolution proposing an increase in the number of Town Councillors for Bicester, in line with the wishes of Bicester Town Council.

## **5.0 Consultation**

Community Governance  
Review Working Group

The Working Group have no objection to the  
request

## **6.0 Alternative Options and Reasons for Rejection**

- 6.1 The following alternative options have been identified and rejected for the reasons as set out below.

Option 1: To proceed with the original Council resolution and increase the number of Town Councillors.

This option is rejected as it would be in conflict with the revised request of Bicester Town Council.

## 7.0 Implications

### Financial and Resource Implications

7.1 There are no financial implications to the District Council with this recommendation.

Comments checked by:

Sarah Best, Service Accountant for Resources, 01295 221736  
sarah.best@cherwellandsouthnorthants.gov.uk

### Legal Implications

7.2 There are no legal implications to the District Council with this recommendation. The Council is legally obliged to make the necessary statutory order within one year of commencing the community governance review process which was on 17 December 2012. There is therefore no opportunity to defer consideration of this matter beyond this meeting.

Comments checked by:

Kevin Lane, Head of Law and Governance, 0300 0030107  
kevin.lane@cherwellandsouthnorthants.gov.uk

## 8.0 Decision Information

### Wards Affected

Bicester East; Bicester North; Bicester South; Bicester Town; Bicester West

### Links to Corporate Plan and Policy Framework

N/A

### Lead Councillor

None

### Document Information

Appendix No	Title
1	Correspondence from Bicester Town Council, January 2013
2	Correspondence from Bicester Town Council, November 2013
<b>Background Papers</b>	
None	
<b>Report Author</b>	Emma Faulkner, Democratic and Elections Officer
<b>Contact Information</b>	01327 322043 emma.faulkner@cherwellandsouthnorthants.gov.uk

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## BICESTER TOWN COUNCIL



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Emma Faulkner  
Democratic and Elections Team  
Cherwell District Council  
Bodicote House  
Bodicote  
Banbury  
Oxon  
OX15 4AA

January 29<sup>th</sup> 2013

Dear Emma

Bicester Town Council has considered the Cherwell District Community Governance Review – Cherwell District and would like to make the following comments;

1. The enclosed map, produced by WYG as part of the Bicester masterplan, illustrates an indicative revised Bicester boundary (dotted green line). The Bicester Masterplan forms part of the Local Plan and the dotted line corresponds with and includes the larger developments planned for the area.
2. Bicester Town Council notes that Caversfield Parish Council does not want the NW Bicester Eco Development within its boundaries. Bicester Town Council does not know the views of Bucknell Parish Council on the same matter, but would wish to incorporate the whole of the site into the larger Bicester. This would serve to create parity for the residents of the whole site in terms of their Council Tax liability.
3. The SW Bicester, Kingsmere site, currently straddles Chesterton parish and Bicester parish, and to incorporate it into the larger Bicester would create parity for the residents in terms of their council tax liability.
4. The Graven Hill site also straddles a number of different parishes, and should be incorporated into the larger Bicester for reasons as described in points 2 and 3.

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Bicester is twinned with Neunkirchen-Seelscheid, Germany,  
Canton des Essarts, France, and Czernichow, Poland

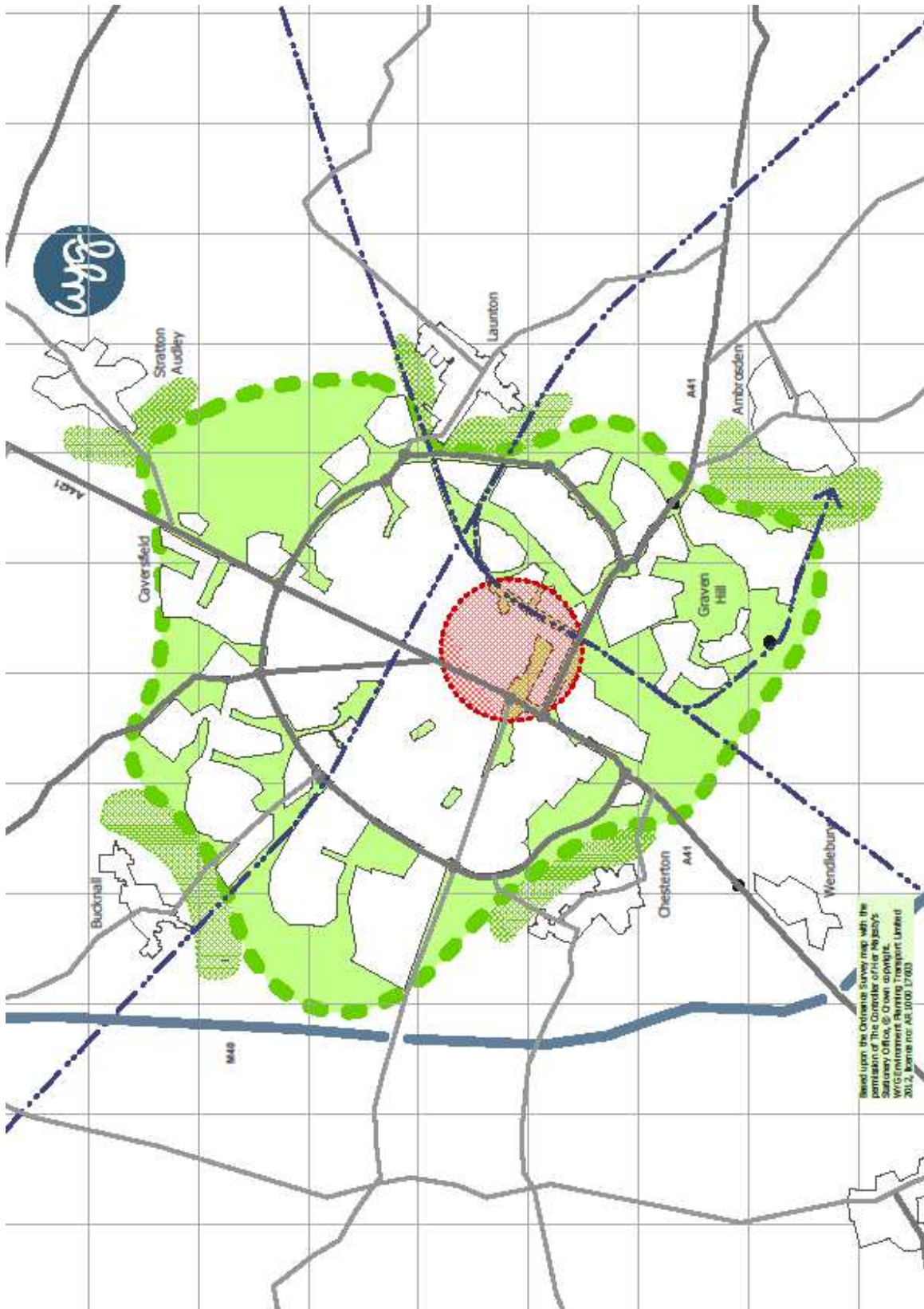
5. The newly drawn boundary also includes the site of RAF Bicester, to the east of the A4421, known as the technical site, a conservation site currently up for development. Bicester Town Council supports the development of this area as a heritage centre.
6. Bicester Town Council's views on the scope of the revised boundaries are in line with a number of strategic documents already in place, ie The One Shared Vision, as well as the emerging Local Plan together with the Bicester Masterplan which forms a separate chapter of the Local Plan.
7. The increased area as outlined on the attached map should comprise of 9 wards (ie 4 additional wards) of 3 – 5 elected members each depending of numbers of electorate , resulting in a total town council of 27 - 36 elected members in total.
8. However, in the shorter term, prior to the 2015 elections, the ward representation should be increased to provide a council of 20 councillors, representing the existing 5 wards with any additional residents within the existing boundary included accordingly.

Bicester Town Council looks forward to hearing from you in due course and to the final outcomes of the review.

Yours sincerely

**Sue Mackrell**  
**Chief Officer**

Attached: Map



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## BICESTER TOWN COUNCIL



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Emma Faulkner  
Democratic and Elections Team  
Cherwell District Council  
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Oxon  
OX15 4AA

November 28<sup>th</sup> 2013

Dear Emma

Thank you to and James for meeting with Cllr James Porter and myself today with regard to clarifying the position re the changes to boundaries and councillor representative numbers.

I can confirm that Bicester Town Council's preference is for there to be no increase in councillor numbers at the current time and therefore for the 2015 elections. We understand that the ward boundary changes as outlined, which increases the number of wards from 5 to 7, cannot be changed at this time.

However, we would respectfully request that a further review is undertaken in the future with a view to rationalising the warding pattern, and that it may well be opportune at that time to increase the councillor numbers as had previously been requested.

Yours sincerely

**Sue Mackrell**  
Chief Officer

Bicester is twinned with Neunkirchen-Seelscheid, Germany,  
Canton des Essarts, France, and Czernichow, Poland

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## Cherwell District Council

### Council

16 December 2013

#### Council Tax Reduction Scheme 2014-15

### Report of the Interim Head of Finance and Procurement

This report is public

#### Purpose of report

To enable the Council to approve the Council Tax Reduction Scheme for 2014-15.

#### 1.0 Recommendations

The meeting is recommended:

- 1.1 To approve the current Council Tax Reduction Scheme (CTRS) for the year 1 April 2014 to 31 March 2015 as indicated in the report.
- 1.1 To delegate authority to the Council's section 151 officer in consultation with the Lead Member for Financial Management to determine if any further amendments to the CTRS are required by 31 January 2014.

#### 2.0 Introduction

- 2.1 The Executive, at its meeting on 7 October 2013, fully considered the Council Tax Reduction Scheme 2014-15 as part of the report on the Budget Strategy. The Executive agreed that the current scheme for 2013-14 should remain for 2014-15 as the impact was broadly cost neutral for Cherwell. This current scheme has previously been approved by Council at its meeting of 21 January 2013.
- 2.2 The full scheme can be accessed through the Council's website:  
<http://www.cherwell.gov.uk/index.cfm?articleid=9324>
- 2.3 The scheme is being brought to Council for approval as this is a requirement of the legislation and needs to be fulfilled before 31 January 2014.

### **3.0 Report Details**

#### **Council Tax Reduction Scheme**

- 3.1 In the current financial year the decision was taken across Oxfordshire to replicate the previous Council tax benefit scheme through the new Council Tax Reduction Scheme.
- 3.2 For Cherwell, the impact was broadly cost neutral as the number of discounts offered was reduced in order to mitigate the costs of remaining with the default scheme. It was always agreed that for 2014-15 the position would be reviewed and authorities would determine their approach to take in Year 2.
- 3.3 This will also allow parishes to be provided with early information.

### **4.0 Conclusion and Reasons for Recommendations**

- 4.1 It is recommended that:
- the Council Tax Reduction scheme remains the same as the current scheme
  - authority is delegated to the Council's section 151 officer in consultation with the Lead Member for Financial Management to determine if any further amendments are required by 31 January 2014.

### **5.0 Consultation**

Cllr Ken Atack – Lead member  
for Financial Management

Cllr Atack is content with the report and  
supportive of the recommendations contained  
within it.

### **6.0 Alternative Options and Reasons for Rejection**

- 6.1 The following alternative options have been identified and rejected for the reasons as set out below.

Option 1: To disagree with the recommendations set out above. This is rejected as it will delay the formulation of the detailed budget for 2014-15.

### **7.0 Implications**

#### **Financial and Resource Implications**

- 7.1 These are contained in the body of the report. There are no direct costs or other direct financial implications arising from this report.

Comments checked by: Nicola Jackson, Corporate Finance Manager  
01295 221731 [nicola.jackson@cherwellandsouthnorthants.gov.uk](mailto:nicola.jackson@cherwellandsouthnorthants.gov.uk)

## Legal Implications

- 7.2 The Council Tax Reduction Scheme was the subject of legal advice before it was introduced for 2013-14.

Comments checked by: Kevin Lane, Head of Law and Governance  
0300 0030107 [kevin.lane@cherwellsouthnorthants.gov.uk](mailto:kevin.lane@cherwellsouthnorthants.gov.uk)

## Risk management

- 7.3 No risk management implications

Comments checked by: Claire Taylor, Corporate Performance Manager  
0300 0030113 [claire.taylor@cherwellandsouthnorthants.gov.uk](mailto:claire.taylor@cherwellandsouthnorthants.gov.uk)

## Equality and Diversity

- 7.4 An equality impact assessment was carried out in 2013-14 and, as the scheme has remained the same, there are no implications for consideration.

Comments checked by: Claire Taylor, Corporate Performance Manager  
0300 0030113 [claire.taylor@cherwellandsouthnorthants.gov.uk](mailto:claire.taylor@cherwellandsouthnorthants.gov.uk)

## 8.0 Decision Information

### Wards Affected

All

### Links to Corporate Plan and Policy Framework

All

### Lead Councillor

Councillor Ken Atack – Lead Member for Financial Management

## Document Information

Appendix No	Title
None	
Background Papers	
None	
Report Author	Tim Madden, Interim Head of Finance & Procurement
Contact Information	0300 0030106

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## Cherwell District Council

### Council

16 December 2013

<b>Transformation Bid – Policy Framework and Section 113 Arrangements</b>
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### Report of Chief Executive

This report is public

#### Purpose of report

To add the principle of shared working with Stratford-on-Avon District Council to the policy framework and to approve entering into a Section 113 agreement with Stratford-on-Avon District Council and South Northamptonshire Council for the purposes of establishing a Joint Transformation team.

#### 1.0 Recommendations

The meeting is recommended:

- 1.1 That the principle of shared working with Stratford-on-Avon District Council and South Northamptonshire Council for the purpose of the establishment and working of the proposed Joint Transformation team be added to the adopted policy framework.
- 1.2 That the Council enters an agreement with Stratford-on-Avon District Council and South Northamptonshire Council pursuant to section 113 of the Local Government Act 1972 and all other enabling powers so that employees can be placed at the disposal of the other Councils for the purpose of the establishment and workings of the proposed Joint Transformation team and that the Head of Law and Governance be authorised to complete such agreement in negotiation with the Head of Legal and Democratic Services at Stratford-on-Avon District Council.

#### 2.0 Introduction

- 2.1 Earlier this year, the Department of Communities and Local Government announced the creation of the Transformational Challenge fund and invited applications from councils and other public sector bodies to receive funding from the pot of £7m. The guidance issued at the time specifically referred to joint working and was encouraging new and innovative approaches to generating efficiencies. A report was presented to the 19 June 2013 meeting of the 3 Way Joint

Arrangements Steering Group which supported officers submitting bids to support the three way working between Stratford-on-Avon District Council, Cherwell District Council and South Northamptonshire Council. Urgency powers were used at Stratford-on-Avon District Council and at South Northamptonshire Council and Cherwell District Council approval was sought from the Cabinet (8 July 2013) and the Executive (1 July 2013) to progress the submissions. Six joint bids were submitted covering a range of activities including ICT, procurement and another to support the programme office costs of driving and managing the changes associated with extending shared services working across the three councils.

### **3.0 Report Details**

- 3.1 The councils were informed on 9 October 2013 that the latter submission had been one of 18 successful bids out of a total of 145 bids submitted nationwide. The councils have been awarded the full amount sought, £366,932. A formal offer letter has now been received..
- 3.2 A report was presented to the meeting of the 3 Way Joint Arrangements Steering Group on 16 October 2013 which set out the proposal for the next stage including resourcing and governance.
- 3.3 At their respective December Cabinet and Executive meetings all three councils formally accepted the bid, delegated agreement of the terms and conditions to the Chief Executives and appointed Cherwell District Council as the accountable body to enable the draw down of funds in pursuance of the objectives of the bid and in accordance with the terms and conditions.
- 3.4 In order to establish the transformation team referred to in the bid, it is necessary to add shared working between the three authorities to the policy framework. To establish the team a number of secondments will take place. While secondments are within the powers of the Heads of Paid Service (Chief Executives), in order to enable the team members to operate on behalf of the councils who are not their employer a Section 113 agreement is required (Section 113, Local Government Act 1972). This report enables this process to take place.

### **4.0 Conclusion and Reasons for Recommendations**

- 4.1 Given the unique opportunity provided by the Transformation Challenge Award and the need to ensure that appropriate governance arrangements are in place, it is recommended that Council support the recommendations as set out in the report.

### **5.0 Consultation**

3 Way Joint Arrangements  
Steering Group  
Chief Executives and  
Monitoring Officers (CDC, SDC  
and SNC)

This report has been prepared at the request of the 3 Way Joint Arrangements Steering Group  
Consultation responses received have been included in this report.



## 6.0 Alternative Options and Reasons for Rejection

The following alternative options have been identified and rejected for the reasons as set out below.

Option 1: To agree the recommendations. This option is perceived to be in the best interests of the Council.

Option 2: Not to agree the recommendations. This would not be in the interests of the council, will prohibit the realisation of the bid, achievement of savings and carries reputational risks for the council.

## 7.0 Implications

### Financial and Resource Implications

- 7.1 All costs incurred in creating the transformation team will be met through the Transformation Challenge Award. It is envisaged that through collaborative working brought about by the team, there will be savings delivered in support services considered of around 10-20%

Comments checked by:

Tim Madden, Interim Head of Finance and Procurement, 0300 003 0106  
tim.madden@cherwellandsouthnorthants.gov.uk

### Legal Implications

- 7.2 The proposals set out in this report, provide appropriate arrangements to ensure the discharge of responsibilities in pursuance of the terms and conditions of the grant as set out by the Department for Communities and Local Government. The arrangements are also in accordance with Section 113 of the Local Government Act 1972 and the policy framework arrangements as set out in the Local Government Act 2000.

Comments checked by:

Kevin Lane, Head of Law and Governance, 0300 003 0107  
Kevin.lane@cherwellandsouthnorthants.gov.uk

## 8.0 Decision Information

### Key Decision

**Financial Threshold Met:** **Not applicable**

**Community Impact Threshold Met:** **Not applicable**

## Wards Affected

All

## Links to Corporate Plan and Policy Framework

An accessible Value for money Council: Explore further opportunities with partners to share or provide services, reducing costs and maximising income (Cherwell District Council)

Enhance performance: Deliver the Council's transformation programme (South Northamptonshire Council)

Great value for money (Stratford-on-Avon District Council)

## Lead Councillors

Councillor Nicholas Turner (CDC), Councillor Ian McCord (SNC), Councillor Stephen Thirlwell (SDC).

## Document Information

Appendix No	Title
	None
Background Papers	
None	
Report Author	James Doble
Contact Information	01295 221587 James.doble@cherwellandsouthnorthants.gov.uk

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