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Committee: Overview and Scrutiny Committee

Date: Tuesday 9 October 2018

Time: 7.00 pm

Venue Bodicote House, Bodicote, Banbury, OX15 4AA

Membership

Councillor Neil Prestidge (Chairman) Councillor Sean Gaul (Vice-Chairman)

Councillor Mike Bishop
Councillor Mark Cherry
Councillor Tony Mepham
Councillor Sandra Rhodes
Councillor Bryn Williams
Councillor Cassi Perry
Councillor Les Sibley
Councillor Lucinda Wing

AGENDA

Overview and Scrutiny Members should not normally be subject to the party whip.

Where a member is subject to a party whip they must declare this at the beginning of the meeting and it should be recorded in the minutes.

1. Apologies for Absence and Notification of Substitute Members

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. Urgent Business

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

4. Minutes (Pages 1 - 4)

To confirm as a correct record the minutes of the meeting held on 28 August 2018.

5. Chairman's Announcements

To receive communications from the Chairman.

6. Show and Tell - Street Scene, including Markets - Environment Directorate

Ed Potter - Assistant Director Environmental Services.

The Committee will receive a presentation giving an overview of the Street Scene Team, which sits within Environmental Services.

7. Changing Models in Primary Care (Pages 5 - 14)

The Executive Director – Wellbeing and Healthy New Towns Officer will give a presentation on the Changing Models in Primary Care.

The Lead Member for Health and Wellbeing will be present for this item.

A briefing paper and appendix are attached.

Recommendations

The Committee is asked to:

- 1.1 Note plans for developing primary care services in the district, recognising that there will be variation based on each practice's location, practice size, and likely increase in population.
- 1.2 Note that Oxfordshire Clinical Commissioning Group are keen to engage with CDC in future planning of primary care for their communities.
- 1.3 Note the implications for Cherwell's services including the need to influence the development of health and care so that residents are able to access appropriate, effective primary care.

8. Work Programme - 2018 - 2019 (Pages 15 - 22)

Democratic and Elections Officers will give an update on progress regarding subjects raised at previous Committee meetings (appendix 1, attached).

The Committee to consider the work programme 2018/2019. (Appendix 2 Attached)

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

Information about this Meeting

Apologies for Absence

Apologies for absence should be notified to democracy@cherwellandsouthnorthants.gov.uk or 01327 322043 / 01295 221591 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 Emma Faulkner / Lesley Farrell, Democratic and Elections emma.faulkner@cherwellandsouthnorthants.gov.uk, 01327 322043 / lesley.farrell@cherwellandsouthnorthants.gov.uk, 01295 221591

Yvonne Rees Chief Executive

Published on Monday 1 October 2018



Cherwell District Council

Overview and Scrutiny Committee

Minutes of a meeting of the Overview and Scrutiny Committee held at Bodicote House, Bodicote, Banbury, OX15 4AA, on 28 August 2018 at 6.45 pm

Present: Councillor Neil Prestidge (Chairman)

Councillor Sean Gaul (Vice-Chairman)

Councillor Phil Chapman Councillor Mark Cherry Councillor Chris Heath Councillor Tony Mepham Councillor Cassi Perry Councillor Les Sibley Councillor Lucinda Wing

Substitute

Councillor David Hughes (In place of Councillor Bryn Williams)

Members:

Apologies Councillor Mike Bishop Councillor Sandra Rhodes absence: Councillor Bryn Williams

Officers: Graeme Kane, Executive Director: Environment

Adele Taylor, Interim Executive Director: Finance and

Governance

Hedd Vaughan Evans, Assistant Director Performance and

Transformation

Robert Fuzesi, Assistant Director: Property, Investment and

Contract Management

Chris Hipkiss, Property and Investment Consultant

Louise Tustian, Team Leader, Insight Team

Natasha Clark, Governance and Elections Manager Emma Faulkner, Democratic and Elections Officer Lesley Farrell, Democratic and Elections Officer

11 Declarations of Interest

There were no declarations of interest.

12 Urgent Business

There were no items of urgent business.

13 Minutes

The minutes of the meetings of the Committee held on 10 July 2018 were confirmed as correct records and signed by the Chairman.

14 Chairman's Announcements

There were no Chairman's announcements

15 Show and Tell - Performance and Transformation

The Assistant Director Performance and Transformation and the Strategic Intelligence and Insight Team Leader gave a presentation on how performance management was used throughout the council and submitted the Performance, Risk and Finance report for June 2018.

In response to members' questions regarding the setting and monitoring of performance targets the Assistant Director Performance and Transformation explained that the Directors reviewed the performance reports and ensured commentary was provided on each measure. The Performance, Risk and Finance reports were now submitted monthly to Executive and would be submitted regularly to the Overview and Scrutiny Committee for the Committee to consider the performance elements of the report.

Resolved

- (1) That the presentation giving an overview of performance management be noted.
- (2) That the monthly Performance, Risk and Finance Monitoring report be
- (3) That it be noted that the Performance, Risk and Finance Monitoring was considered by Executive on a monthly basis.
- (4) That having given due consideration no areas for further consideration by Executive be identified.

16 Work Programme Planning 2018-2019

The Democratic and Elections Officers gave an update on the status of topics suggested for scrutiny and any proposed actions.

<u>Unlawful Gypsy and Traveller encampments.</u>

This item was yet to be allocated to the work programme as a date had not yet been confirmed for attendance by representatives from Environmental Health and Oxfordshire County Council

County Line (Violence, Exploitation and Drug Supply)

The Committee agreed that the Chief Constable be asked to include an update in his presentation to Full Council on 30 October 2018. The Committee requested that the Police and Crime Commissioner be invited to attend the Full Council meeting with the Chief Constable.

Tree Management

The Committee noted the contact details provided and agreed that no further action was required.

Car Parking

The Committee agreed the Car Parking scoping document and Councillors Prestidge, Gaul, Sibley and Rose were appointed to the working group.

East West Rail Link - London Road Level Crossing, Bicester

The Committee noted that Cherwell District Council was already in discussion with Oxfordshire County Council through the Bicester Strategic Delivery Board regarding London Road level crossing in Bicester and members could monitor the action taken by the Board.

Strategy for walking and cycling between key destinations in Bicester

The Bicester Delivery Team had provided details of work being done on walking and cycling routes in Bicester. Funding had been obtained for a Local Travel Planner who was working on a range of initiatives to support walking and cycling.

In response to members questions the Interim Executive Director for Finance and Governance confirmed that Cherwell District Council did advertise its participation in national cycling days and encouraged staff and members of the public to get involved.

Consideration of the emissions plan for HS2 in relation to the Air Quality Management Plan

This item was yet to be allocated to the work programme as a date has yet to be confirmed for attendance by representatives from HS2.

Canal side Strategy

The Interim Executive Director Finance and Governance reminded the Committee that a Member briefing had taken place in July. The Banbury Canal-side Supplementary Planning document was scheduled to be submitted to Executive at its October meeting.

Reference to the Canal-side Strategy would be included in the exempt Castle Quay presentation later in the agenda.

Kidlington and Bicester Town Centres are failing

Members requested that progress on Masterplans be included in the Show and Tell when allocated to the work programme.

Resolved

- (1) That the Car Parking scoping document be agreed.
- (2) That Councillors Prestidge, Gaul, Sibley and Rose be appointed to the Car Park Scrutiny Review working group.
- (3) That, having given due consideration, the updates on the suggested topics for scrutiny be noted.
- (4) That the work programme be noted.

17 Exclusion of the Press and Public

Resolved

(1) That under Section 100A of the Local Government Act 1972, the public and press be excluded from the meeting for the following items of business on the grounds that, if the public and press were present, it would be likely that exempt information falling under the provisions of Schedule 12A, Part I, Paragraph 3 would be disclosed to them, and that in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

18 Update on Castle Quay

The Property and Investment Consultant gave an exempt presentation which provided an update on the Castle Quay project.

The Committee asked detailed questions which were duly answered by the Interim Executive Director Finance and Governance and the Property and Investment Consultant.

Resolved

That the exempt presentation be noted

The meeting ended at 9.05 pm

Chairman: Date:

Agenda Item 7

Overview and Scrutiny Committee Briefing Paper



Subject: Changing Models of Primary Care

Director: Executive Director: Wellbeing, Jane Carr

Officer Responsible: Bicester Healthy New Town Programme Director, Rosie Rowe

Background
and Reason for
Briefing Note

To brief the Overview and Scrutiny Committee on the changing model of primary care and its implications for Cherwell District Council (CDC).

1.0 Introduction

- 1.1 Good primary care is the bedrock of a high-quality and cost-effective health system, and the NHS has traditionally prioritised primary care compared to many other health systems worldwide. This is generally accepted as key to its success and pre-eminence internationally in providing effective, safe, coordinated and efficient patient-centred care.
- 1.2 The Oxfordshire Primary Care Framework highlighted the importance of investing in the sustainability of General Practice, and supporting it to be the lynchpin in our health and care services. However, primary care is facing a number of challenges which means that it needs to change and adapt if it is to be sustainable in the future.
- 1.3 This briefing paper provides information about how primary care is changing in Cherwell and draws on information provided by Oxfordshire Clinical Commissioning Group (OCCG) which is responsible for commissioning general practice services. OCCG has adopted a new approach to planning for future health and care services which involves working collaboratively with local government and health and care providers to focus on how to meet the specific needs of their local population. They have indicated that their plans for developing primary care will remain iterative: as the population changes and the way the delivery of healthcare evolves, they will continue to work with patients, clinicians and partners to ensure that primary care remains responsive, accessible and of high quality.

2.0 Pressures that are driving change to general practice

- 2.1 Primary care in the District faces pressures that are common to many parts of the country, namely:
 - Shortage in workforce and difficulty recruiting staff
 - Increasing and ageing population
 - Increasing expectations and demand for same-day access for urgent care
 - Increasing pressure in managing complex, frail or elderly patients
 - Small practices finding it increasingly challenging to be sustainable age 5

- Premises requiring improvement
- Increasing administrative burden
- Housing growth
- Current partnership model is not always suitable
- 2.2 Whilst doctors and patients may look back with some fond nostalgia at a very traditional model of primary care, meeting these challenges and the current and future needs of our population will need different models of care. Future models must both provide timely access to same day acute clinical care and time for GPs and primary care clinicians to deal with an ageing population with increasingly complex medical needs.
- 2.3 This will require working in larger teams across practices and neighbourhoods to provide care efficiently within the resources available against a backdrop of rising demand. The changing nature of clinical care involves more patients being treated at home or closer to home; this involves a blurring of traditional primary / secondary care boundaries but will also need to involve a shift of resources into the community commensurate with the current and future shift of work.

3.0 Impact of Housing Growth

- 3.1 There are plans for significant housing expansion in Cherwell in the coming years. Notable developments include Banbury (7,319 homes to 2031), Bicester 10,129 new homes, the former RAF Upper Heyford have a total site capacity of 2,361 by 2031 with growth elsewhere of 3,031. Cherwell District Council is considering an additional 4,400 homes in the A44 corridor, Kidlington and North Oxford to meet unmet housing need in Oxford City.
- 3.2 OCCG estimates suggest that in the North East this equates to about an additional 11,000 patients (13.2%) over the next five years and 28,000 patients (33.6%) over the next ten years. In the North locality this equates to an increase of about 15,000 patients (13.5%) across the locality over the next five years, and about 23,000 (21%) over ten years.
- 3.3 The planned rate of growth raises challenges for existing primary care estates infrastructure as existing practices will run out of capacity to accept new patients at a certain point; OCCG officers are in discussions with Cherwell's planners to identify potential sites for new facilities. Housing growth is also acting as a driver for the development of new models of care to meet the increasing demand for primary care services from Cherwell's growing population.

4.0 How will Primary Care be different?

- 4.1 OCCG's locality plans indicate that in order to ensure that general practice is sustainable it will involve changes regarding:
 - Practice Structure
 - Professionals involved a wider range of professionals
 - Streaming of demand
 - Home visiting increasingly provided by paramedics
 - Integrated Locality Team providing more co-ordinated care for people with complex needs

See Appendix A for more information about these developments.

- 4.2 In the district there is some variation in how practices are seeking to develop in the future. Some of the smaller rural practices where planned population growth is limited are planning to work as networks of practices to deliver services. In urban centres where there is likely to be significant population growth new models of care are being planned which are likely to be built around:
 - bigger practice units of 30-40,000 patients
 - sharing of some back room functions
 - streaming of urgent demand for care to urgent access hubs
 - A greater use of professionals other than GPs.
- 4.3 In this way some services will be provided by practices, some by neighbourhood hubs providing care for 30-40,000 patients, and some at the locality level

5.0 Current Provision of Primary Care in Cherwell

5.1 Practices in Cherwell sit within either the North or North East CCG Locality. There are currently seven GP practices in OCCG's North East Locality with a total list size of 84,425 patients (49,188 in Bicester and 35,237 in Kidlington and the surrounding villages) and 15 practices in the North Locality with a total list size of 113,304, (69,823 in Banbury and 43,481 in the rural villages)

Banbury

- 5.2 The end of the previous Banbury Health Centre contract on 30 June 2018 offered an opportunity for the CCG to seek a solution that would bring sustainability to Banbury primary care. Work began to identify a provider who would provide primary care services at the Banbury Health Centre site and who would also work with existing practices in order to develop a long term sustainable solution for primary care in Banbury. The contract was awarded to Principal Medical Limited (PML), the previous provider of services at Banbury Health Centre, making transition to the new provider relatively seamless. PML has already made good progress in establishing a more joined up approach to service delivery across the Banbury GP Practices. Woodlands Surgery and West Bar Surgery have been working collaboratively with PML and Banbury Health Centre to deliver primary care 'at scale' in line with the national direction. The Practices and PML have been actively engaging with each practice patient Participation Group (PPG) and have held a joint PPG meeting. The new model will see patients being able to access services from four sites which include Banbury Health Centre, Woodlands Surgery, West Bar Surgery and its branch surgery at Hardwick Surgery.
- 5.3 Currently Hightown surgery is not accepting any new patients but a site at Longford Park has been identified for a new, larger surgery to which the Hightown practice will move so that it can serve the needs of residents on this development. Cropredy surgery is also not accepting any new patients and it has adjusted its practice boundaries to exclude some of Banbury.

Heyford

Discussions are currently ongoing between OCCG, local practices and the developer as to what form of primary care services will be provided to the new population. New residents are able to access primary care in Deddington and in Bicester; in August 2018 the Alchester Medical Group, which was formed in October 2016 following the merger of the Victoria House Surgery and Langford Medical Partice, increased its practice boundary to take on

patients from the Upper and Lower Heyford area including the new housing development. Deddington Health Centre has recently been refurbished so that it can increase its capacity to accept more patients.

Bicester

5.4 Discussions have been ongoing between OCCG, CDC planners and the practices as to how they can accommodate the planned population growth for the town. Currently there is one health campus based around the community hospital, Bicester Health Centre and Montgomery House Surgery. OCCG has commissioned a site search to identify options for another health campus which could provide primary care and other services such as social prescribing and community health services. The financial viability of these options is currently being considered and it is anticipated that a preferred site will have been identified by the end of 2018. There will then be consultation with patients and other local stakeholders before a final decision is made.

Kidlington

5.5 Gosford Hill Medical Practice and the Key Medical Practice are keen to work more closely together, ideally on one site to provide primary care for the growing population of Kidlington. The preferred site option will be influenced by the outcome of the Partial Review of the adopted Cherwell Local Plan 2011-2031 (Part 1) in preparation to help meet the unmet housing needs of Oxford.

Rural Villages

5.6 Most of the rural practices continue to offer a traditional model of primary care due to the stability of their practice lists. Most practices are able to accept new patients and discussions are held at an early stage with them if new housing is likely to have an impact. Some rural cluster practices offer additional evening hours in house but available to other surgeries, 1830-2000 on a rotation basis.

6.0 What are the implications for CDC?

6.1 The changing model of primary care has a number of implications for CDC:

Patient Transport

6.2 As practices become larger and require patients to travel further, access to patient transport is likely to be an increasing issue. CDC already commissions Citizens Advice North Oxfordshire to provide a volunteer driver scheme and expansion of this scheme is likely to be necessary to enable residents to access their surgery. CDC also needs to continue to actively promote the service so that residents are aware of how to access its support. When practices are consulting on any change in location that might impact on patient access, councillors have an important opportunity to check that they have plans in place to mitigate transport problems.

Community Pharmacy

6.3 Community pharmacists are sometimes described as 'your health professional on the High Street'. Pharmacists can provide accessible, expert advice to help people to stay well and to manage minor illnesses. CDC's planning function and economic development teams have an opportunity to encourage them to maintain their presence on our high streets and in local centres.

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Active engagement with OCCG on planning primary care infrastructure

One of the benefits of the Healthy New Town programme is that OCCG and planners are now in regular dialogue with regard to developments across Cherwell, not just Bicester. OCCG has a system in place for commenting on planning applications which have an impact on health services. Three way discussions are also being held between planners, developers, and OCCG to ensure that major developments make adequate provision for health facilities that reflect the changing model of primary care.

Promotion of health and wellbeing

6.5 Developing healthy communities is one of the Council's strategic priorities and it is important to retain this focus. CDC has a key role in enabling people to enjoy good physical and mental health through the community services that it provides and commissions as well as its planning functions that can ensure that residents can access green spaces and are encouraged to walk and cycle more.

Engagement with OCCG in planning local health and care services

6.6 As OCCG has indicated its desire to take a more collaborative approach to planning services, CDC needs to engage with these discussions, bringing its insight and knowledge of residents' needs to influence the development of services, and enabling other partners such as local voluntary or community groups to be able to engage with these discussions.

Completed by: Rosie Rowe Date: 28/09/18

Presented to: Overview & Scrutiny Committee Date:



Appendix A: Changes in Primary Care

Workforce

In North and North East Oxfordshire, Primary Care is currently structured in a fairly conventional way, with most practices operating as traditional partnerships, also employing salaried GPs. Most practices have a role in training, from medical students through to Foundation Year 2 Doctors and GP registrars. Some practices employ Advanced Nurse Practitioners to complement their traditional practice nursing teams while also supporting the GPs in extended roles caring for patients with minor illness and same day urgent need. Some surgeries in Banbury have pioneered the employment of pharmacists within practices.

Given difficulties in recruiting GPs and with many clinicians wishing to work part-time, practices are looking to increase effective contributions from:

- Extended trained health care assistants
- Advanced Nurse Practitioners
- Pharmacists
- Physicians Associates
- Diagnostic physiotherapists
- Paramedics
- Practice based Mental Health workers

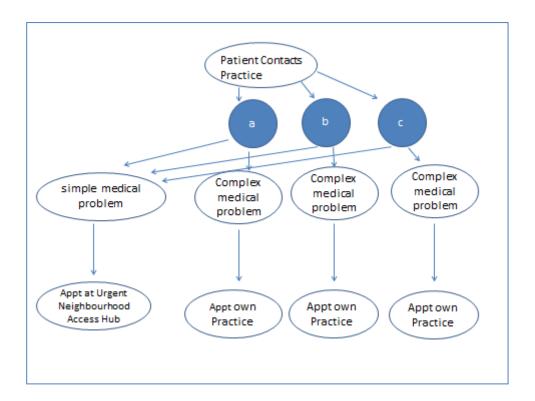
Streaming of Urgent versus Planned Care

North and North East Oxfordshire have a varied population in terms of need, age and working circumstances. This means that different dimensions of access are valued differently by different people, with some people preferring rapid access to any clinician and some requiring continuity of care with the same clinician.

In the NE locality, seven day access is provided through the Neighbourhood Access Hubs based in Bicester (at Bicester Health Centre) and Kidlington (KEY and Gosford Hill Surgeries) in the daytime, and Saturday mornings. This service is provided by the ONEMed GP federation with an evening rota of clinicians provided by the majority of the NE practices. Patients also benefit from access to further extended hours GP appointments on Sundays in Banbury. This service is available through cross locality working via the federated group, ONEMed aligned under Principal Medical Limited (PML).

Some rural cluster practices offer additional evening hours in house but available to other surgeries, 1830-2000 on a rotation basis. Banbury Health Centre is now offering routine primary care hours: Monday to Friday 0800 to 1830.

The Neighbourhood Hubs provide rapid access for patients, in particular for those of working age and for children who, except in certain circumstances, do not need to see the same GP for episodic conditions. This frees up time for GPs to concentrate more resources on patients who need a level of continuity.



Home Visiting

Traditionally, patients were visited by their GP, usually after surgery in the early afternoon or occasionally in the middle of surgery. This meant that if patients needed to be admitted to hospital this happened later in the day, which was not ideal, and there was much less chance if they just needed tests that they could return home on the same day.

With the new model of care a Primary Care Visiting Service has been established. Urgent access for housebound patients is provided through the GP federation, with a team of experienced Emergency Care Practitioners (ECPs) reviewing patients and liaising with GPs to form treatment / action plans. If a patient needs specialist tests and assessment there is an opportunity for patients to receive them in the ambulatory care department at the Horton and John Radcliffe Hospitals before returning home for treatment.

Services for Frail Patients

It is hoped that by streaming patients with simple urgent care needs to neighbourhood hubs this will release more GP time to provide continuity of care for patients with complex needs, working together with an extensive integrated locality team to support frail older patients at home with:

- Links to the ambulatory assessment service with secondary care input
- The ability to facilitate early discharge from hospital
- The ability to maintain physiologically unstable patients at home or in Nursing
 Homes with some secondary care input from a locally co-ordinated ambulatory care
 facility.
- Improving long term conditions care.

Integrated Locality Teams comprise GPs; community nurses, therapists, carers and social services working together on a locality basis to keep patients with complex medical conditions at home and facilitating early discharge from hospital.

Prevention and Promotion of Self Care

Primary care has an important role in empowering patients to self-care, taking responsibility for their own health and wellbeing, and knowing how and when to seek help when they are unwell. It is seeking to do so through:

- Making every contact count: in which every contact with a patient (in primary, community and secondary care) is used as an opportunity to improve patient knowledge and level of involvement in their care
- Using personalised care planning as used in the 'House of Care' model to engage informed patients to work in partnership with health professionals to better manage their health and health care
- Referral to exercise on prescription, structured diabetes education and other initiatives that seek to support behaviour change and better self-management of long term conditions
- Making shared decision making the norm
- Increasing the use of Patient Decision Aids; condition specific information that is accurate and balanced and allows patients to think about the pros and cons of a particular treatment, clarifying what the patient hopes the treatment will achieve
- Development and testing an appropriate model of social prescribing
- Increasing access to NHS Health Checks, particularly for more vulnerable people, in particular those in the 2% high intensity group, and patients with autism or Learning Disabilities.
- Working with schools to promote healthy lifestyles, increase health literacy so that young people and their families use health services appropriately, and encourage students to consider the wide range of career opportunities within health care

What do Proposed Changes look like for Patients?

Patient Exemplar 1: Tommy Smith awakes with earache / cough / fever

Current Model of Care:

- Rings GP practice no bookable urgent appointments available
- Invited to come to 'sit and wait' clinic at 12.30pm
- Waits 1 hour sees a tired GP in practice who has already seen a normal routine surgery and 6 extra patients.

New model:

- Rings GP practice thorough discussion problem assessed as suitable for Urgent Access neighbourhood hub
- Given appointment at 9.30am at the local Hub
- Sees GP with access to patient notes and treatment agreed
 Hub GP reports to patient's own practice, who can follow up if needed
- Own GP has time to see complex elderly patients as has fewer urgent extra appointments to fit in

Patient Exemplar 2: Maud Smith is aged 84, lives alone and is feeling very poorly and unable to get out of bed

Current model of care:

- Rings GP practice in morning
- GP visits at 2pm
- Seen in hospital at 6pm, investigations complete by 10.30 pm
- Admitted and stays 2-3 days.

New model of care:

- Rings GP practice in morning
- Visit arranged with Primary Care Visiting Service
- Paramedic rings GP at 10.30am and agrees action plan
- Patient attends Ambulatory Assessment Unit
- Investigations complete by 5pm
- After liaison with Locality Integrated Team, the patient is discharged home same day with home care in place. May be followed up by the frailty service

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Topic and suggested by	Update	Status / Proposed action
Unlawful Gypsy and Traveller encampments	Environmental Health Officers, supported by representatives from Oxfordshire County Council, to	Officers will attend January 2019 meeting. Committee members to consider questions they would like to be answered.
·	give a presentation on the powers to respond to	' '
Councillor Lucinda Wing	unlawful encampments	
County Lines (Violence,	Question to be put to the Chief Constable and	Chief Constable presentation – opportunity to ask questions
Exploitation and Drug Supply)	request they include an update in their presentation to Full Council on 15 October.	Committee members to consider questions they would like to be answered at 15 November Show and Tell.
Councillor Neil Prestige:		
Awareness of a specific	The Assistant Director for Communities will report to	
problem in Banbury and a growing problem in Bicester.	the 15 November Committee and as part of the Communities Show and Tell will include information	
What action is being taken?	on County Lines.	
Car Parking	The next meeting of the review group is arranged for	Scoping document signed off by Committee and Review Group
Councillor Sean Gaul:	Wednesday 10 October 2018.	has been set up. First meeting held on 4 September 2018.
Feasibility of free parking in		That meeting held on 4 september 2010.
Bicester Town Centre)		
(Councillor Neil Prestidge:		
Decriminalised parking in Kidlington)		
East West Rail Link – London	Documents from the Bicester Strategic Delivery	The next meeting of the Bicester Strategic Delivery Board is
Road Level Crossing, Bicester.	Board meetings are published on the Cherwell District Council website.	Thursday 18 October at 10.30am.
Councillor Lucinda Wing:		
Concern over the increased		
closure of London Road when the East West Rail link is		
the East West Kall link is		

Democratic and Elections Officers have contacted he Bicester Delivery Team who have provided information on mapped cycle and walking routes within Bicester and key destinations in Bicester.	Should Members require any further information, the Bicester Delivery Manager is Jenny Barker Jenny.Barker@Cherwell-
	<u>DC.gov.uk</u> and the Community Travel Planner is Angela Smith <u>angela.smith@cherwellandsouthnorthants.gov.uk</u>
Democratic & Elections Officers liaising with executive Director – Environment regarding ttendance of relevant guests to a future meeting	As this item is of wider interest to all councillors an all member briefing with HS2 is being organised which will address the issues raised. Propose removal from work programme.
member briefing took place on Banbury and Canalide on 17 September 2018. Treport 'Banbury Strategic Investment Vision' went to the 1 October Executive. The report set out how EDC would use its own resources to enable the overall vision for Banbury and Banbury Canal-side to be realised.	The Supplementary Planning Document for Banbury and Canalside has been deferred until the February 2019 meeting of Executive.
Officers in Economic Development have been ontacted regarding work currently being undertaken by the team with regards to town centre egeneration. The Senior Economic Growth Officer has advised hat the service is aware of challenges facing our ligh Streets and those across the UK.	The Committee to consider if they would like a briefing to be scheduled on the topic, subject to some further clarification on the scope of the subject
ore of the office of the offic	icers in Economic Development have been stacted regarding work currently being dertaken by the team with regards to town centre eneration. Senior Economic Growth Officer has advised the service is aware of challenges facing our

collective action - to maintain and enhance our urban centres.

Currently the service is embarking upon the preparation of District Industrial Strategies and there will be the opportunity for all stakeholders to be part of identifying the issues/opportunities. It is anticipated urban centres will feature prominently.

Members are also referred to the performance monitoring report: JBP3.1.3 Deliver the masterplans for the key economic centres, where an update is

given on masterplan progress

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Overview and Scrutiny Indicative Work Programme - 2018/2019

Item	Description	Contact Officer
15 November 2018		
Show and Tell – Castle Quay (Exempt)	Further update and information regarding Castle Quay project	Adele Taylor – Executive Director Finance and Governance, and Chris Hipkiss – Assistant Director Property, Investment and Contract Management
Performance risk and finance monitoring	Full Performance report for Quarter Two, July to September 2018	Hedd Vaughan Evans – Assistant Director Performance and Transformation and Louise Tustian – Team Leader, Insight Team
က် က် တ်	Police Officer to attend and cover – County Lines, Modern Slavery, Gangs and Safeguarding section 11 return	Nicola Riley – Assistant Director – Communities Jane Carr – Executive Director Wellbeing
Work Programme	Standing item: Updates on topics suggested for consideration and review of work programme	Emma Faulkner, Democratic and Elections Lesley Farrell, Democratic and Elections
22 January 2019		
Show and Tell – Landscape maintenance Contract – Environment Directorate	Overview of the Landscape Maintenance Contract	Graeme Kane – Executive Director - Environment
Consideration of Car Parking Review Recommendations	Outcome of Car Parking Task and Finish Group	Graeme Kane – Executive Director - Environment

Item	Description	Contact Officer
Work Programme	Standing item: Updates on topics suggested for consideration and review of work programme	Emma Faulkner, Democratic and Elections Lesley Farrell, Democratic and Elections
19 February 2019		
Show and Tell – Directorate to be decided		
Performance risk and finance monitoring	Full Performance report for Quarter Three, October to December 2018	Hedd Vaughan Evans – Assistant Director Performance and Transformation and Louise Tustian – Team Leader, Insight Team
ork Programme	Standing item: Updates on topics suggested for consideration and review of work programme	Emma Faulkner, Democratic and Elections Lesley Farrell, Democratic and Elections
26 March 2019		
Show and Tell – Directorate to be decided		
Work Programme	Standing item: Updates on topics suggested for consideration and review of work programme	Emma Faulkner, Democratic and Elections Lesley Farrell, Democratic and Elections

Appendix 2

Item	Description	Contact Officer
Items to be allocated		
Invitation to HS2 re Air Quality concerns in Banbury – as a result of discussions at July 2018 meeting relating to Air Quality Action Plan	To be removed from the work programme and replaced by an All Member Briefing as of interest to all members.	
Unlawful Gypsy and Traveller encampments	Presentation on the powers to respond to unlawful encampments, supported by representatives of Oxfordshire County Council	Richard Webb – Assistant Director Environmental Health and Licensing

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