

# Notice of Meeting

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## Overview and Scrutiny Management Commission

**Tuesday, 9th February, 2021 at 6.30 pm**  
Virtual meeting

This meeting will be held in a virtual format in accordance with The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panels Meetings) (England and Wales) Regulations 2020

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**WestBerkshire**  
C O U N C I L

**Agenda - Overview and Scrutiny Management Commission to be held on Tuesday, 9  
February 2021 (continued)**

Date of despatch of Agenda: Monday, 1 February 2021

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver / James Townsend on (01635) 519486 / 503605

e-mail: [gordon.oliver1@westberks.gov.uk](mailto:gordon.oliver1@westberks.gov.uk) / [james.townsend1@westberks.gov.uk](mailto:james.townsend1@westberks.gov.uk)

Further information and Minutes are also available on the Council's website at [www.westberks.gov.uk](http://www.westberks.gov.uk)



**Agenda - Overview and Scrutiny Management Commission to be held on Tuesday, 9  
February 2021 (continued)**

- To:** Councillors Jeff Brooks, James Cole, Lee Dillon (Vice-Chairman), Gareth Hurley, Alan Law (Chairman), Thomas Marino, Steve Masters, Garth Simpson and Tony Vickers
- Substitutes:** Councillors Adrian Abbs, Peter Argyle, Jeremy Cottam, Carolyne Culver, Owen Jeffery, David Marsh, Claire Rowles and Andrew Williamson
- Other Officers & Members invited:** Councillor Lynne Doherty, Councillor Ross Mackinnon, Councillor Jo Stewart, Nick Carter, Catalin Bogos, Andy Sharp, Sarah Clarke, Gordon Oliver and Joseph Holmes

# Agenda

## Part I

**Page No.**

1. **Apologies for Absence**  
To receive apologies for inability to attend the meeting (if any).
2. **Declarations of Interest**  
To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' [Code of Conduct](#).
3. **Commercialisation Part 2: Commercial Board Update** 5 - 14  
*Purpose: To report to the Commission the Board's activities and achievements, what revenue has been achieved and how this has been tracked.*
4. **2020/21 Performance Report Quarter One** 15 - 58  
*Purpose: To consider the latest quarterly performance report.*
5. **Health Scrutiny** 59 - 78  
*Purpose: To consider a proposal to form a new Health Overview and Scrutiny Committee, reporting to the Overview and Scrutiny Management Commission, which would be responsible for scrutiny of Public Health and NHS services in West Berkshire.*
6. **Health Scrutiny Arrangements Across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System** 79 - 98  
*Purpose: To consider the proposal to form a new, mandatory, joint committee with health scrutiny powers to consider matters affecting patient flows across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System geography.*

**Agenda - Overview and Scrutiny Management Commission to be held on Tuesday, 9 February 2021 (continued)**

7. **Overview and Scrutiny Management Commission Work Programme** 99 - 100  
*Purpose: To receive new items and agree and prioritise the work programme of the Commission for the remainder of 2020/21 and for 2021/22.*
8. **Overview and Scrutiny Management Commission Meeting Dates** 101 - 102  
Discussion to consider whether future meeting dates should be adjusted to better align with meetings of the Executive and in doing so allow for more meaningful discussion of quarterly financial and monitoring reports.

Sarah Clarke  
Service Director Strategy and Commissioning

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.



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## Commercial Board - Update Report

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<b>Committee considering report:</b>	Overview and Scrutiny Management Commission
<b>Date of Committee:</b>	9 <sup>th</sup> February 2021
<b>Portfolio Member:</b>	Councillor Ross Mackinnon
<b>Date Head of Service agreed report:</b> <i>(for Corporate Board)</i>	N/A
<b>Date Portfolio Member agreed report:</b>	22 <sup>nd</sup> December 2020
<b>Report Author:</b>	Andy Sharp, Executive Director, People
<b>Forward Plan Ref:</b>	N/A

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### 1 Purpose of the Report

- 1.1 This report responds to the request from the Overview and Scrutiny Management Commission for an update in respect of the work undertaken in the past year by the Commercial Board and its work programme.
- 1.2 The purpose of this report is to:
- Provide an assessment of the current position in respect of the work undertaken by the Commercial Board
  - Provide an overview of the work programme for the Commercial Board for the coming year (2020/21)

### 2 Recommendation(s)

- That OSMC note the content of this report and the future work programme of the Commercial Board.

### 3 Implications and Impact Assessment

Implication	Commentary
<b>Financial:</b>	There are no direct financial implications as a result of this report, however the approach taken to commercialisation does interface with the MTFS.

<b>Human Resource:</b>	There are no direct HR implications as a result of the content of this report.			
<b>Legal:</b>	There are no direct legal implications as a result of the content of this report.			
<b>Risk Management:</b>	There are no none financial risks associated with the content of this report and these issues are addressed in the finance section above.			
<b>Property:</b>	There are no direct property related issues as a result of this report.			
<b>Policy:</b>	There are no direct implications as a result of this report.			
	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Commentary</b>
<b>Equalities Impact:</b>				There are no direct equalities implications as a result of this report however specific impact assessments are undertaken in respect of projects delivered within the portfolio of the Commercial Board.
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?				No.
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?				No.

<b>Environmental Impact:</b>				N/A
<b>Health Impact:</b>				N/A
<b>ICT Impact:</b>				N/A
<b>Digital Services Impact:</b>				N/A
<b>Council Strategy Priorities:</b>				The work of the Commercial Board supports the delivery of services across the organisation which link to all aspects of the Council Strategy.
<b>Core Business:</b>				The work of the Commercial Board supports the delivery of services across the organisation which link to all aspects of the core business of the council.
<b>Data Impact:</b>				There are no direct data impacts as a result of this report.
<b>Consultation and Engagement:</b>	This report has been produced in consultation with the relevant Portfolio Holder.			

## 4 Executive Summary

- 4.1 In order to seek to create an organisational approach to the concept of commercialisation and to generate additional income for the local authority, a Commercialisation Group was set up in August 2018 to progress this agenda. The Group was therefore originally set up to formalise arrangements for officers and members to work together to increase and enhance the commercial activity of the authority. As a part of this approach there was also an intention to seek to create and grow a more business minded culture in the way income generating ideas were progressed.
- 4.2 Following a review of the work of the commercialisation group and the outcomes delivered in June 2019, a revised approach under the leadership of the commercial board and associated priorities were agreed (as reported to OSMC in October 2019). The agreed way forward for the Commercial Board was to implement a revised and more focused approach focused upon three key component parts, these being:
- **To identify and lead strategically significant commercialisation programmes**

- **To provide guidance, advice and support to cross organisational commercialisation projects**
- **To take oversight of the traded services arrangements within the organisation**

4.3 The Commercial Board is chaired by the Executive Director, People supported by senior officers from across the organisation. The group is also attended by both the Portfolio Holder for finance, property, commissioning and economic development and the Portfolio Holder for Children, Education & Young People.

4.4 The key areas of delivery for the Commercial Board since the last report to OSMC in October 2019 have been impacted, as has much of the work of the council, by the need for capacity to be focused upon responding to the covid pandemic. However progress has been and continues to be made in taking forward the key areas of focus for the board. This progress can be summarised as follows:

- A review governance in respect of traded services in Education, completed in November 2019 resulted in the creation of a traded services sub group of the board to take this agenda forward
- Ensured enhanced oversight of education traded services via the board – regular reports now presented to the board by the sub group
- Created an operating protocol for commercialisation (completed in June 2020)
- Reviewed the “lions lair” approach and its outcomes (completed in July 2020)
- Identified the key projects from “lions lair” to take forward (completed in August 2020), with a decision to progress the potential build of a crematorium
- Commissioned training for key staff in commercial thinking and approaches (Keystone commissioned to provide this in August 2020 – to commence in line with the corporate programme in 2021)
- Raised awareness of the need for Directorates to feed transformational activity with a commercial focus to the board
- Identified Directorate based strategic commercial development within Place in respect of a potential Housing Company, which will now form part of the work programme for the board

## 5 Supporting Information

### Introduction

5.1 This report responds to the request from the Overview and Scrutiny Management Commission for an update in respect of the work undertaken in the past year by the Commercial Board and its work programme.

### Background

5.2 In order to seek to create an organisational approach to the concept of commercialisation and to generate additional income for the local authority, a Commercialisation Group was set up in August 2018 to progress this agenda. The Group was therefore originally set up to formalise arrangements for officers and members to work together to increase and enhance the commercial activity of the authority.



As a part of this approach there was also an intention to seek to create and grow a more business minded culture in the way income generating ideas were progressed.

- 5.3 Following a review of the work of the commercial board and the outcomes delivered in June 2019 a revised approach and set of priorities were agreed (as reported to OSMC in October 2019). The agreed way forward for the Commercial Board was to implement a revised and more focused approach focused upon three key component parts, these being:
- **To identify and lead strategically significant commercialisation programmes**
  - **To provide guidance, advice and support to cross organisational commercialisation projects**
  - **To take oversight of the traded services arrangements within the organisation**
- 5.4 The Commercial Board is chaired by the Executive Director, People supported by senior officers from across the organisation. The group is also attended by both the Portfolio Holder for finance, property, commissioning and economic development and the Portfolio Holder for Children, Education & Young People.
- 5.5 The key areas of delivery for the Commercial Board since the last report to OSMC in October 2019 have been impacted, as has much of the work of the council, by the need for capacity to be focused upon responding to the covid pandemic. However progress has been and continues to be made in taking forward the key areas of focus for the board. This progress can be summarised as follows:
- A review governance in respect of traded services in Education, completed in November 2019 resulted in the creation of a traded services sub group of the board to take this agenda forward
  - Ensured enhanced oversight of education traded services via the board – regular reports now presented to the board by the sub group
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  - Identified the key projects from “lions lair” to take forward (completed in August 2020), with a decision to progress the potential build of a crematorium
  - Commissioned training for key staff in commercial thinking and approaches (Keystone commissioned to provide this in August 2020 – to commence in line with the corporate programme in 2021)
  - Raised awareness of the need for Directorates to feed transformational activity with a commercial focus to the board
  - Identified Directorate based strategic commercial development within Place in respect of a potential Housing Company, which will now form part of the work programme for the board

5.5 The work programme for the commercial board for the remainder of this year and into 2020/21 can be summarised as follows:

- Continue to support the development of traded services within Education
- Undertake a second phase business case in respect of the potential development of a crematorium within West Berkshire
- Support work in respect of the feasibility study related to the potential development of a Housing Company
- Deploy the organisation wide commercial skills training programme as part of the corporate development programme during 2021

### **Education Traded Services**

5.6 The Council offers West Berkshire schools and academies the opportunity to buy back a wide range of services and some of these are also offered to private sector schools and colleges.

5.7 The Council has a great deal of experience and expertise in providing/selling support and services to schools through a well-established trading model, also known as 'buy back'. Schools recognise and value the quality of the services provided, however, over time the model and the trading environment has changed and is now challenged by the changing nature of funding into education and the need for schools to focus more on cost.

5.8 The conversion of schools to academies and the federation of maintained schools has been a key factor in changing the trading environment in recent years. This has created challenges for the Council in continuing to provide services and maintain income as the number of alternative providers in the external market has increased, often offering cheaper options. Despite the challenges within the market the majority of services are reporting a relatively healthy position in terms of demand and income. In 2018/19 a review of traded activity identified that the overall picture in terms of income remained positive and that where service trading income budgets were under pressure action had been taken or was planned to address this.

5.9 The Commercial Board has a Traded Services sub group which provides regular updates in respect of the position within these services and the board has recently commissioned a further review of activity to be completed in early 2021, the focus of which is to identify potential areas for expansion or development.

### **Crematorium Development**

5.10 As previously reported to the OSMC, the project identified for further consideration as an outcome from the "Lions Lair" process which encouraged staff to identify potential commercial opportunities relates to the potential development of a crematorium within West Berkshire. An initial business case outlining a proposal for the development has been considered and approved by the commercial board. Following on from this a headline land search has been conducted and a specification for a second phase more detailed business case developed in order to allow for consultants to be engaged early in 2021 to fully evaluate viability and delivery options.

5.11 A development of this nature would require significant investment from the council both in terms of capital expenditure and human resources. As such the board has reasonably been careful in its evaluation of the potential for this work to be undertaken and as a result, if the second phase business case is approved this will be a significant project undertaken over a period of more than a year.

### **Housing Company**

5.12 As members of OSMC will likely already be aware the council is considering creating a housing company. This work although not started by the commercial board will now form part of its portfolio of work for the coming year due to the fit with the objectives around supporting strategic change within Directorates. The work to date has been led by the Housing service and a full evaluation of delivery options has recently been commissioned.

### **Commercial Skills Training**

5.13 The commercial board have recently commissioned an organisation called “Keystone” to deliver commercial skills training to over 100 members of staff within the council. The delivery of this training has been delayed due to limitations around face to face contact but arrangements for a virtual offer to commence early in 2021 as part of the corporate development programme have now been agreed. The training will be delivered across three distinct key cohorts targeted at Senior Leaders (Corporate Board, Service Directors and Heads of Service) in the form of a “Masterclass”, Service and Team managers leading traded or commercial activity focused on “managing commercial skills and projects in teams” and a session targeted towards staff working directly within traded of commercial services addressing “commercial and business acumen”.

5.14 The learning objectives and outcomes for the programme can be summarised as follows:

#### **Learning Objectives:**

- Commercial thinking at a strategic level– what it means to be commercial and how does this fit the public sector ethos?
- Spotting a gap in the market and developing a business case
- Key considerations when launching a commercial offer
- Managing delivery – profit, loss and customer outcomes

#### **Learning Outcomes:**

- Enhancement of the Council’s commercial culture and capability
- Development of a communications and engagement plan related to the Council’s commercial approach
- Strengthened corporate systems and processes to support the Council’s commercial activities
- Ensure that the Council’s commercial activities are resourced appropriately
- Review the trading and income potential of those services already acting in this way
- Creation of a prioritised programme of support for the development of business cases and plans for commercial projects and initiatives

## Commercial Board Update

- Establishment of appropriate charging policies (fees and charges) that balance the need for full-cost recovery with market sensitivity

## 6 Other options considered

6.1 N/A

## 7 Conclusion

7.1 The work of the Commercial Board has been impacted from a capacity perspective by the need to divert resources in response to the covid pandemic, however positive progress has been made in relation to the key priorities of the board. The work programme for the current year and beyond into 2020/21 is clear but will continue to be subject to change as additional areas of work are identified.

## 8 Appendices

8.1 None.

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### Corporate Board's recommendation

N/A

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### Background Papers:

N/A

### Subject to Call-In:

Yes:  No:

The item is due to be referred to Council for final approval

Delays in implementation could have serious financial implications for the Council

Delays in implementation could compromise the Council's position

Considered or reviewed by Overview and Scrutiny Management Committee or associated Task Groups within preceding six months

Item is Urgent Key Decision

Report is to note only

**Wards affected:** District wide.

### Officer details:

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## Commercial Board Update

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Name: Andy Sharp  
Job Title: Executive Director, People  
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### Document Control

Document Ref:		Date Created:	11/05/2020
Version:		Date Modified:	
Author:	Andy Sharp		
Owning Service	People Directorate		

### Change History

Version	Date	Description	Change ID
1			
2			

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## 2020/21 Performance Report Quarter Two

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<b>Committee considering report:</b>	Overview and Scrutiny Management Commission
<b>Date of Committee:</b>	09 February 2021
<b>Portfolio Member:</b>	Councillor Jo Stewart
<b>Date Portfolio Member agreed report:</b>	19 November 2020
<b>Report Author:</b>	Jenny Legge/Catalin Bogos
<b>Forward Plan Ref:</b>	EX3884

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### 1 Purpose of the Report

- 1.1 To provide assurance that the core business and council priorities for improvement measures ([Council Strategy 2019-2023](#)) are being managed effectively.
- 1.2 To highlight successes, in particular maintained strong levels of performance for core business areas, supported by the actions taken by the Council, partner organisations and community groups to recover from Covid-19 crisis. In a few cases, where performance has fallen below the expected level, either as decisions of the Council to support the Covid-19 response or due to restrictions imposed due to the virus, details are provided, including any further actions.

### 2 Recommendations

- 2.1 To note strong progress and achievements despite challenges and constraints as a result of Covid-19.
- 2.2 To review the impact of the Council's conscious decision to provide additional support to residents and local businesses and any further actions planned, in particular for:
  - Council Tax collected as a percentage of Council Tax due
  - Non domestic rates collected as percentage non domestic rates due
- 2.3 To note that Executive has approved the inclusion of new measures emerging as a result of Strategic Goals being delivered (as recommended by the OSMC). The list of measures and further details are provided at Appendix D.

### 3 Implications and Impact Assessment

Implication	Commentary			
<b>Financial:</b>	To be highlighted and managed by individual services.			
<b>Human Resource:</b>	To be highlighted and managed by individual services.			
<b>Legal:</b>	To be highlighted and managed by individual services.			
<b>Risk Management:</b>	To be highlighted and managed by individual services.			
<b>Property:</b>	To be highlighted and managed by individual services.			
<b>Policy:</b>	To be highlighted and managed by individual services.			
	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Commentary</b>
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		X		



<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		
<b>Environmental Impact:</b>		X		
<b>Health Impact:</b>		X		
<b>ICT or Digital Services Impact:</b>		X		
<b>Council Strategy Priorities or Business as Usual:</b>	x x			Supports all priorities and core business of the Council Strategy 2019-2023.
<b>Data Impact:</b>		X		
<b>Consultation and Engagement:</b>	The information provided for this report, has been signed off by the relevant Head of Service / Service Director and Portfolio Holder.			

## 4 Executive Summary

- 4.1 The measures shown in this report, monitoring performance from July to September 2020, have been affected by the local response required to manage Covid-19. A prompt and committed response at local level ensured that the strong performance of the Council's services has been maintained.
- 4.2 This paper provides updates for each component of the Council Strategy Delivery Plan:
- The influencer (external context) measures,
  - Targeted measures for each core business area,

- Targeted measures for each priority for improvement and
  - Corporate health (internal context) measures.
- 4.3 The **influencer measures** indicate that the expected downturn in the economy, due to Covid-19, has begun to produce some effects locally. However, in West Berkshire, overall some of the key economic indicators (economic activity, employment rate, business rated properties number) maintained pre-Covid strong levels. The impact is more manifest for sub-groups of population evidenced by a significant increase of benefits claimant count. Some of the social measures are impacted too. There is a significant reduction of recorded crime but also lower levels of referrals to children social care and safeguarding adult social care.
- 4.4 We are reacting to the changing economic and social landscape, to ensure that the negative impact in the district is minimised and that, where there is an impact, residents and businesses are supported and the district recovers as quickly as possible. The Council will continue to support local businesses, for example, by distributing government grants and offering advice and support, to ensure any impact on the local economy is minimised. We recognise even more the importance of communication within our communities, in maintaining those lines of communication that have been built and strengthened, and in so doing, better support each other and the district.
- 4.5 The majority of performance measures reflecting the **core business areas** are on track to achieve the targets for this year. This is evidenced by strong performance in areas such as timeliness of financial assessments (100%) and of making decisions on benefit claims (exceeding target), maintained strong recycling levels, timely response to major and minor planning applications. The notable exceptions are in the following areas impacted by conscious actions taken to respond to Covid-19:
- Council Tax collected as a percentage of Council Tax due
  - Non domestic rates collected as percentage non domestic rates due
- 4.6 The Council Strategy Delivery Plan includes the outcomes for our **priorities for improvement**, that are being sought often over a four year period and therefore this is a more challenging area. The majority of measures are however on track and delivery of outcomes continued this quarter (e.g. approved a prevention concordat for better mental health, implemented a confidential Employee Assistance Wellbeing Programme). There are some measures not reported due to data availability impacted by Covid-19 (e.g. education attainment, average traffic time). There are no areas of particular concern this quarter.
- 4.7 As some of the Strategic Goals are delivered, following the recommendations from the OSMC, this paper recommends additional performance measures to replace/detail them in terms of further outcomes delivery.
- 4.8 The Council's **corporate health indicators** highlight an end of Q2 forecast underspend of £1.5m, (full details are available in the quarterly financial report), an improved position regarding sickness absence and a stable staff turnover.

## 5 Supporting Information

### Influencer measures

*Refer to Appendix A for more detail*

- 5.1 Non-targeted measures of volume are monitored to provide context to the work being carried out across council services.
- 5.2 In the area of economy, the medium and long term effects of Covid-19 are beginning to emerge, as are the impacts of the restrictions put in place to manage the situation and the local and regional recovery plans. At Q2 the influencer measures reflect a degree of stability at overall district level but would also suggest that the immediate impact of Covid-19 (from April to September 2020) is more significant for sub-groups of population. The Council has put in place prompt measures to support residents and the local economy and mitigate local impact wherever possible, and will continue to do so during the second lockdown.
- 5.3 The economic activity rate (chart 1) and unemployment rate (chart 2) appear to be maintaining the previously strong levels at Q1 2020/2 (nationally produced Q2 data not yet available).
- 5.4 The number of people claiming Jobseeker's Allowance (JSA) and Universal Credit (charts 5 & 6) has increased hugely, following the national trend. Although, September 2020 Office for National Statistics ([ONS](#)) statistics show that for the % of population in receipt of benefits where the principal reason is unemployment, West Berkshire (4%) performs better compared to the South East region (5.2%) or England average (6.3%). The number of people aged 18-24 claiming Universal Credit or Jobseeker's Allowance has [doubled in the UK in the last three months](#). The Council and the Newbury West Berkshire Economic Development Company launched a service to help local employers to [sign up to the Government's Kickstart Scheme on 2 September 2020](#), which provides funding to create new job placements for 16 to 24 year olds on Universal Credit who are at risk of long term unemployment. In addition, HM Revenue and Customs (HMRC) [statistics](#) show that in West Berkshire 28% (22,600) of the eligible employments have been furloughed by the end of July 2020. This places the district in the lowest quartile compared to the other counties and districts / unitary authorities in England.
- 5.5 As the number of claimants rise, to support children in poverty the government has provided [£400m for a winter grant scheme](#), which will be distributed by councils and provide financial support to those in need. The holiday food and activities programme will also be expanded and there is further funding for food banks, nationally.
- 5.6 The number of empty business rated premises continue to slightly rise (charts 7 and 8). As residents continue to work from home, rather than commute, it seems inevitable that the High Streets and businesses in West Berkshire will need to evolve, potentially with niche start-ups replacing large stores. This is echoed in the proposal to develop the Kennet Centre into homes, flexible shops, restaurants and co-working spaces, which in turn follows the development of the Iceland site into retirement homes. [The Local Data Company \(LDC\) and accountancy firm PwC](#) report that independent shops have been better able to survive during the lockdown, compared to chain stores. They have been

able to adapt and change their business models more quickly and have a smaller cost base to cover during periods of little or no trade.

- 5.7 Smaller businesses have also been able to benefit from Government grants during the first lockdown. During the second lockdown, [two new government grants will be made available](#) to support those businesses who have been most affected: one for those who have been required to close and another for those who remain open but are suffering particular hardship. In addition, the furlough scheme has been extended until March 2021.
- 5.8 As measures giving an indication of the activity in our town centres, the footfall and the number of parking tickets sold in the Council's managed car parks had started to get back to a more normal level (charts 9 & 10). It is anticipated that the November 2020 lockdown will impact these measures in Q3, although not all shops will have to close.
- 5.9 The number of planning applications (chart 13) is recovering well from the dip in Q1 2020/21, however, this may be due to a backlog where uncertainty halted people's plans. When looked at in the context of house prices (chart 11) and residential sales (chart 12), however it appears that there may be a shift in this industry.
- 5.10 Following the [national trend](#), there was a significant reduction in crime, particularly domestic burglary and theft of personal property during the March- June lockdown, when the populace were confined to their homes (chart 15). Domestic abuse incidents have fallen below levels over the same period last year or the previous two quarters.
- 5.11 Referrals to Children and Family Services were reduced across the board, as these mainly come from schools, early years providers and Family Hubs none of whom were fully operational during April – June 2020. These are now nearing normal levels for Q2.
- 5.12 As for children and young people in need, the overall number of older, vulnerable people receiving a long term service (LTS) from Adult Social Care (chart 31) and the number of new adult safeguarding enquiries (chart 30) are lower than usual.
- 5.13 The number of households in temporary accommodation (chart 35) is stable. The number of households prevented from becoming homeless is much higher compared to Q2 2019/20 as lockdown had eased and the service was able to catch up with prevention and relief cases. As restrictions were lifted, officers were able to carry out more intensive work with private landlords and lettings agents, for example. During the spring lockdown the government funded a scheme called 'Everyone in' to help councils provide emergency shelter to homeless people (chart 36).
- 5.14 As venues began to open again, volunteering in libraries and the countryside had begun to recover (charts 38-49). The [West Berkshire Community Hub](#) and local help groups will again be on hand to help residents during the second lockdown.
- 5.15 The number of permanent carriage repairs completed has followed the usual seasonal trend reducing over the summer months. The main factors that contributed to a more significant reduction this summer are the reduction of journeys being made and less cases of damage to the road being reported to the Council, whilst the Council's programme of road safety inspections continues as usual (chart 43).

5.16 The number of highways related third party claims received (chart 44) is comparable to Q2 2019/20. Out of the 34 claims received, 26 have been successfully defended. The remaining 8 are pending resolution.

5.17 The number of flytips reported is higher than in the previous years (chart 46) and, as usual, relatively higher in Q2. This is consistent with the trend across most of the country and is linked to the Covid-19 pandemic. Available data shows that the majority of the incidents relate to ‘small van load’ fly-tip size. This would suggest that criminals and unlicensed waste carriers have been emboldened by the fact that there are not as many vehicles and people around to detect them. It is also feasible that more people have become used to the convenience of “doorstep” services being now more inclined to pay private collectors for picking up waste items (some of these collectors may then end up fly-tipping). Actions taken to discourage the activity include an intensive awareness campaign and an increase in enforcement activity.

**Core Business Activities**

*Refer to Appendix B for Exception Reports*

Please note:

R (red): year-end target will not be met

A (amber): behind schedule, but expected to achieve year-end target

G (green): year-end target will be met.

DNA: Data not available

DNP: Data not provided

*Refer to Appendix C for technical conventions*

Category	Measure	2020/21			Notes
		RAG	Q2 (YTD) Outturn	Target	
Protecting our children	Ofsted rating of at least Good for our Children and Family Service	G	Good - pending outcome of next inspection	Good	Performance against this indicator cannot be reported until such time as WBC receive an OFSTED Inspection. OFSTED Inspections are currently on hold due to Covid-19.

2020/21 Performance Report Quarter Two

Category	Measure	RAG	2020/21		Notes
			Q2 (YTD) Outturn	Target	
	% of Children in Care where the child has been visited in the past 6 weeks (or 12 weeks if this is the agreed visiting schedule)	A	84.6%	≥95%	YTD: 132 / 156 We are only classing a visit as 'statutory' if it is carried out face to face. However, where we include visits in all formats, we are at 98%.
Supporting education	% of maintained schools judged good or better by Ofsted	G	95.7%	≥93%	YTD: 66 / 69 No inspections have taken place since March 2020 due to COVID 19.
	% of applications receiving one of their three preferences for West Berkshire children (Primary Admissions)	G	Complete in Q1	≥95%	
	% of applications receiving one of their three preferences for West Berkshire children (Secondary Admissions)	G	Complete in Q1	≥95%	
Ensuring the wellbeing of older people and vulnerable adults	% of WBC provider services inspected by Care Quality Commission (CQC) and rated as good or better	R	66.7%	100%	Birchwood was due to be inspected in November 2020 but Care Quality Commission's activities were impacted significantly by Covid-19. Action plans have been developed and implemented and practices have been improved across all homes. Positively, Willows Edge was inspected in February 2020 and achieved 'Good' in all five areas. A public consultation was launched during Q2 on the proposal to close Walnut Close in early 2021 and relocate/redeploy existing residents and staff to one of our other three care homes. A decision to close the care home will result in its removal

2020/21 Performance Report Quarter Two

Category	Measure	RAG	2020/21		Notes
			Q2 (YTD) Outturn	Target	
					from the RAG report in due course.
	% of financial assessments actioned within 3 weeks of referral to the Financial Assessment & Charging Team	G	100.0%	≥98%	YTD: 1,081 / 1,081
Maintaining our roads	% of the principal road network (A roads) in need of repair	Annual	Annual - Reports in Q4	Top 25% nationally	
Collecting your bins and keeping the streets clean	% of household waste recycled, composted and reused	G	51.0% (E)	≥49.5% (≥2018/19 outturn)	Q2: 9,398 / 18,650 YTD: 19,302 / 37,883 Q2 2020/21 data is an estimate & will be updated at Q3. All results are subject to change once validated by DEFRA after Q4
	Maintain an acceptable level of litter, detritus and graffiti (as outlined in the Keep Britain Tidy local environmental indicators)	Annual	Reports at Q3 and Q4	Good	Tranche 1 of the LEQs survey not carried out due to Covid related pressures - only 2 tranches to be completed this year.
Providing benefits	Average number of days taken to make a full decision on new Housing Benefit claims	G	Av. 18.28	≤20 days	
Collecting Council Tax and Business rates	Council Tax collected as a percentage of Council Tax due	A	54.7%	≥98.8%	For comparison, Q2 2019/20 = (67,198,506/118,547,105) 56.7% The effects of Covid-19 have reduced the amount of Council Tax being paid. Over 2000 individuals requested payment holidays

## 2020/21 Performance Report Quarter Two

Category	Measure	RAG	2020/21		Notes
			Q2 (YTD) Outturn	Target	
	Non domestic rates collected as a percentage of non domestic rates due	R	50.8%	≥99%	For comparison, Q2 2019/20 = (54,738,978/89,881,263) 60.9% Covid-19 has had a massive effect on collection. Many businesses were closed between March and July and some have remained so.
Planning and housing	% of planning appeals won	G	67.3%	≥65% (England average)	Q2: 13 / 17 YTD: 18 / 26
	% of 'major' planning applications determined within 13 weeks or the agreed extended time	G	100.0%	≥90% (England average)	
	% of 'minor' planning applications determined within 8 weeks or the agreed extended time	G	89.8%	≥86% (England average)	
Supporting local employers	Placeholder: measure relating to the Economic Development core business	TBC	TBC	TBC	Alternative measure being considered by the Development and Planning service.

Please note:

R (red): year-end target will not be met

A (amber): behind schedule, but expected to achieve year-end target

G (green): year-end target will be met.

DNA: Data not available

DNP: Data not provided

*Refer to Appendix C for technical conventions*

5.18 Performance for the majority of core business activities has been on target.

5.19 In areas of service where the number of statutory, face-to-face visits carried out in a set timescale are targeted, the outturn in Q2 has been impacted as this activity was not



possible under Covid-19 restrictions. To mitigate this, social care services have used video meetings or telephone calls and when this is taken into consideration, the percentage of contact increases, for example Children subject to a Child Protection Plan that have been visited rises to 95%, compared to 88.5% seen face-to-face.

5.20 Action plans have been developed and implemented for Walnut Close and Birchwood Nursing Home. The service is now waiting for further inspections. In addition, during Q2, the Council launched a public consultation on a proposal to close Walnut Close in early 2021, and relocate/redeploy existing residents and staff to one of our other three care homes. Progressing with the decision to close the care home, following the outcome of the consultation, means that this care home will be removed from the RAG report in due course.

5.21 The amount of Council Tax collected has been affected by Covid-19 as over 2000 residents requested payment holidays and therefore these customers did not start paying until June or July. During this time 'soft' reminder letters have been issued, however arrangements were being coordinated with the Gold Command Group for restarting the 'normal' debt recovery action when appropriate, but also considering the announcement of a second national lockdown. [Nationally more than 2.5 million working age people across England claimed a council tax discount](#) between April and June 2020. [Data published](#) by the Ministry of Housing, Communities and Local Government shows that between Q1 this year and Q1 2019/20, in West Berkshire the total number of claimants (Pensioner and Working-Age) in receipt of a reduced council tax bill has increased by 0.09% compared with 4% nationally, placing the Council in the second best quartile.

5.22 The amount of non-domestic rates or "Business Tax" collected has also been reduced (50.8% collected by end of September compared to 60.9% for the same period last year) as businesses closed between March and July 2020, due to Covid-19. The Council took the decision not to collect Direct Debit payments in April and May and were therefore rescheduled to start in June or July. Additional relief has subsequently been awarded to those eligible retail businesses but other assistance for non-retail businesses is limited. Arrangements were being coordinated with the Gold Command Group for restarting the 'normal' debt recovery action when appropriate, but also considering the announcement of a second national lockdown.

### **National Benchmarking (April 2017- March 2019)**

5.23 The latest available benchmarking data was reported at Quarter 4.

Please note for RAG outturn for the quarter:

R (red): year-end target will not be met

A (amber): behind schedule, but expected to achieve year-end target

G (green): year-end target will be met.

DNA: Data not available

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*Refer to Appendix C for technical conventions*

2020/21 Performance Report Quarter Two

Category	Measure	2017/18 National Qtile/Rank	2018/19 National Qtile/Rank	2020/21 Target	2020/21	
					RAG	Q2 RAG Outturn
Supporting education	% of maintained schools judged good or better by Ofsted	2nd Qtile Rank 46/152 (August) (YE: 94.4%)	2nd Qtile Rank 38/152 (August) (YE: 95.7%)	≥93%	-	95.7%
	% of applications receiving one of their three preferences for West Berkshire children (Primary Admissions)	2nd Qtile Rank 62/152 (YE: 97.8%)	2nd Qtile Rank 51/152 (YE: 98.4%)	≥95%	G	98%
	% of applications receiving one of their three preferences for West Berkshire children (Secondary Admissions)	1st Qtile Rank 33/152 (YE: 97.9%)	1st Qtile Rank 27/152 (YE: 97.9%)	≥95%	G	98%
Maintaining our roads	% of the principal road network (A roads) in need of repair	2nd Qtile Rank 55/145 (YE: 3%)	1st Qtile Rank 17/146 (YE: 2%)	Top 25% nationally	Annual	Annual - reports at Q4
Collecting your bins and keeping the streets clean	% of household waste recycled, composted and reused	1st Qtile Rank 24/150 (YE: 51.5%)	1st Qtile Rank 31/148 (YE: 50.7%)	≥49.5% (≥ 2018/19 outturn)	G	51% (E)
Providing benefits	Average number of days taken to make a full decision on new Housing Benefit claims	3rd Qtile Rank 77/122 (YE: 19.54)	2nd Qtile Rank 54/122 (YE: 19.54)	≤20 days	G	18.28
Collecting Council Tax and Business rates	Council Tax collected as a percentage of Council Tax due	1st Qtile Rank 6/149 (YE: 98.8%)	1st Qtile Rank 6/123 (YE: 98.5%)	≥98.8%	A	54.7%
	Non domestic rates collected as percentage non domestic rates due	2nd Qtile Rank 55/151 (YE: 99.3%)	3rd Qtile Rank 82/151 (YE: 98.4%)	≥99%	R	50.8%

## 2020/21 Performance Report Quarter Two

Category	Measure	2017/18 National Qtile/Rank	2018/19 National Qtile/Rank	2020/21 Target	2020/21	
					RAG	Q2 RAG Outturn
Ensuring the wellbeing of older people and vulnerable adults	% of WBC provider services inspected by Care Quality Commission (CQC) and rated as good or better		England overall = 84%	100%	R	66.7%
Planning and housing	% of 'major' planning applications determined within 13 weeks or the agreed extended time	4th Qtile Rank 102/122 (YE: 78.6%)	4th Qtile Rank 108/122 (YE: 78.1%)	≥90% (England average)	G	100.0%
	% of 'minor' planning applications determined within 8 weeks or the agreed extended time	4th Qtile Rank 108/124 (YE: 74.6%)	4th Qtile Rank 102/123 (YE: 77.5%)	≥86% (England average)	G	89.8%

Please note for RAG outturn for the quarter:

R (red): year-end target will not be met

A (amber): behind schedule, but expected to achieve year-end target

G (green): year-end target will be met.

DNA: Data not available

DNP: Data not provided

*Refer to Appendix C for technical conventions*

5.24 In the majority of areas, we compare favourably with our peers in 2018/19, and in others we have improved our position on 2017/18.

5.25 However, in two areas we remain in the lowest quartile. The first is in the CQC rating of our provider services which was slightly below (83.3% in 2018/19) the national average of 84%. In practice, this showed that in 2018/19 one out of six settings was not rated as highly as desired. At the end of Q2 2020/21, the % of our provider services rated good or better was 66.7%. An improvement plan has been implemented and it is expected that our position will improve. Public consultation started in Q2 on the proposal to close one of the care homes in order to ensure that residents are receiving a better quality of service and also improve performance (and – see above – the care home will be removed from the RAG report in due course).

5.26 In terms of planning applications, the target in 2017/18 was set at 60% for major and 65% for minor applications. As part of the New Ways of Working review in 2018/19, it was noted that targets had been set below similar planning authorities, and they were increased to match the national averages of 88% and 85% respectively at Q2 2018/19. By Q4 2018/19 the service was achieving 93.3% and 96.3%, but this was not enough

to bring up the year-end figure and move us into the third quartile. For comparison, 23 authorities were reporting 100%, and the margins between the first and third quartile were slim. As at Q2 2020/21, performance improved to 100% for major planning applications and 89.8% for minor planning applications.

**Council Strategy Priorities for Improvement:**

*Refer to Appendix B for Exception Reports*

Table 1. Number of measures by priority of improvement and performance status

Priority for Improvement	RAG Status			
	Red	Amber	Green	Other
Ensure our vulnerable children and adults achieve better outcomes	0	0	6	2
Support everyone to reach their full potential	0	1	4	5
Support businesses to start develop and thrive in West Berkshire	0	0	4	0
Develop local infrastructure including housing to support and grow the local economy	0	0	5	7
Maintain a green district	0	0	7	0
Ensure sustainable services through innovation and partnerships	0	1	2	1
<b>Total</b>	<b>0</b>	<b>2</b>	<b>28</b>	<b>15</b>

Note:

Red: year-end target will not be met

Amber: behind schedule, but expected to achieve year-end target

Green: year-end target will be met.

Other: includes Annual (reported once a year), data not available, data not provided and targets to be confirmed

**Ensure our vulnerable children and adults achieve better outcomes**

5.27 The % of vulnerable adults who approach Adult Social Care from the community and are supported through the Three Conversations Model at the preventative level (Tier 1), thus not progressing to need more complex services before concluding the intervention has increased in the East and Central Teams, but not in the West of the district. The service is investigating the matter, but it is thought that Covid-19 impacted the number of enquiries.

5.28 % of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services is less than expected, however this is a small cohort and is prone to fluctuation. The service is working with health colleagues to help people to return to their homes safely and in a timely manner, however this is also dependent on the demands placed on the partners by Covid-19.

### **Support everyone to reach their full potential**

5.29 The Strategic Goal ‘Develop and adopt a prevention concordat for better mental health action plan with partners’ was achieved during quarter 2. Approval to sign up to the Prevention Concordat for Better Mental Health was signed off by the Health and Wellbeing Board on Thursday 24 September 2020. An action plan has been produced and the Mental Health Action Group are overseeing the delivery of the plan, linking in with other relevant partners.

5.30 Following the adoption of the Develop and adopt a Community Wellbeing Model (Strategic Goal), actions have been developed and require approval for inclusion in the Council Strategy Delivery Plan:

- a) Number of active Befrienders supporting residents in West Berkshire – target  $\geq 40$
- b) Number of West Berkshire residents being actively supported by a Befriender – target  $\geq 40$

5.31 The development and adoption of a community resilience index (based on proxy indicators) (Strategic Goal) has been delayed, as during quarter one the officer responsible was abstracted from normal duties to work in The Community Support Hub as part of West Berkshire Council’s Covid-19 response, and from then on the post has been vacant.

5.32 The Community Engagement Strategy (Strategic Goal) has been developed and was approved by the Executive Committee on 15 October 2020. A delivery plan will be submitted to the Customer First Programme Board for approval by the end of November 2020.

5.33 Attainment outturns for the academic year 2019/20 are not available due to Covid-19.

### **Support businesses to start develop and thrive in West Berkshire**

5.34 Following the adoption of the West Berkshire Economic Development Strategy (Strategic Goal) on 30 April 2020, it was decided that it should be refreshed due to the impact of Covid-19 on businesses and employment and to take into account central government funding, innovative local approaches and close working with partners to aid businesses and residents.

5.35 The following activities require approval for inclusion in the Council Strategy Delivery Plan:

- c) Deliver the Economic Development Strategy refresh to reflect Covid-19 impact – target December 2020
- d) Deliver the Inward Investment Brochure – target December 2020
- e) Deliver the Newbury Town Centre Study – target December 2021

### **Develop local infrastructure including housing to support and grow the local economy**

5.36 The Regulation 18 consultation to inform the submission of a New Local Plan for examination (Strategic Goal) is on track and in line with the Local Development Scheme agreed in April 2020. The infrastructure delivery plan (Strategic Goal), which is aligned

with the schedule for the submission of the Local Plan for examination, is also underway.

- 5.37 The methodology and baseline data to produce a traffic model for an average journey time has not yet been determined. The Officers who would work with consultants on this area of work were heavily involved in the response and recovery relating to Covid-19, for example by installing social distancing and active travel measures and will be so again in the second lockdown. It is considered that no meaningful monitoring can take place when traffic is disrupted by changing restrictions and working patterns.
- 5.38 The consultation on the West Berkshire Housing Strategy (Strategic Goal) took place between 18 September and 1 November 2020 and a report will be submitted to the Executive meeting on 11 February 2021 for consideration.
- 5.39 The West Berkshire Superfast Broadband project for premises to be able to receive services at 24Mb/s has been closed as planned at the end of September 2020 as the properties in the scope of the project have been reached.
- 5.40 The consultation on the West Berkshire Leisure Strategy (Strategic Goal) is open between 8 October and 19 November 2020 and a report will be submitted to the Executive meeting on 14 January 2021 for consideration.
- 5.41 The consultation on the West Berkshire Cultural Heritage Strategy (Strategic Goal) took place between 7 September and 18 October 2020 and a report will be submitted to the Executive meeting on 11 February 2021 for consideration.
- 5.42 To enable correct reporting and monitoring, the service has requested that the measure 'Complete phase 1 (feasibility study and options appraisal) of the review of culture and library services' be split into two parts, as follows:
- f) Complete phase 1 (feasibility study and options appraisal) of the review of library services
  - g) Complete phase 1 (feasibility study and options appraisal) of the review of culture services

### **Maintain a green district**

- 5.43 The Strategic Goal of studying the feasibility and the cost and journey time benefits of installing infrastructure in Thatcham is on track with ongoing discussions with suppliers of real-time sensors.
- 5.44 The first draft of the Environment strategy delivery plan (Strategic Goal) has been taken to Environment Advisory Group. Further work is underway to improve the first draft, prior to wider circulation and comment.
- 5.45 The adoption of the Local Transport Plan (Strategic Goal) is on track, subject to funding being made available.
- 5.46 The Strategic Goals of studying the feasibility of and carrying out cost benefit analysis for large scale afforestation and natural regeneration in the rural area and urban tree planting, are on track to be achieved by the end of March 2021. Recruitment is

scheduled for quarter three to add capacity to the team in order to help deliver this project.

5.47 The start of feasibility study to review the municipal waste collection regime in the district, including a feasibility for separate food waste collection (Strategic Goal) was impacted by the Covid-19 emergency response, however is in progress and on track to be delivered on target. External advisors are being procured and the feasibility study will start during quarter three.

**Ensure sustainable services through innovation and partnerships**

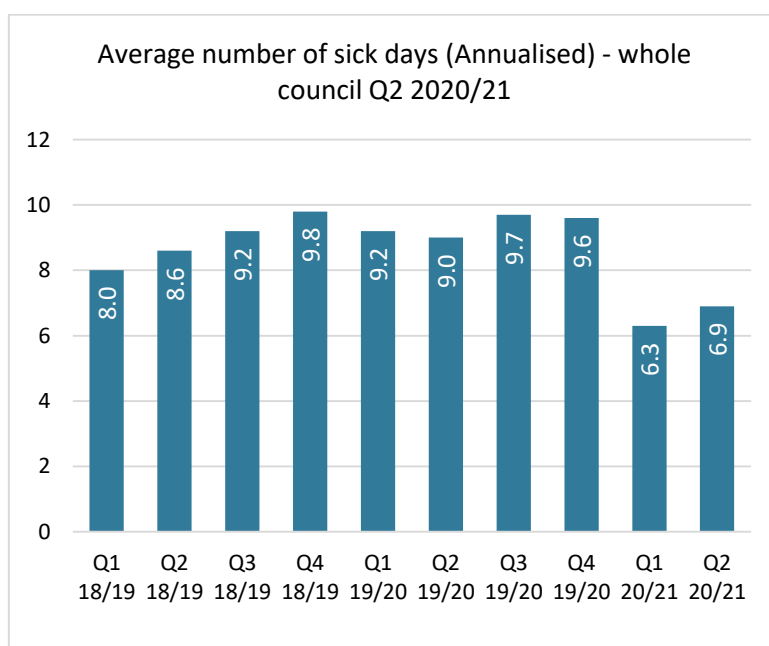
5.48 The development and adoption of a corporate approach to capture and respond to customer feedback, led by the Customer First Project Board, has commenced as the engagement strategy has been approved.

**Corporate Health**

5.49 The Q2 financial position shows a forecast under spend of £1.5m. Further details are provided in the Financial Monitoring Report.

5.50 As for Q2 2020/21, sickness levels are much lower than usual, but slightly higher than Q1. The rise may be due to children being back in school, however as many staff are working from home there is less opportunity to infect other colleagues, and staff may be inclined to work through incidents of mild sickness. We are continuing to monitor this and support our teams wherever we can.

5.51 Covid-19 self-isolation days lost are not included in the sickness figures. These are days where staff are not working due to self-isolation and cannot be recorded as sickness as this would trigger sick pay entitlements, which is not permissible under the Green Book and National Joint Council (NJC) for local government services guidance during Covid-19.



## Proposals

5.52 To note key achievements and success as detailed above, in particular as a result of a strong recovery response to the Covid-19 crisis.

5.53 To review the actions taken to new areas of performance impacted by the Council's conscious decision to support residents and local businesses (refer to Appendix B for Exception Reports) with a focus on:

- Council Tax collected as a percentage of Council Tax due
- Non domestic rates collected as percentage non domestic rates due

5.54 To note that the Executive has approved the inclusion of new measures emerging as a result of Strategic Goals being delivered (as recommended by the OSMC). The list of measures and further details are provided at Appendix D.

*Actions from the Community Wellbeing Model (Strategic Goal) for approval for inclusion in the CSDP)*

- a) Number of active Befrienders supporting residents in West Berkshire
- b) Number of West Berkshire residents being actively supported by a Befriender

*Actions from the Economic Development Strategy (Strategic Goal) for approval for inclusion in the CSDP*

- c) Deliver the Economic Development Strategy refresh to reflect Covid-19 impact
- d) Deliver the Inward Investment Brochure
- e) Deliver the Newbury Town Centre Study

## 6 Other options considered

None considered.

## 7 Conclusion

7.1 Quarter two results show that strong performance levels have been maintained and key services delivered to residents as part of the activities in the Core Business category. Services have put in place mitigation actions where Covid impacted the normal service delivery (e.g. ensured telephone and video contacts in cases where face to face statutory visits were not possible etc.).

7.2 Some of the improvement work that was delayed by the need to respond quickly to Covid-19, has regained momentum. Key outcomes continued to be delivered (e.g. approved a prevention concordat for better mental health, implemented a confidential Employee Assistance Wellbeing Programme). Focus had turned towards recovery, however there is again uncertainty, as the country heads in to a second lockdown, as to what the impact will be.



7.3 Action plans are in place to address performance of the measures rated Amber and Red and the Executive was asked to review and approve these actions and to note the overall performance reported.

## 8 Appendices

8.1 Appendix A – Influencer Measures Dashboard

8.2 Appendix B – Exception Reports

8.3 Appendix C – Technical Conventions

8.5 Appendix D – Requests for Approval of Measures for the Council Strategy Delivery Plan for reporting to Executive

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### Subject to Call-In:

Yes:  No:

### Officer details:

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### Document Control

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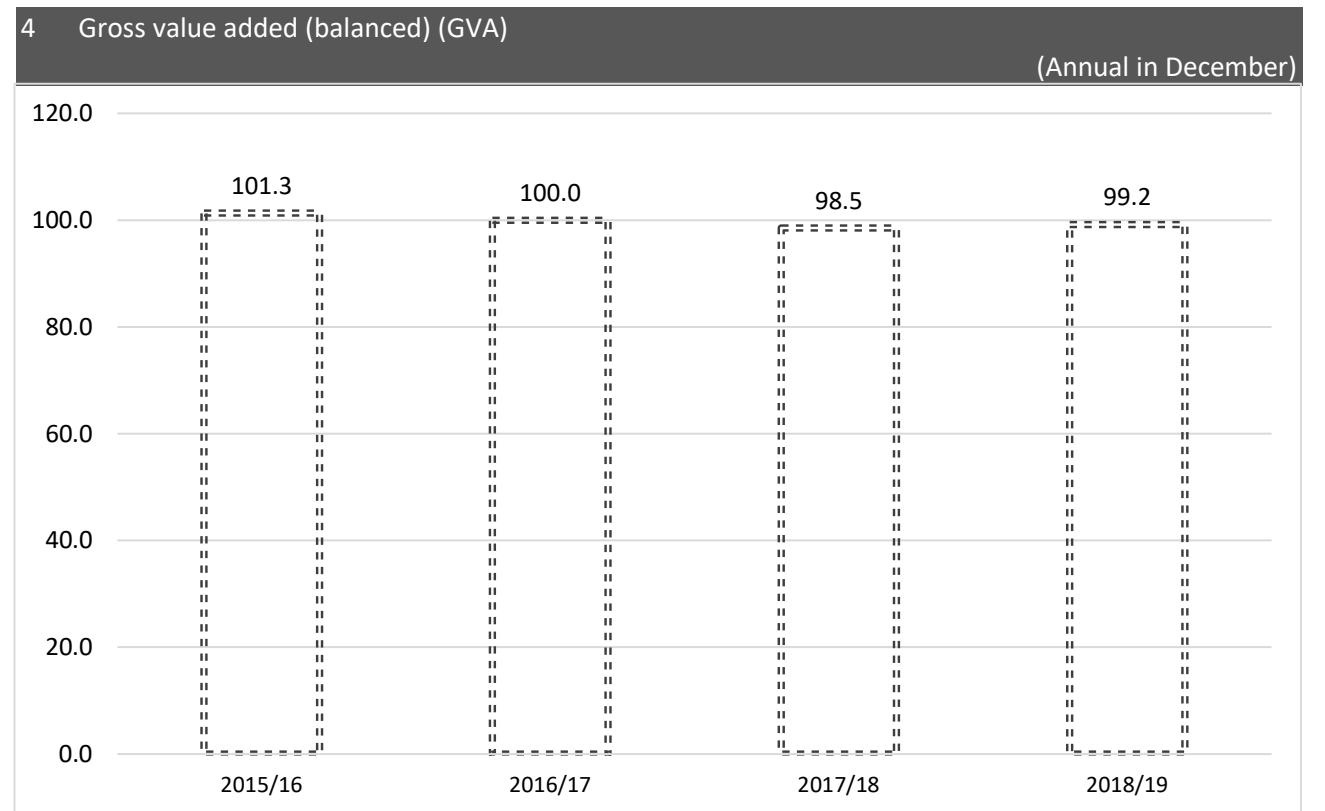
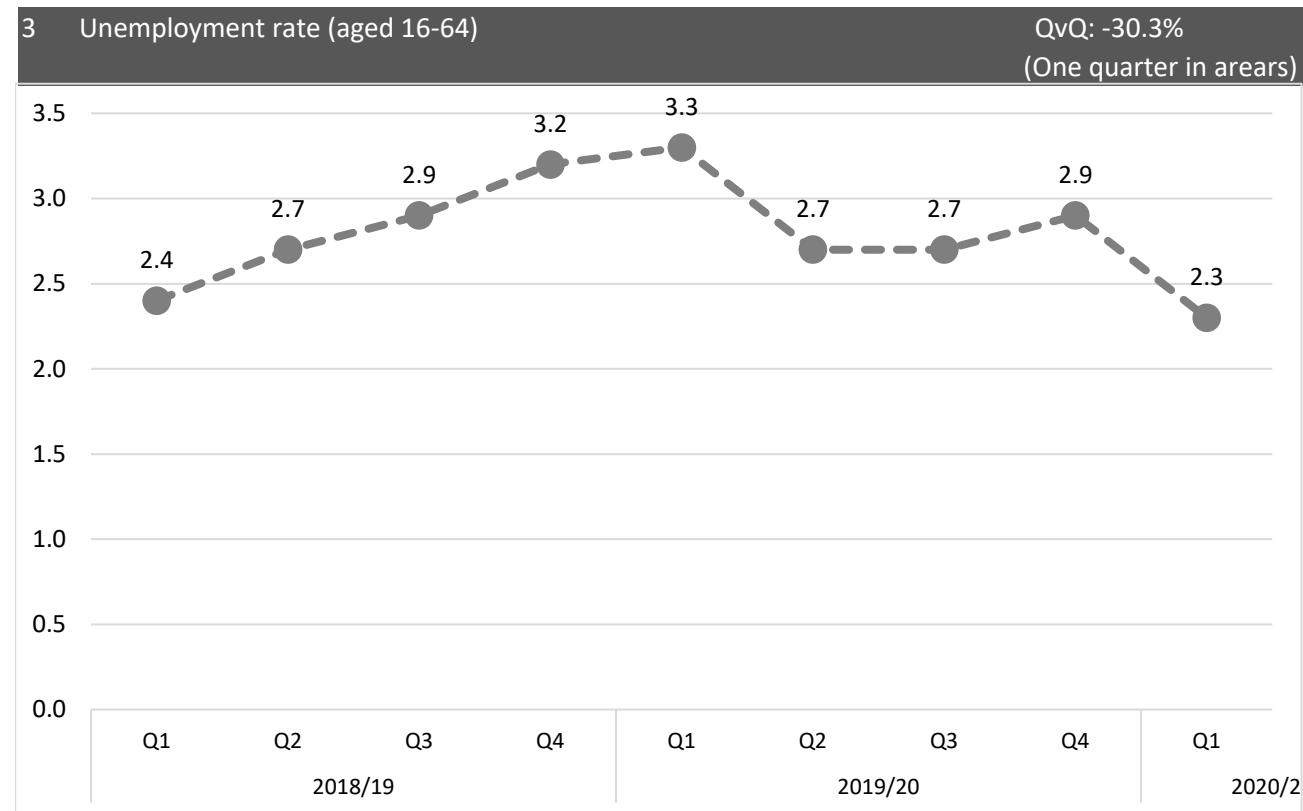
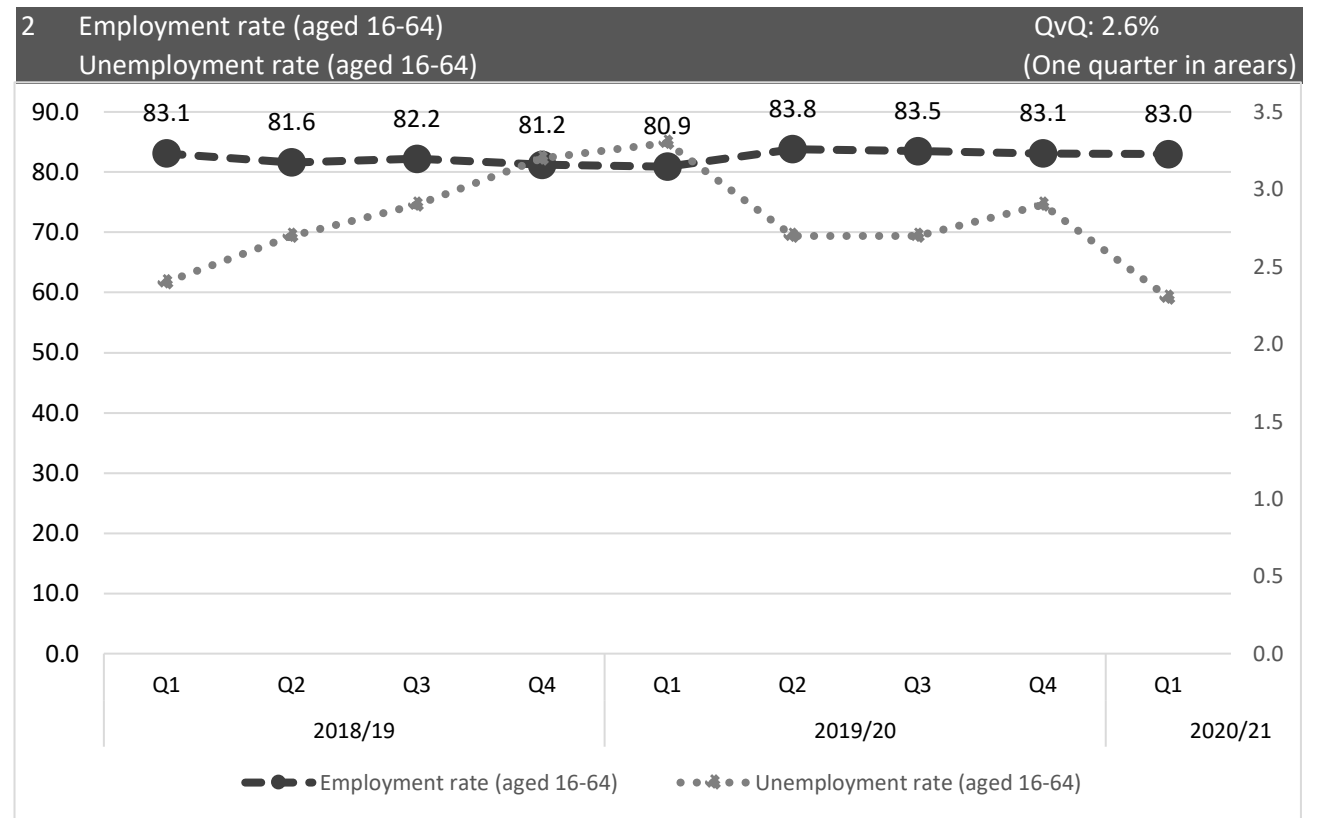
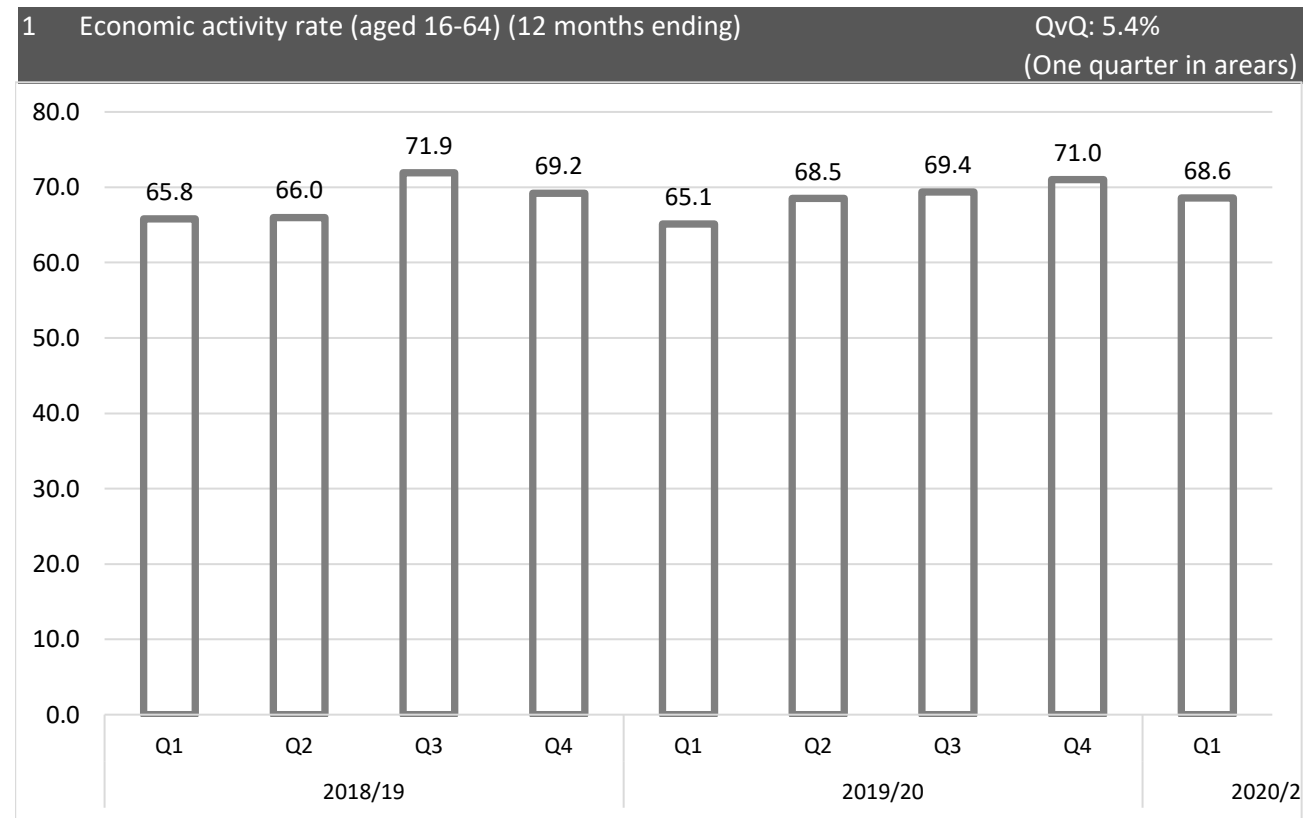
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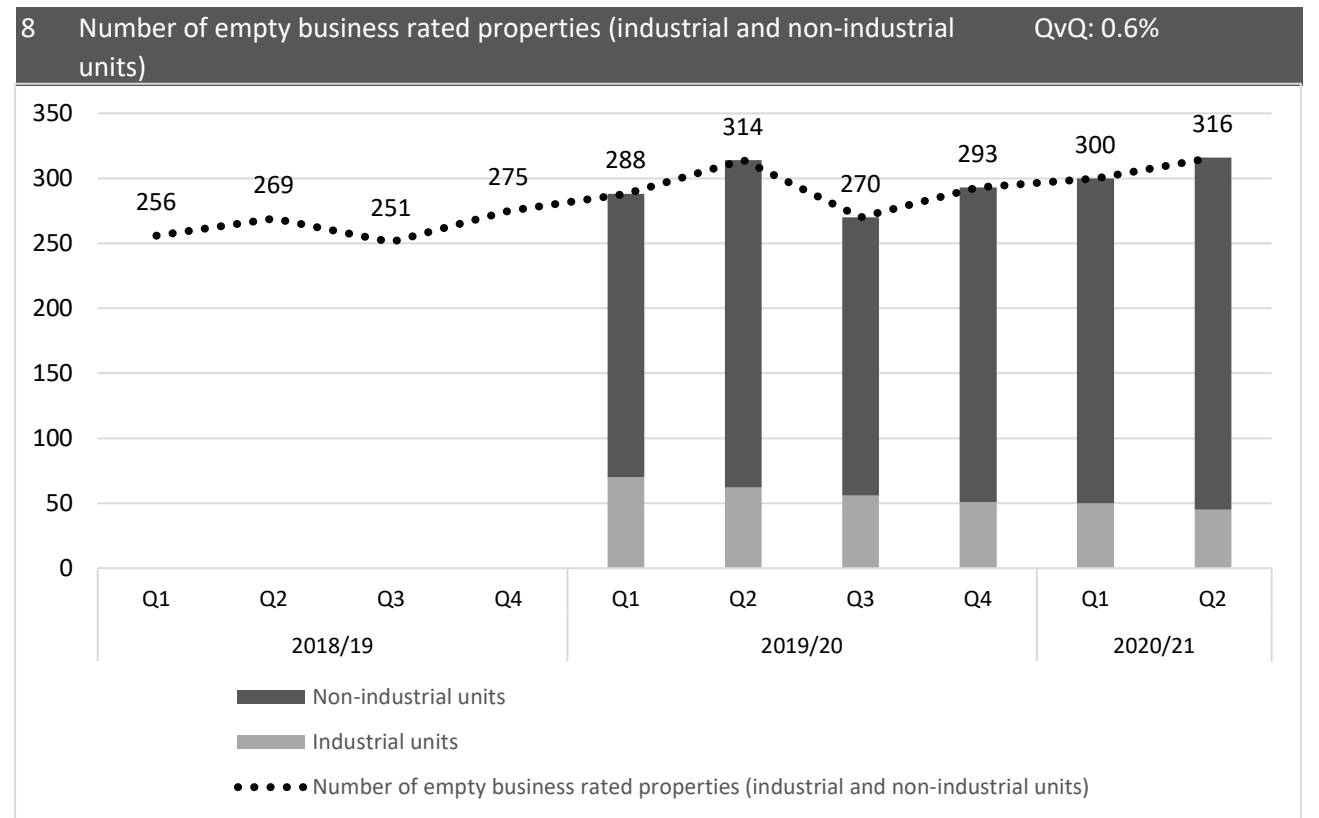
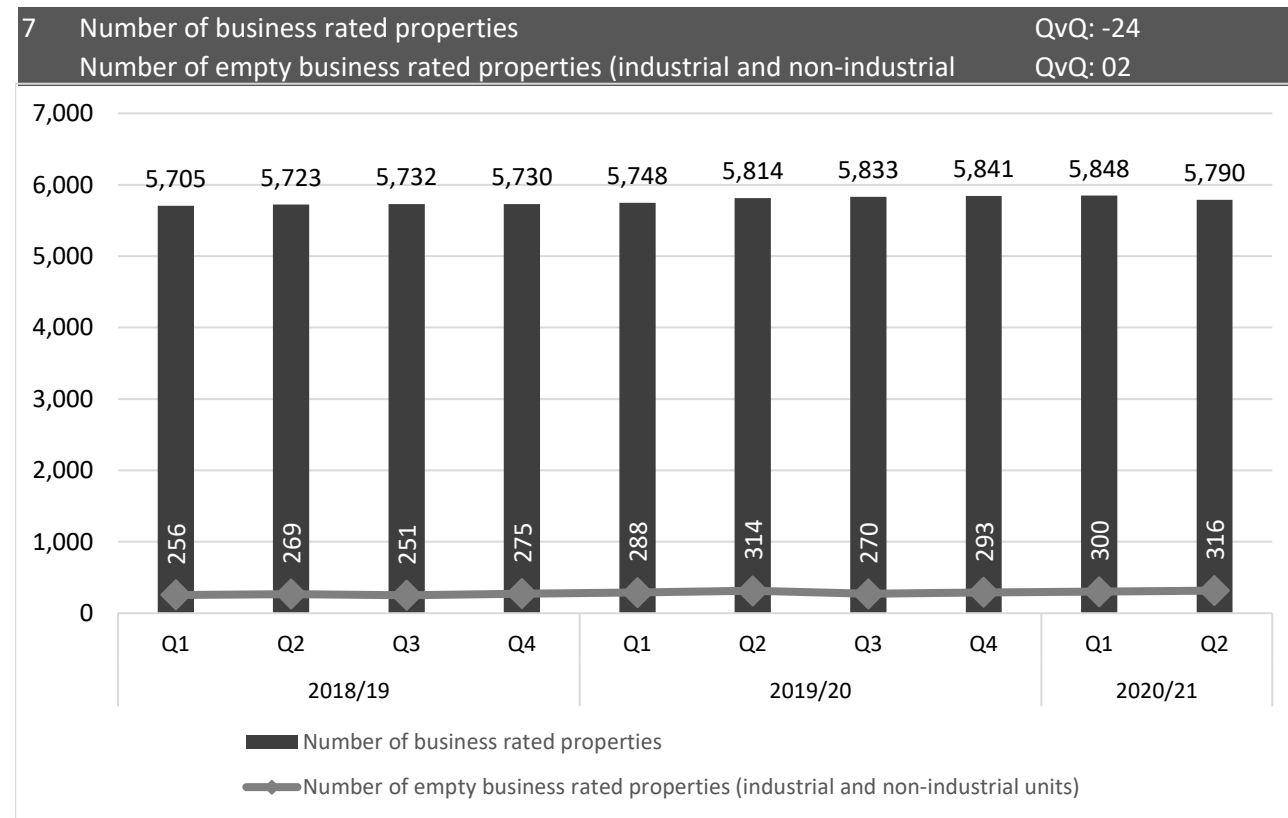
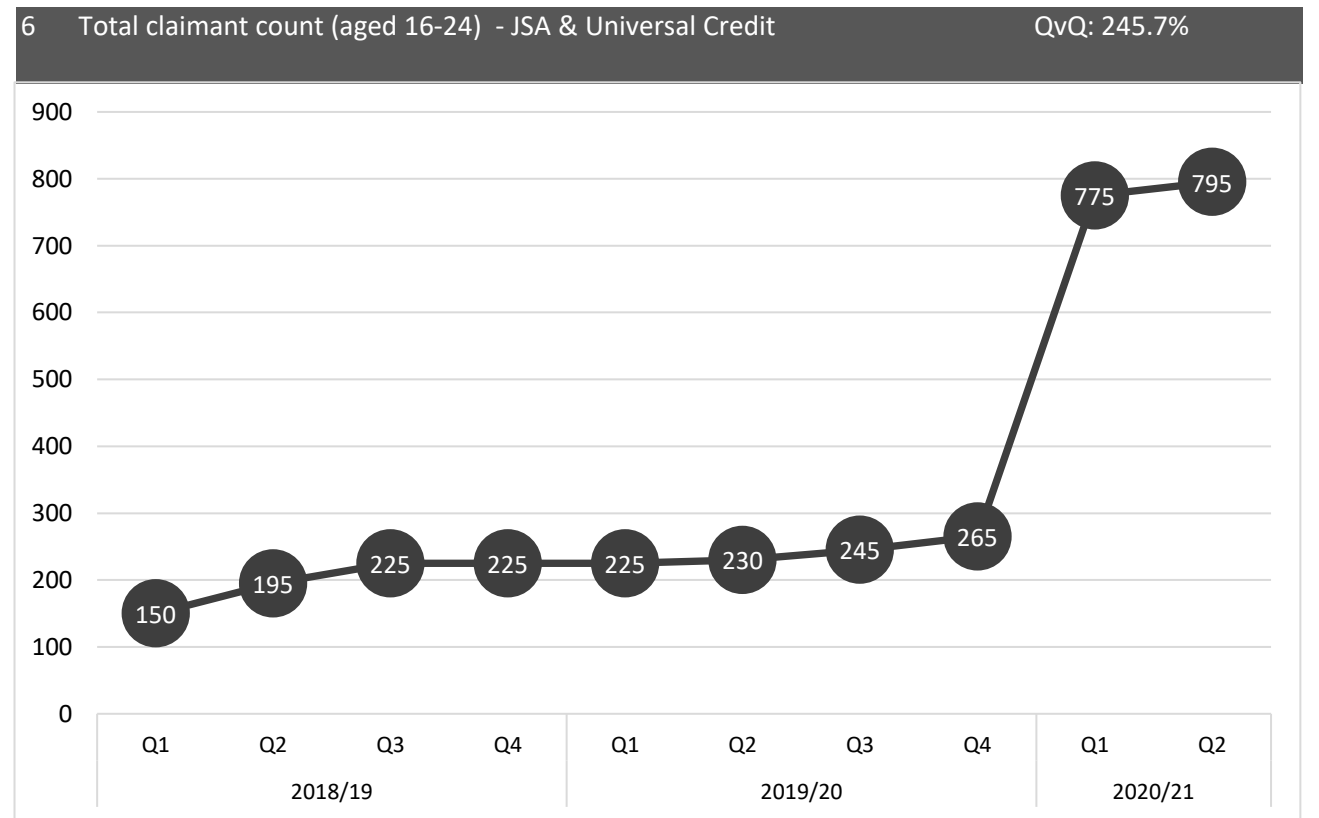
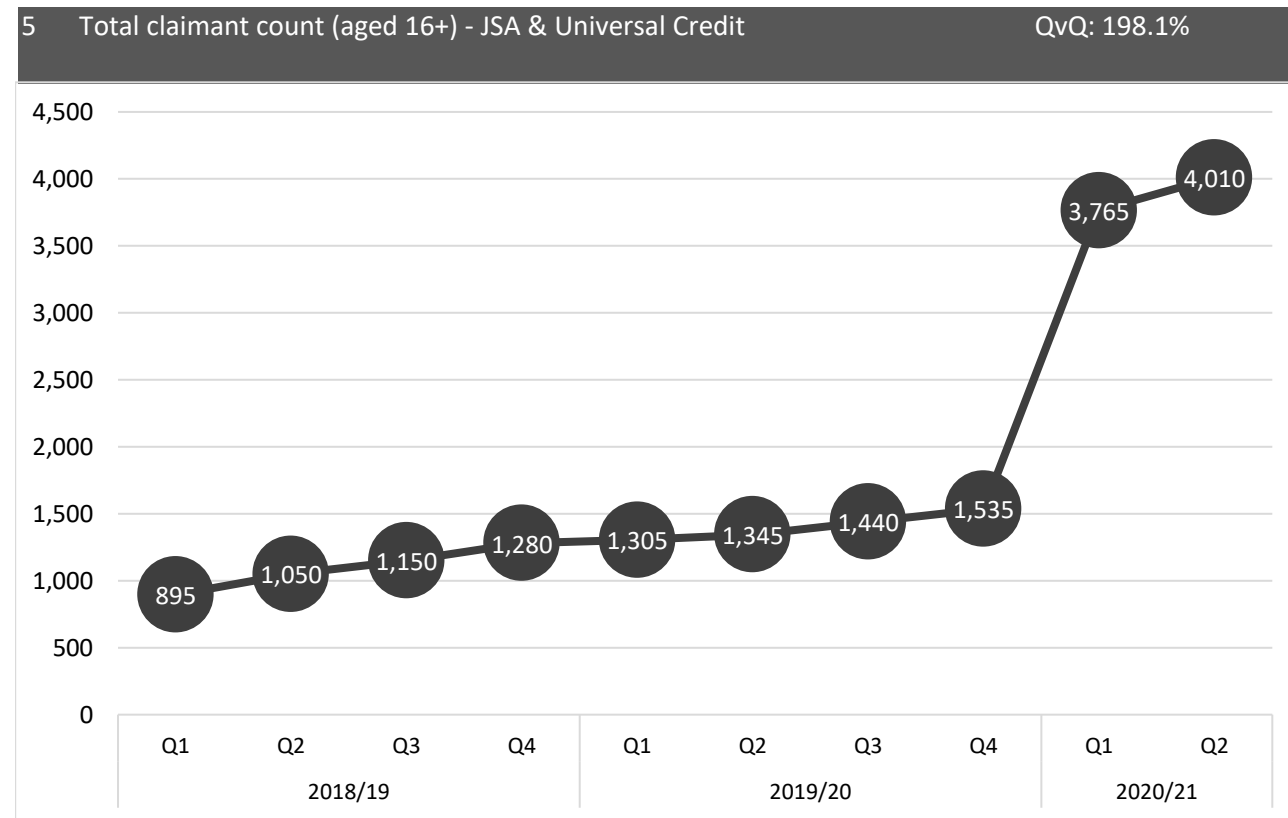
**Appendix A: Influencer Measures Dashboard 2020/21 (current qtr v same qtr last year)**

Economy (Grey) | Social Care (blue) | Environment (Green)



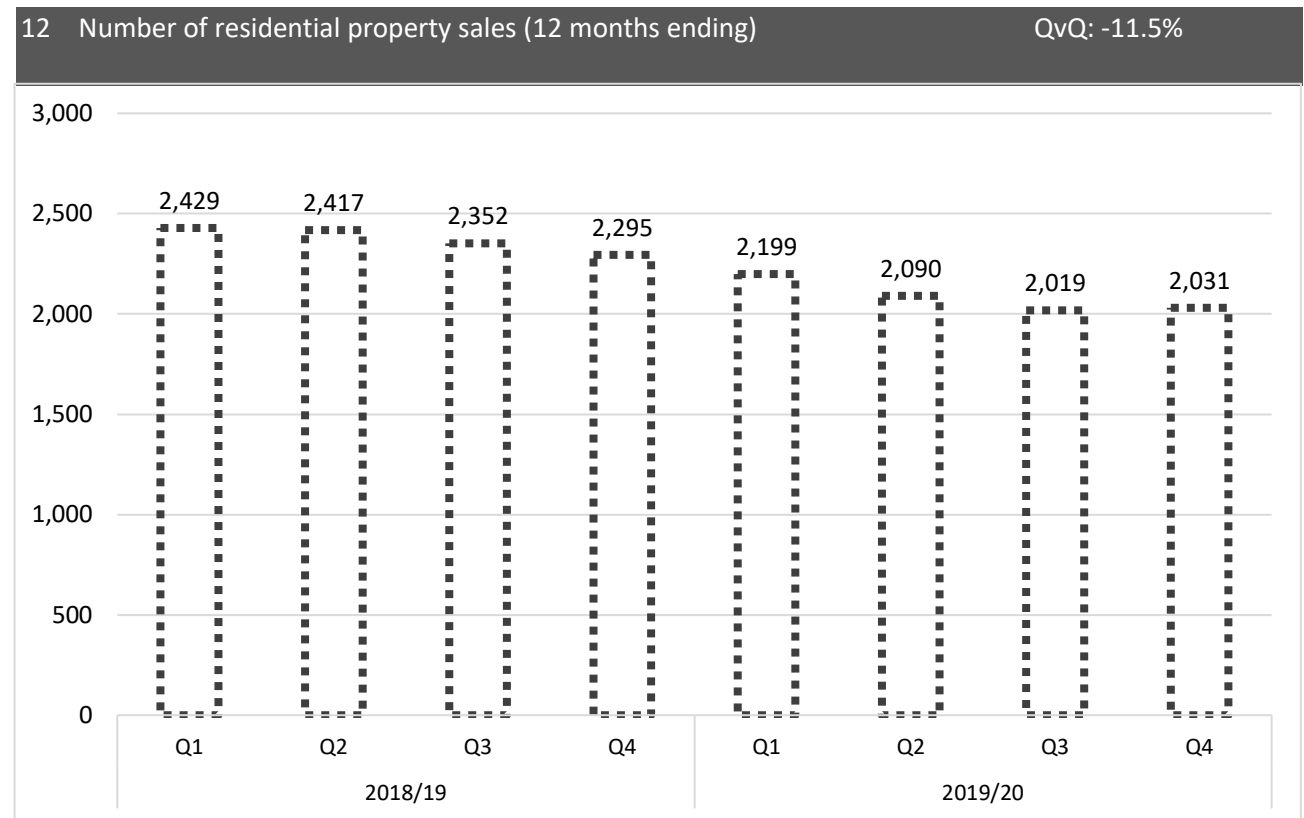
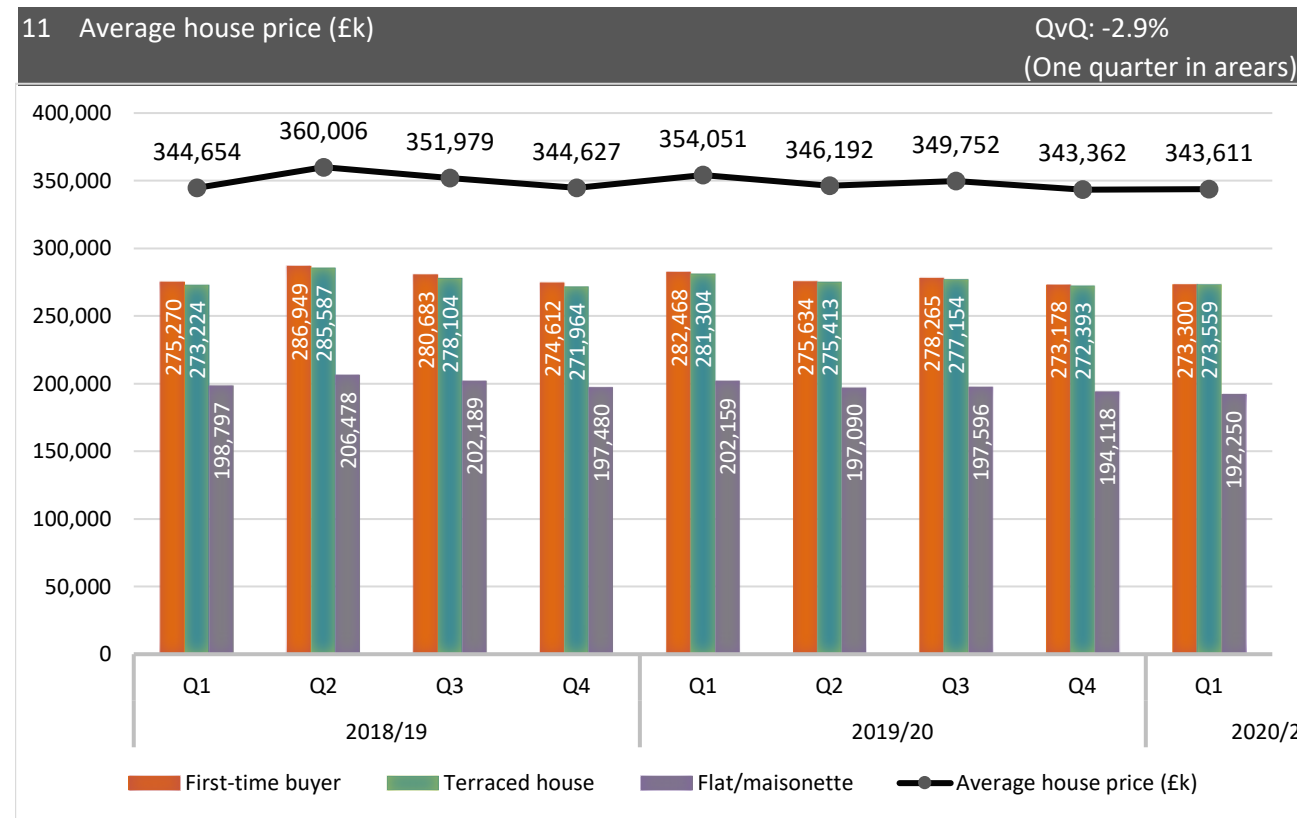
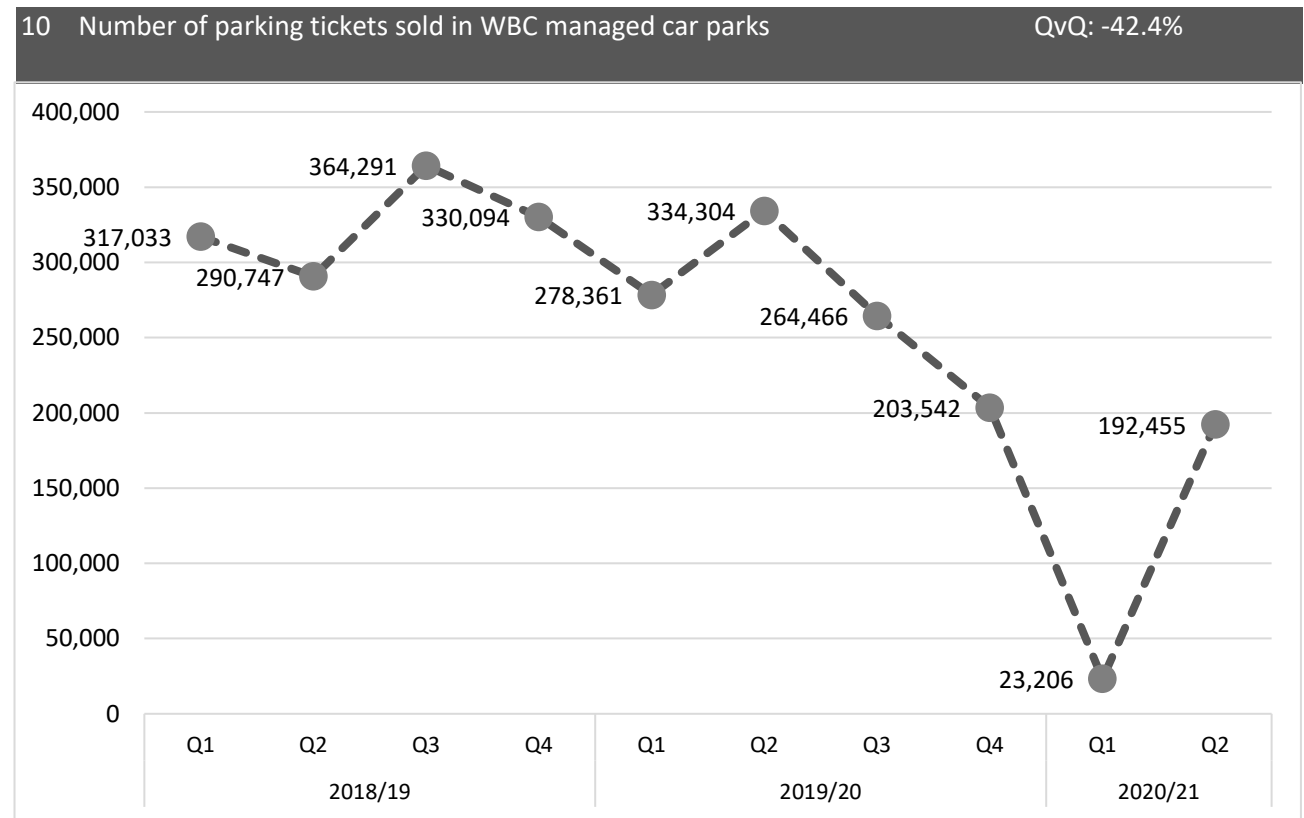
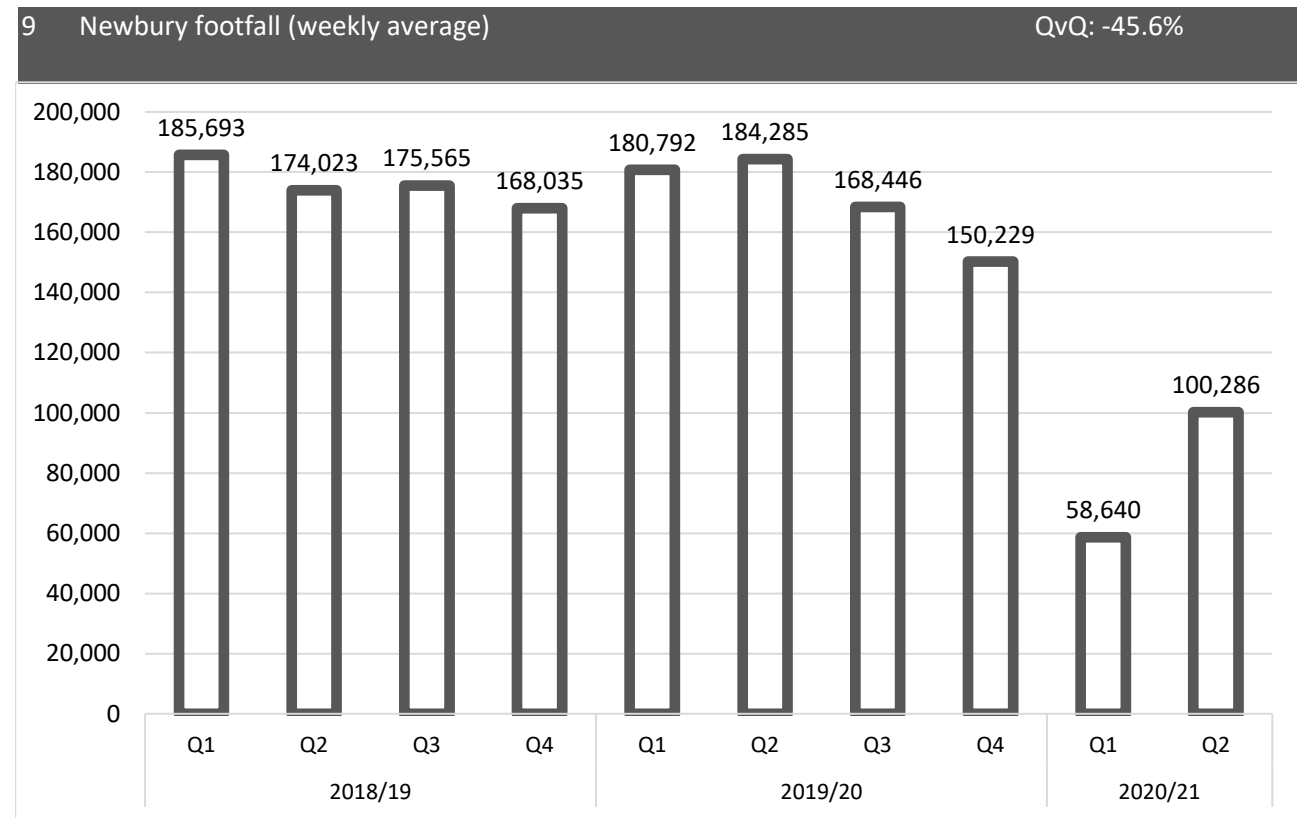
**Appendix A: Influencer Measures Dashboard 2020/21 (current qtr v same qtr last year)**

Economy (Grey) | Social Care (blue) | Environment (Green)



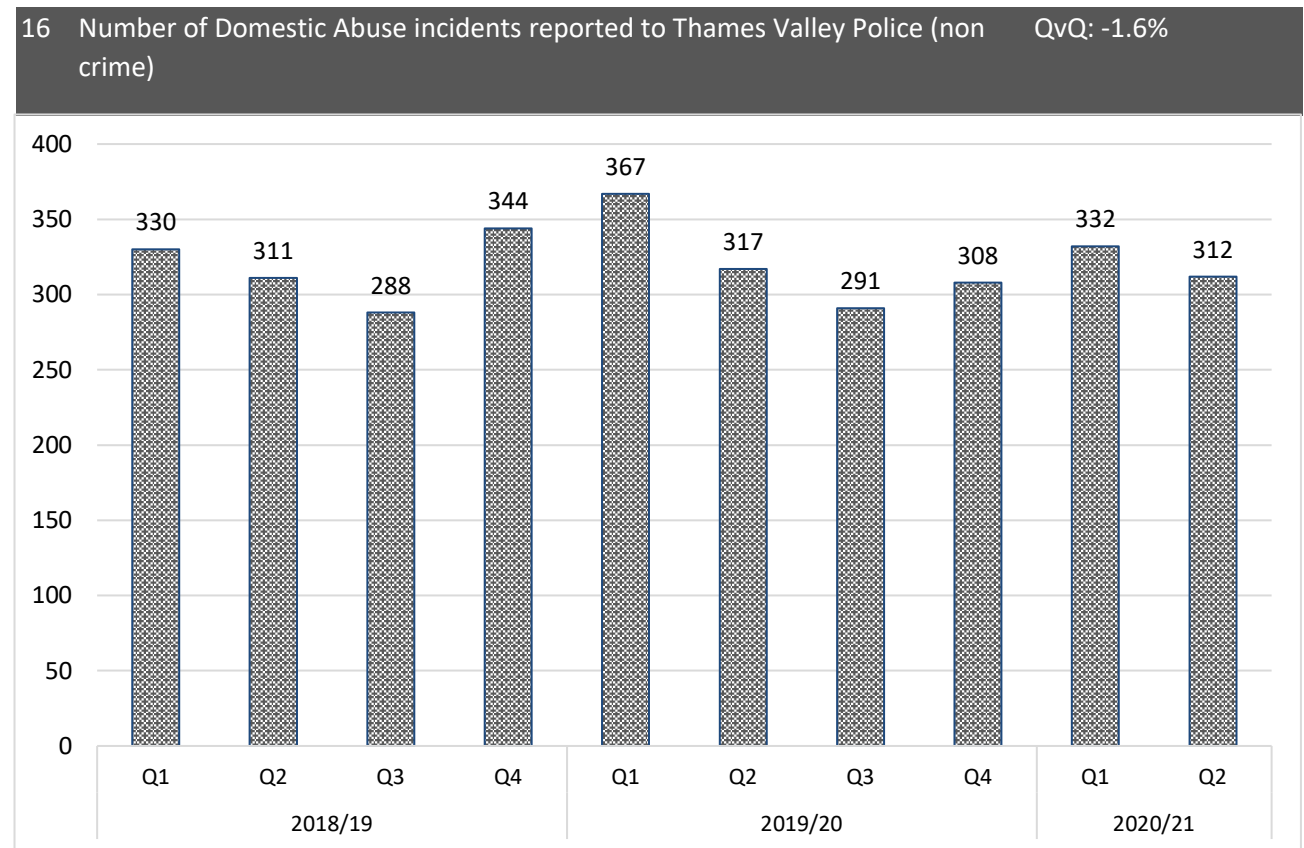
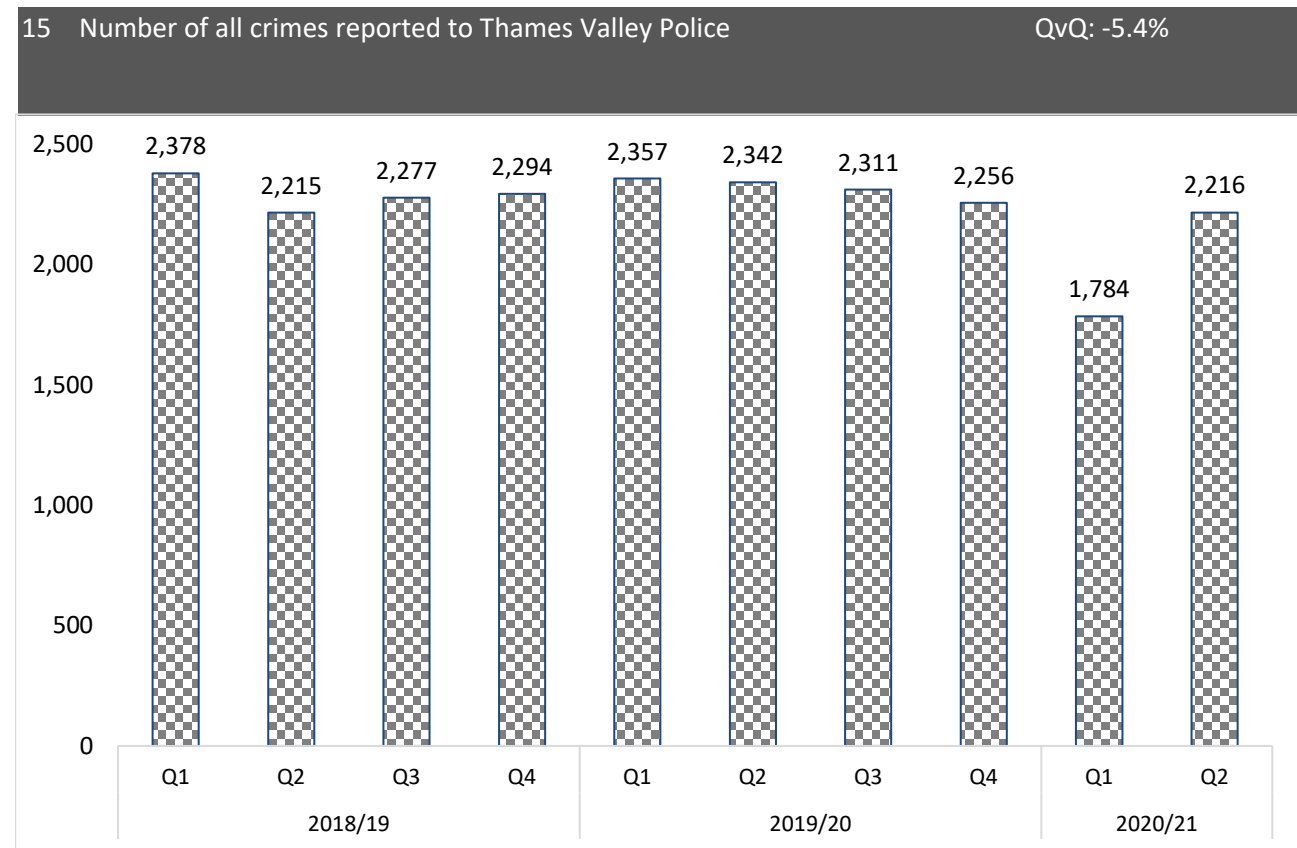
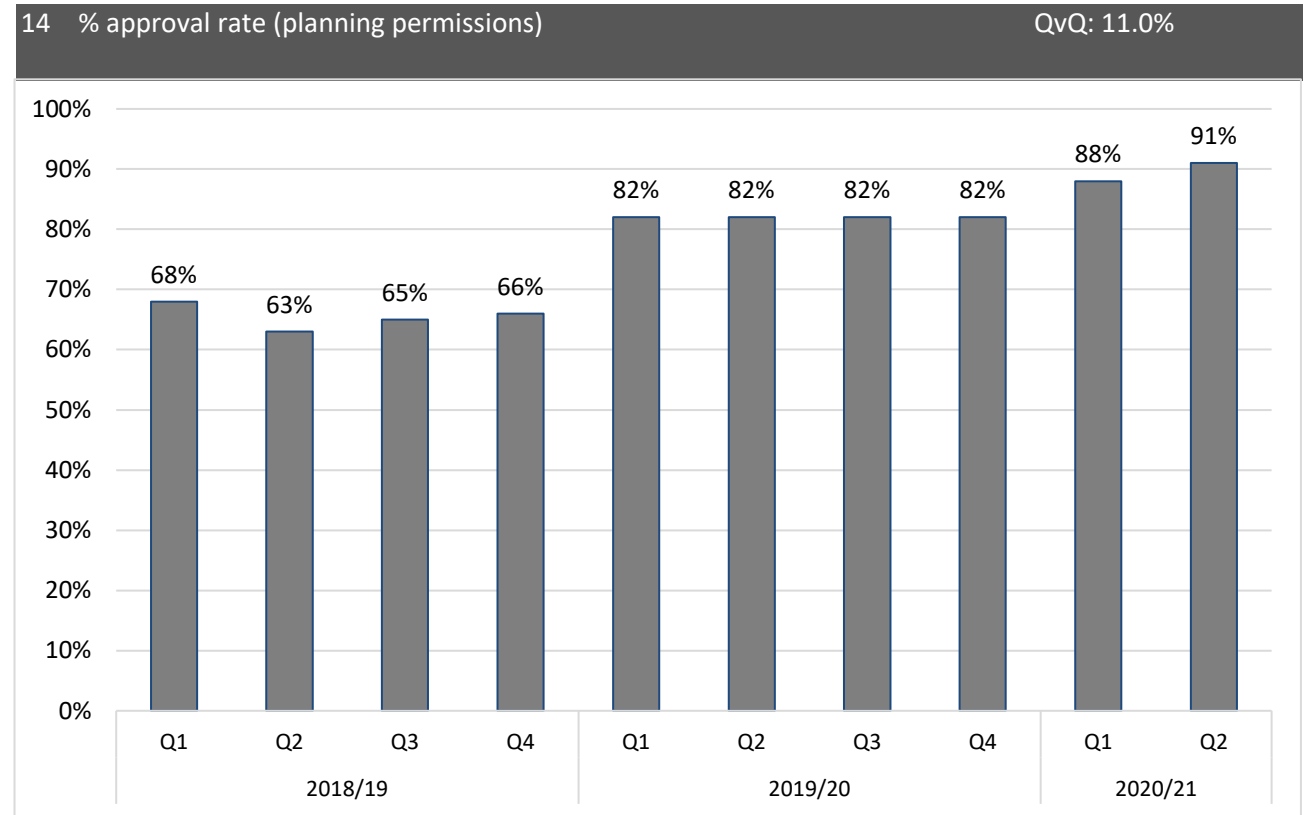
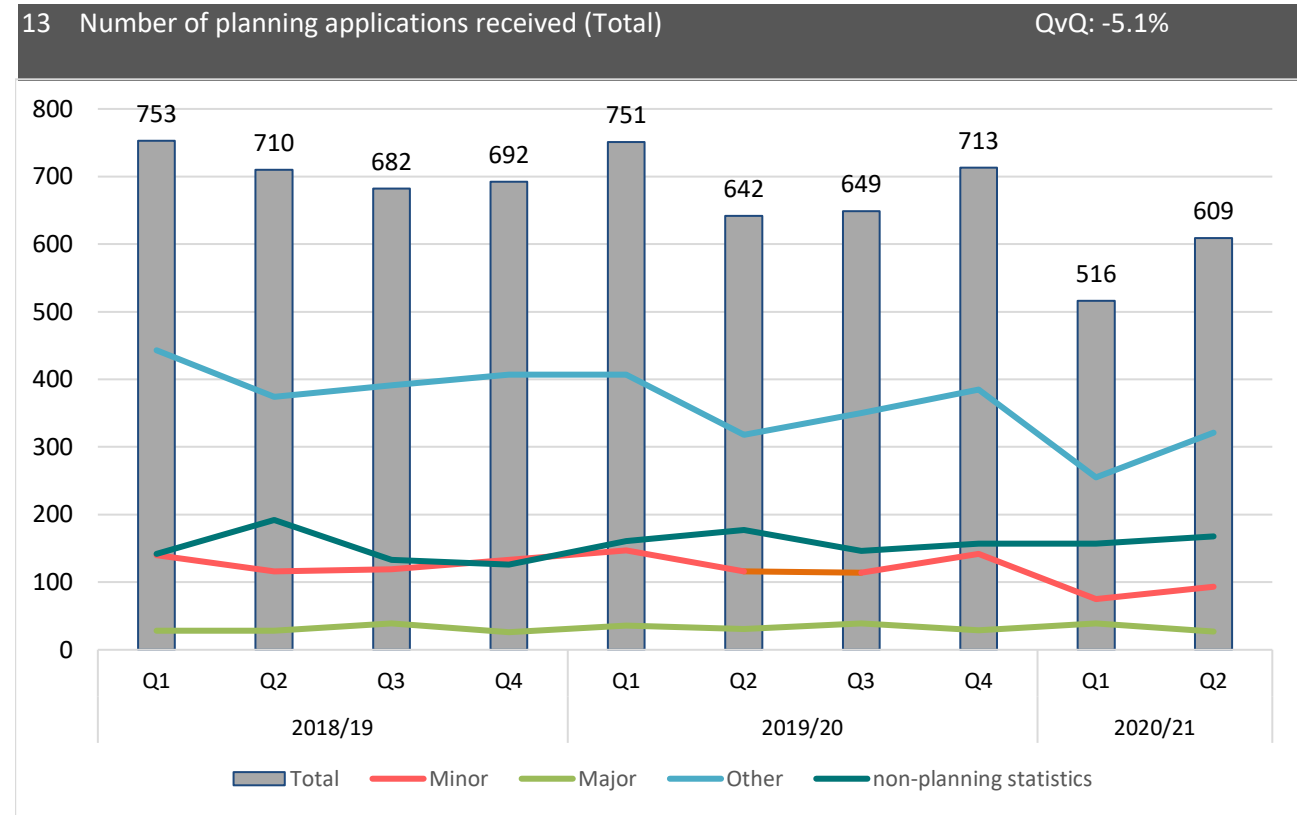
**Appendix A: Influencer Measures Dashboard 2020/21 (current qtr v same qtr last year)**

Economy (Grey) | Social Care (blue) | Environment (Green)



**Appendix A: Influencer Measures Dashboard 2020/21 (current qtr v same qtr last year)**

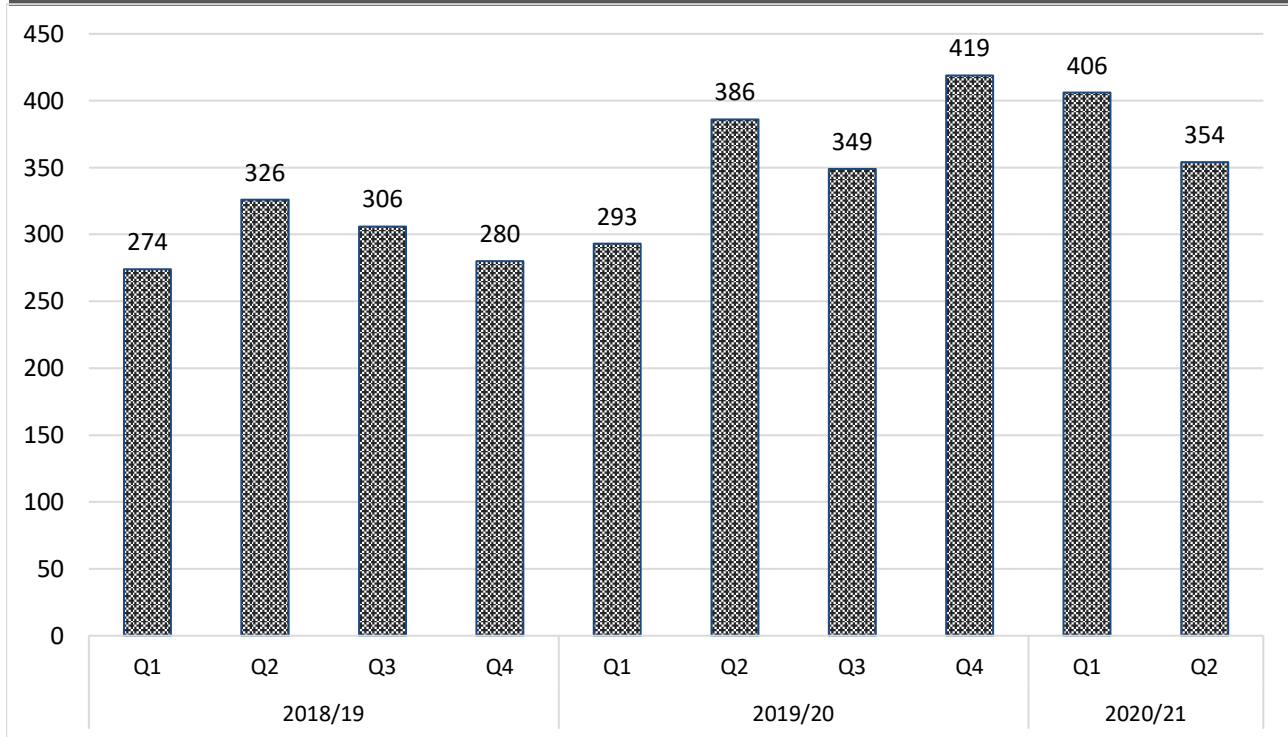
Economy (Grey) | Social Care (blue) | Environment (Green)



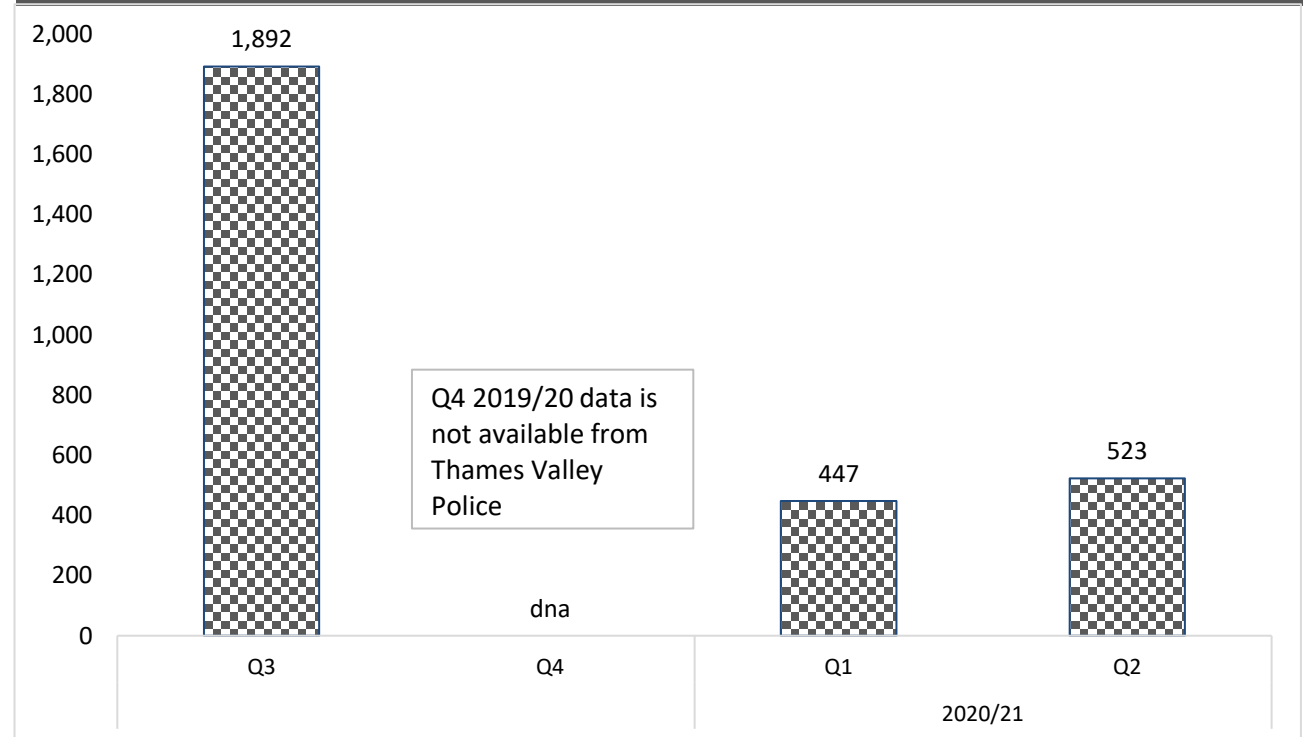
**Appendix A: Influencer Measures Dashboard 2020/21 (current qtr v same qtr last year)**

Economy (Grey) | Social Care (blue) | Environment (Green)

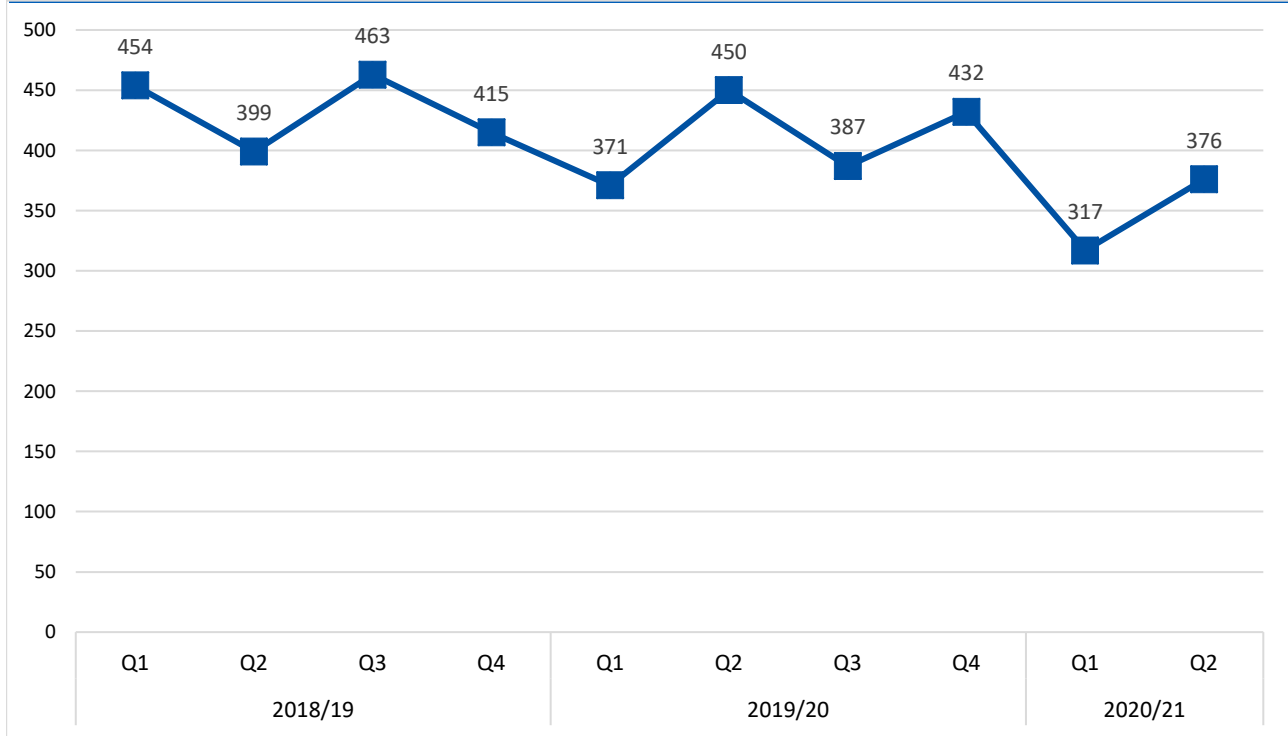
**17 Number of Domestic Abuse incidents reported to Thames Valley Police (recorded crimes) QvQ: -8.3%**



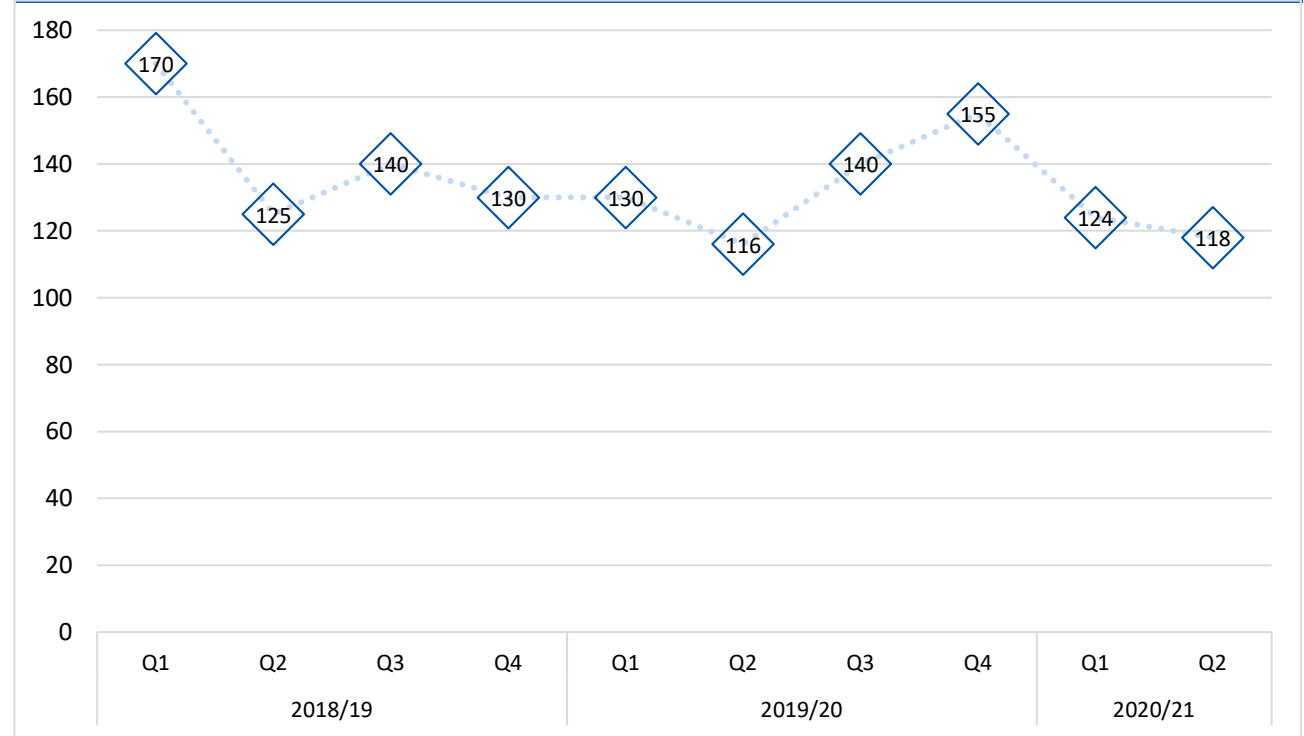
**18 Number of anti-social behaviour (ASB) incidents reported to Thames Valley Police**



**19 Number of referrals received (all) (Children and Family Services) QvQ: -16.4%**

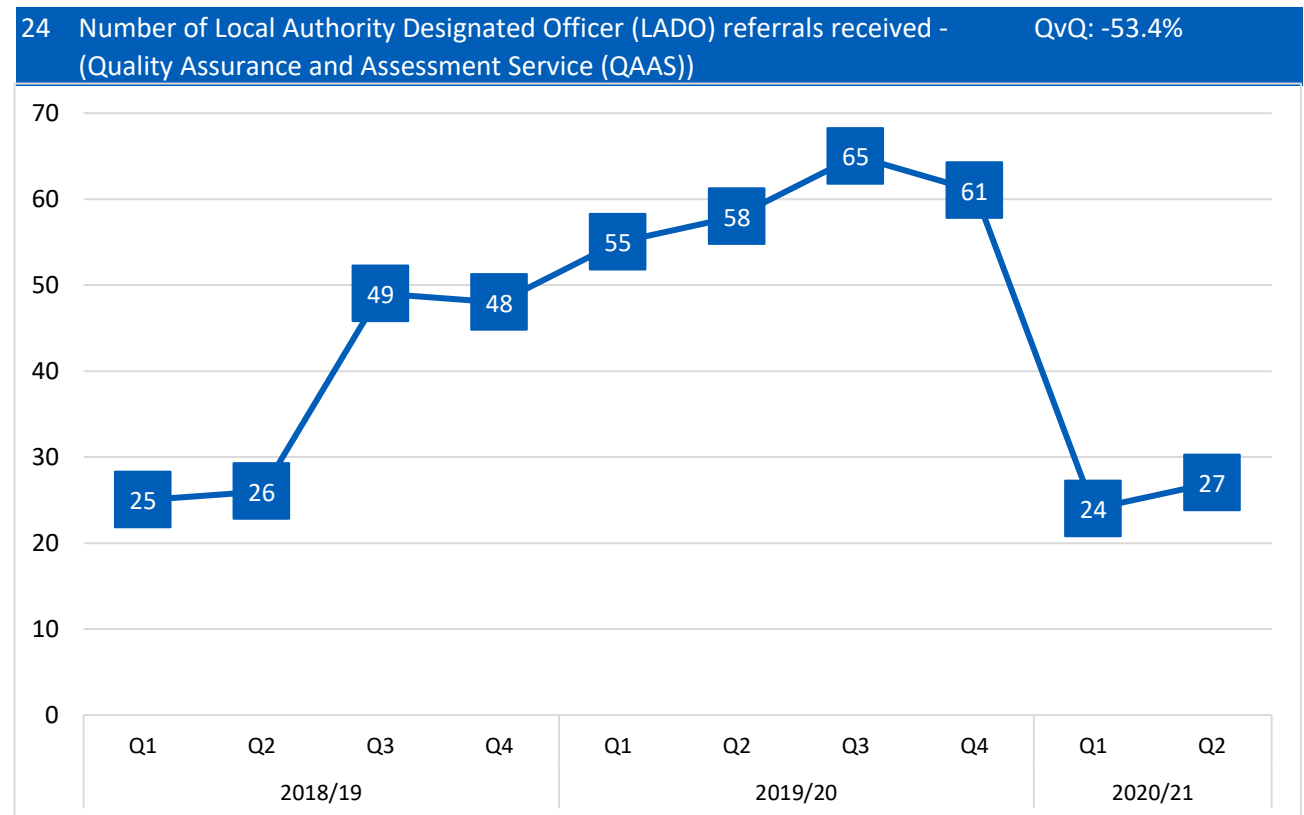
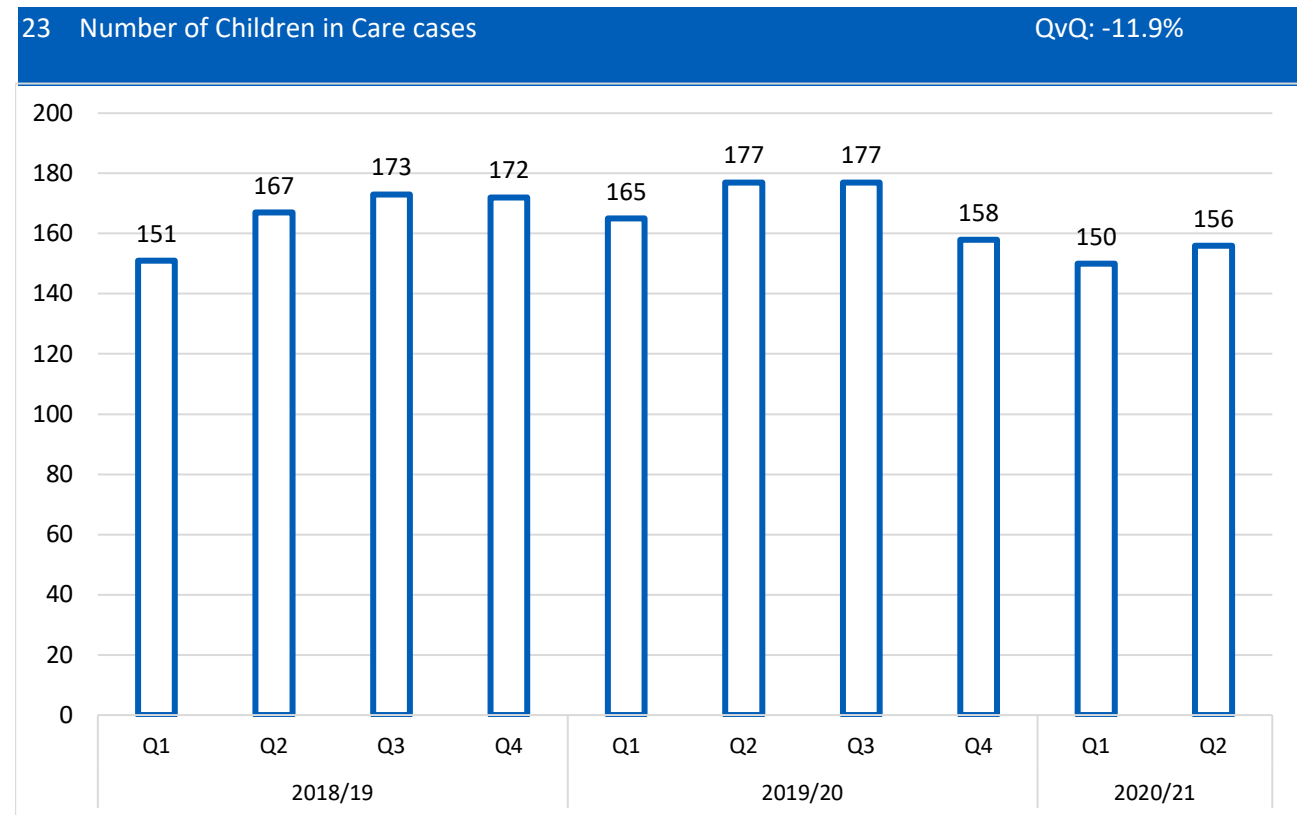
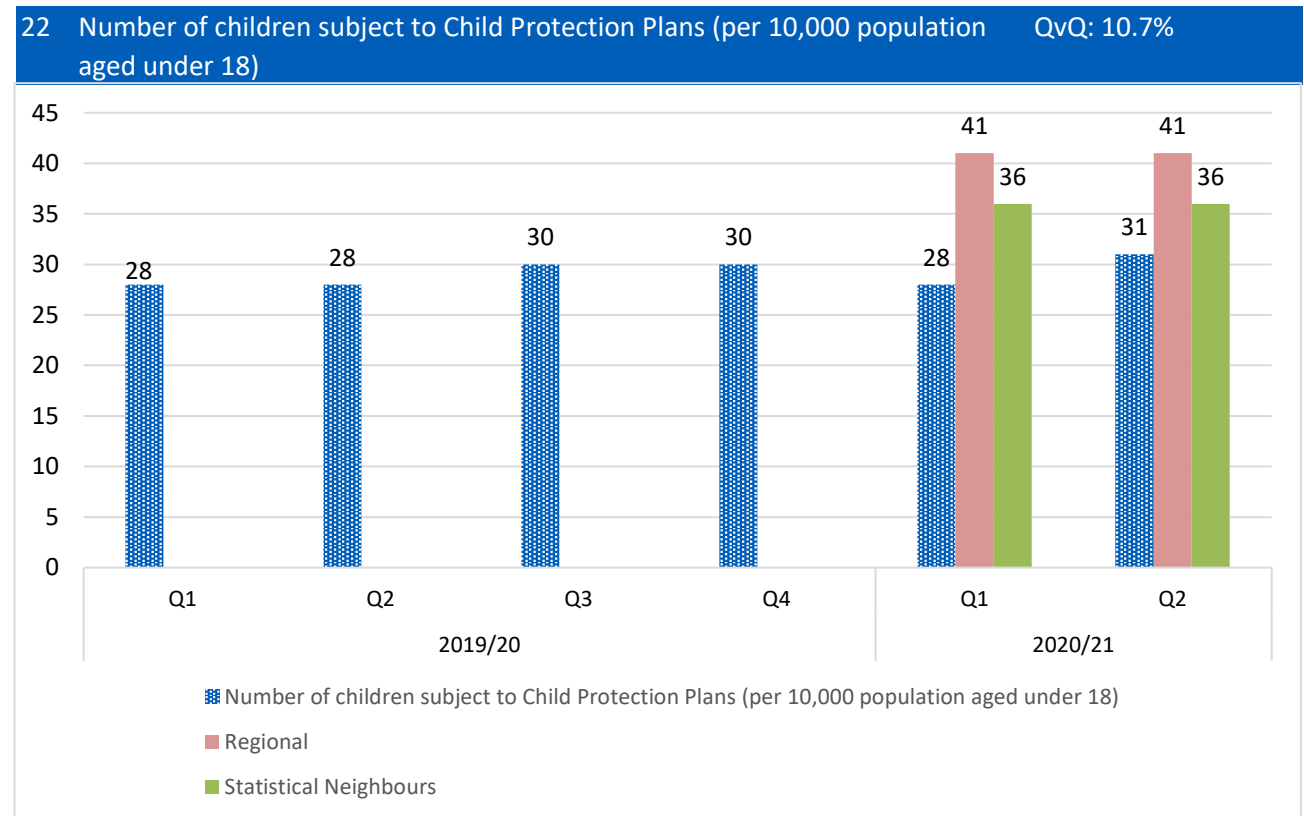
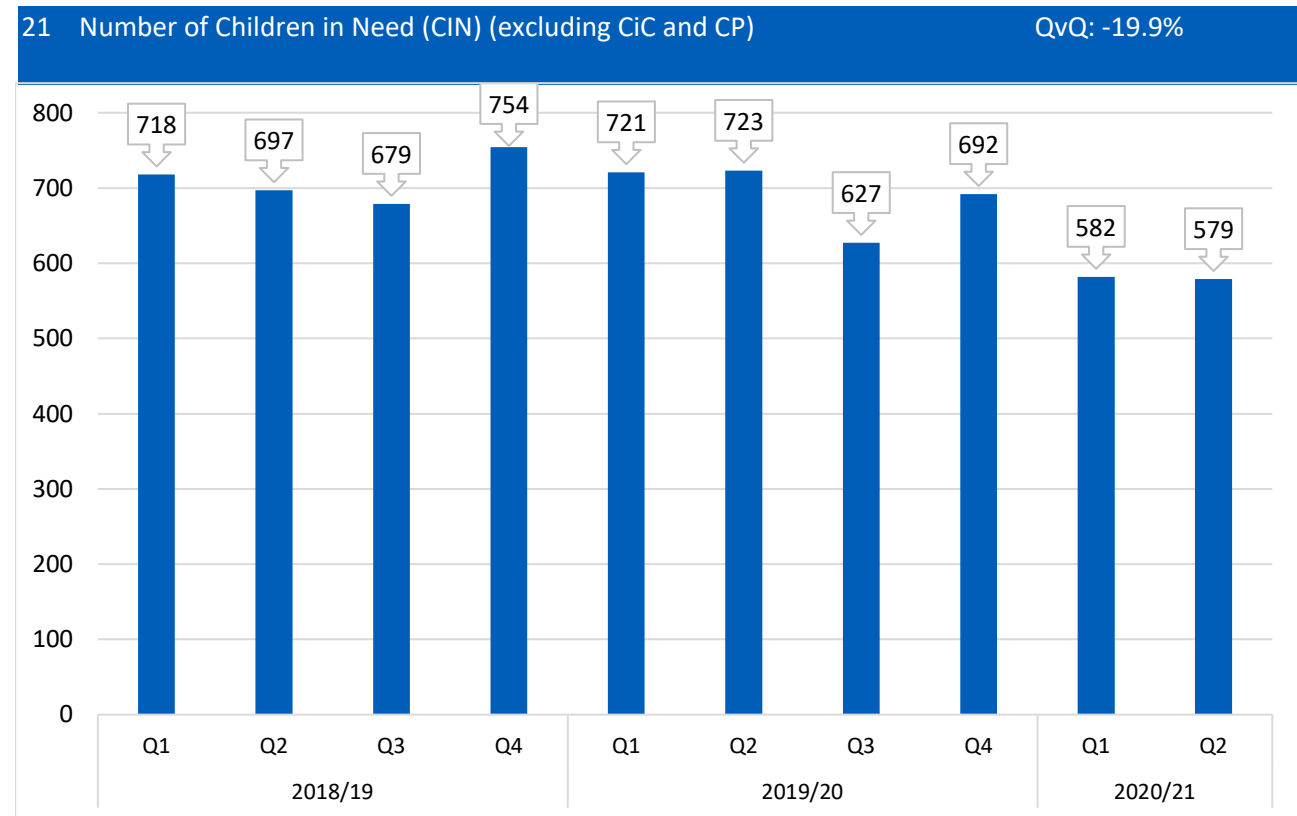


**20 Number of S47 (Child Protection) enquiries initiated QvQ: 1.7%**



**Appendix A: Influencer Measures Dashboard 2020/21 (current qtr v same qtr last year)**

Economy (Grey) | Social Care (blue) | Environment (Green)





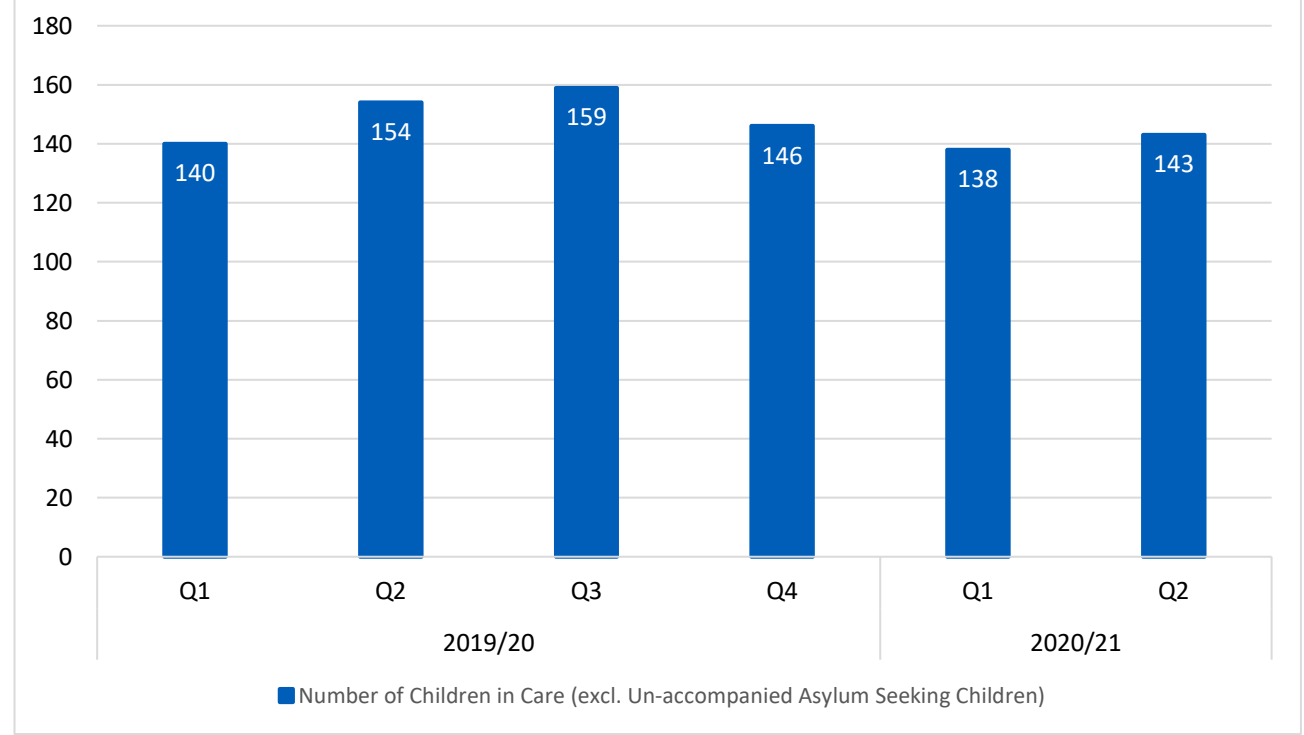
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Economy (Grey) | Social Care (blue) | Environment (Green)

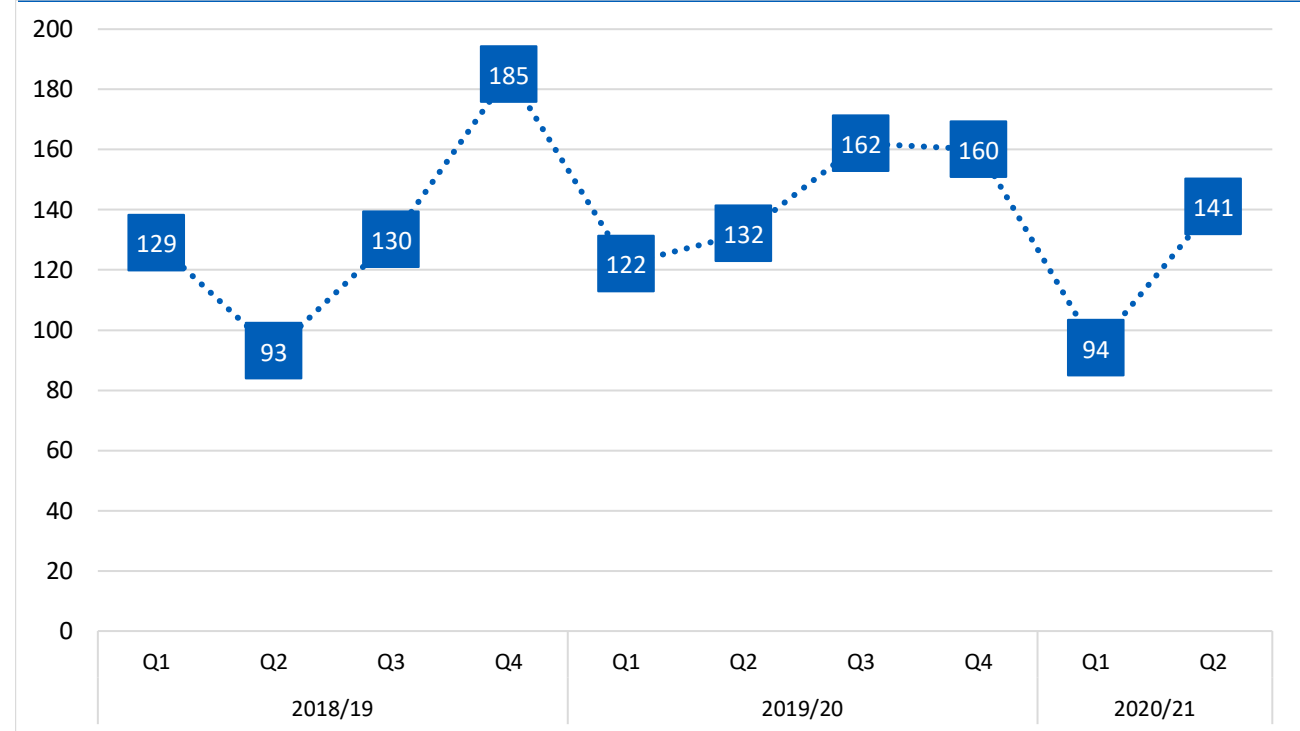
**25 Level of first time entrants into the Youth Justice System (per 100,000 under 10 to 17 year olds) (12 month rolling) QvQ: -**

\*\*No data currently available as the PNC computers are not currently accessible at the Ministry of Justice

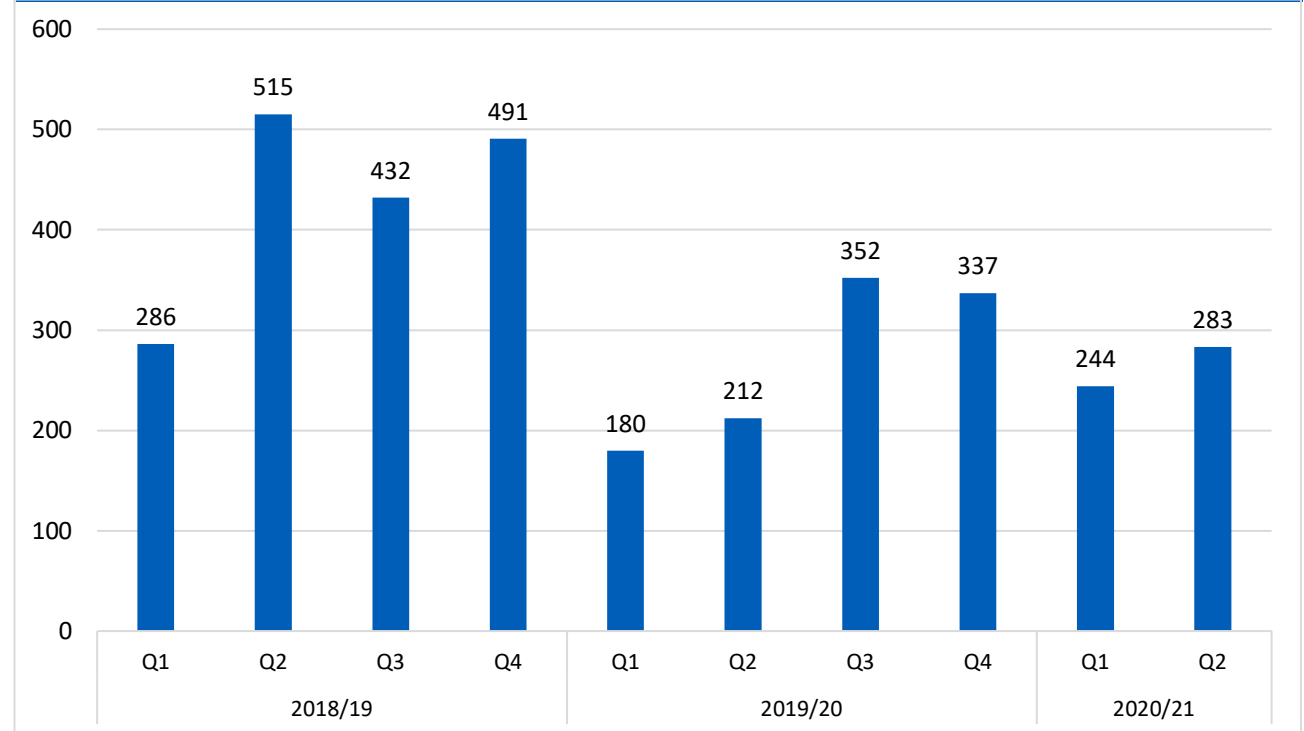
**26 Number of Children in Care (excl. Un-accompanied Asylum Seeking Children) QvQ: -7.1%**



**27 Number of referrals to the Emotional Health Triage (EHT) QvQ: 6.8%**

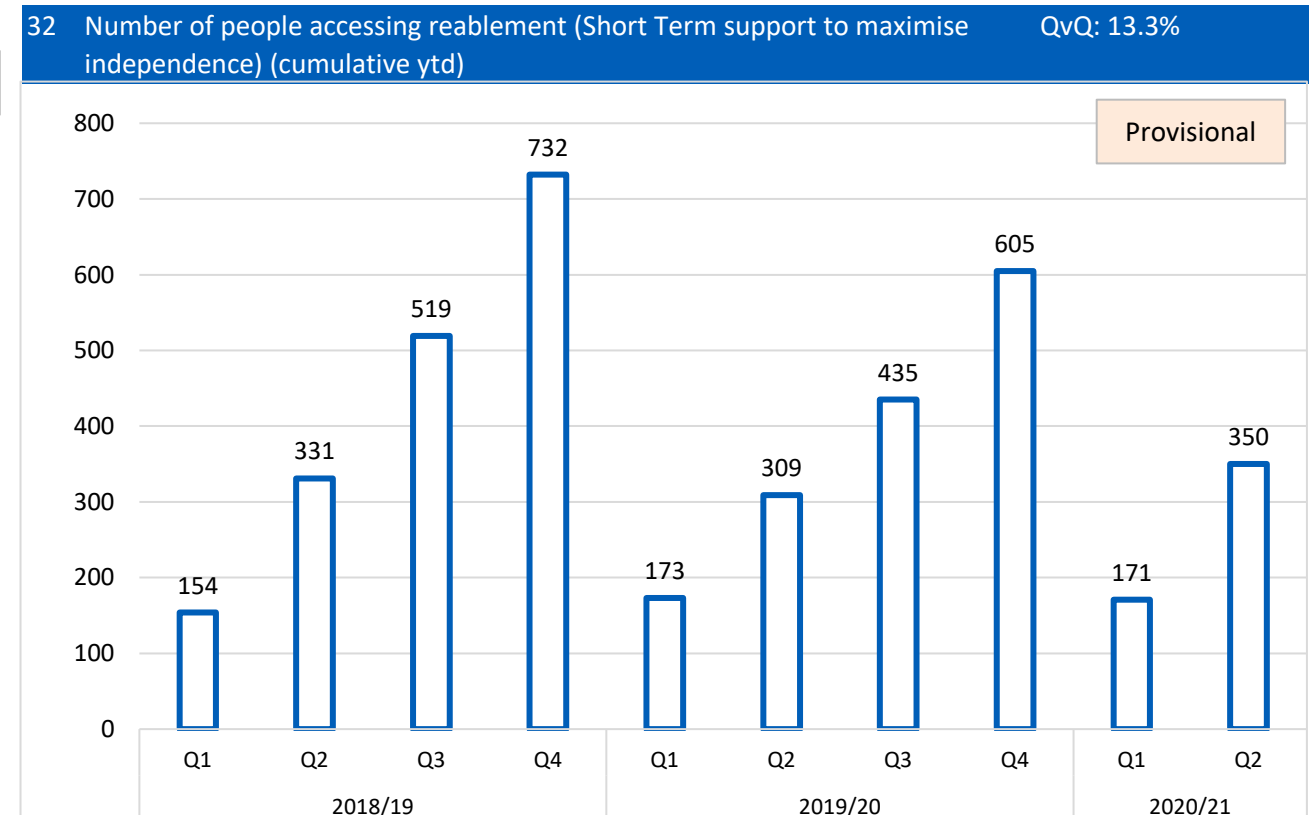
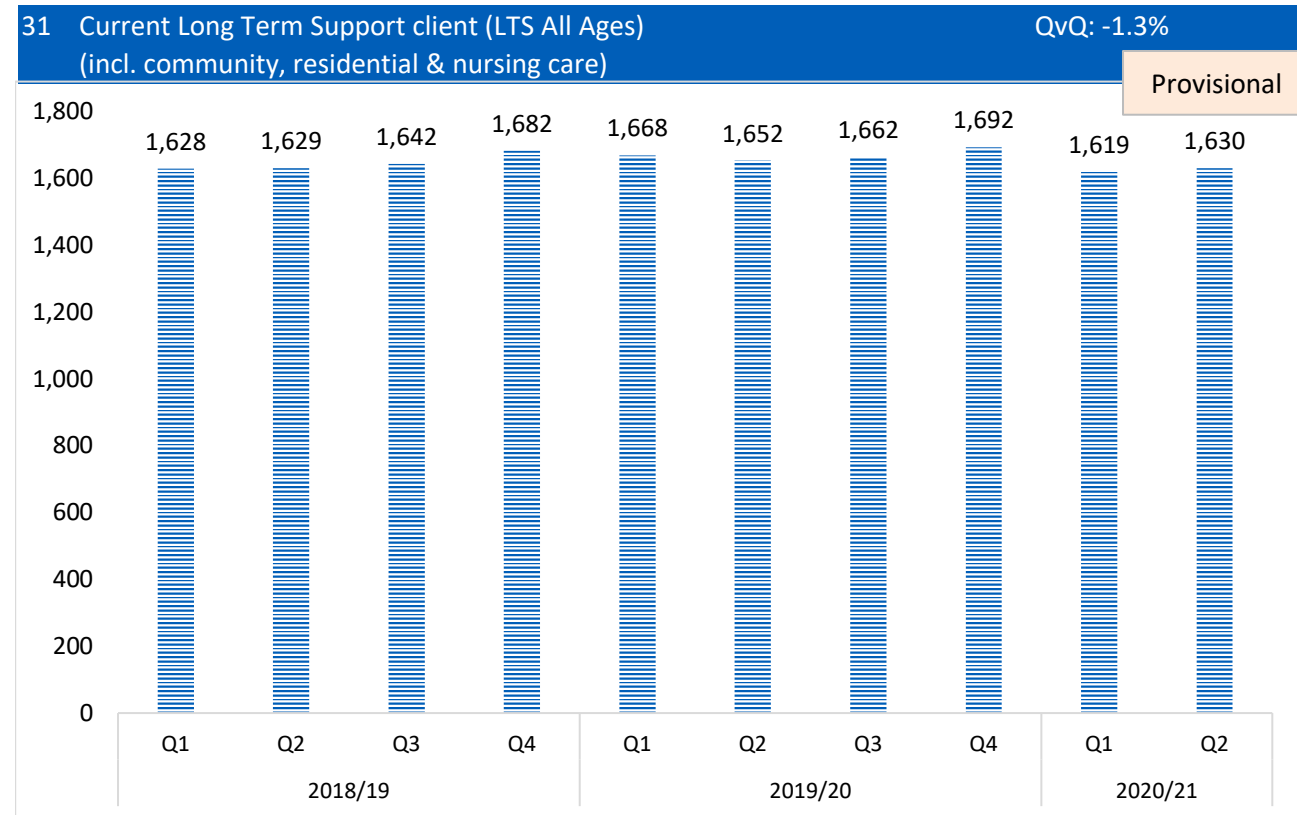
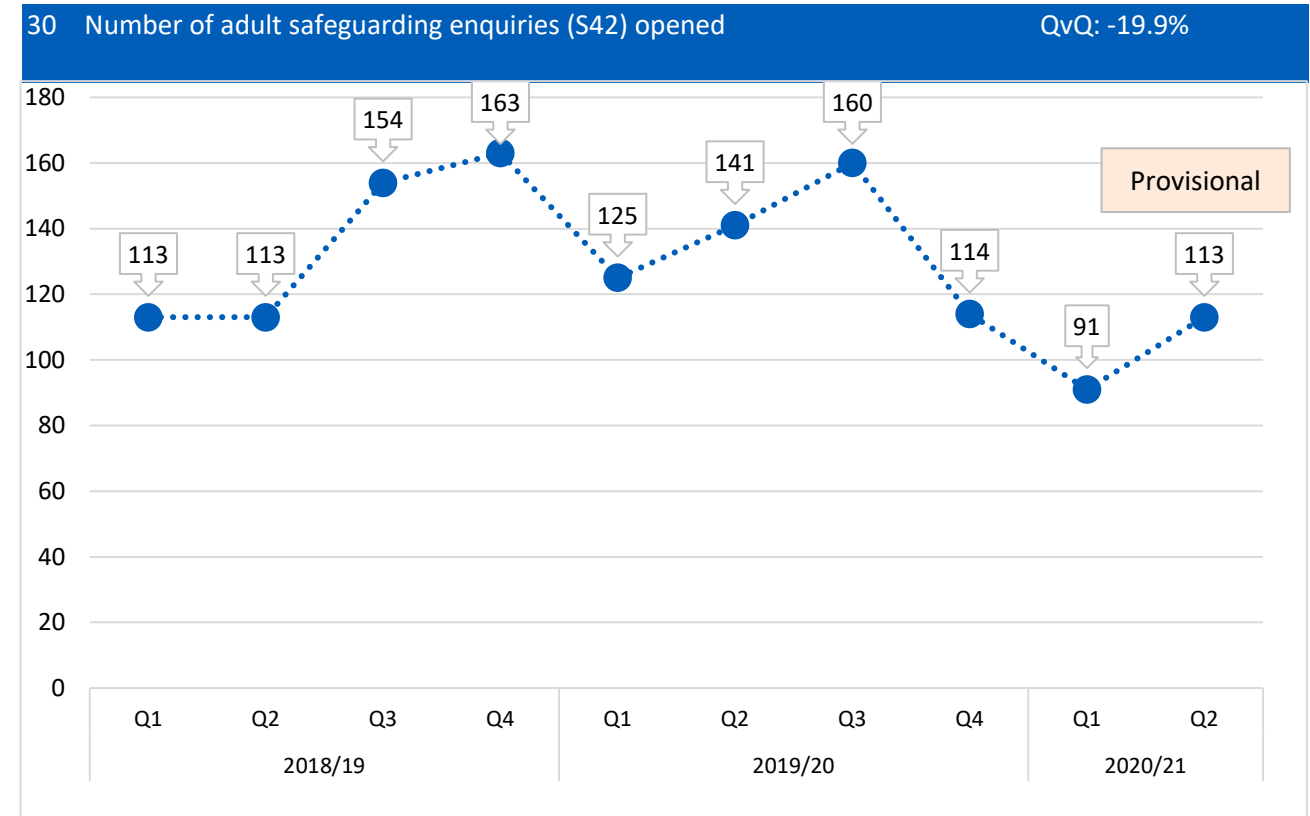
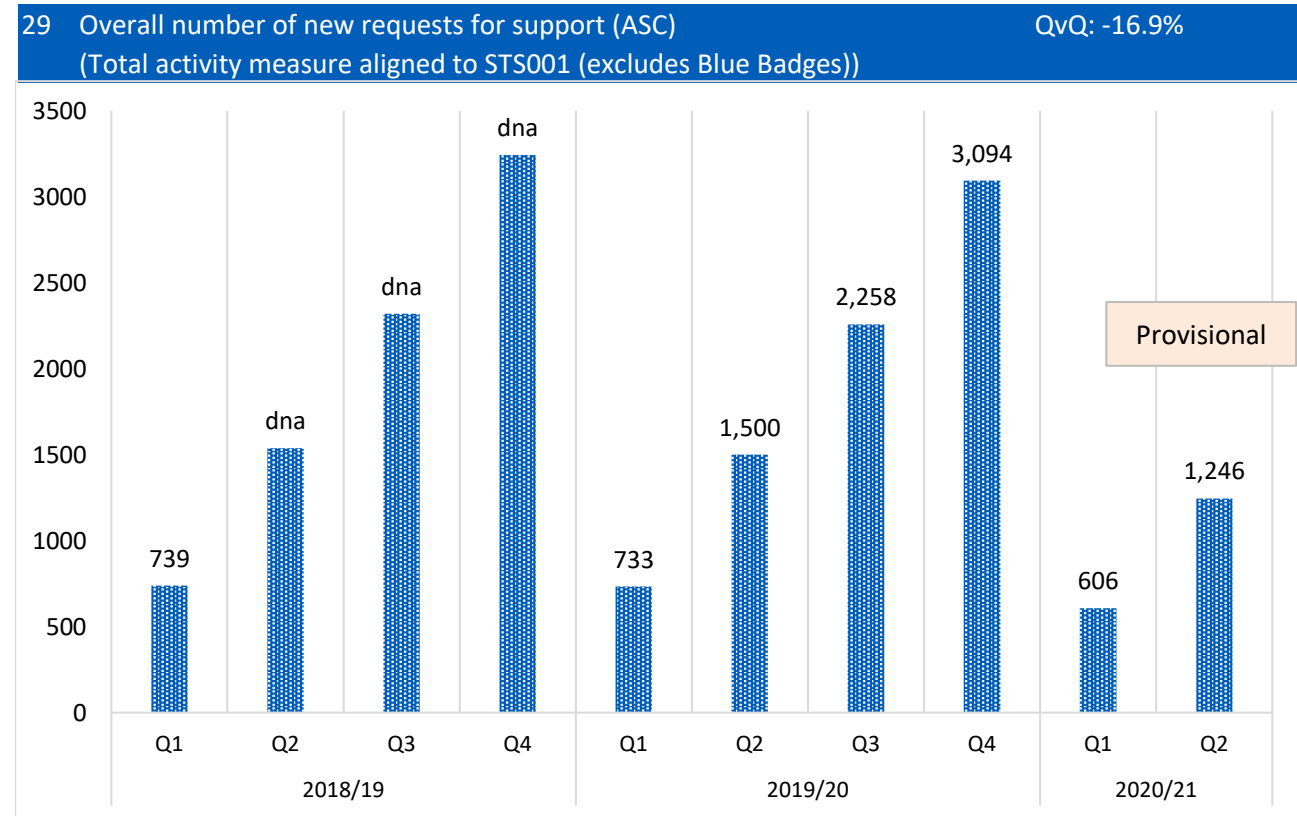


**28 Number of active involvements receiving intervention from the Emotional health Academy (EHA)(Total CYP) QvQ: 33.5%**



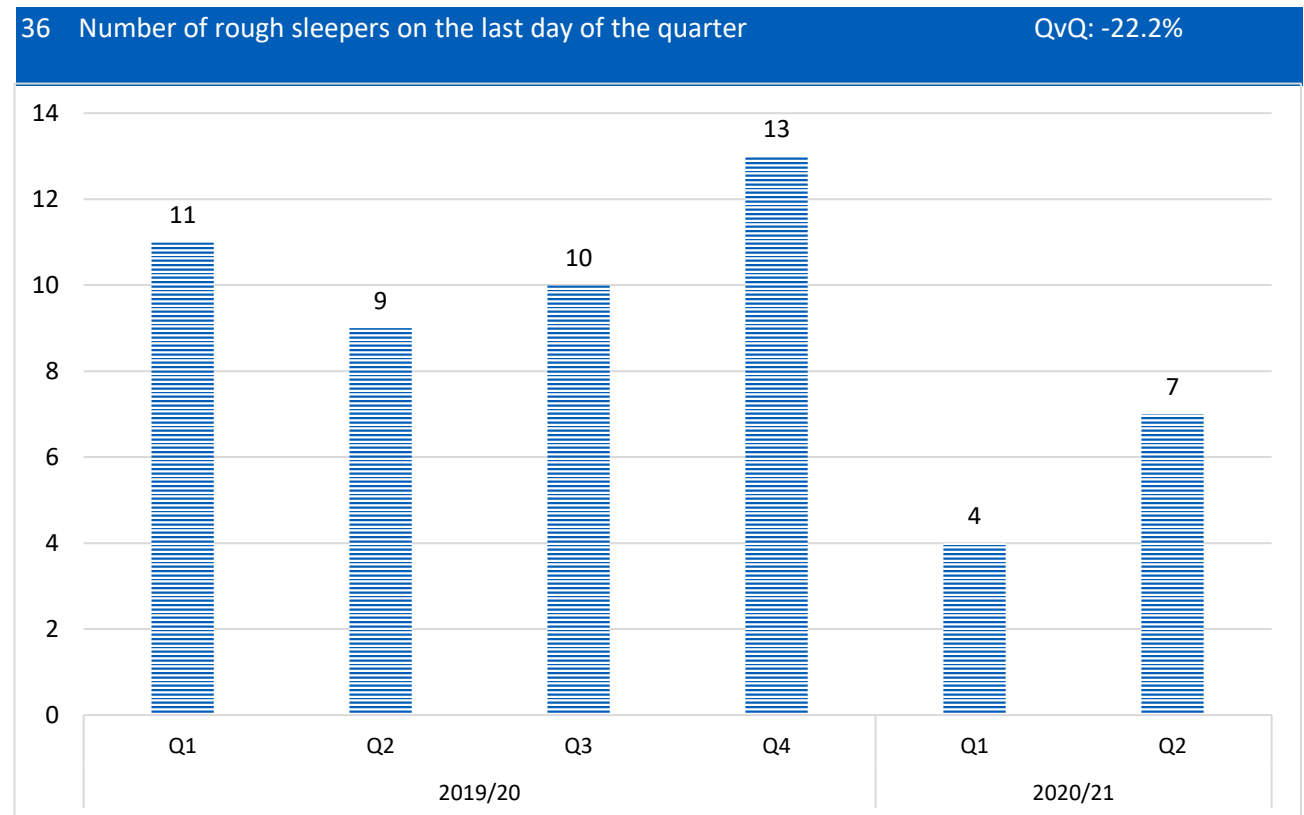
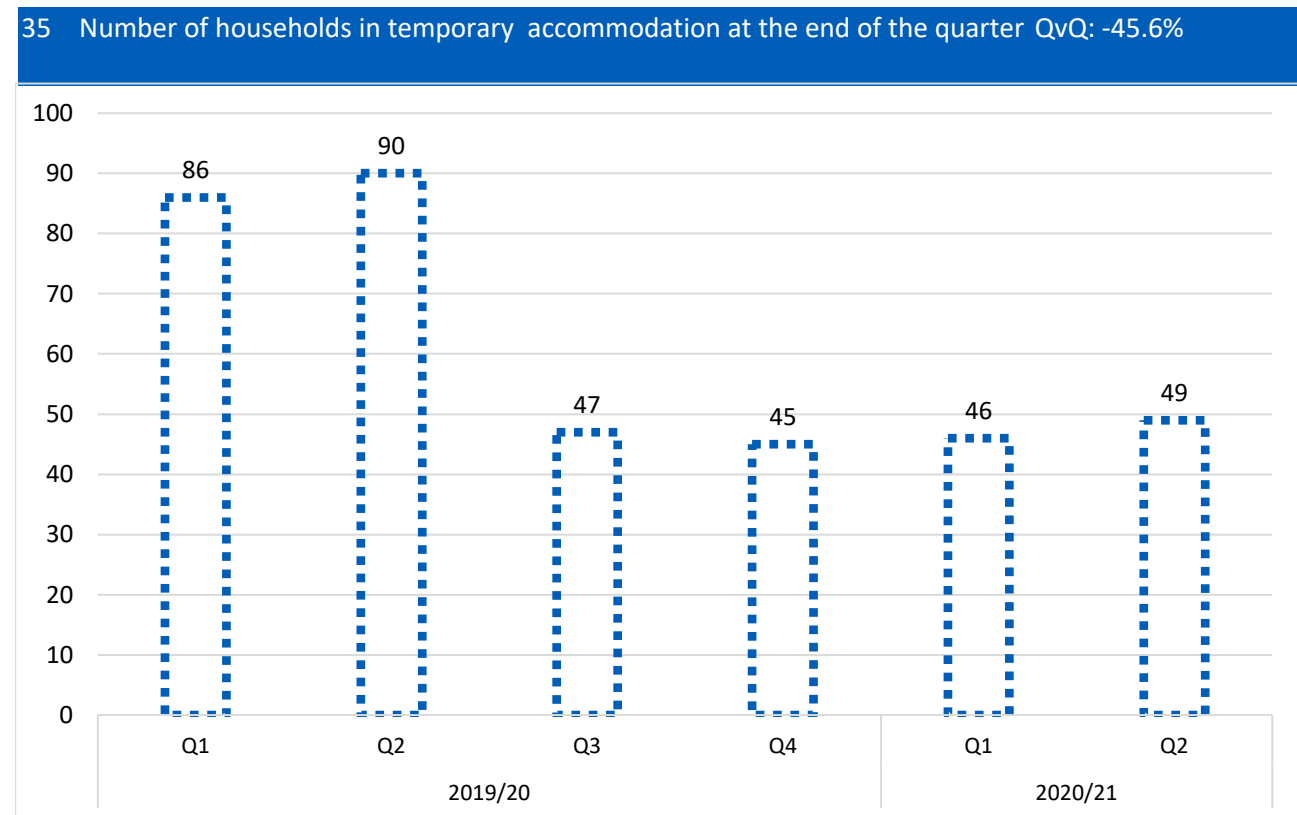
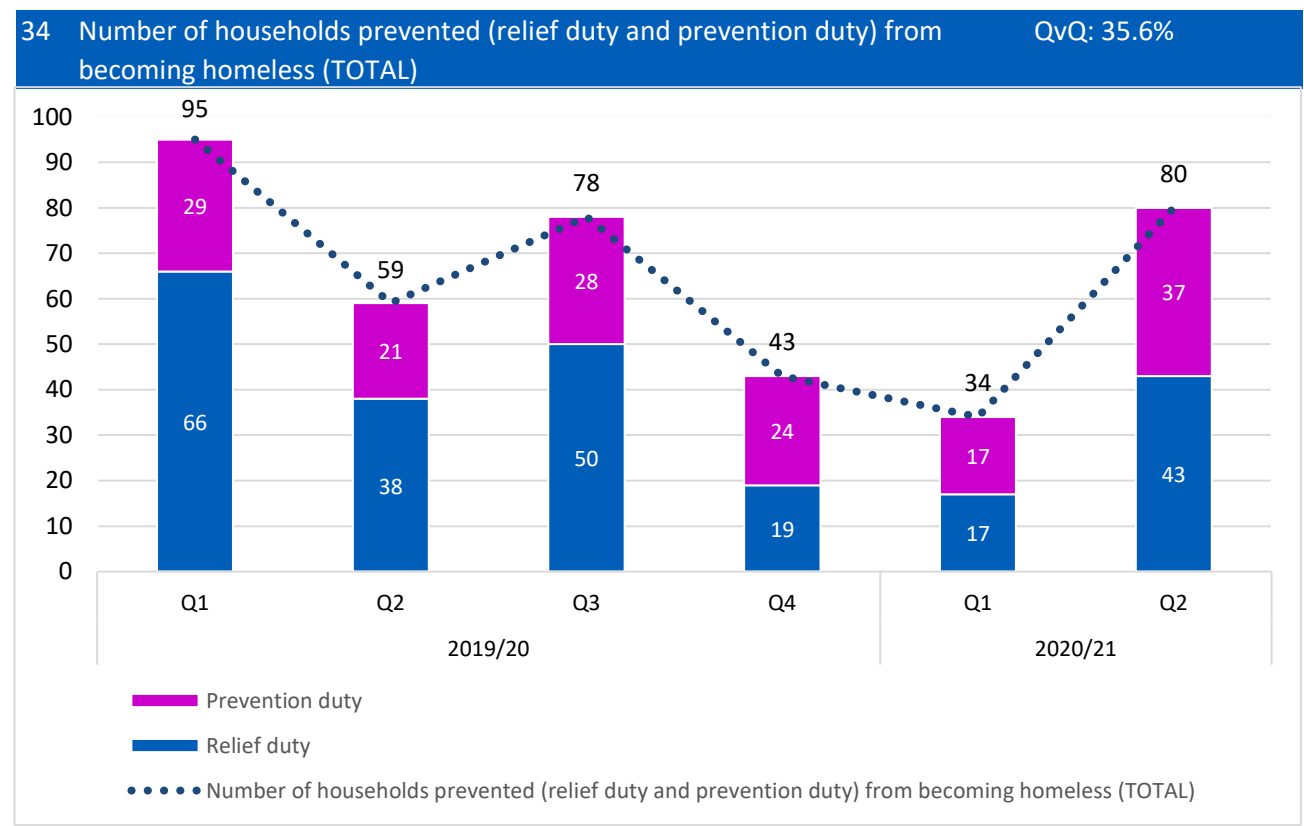
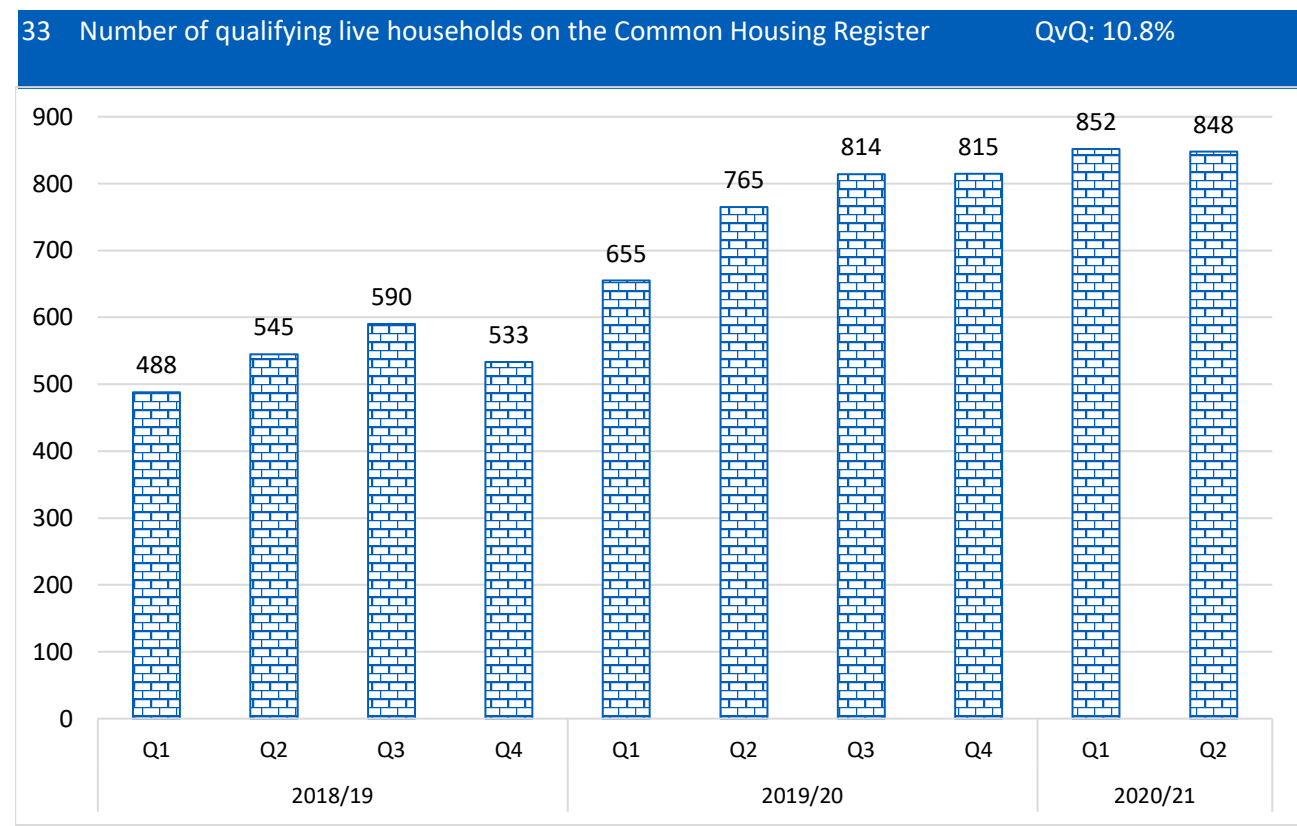
**Appendix A: Influencer Measures Dashboard 2020/21 (current qtr v same qtr last year)**

Economy (Grey) | Social Care (blue) | Environment (Green)



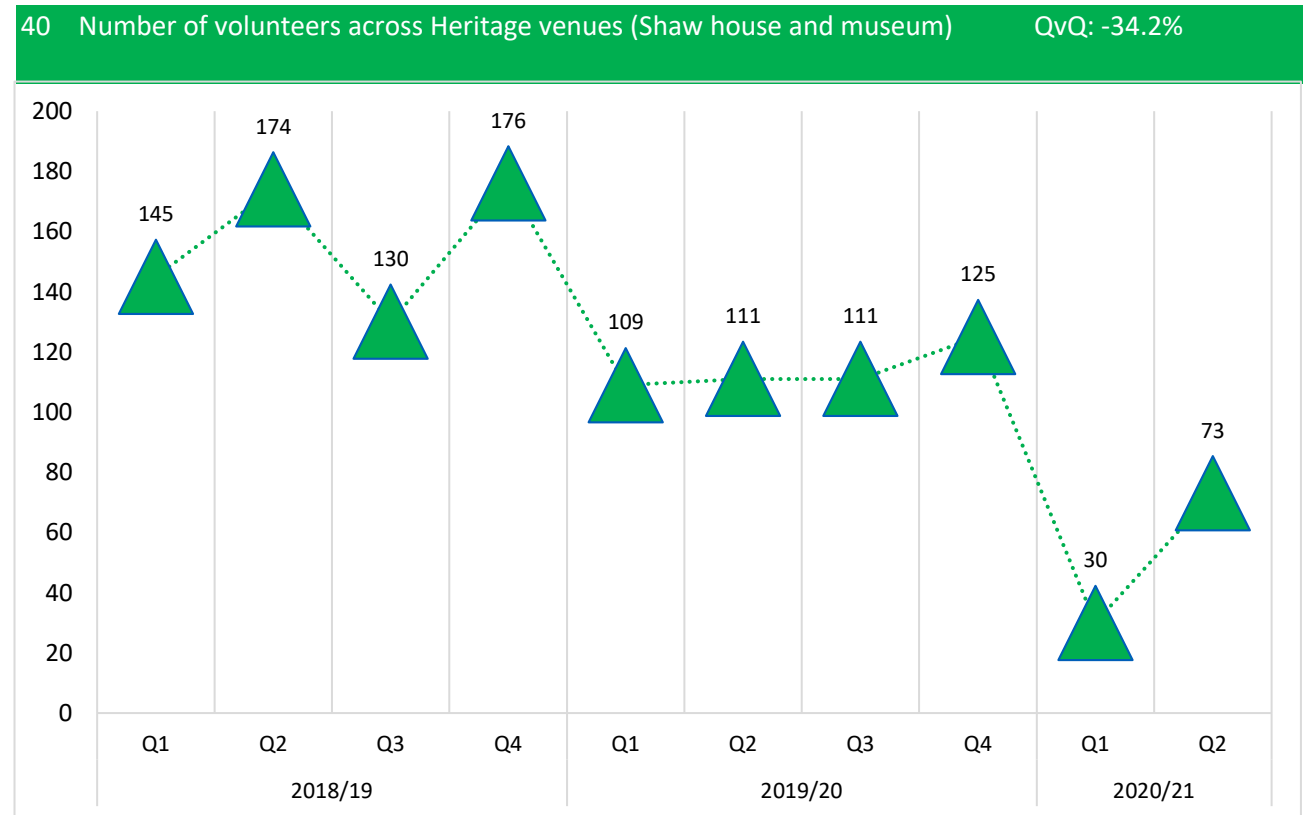
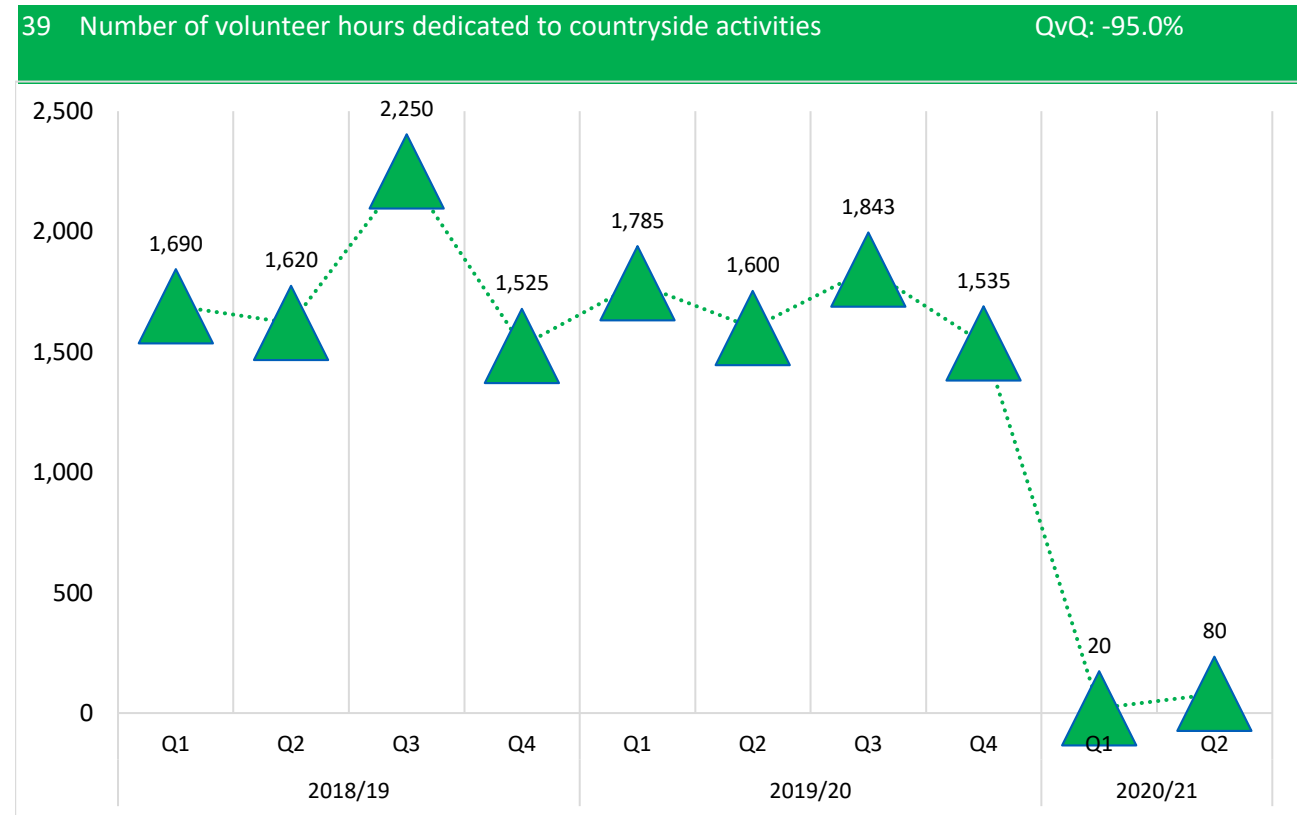
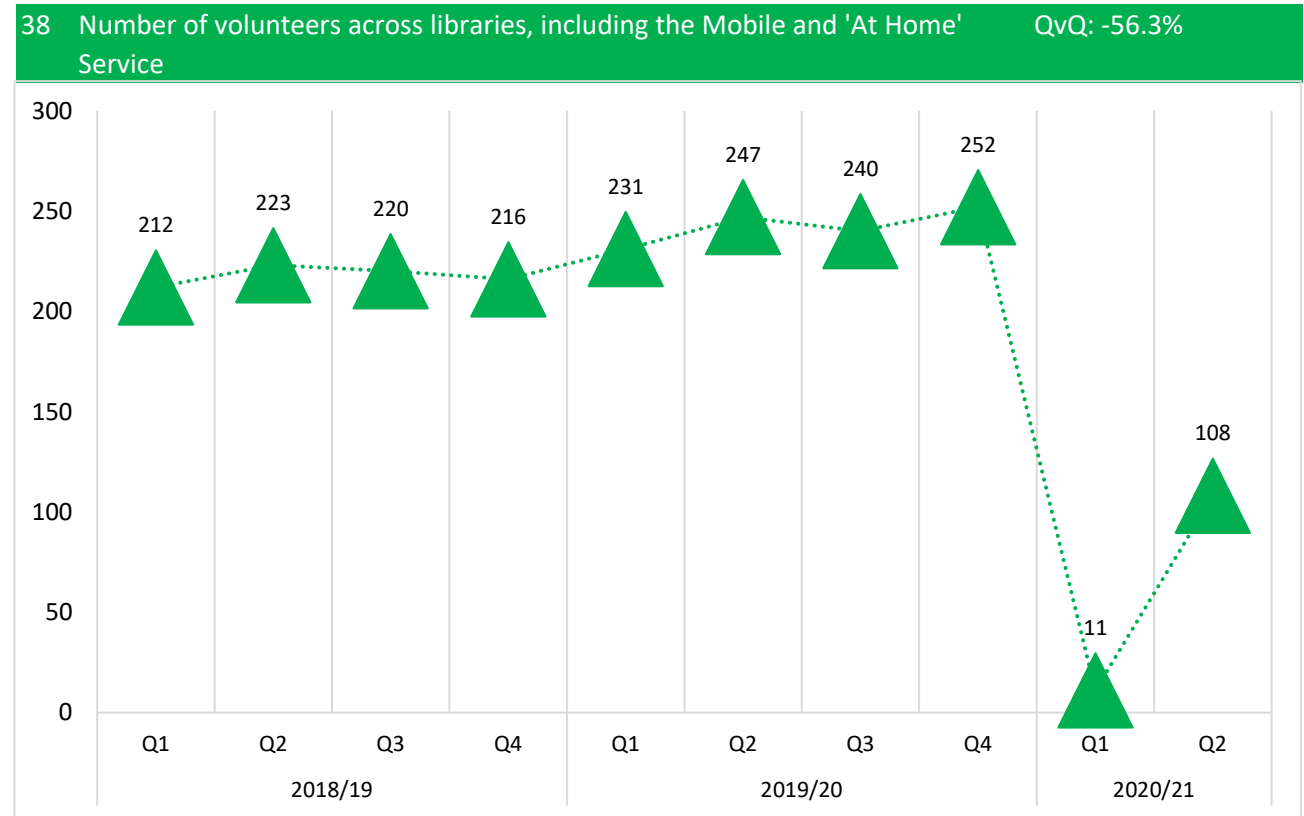
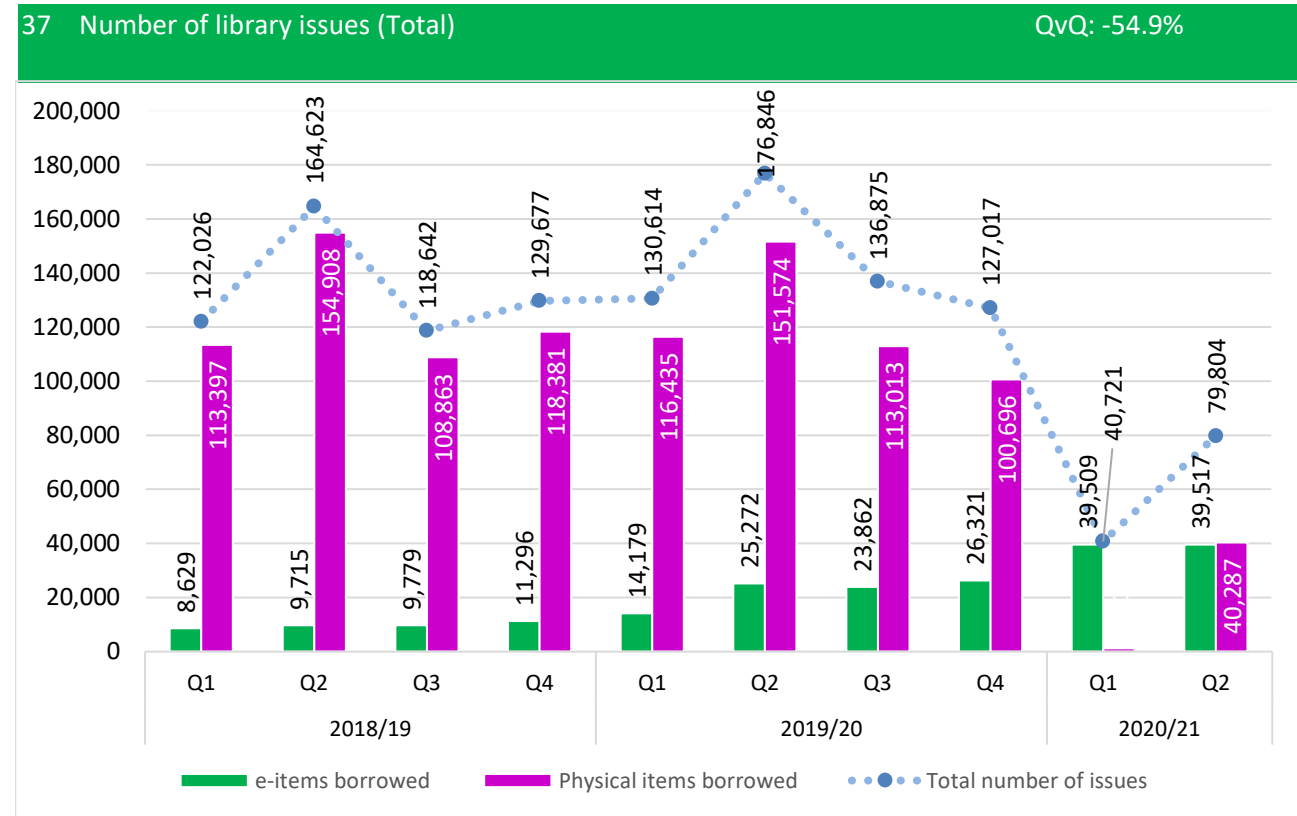
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Economy (Grey) | Social Care (blue) | Environment (Green)



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Economy (Grey) | Social Care (blue) | Environment (Green)

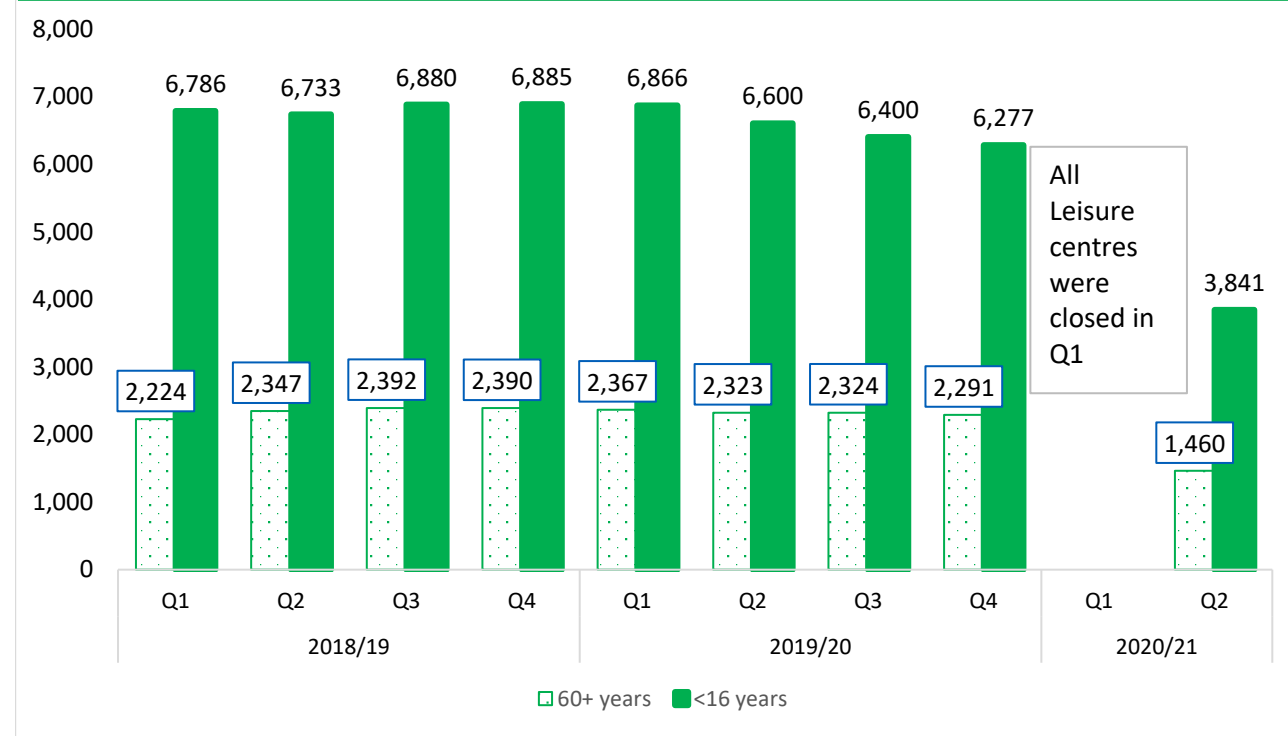


**Appendix A: Influencer Measures Dashboard 2020/21 (current qtr v same qtr last year)**

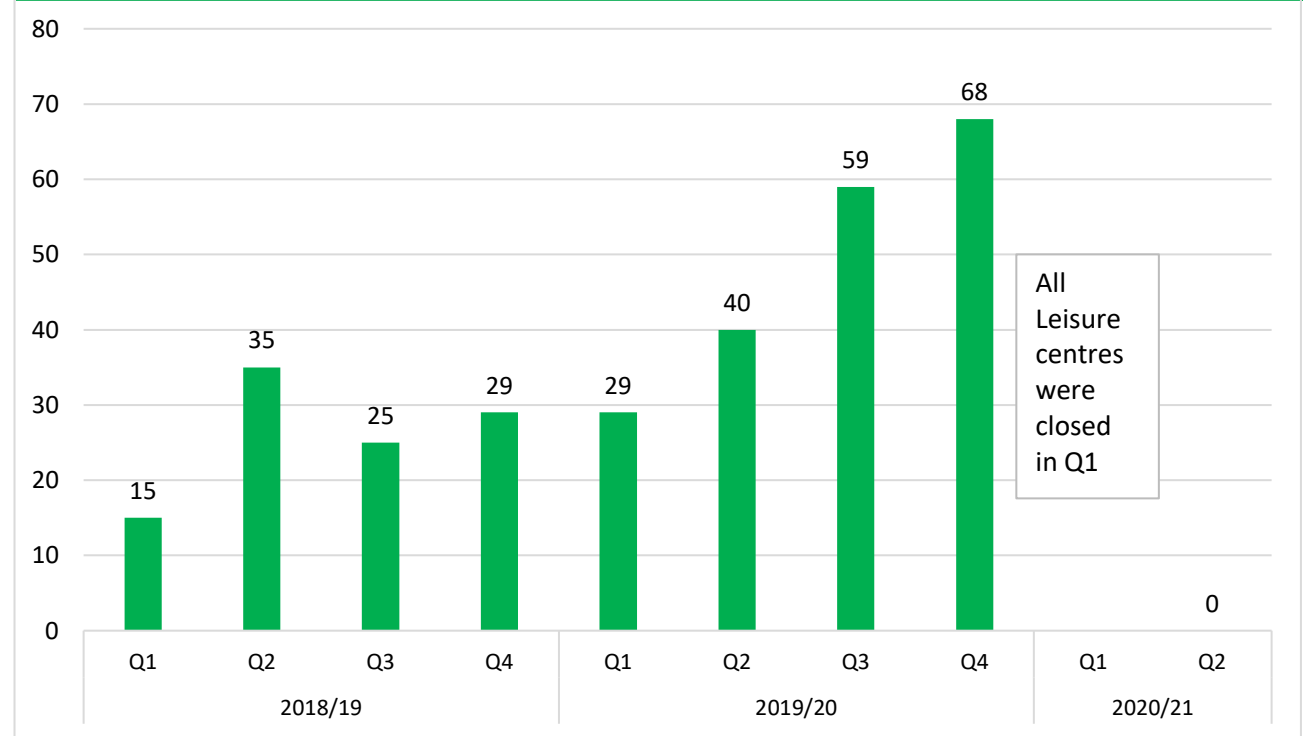
Economy (Grey) | Social Care (blue) | Environment (Green)

**41** Number of individuals aged 60 years and over who have used a sports or leisure centre in previous 12 months QvQ: -37.2%

Number of individuals aged under 16 years who have used a sports or leisure centre in previous 12 months QvQ: -41.8%

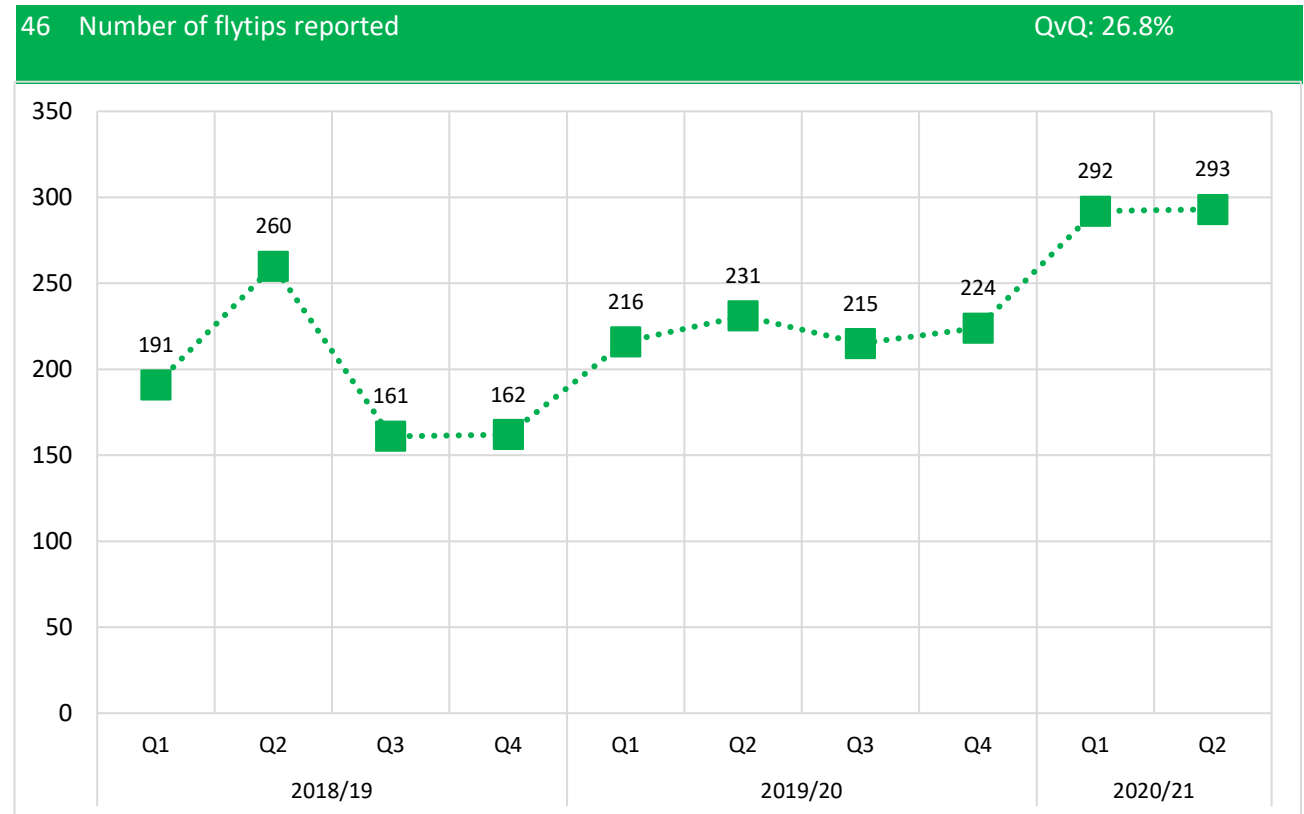
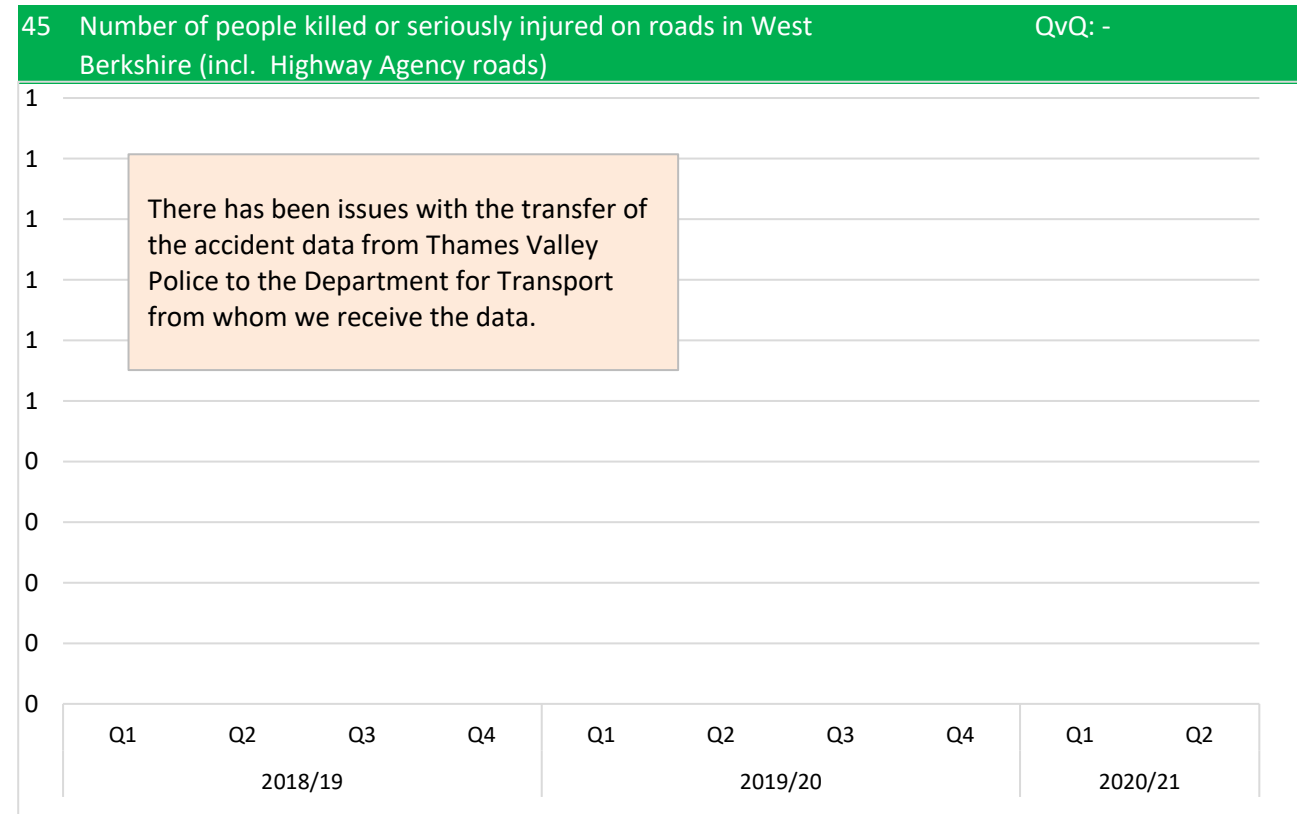
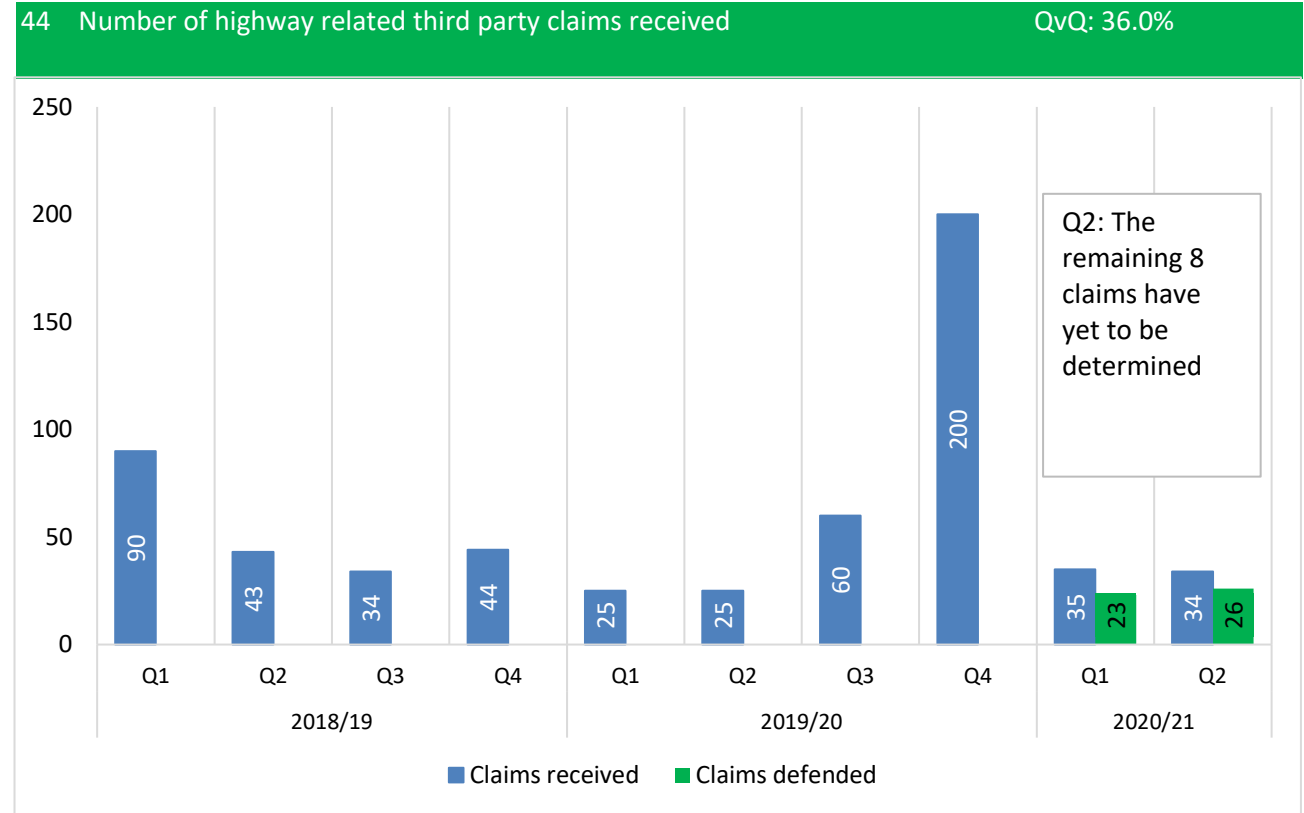
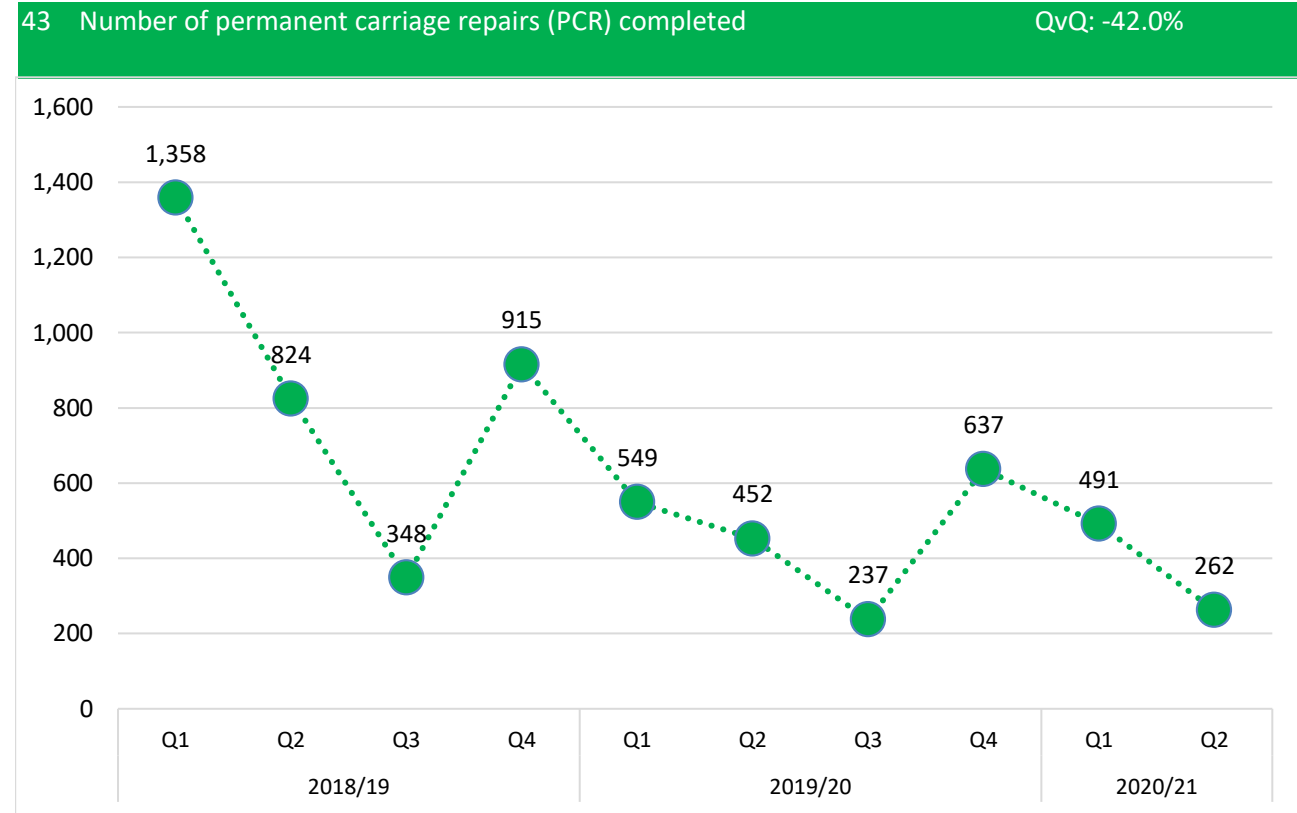


**42** Number of Children in Care (and those care leavers aged 18 to 25 who left care due to age) who access a leisure centre QvQ: -100.0%



**Appendix A: Influencer Measures Dashboard 2020/21 (current qtr v same qtr last year)**

Economy (Grey) | Social Care (blue) | Environment (Green)



Andy Sharp / Pete Campbell			Children and Family Service				Q2 2020/21	AMBER
Indicator Ref: CBacfs14			% of Children in Care where the child has been visited in the past 6 weeks (or 12 weeks if this is the agreed visiting schedule)				Type: Snapshot	
Executive	2018/19 Year End	2019/20 Year End	2020/21				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	■	■	◆	◆			≥95%	Higher is better
Qrtly outturn	-	-	-	-				
YTD outturn	94.8% (164/173)	91.8% (145/158)	42.0% (63/150)	84.6% (132/156)				
<b>REASON FOR AMBER:</b>								
<p>We are only classing a visit as ‘statutory’ if it is carried out face to face. Whilst the vast majority of visits are now being carried out ‘face to face’, there are some that are being conducted via video/telephone. This is therefore the reason that our performance is below the target set for the year. We have chosen not to exercise the ‘easements’ that have been afforded by the Coronavirus Act 2020, preferring to value ‘stat visits’ to those virtually. <b>Where we include visits in all formats we are at 98%.</b></p>								
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN, ALTERNATIVE PLANS AND EXPECTED IMPROVEMENT:</b>								
<p>Visits are increasingly being carried out face to face and, provided that this can continue, performance against this indicator will improve. The target remains achievable by year end and no remedial action is required.</p>								
<b>IMPACT ON OTHER MEASURES:</b> Not applicable								
<b>STRATEGIC ACTIONS REQUIRED:</b> None Required.								

Andy Sharp / Paul Coe			Adult Social Care				Q2 2020/21	RED
Indicator Ref: CBgasc2			% of WBC provider services inspected by Care Quality Commission (CQC) that are rated good or better by CQC in the area of "safe"				Type: Snapshot	
Executive	2018/19 Year End	2019/20 Year End	2020/21				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	■	■	■	■			100%	Higher is better
Qrtly outturn	-	-	-					
YTD outturn	5/6 83.3%	4/6 66.7%	4/6 66.7%	4/6 66.7%				
<b>REASON FOR RED:</b>								
<p>Birchwood Nursing Home was re-inspected in July 2019 and achieved an overall rating of Requires Improvement (RI); published in September 2019. There were improvements within the 5 domains and 2 achieved a rating of Good, but this did not change the overall rating. The next Inspection is expected in November 2020.</p> <p>Walnut Close was inspected in September 2019 with a published report in December 2019. The Home achieved a rating of RI overall and in all domains with the exception of Caring. One issue for Walnut, causing breaches in regulation leading to an RI rating, related to the fabric of the building and internal maintenance which was deemed to be poor.</p>								
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN, ALTERNATIVE PLANS AND EXPECTED IMPROVEMENT:</b>								
<p>An external consultant was commissioned to review environment and practice in Birchwood and work directly with the home on specific areas of activity to improve the rating for 2020. This work began towards the end of 2019 and is ongoing during 2020. Further action plans have been developed and implemented.</p> <p>Similarities in practice apply across all our homes and it is reasonable to assume all will benefit from actions drawn from this work.</p> <p>Positively; Willows Edge was recently inspected (Feb 2020) and the overall outcome achieved was good in all five areas. It is clear that some of the recent work is having a positive impact.</p> <p>Focus in Q1 has been on adapting to and supporting the Coronavirus Pandemic.</p> <p>During the Covid pandemic, the CQC has been undertaking virtual assurance checks because site visits are not considered appropriate. These checks have</p>								



taken place for all four homes during the last two months and no concerns have been raised.

In Q2 2020/21, the Council started a public consultation regarding the proposal to close Walnut Close and to move residents and staff together to our other care homes to minimise disruption caused by such a move. The proposal to close the care home is based on challenges posed by the condition and layout of the building that have been highlighted even more during the response to the pandemic and additional efforts made to ensure infection control.

**FINANCIAL IMPLICATIONS:**

Both Birchwood and Walnut Close had a high number of COVID infections. 2 impacts - closed to new admissions and high number of deaths means occupancy has decreased during Q1. However, as part of the public consultation about the closure of Walnut Close, it is highlighted that vacancies in the Council's care homes means that there is an opportunity to minimise the impact on residents and staff by ensuring they move together in the alternative homes. The consultation includes early 2021 as the suggested care home closure timeframe.

**IMPACT ON OTHER MEASURES:** None

**SERVICE PLAN UPDATES REQUIRED:** None, as this is already incorporated in the ASC Service Plan and monitored through the Council Delivery Plan.

**STRATEGIC ACTIONS REQUIRED:** None

Joseph Holmes / Andy Walker			Finance & Property				Q2 2020/21	AMBER
Indicator Ref: CBgfp13			Council Tax collected as a percentage of Council Tax due				Type: Snapshot	
Executive	2018/19 Year End	2019/20 Year End	2020/21				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	★	★	★	◆			≥ 98.8%	Higher is better
Qrtly outturn								
YTD outturn	98.55% (111,577,534 / 113,220,427)	98.5% (116,717,237 / 118,541,476)	27.9% (34,483,678 / 123,527,421)	54.71% (67,700,626 / 123,748,322)				
<b>REASON FOR AMBER:</b>								
<p>Figures for comparison Q2 2019/20 (118,547,105/67,198,506) = 56.68%</p> <p>The effects of Covid-19 have reduced the amount of Council Tax being paid. Over 2000 accounts requested payment holidays and therefore many customers did not start paying until June or July. As we are playing 'catch up' with these accounts over time collection should improve.</p> <p>The Council also decided not to issue any 'arrears' letters or to use any enforcement action between April and August.</p> <p>I don't think that we are also fully aware of people's income in terms of the furlough scheme and possible changes in income. I.e., we have seen a slight increase in benefit caseload but not to a degree that was perhaps expected.</p> <p>Throughout this period payment by Direct Debit has remained stable at around 70.4%.</p>								
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN, ALTERNATIVE PLANS AND EXPECTED IMPROVEMENT:</b>								
<p>Over the past 2 months 2500 'soft' reminder letters have been issued. Payments are being monitored to see their effect.</p> <p>Ministry of Justice has provided court dates to start in January 2021 so that legal action can re-commence.</p> <p>Arrangements are being coordinated (via Gold meeting) for restarting the 'normal' debt recovery action when appropriate.</p>								
<b>IMPACT ON OTHER MEASURES:</b> Reduction in income / cashflow								
<b>STRATEGIC ACTIONS REQUIRED:</b> Possible review, subject to decision being made about returning to 'normal' debt recovery action.								

Joseph Holmes / Andy Walker			Finance & Property				Q2 2020/21	RED
Indicator Ref: CBgfp14			Non domestic rates collected as percentage non domestic rates due				Type: Snapshot	
Executive	2018/19 Year End	2019/20 Year End	2020/21				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	■	★	■	■			≥ 98.9%	Higher is better
Qrtly outturn								
YTD outturn	98.43% (89,938,381/ 88,326,834)	98.9% (88,068,975/ 89,028,134)	27.27% (15,038,824/ 55,154,964)	50.75% (27,154,565/ 53,506,113)				
<b>REASON FOR RED:</b>								
<p>Q2 comparison 2019/2020 = 54,738,978 / 89,881.263 = 60.9%</p> <p>Covid-19 has had a massive effect on collection. Many businesses were closed between March and July and some have remained so. Direct Debits payments were not collected in April and May and were therefore rescheduled to start in June or July. Additional relief has subsequently been awarded to those eligible retail businesses but other assistance for non-retail businesses is limited</p> <p>The Council also decided not to issue any 'arrears' letters or to use any enforcement action between April and August.</p> <p><b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN, ALTERNATIVE PLANS AND EXPECTED IMPROVEMENT:</b></p> <p>Recently 888 'soft' reminder letters have been issued. Payments are being monitored daily to see their effect.</p> <p>Ministry of Justice has provided court dates to start in January 2021 so that legal action can re-commence.</p> <p>Arrangements are being coordinated (via Gold meeting) for restarting the 'normal' debt recovery action when appropriate.</p> <p>This is very much dependent upon the Covid-19 situation, should further restrictions apply elements of recovery may have to be reviewed.</p> <p>Businesses hardest hit appear to be those in the hospitality and events industry where no relief can be awarded.</p> <p><b>FINANCIAL IMPLICATIONS:</b> Reduced income and cash flow.</p> <p><b>IMPACT ON OTHER MEASURES:</b> None</p> <p><b>SERVICE PLAN UPDATES REQUIRED:</b> None</p> <p><b>STRATEGIC ACTIONS REQUIRED:</b> None</p>								

Andy Sharp / Matt Pearce		Building Communities Together Team (BCT)				Q2 2020/21	AMBER	
Indicator Ref: PC2bct2		Develop and adopt a community resilience index (based on proxy indicators) (Strategic Goal)				Type: Project		
Executive	2018/19 Year End	2019/20 Year End	2020/21				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	New measure for 2020/21		◆	◆			March 2021	n/a
Qrtly outturn			-	-				
YTD outturn			Behind schedule	Behind schedule				
<b>REASON FOR AMBER:</b>								
New measure for 2020/21.								
In quarter one until early June 2020, the officer responsible for the community resilience index work was abstracted from normal duties to work in The Community Support Hub as part of West Berkshire Council's Covid-19 response, from then on the post has been vacant.								
In quarter two the 'Engaging and Enabling our Communities' project, being led by the Head of Public Health and Wellbeing and which went to the Executive Committee on 15 October 2020, was initiated. A project manager is to be appointed. The community resilience index work will form part of this project.								
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN, ALTERNATIVE PLANS AND EXPECTED IMPROVEMENT:</b>								
Updates will be provided as the project progresses and reported on as part of the BCT Team performance monitoring.								
<b>IMPACT ON OTHER MEASURES:</b>								
Other KPIs are linked to the development of the community resilience index but these are not due to be reported on until 2021/22. Therefore there may be an impact on planned KPIs if there is a delay in the progress of the 'Engaging and Enabling our Communities' project.								
<b>STRATEGIC ACTIONS REQUIRED:</b> None.								

Andy Sharp / Matt Pearce		Building Communities Together Team (BCT)				Q2 2020/21	AMBER	
Indicator Ref: SITbct8		Develop a Community Engagement Framework with our statutory partners and community and voluntary organisations				Type: Project		
Executive	2018/19 Year End	2019/20 Year End	2020/21				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	New measure for 2020/21		◆	◆			March 2021	n/a
Qrtly outturn			-	-				
YTD outturn			Behind schedule	Behind schedule				
<b>REASON FOR AMBER:</b>								
New measure for 2020/21.								
In quarter one, and until early June the officer was abstracted from normal duties to work in The Community Support Hub as part of West Berkshire Council's Covid-19 response.								
In quarter two, the work was delayed due to the officer going on maternity leave; an officer is expected to be in post early November 2020. The work is now to be subsumed into the 'Engaging and Enabling our Communities' project, which is being led by the Head of Public Health and Wellbeing and which went to the Executive Committee on 15 October 2020. A project manager is to be appointed.								
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN, ALTERNATIVE PLANS AND EXPECTED IMPROVEMENT:</b>								
Updates will be provided as the project progresses and reported on as part of the BCT Team performance monitoring.								
<b>IMPACT ON OTHER MEASURES:</b> None.								
<b>STRATEGIC ACTIONS REQUIRED:</b> None.								

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## Technical Conventions

This report sets out the Council's progress against its Priorities for Improvement set out in the [Council Strategy](#). Performance is presented by priority and augmented with Influencer measures to further describe the operating environment and / or challenges.

Activities are monitored within the council priorities and RAG rated by projected year end performance, e.g. a prediction of whether the target or activity will be achieved by the end of the financial year (or, for projects, by the target date):

Red (R )	Indicates that we have either not achieved (or do not expect to achieve) the activity or target by year end, or the specified target date.
Amber (A)	Means we are behind schedule, but still expect to achieve or complete the measure or activity by year end, or the specified target date.
Green (G)	Means we have either achieved or exceeded (or expect to achieve or exceed) what we set out to do.
Annual	Indicates that the measure that can only be reported against at a particular point in time e.g. at quarter 4.
Baseline	Means that the measure is not targeted and the results are provided as a baseline for future monitoring.
Data not available (dna)	Indicates that the quarterly data is not yet available and will be updated at a later date, usually the following quarter.
Data not provided (dnp)	Means that data has not been provided and will be updated at a later date, usually the following quarter
(E)	Indicates a result is an estimate and will be updated during the year, as and when data becomes available.
(P)	Means a result is provisional and subject to further validation e.g. from an external body, and will be updated during the year, as and when data becomes available.

Where a measure is reported as 'amber' or 'red', an exception report is provided. This identifies the reasons for this assessment and shows what remedial action has been put in place to either bring the measure back on target or to mitigate the consequence of it not being achieved; and whether any Strategic action is required.

### Benchmarking

Where possible our progress is compared to all English single tier and county councils, where available, by quartile and rank. Due to the timescales involved in central government publication these are usually available 6-12 months in arrears.

### Influencer Measures

Non-targeted measures are reported to either illustrate the demand on a service or provide context for the demand, e.g. economic activity.

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Portfolio Member	Ref.	Title	2018/19		2019/20		2020/21			Comments	
			Target	RAG / Yearend Outturn	Target	RAG / Yearend Outturn	Target	Q1 RAG/Outturn	Q2 (YTD) RAG/Outturn		
<b>PRIORITY FOR IMPROVEMENT: Support everyone to reach their full potential</b>											
<b>► COMMITMENT: 2.3 Help people to help themselves and others</b>											
Howard Woollaston	PC2phwb50	Number of active Befrienders supporting residents in West Berkshire (Strategic Goal - Community Wellbeing Model)	-	-	-	-	-	≥40	★ 27	★ 40	For approval as a proposed KPI as a measure for the Community Wellbeing Model (Strategic Goal) - target ≥40 - reporting as a Council Strategy Delivery Plan measure
Howard Woollaston	PC2phwb51	Number of West Berkshire residents being actively supported by a Befriender (Strategic Goal - Community Wellbeing Model)	-	-	-	-	-	≥40	★ 27	★ 44	For approval as a proposed KPI as a measure for the Community Wellbeing Model (Strategic Goal) - target ≥40 - reporting to the Executive
<b>PRIORITY FOR IMPROVEMENT: Support businesses to start, develop and thrive in West Berkshire</b>											
<b>► COMMITMENT: 3.1 Improve the help and guidance for start-ups and existing small businesses to grow, including facilitation access to business incubators or similar resources and initiatives</b>											
Ross Mackinnon	OFB1dp44	Deliver the Inward Investment Brochure	-	-	-	-	-	Dec-20	- Measure added at Q2 2020/21	★ On track	Request for approval of KPI reporting to the Executive - target December 2020
Ross Mackinnon	OFB1dp45	Deliver the Newbury Town Centre Study	-	-	-	-	-	Dec-21	- Measure added at Q2 2020/21	★ On track	Request for approval of KPI reporting to the Executive - target December 2021 Consultant appointed October 2020 on track for delivery by July 2021
Ross Mackinnon	OFB1dp43	Deliver the Economic Development Strategy refresh to reflect Covid-19 impact	-	-	-	-	-	Dec-20	- Measure added at Q2 2020/21	★ On track	Request for approval of KPI reporting to the Executive - target December 2020

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## Health Scrutiny

<b>Committee considering report:</b>	Overview and Scrutiny Management Commission
<b>Date of Committee:</b>	9 February 2021
<b>Portfolio Member:</b>	Councillor Jo Stewart
<b>Date Portfolio Member agreed report:</b>	21 January 2021
<b>Report Author:</b>	Gordon Oliver
<b>Forward Plan Ref:</b>	C4008

### 1 Purpose of the Report

To consider a proposal to form a new Health Overview and Scrutiny Committee, reporting to the Overview and Scrutiny Management Commission, which would be responsible for scrutiny of Public Health and NHS services in West Berkshire.

### 2 Recommendation(s)

The Overview and Scrutiny Management Commission is asked to:

- (a) SUPPORT the proposal for a Health Overview and Scrutiny Committee, reporting to Overview and Scrutiny Management Commission, to undertake scrutiny of Public Health services, and the planning, development and operation of NHS services for the citizens of West Berkshire; and.
- (a) RECOMMEND that Council delegates scrutiny of Public Health and NHS services in West Berkshire to the Health Overview and Scrutiny Committee; and
- (b) RECOMMEND that Council approves the terms of reference for the Health Overview and Scrutiny Committee as set out in Appendix C of this report.

### 3 Implications and Impact Assessment

Implication	Commentary
<b>Financial:</b>	<p>There would be an additional cost associated with elected members and officers attending meetings, an additional Chairman's allowance, and with additional officer support. A budget pressure has been identified.</p> <p>The work of the Health Overview and Scrutiny Committee will require support in terms of overall co-ordination, setting up and</p>

	clerking of meetings, underpinning policy support and administrative arrangements.
<b>Human Resource:</b>	A 0.5 FTE Scrutiny Officer post would be required to coordinate meetings and provide policy support for the Health Overview and Scrutiny Committee and any associated task and finish groups. This has been identified as a budget pressure for 2021/22. There would also be a requirement for an officer to clerk the meetings and provide administrative support. It is envisaged that this would be delivered by the existing Democratic Services Team.
<b>Legal:</b>	<p>The statutory requirements for the scrutiny of health services are set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.</p> <p>As a unitary authority, West Berkshire Council has the power to review and scrutinise matters relating to the planning, development and operation of the health service for the benefit of its citizens, and can make recommendations to and require a response from NHS bodies.</p> <p>It also has a duty to consider and respond to any consultation by an NHS body on a proposal that constitutes a substantial development or substantial variation in the provision of health services affecting patients within West Berkshire.</p> <p>The legislation enables full Council to delegate health scrutiny functions to an overview and scrutiny committee or a sub-committee thereof.</p> <p>The proposed terms of reference would be consistent with the legal framework and the Council's Constitution.</p>
<b>Risk Management:</b>	There are no significant risks associated with this proposal.
<b>Property:</b>	There are no property implications associated with this proposal.
<b>Policy:</b>	Officers are not aware of any policies at national or local levels that relate specifically to health scrutiny. However, the proposal is in line with Government guidance on Health Scrutiny.

	Positive	Neutral	Negative	Commentary
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?	X			Scrutiny of Public Health and NHS services will help to identify and more effectively address current and future health inequalities within the district.
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?	X			The proposal will ultimately have a beneficial impact on the planning, development, operation and integration of health and care services, which will deliver benefits for all service users, including those with protected characteristics.
<b>Environmental Impact:</b>		X		The proposal will not result in any significant environmental impact.
<b>Health Impact:</b>	X			Scrutiny will help to improve the planning, development, operation and integration of health and care services, and in turn will improve health outcomes for local residents.
<b>ICT Impact:</b>		X		There are no ICT implications of delivering this new function.
<b>Digital Services Impact:</b>		X		Meetings of the Health Overview and Scrutiny Committee may be held remotely until such time as Coronavirus restrictions are relaxed and public meetings are permitted. This is in line with other council meetings.

<b>Council Strategy Priorities:</b>		X		This proposal is considered to be 'business as usual' with no particular implications for Council Strategy Priorities.
<b>Core Business:</b>		X		This proposal is considered to be 'business as usual' with no particular implications for core business.
<b>Data Impact:</b>		X		This proposal is considered to be 'business as usual' with no particular implications for data.
<b>Consultation and Engagement:</b>	<p>Councillor Lynne Doherty – Leader of the Council</p> <p>Councillor Alan Law – Chairman of West Berkshire Overview and Scrutiny Management Commission</p> <p>Nick Carter – Chief Executive</p> <p>Joseph Holmes – Executive Director (Resources)</p> <p>Sarah Clarke – Service Director Strategy and Governance / Monitoring Officer</p> <p>Moira Fraser – Democratic and Electoral Services Manager</p> <p>Catalin Bogos – Performance, Research and Consultation Manager</p>			

## 4 Executive Summary

- 4.1 Scrutiny of health services provided for the citizens of West Berkshire is currently undertaken by the Overview and Scrutiny Management Commission. Additional capacity and expertise is required in order to undertake effective scrutiny of Public Health services and NHS services and ensure that the Council fully discharges its legal duties in this area.
- 4.2 This report sets out a proposal for a new Health Overview and Scrutiny Committee, reporting to the Overview and Scrutiny Management Commission (OSMC), which would be responsible for undertaking scrutiny of the planning, development and operation of Public Health and NHS services for citizens of West Berkshire. The proposal does not affect scrutiny of the Council's Social Care functions, which would remain with OSMC.
- 4.3 It is estimated that the Health Overview and Scrutiny Committee will require an additional 0.5 FTE Scrutiny Officer role to coordinate meetings and provide policy support, including for any associated task and finish groups. This has been identified as

## Health Scrutiny

a budget pressure for the 2021/22 financial year. Administrative support would be provided from the existing Democratic Services Team.

- 4.4 Since scrutiny powers are conferred on the local authority rather than any particular committee, delegation of scrutiny powers must be done at a meeting of full Council.

## 5 Supporting Information

### Introduction

- 5.1 The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the planning, development and operation of health services and that those services are safe and effective in meeting local needs.
- 5.2 An important element of health scrutiny is responding to formal consultations on health matters. Health bodies are required to consult a local authority's Health Overview and Scrutiny Committee (or equivalently named committee in an upper-tier or unitary authority holding health scrutiny powers) about any proposals they have for a substantial development or variation in the provision of health services in their area. In assessing whether a change is 'substantial' the following must be taken into account:
- changes in the accessibility of services;
  - the impacts on the wider community and other services, including economic impact, transport and regeneration;
  - the number of patients affected;
  - the methods of service delivery.
- 5.3 Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working and in making recommendations about how it could be improved.
- 5.4 Additionally, health scrutiny has a legitimate role in: proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and health service providers; and in testing this information by drawing on different sources of intelligence.
- 5.5 Health scrutiny is part of the accountability of the whole system and needs the involvement of all parts of the system. Engagement of the Public Health service, relevant NHS bodies and health service providers with health scrutiny must be a continuous process.
- 5.6 The remainder of this report sets out a proposal for improving the health scrutiny process within West Berkshire.

### Background

- 5.7 Health scrutiny powers and duties are set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. The relevant regulations are the

## Health Scrutiny

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

- 5.8 Upper tier and unitary authorities have responsibility for scrutinising and reviewing any matter relating to the planning, provision and operation of the health service within their area.
- 5.9 Health scrutiny functions are conferred on the local authority, rather than any particular overview and scrutiny committee within the local authority. This gives local authorities flexibility and freedom over the way they discharge their health scrutiny functions.
- 5.10 The legislation enables full Council to delegate health scrutiny functions to:
- An Overview and Scrutiny Committee, or one from another local authority.
  - A Sub-Committee of an Overview and Scrutiny Committee.
  - A Joint Overview and Scrutiny Committee (JOSC) appointed by two or more local authorities, or a Sub-Committee of such a Joint Committee.
  - A Committee or Sub-Committee appointed under section 102 of the Local Government Act 1972 (except for referrals).
  - Another local authority (section 101 of Local Government Act 1972) (except for referrals).
- 5.11 Executive members may not be members of an Overview and Scrutiny Committee, Joint Overview and Scrutiny Committee, or any of their Sub-Committees. Also, local authorities may not delegate health scrutiny functions to an officer.
- 5.12 Within West Berkshire, the Overview and Scrutiny Management Commission (OSMC) has delegated responsibility for all of the Council's scrutiny functions. The Council Constitution does not mention health scrutiny specifically, but section 6.1.2 indicates that it has responsibility for the development and co-ordination of the overview and scrutiny of partnerships and external bodies. This includes scrutiny of local health services and their providers / commissioners.
- 5.13 OSMC meets four times per year with additional meetings arranged as and when necessary. It may also appoint task and finish groups to undertake detailed reviews on key topics between meetings. However, with such a wide remit, OSMC does not have the capacity to be able to undertake the full range of health scrutiny matters. Also, it is difficult for OSMC members to undertake in-depth scrutiny of health matters, since this requires specialist knowledge and expertise.
- 5.14 Given these constraints, it is unsurprising that health matters are not routinely discussed at OSMC, and that there is only limited engagement with external partners. Additional capacity and expertise needs to be created in order to undertake effective scrutiny of NHS services affecting the people of West Berkshire.

## Proposals

- 5.15 It is proposed that full Council delegates powers on the scrutiny of matters relating to the planning, development and operation of Public Health and NHS health services



## Health Scrutiny

provided for the benefit of citizens in West Berkshire to a newly created Health Overview and Scrutiny Committee (HOSC) reporting to the Overview and Scrutiny Management Commission.

- 5.16 The HOSC would consult its parent committee when setting its work programme and would report back on a quarterly basis to ensure that OSMC has effective oversight of its activities and to ensure that work streams are coordinated. The HOSC would be able to set up task and finish groups to undertake in-depth scrutiny reviews.
- 5.17 Membership of the HOSC would reflect the political balance of the Council and may include elected Members who are not OSMC members.
- 5.18 West Berkshire Council's representation on any future Joint Health Overview and Scrutiny Committees, where required to provide scrutiny of health services that are provided across local authority boundaries, would be drawn from the HOSC.
- 5.19 It is also proposed that provision be made for up to two non-voting co-optees to be appointed to the HOSC to provide particular health expertise to assist with a particular review.
- 5.20 The Committee shall meet in accordance with the timetable of meetings agreed annually by Full Council. Initially, it is proposed that the HOSC should meet four times per year. However, extraordinary meetings may be convened at any time if it is considered necessary and appropriate to do so.
- 5.21 Members would be provided with training to ensure that they are familiar with local health structures and the particular requirements of health scrutiny.
- 5.22 The HOSC Chairman would be responsible for regular liaison with representatives of the following in order to keep up to date with work streams, planned consultations and issues arising:
- Healthwatch West Berkshire;
  - Berkshire West Clinical Commissioning Group
  - Local NHS Foundation Trusts;
  - The Chairman of West Berkshire Health and Wellbeing Board;
  - The Director of Public Health for Berkshire West;
  - Executive Director (People);
  - Service Director for Communities and Wellbeing;
  - Other organisations responsible for aspects of health and wellbeing of citizens of West Berkshire.
- 5.23 It is estimated that the HOSC will require an additional 0.5 FTE Scrutiny Officer role to coordinate meetings and provide policy support. Administrative support would be provided from the existing Democratic Services Team.

## Health Scrutiny

5.24 It should be noted that the work of the HOSC may generate additional work for officers, particularly those in the Public Health Team, who have been made aware of the proposal.

5.25 A proposed Terms of Reference for the HOSC is provided in Appendix C.

## 6 Other options considered

6.1 The following options for delivering the Council's health scrutiny functions were considered and rejected:

- (a) **OSMC to retain all health scrutiny functions ('do nothing' scenario)** – This option would not be as effective in discharging the Council's statutory responsibilities with respect to scrutiny of NHS services due to issues around capacity and expertise as discussed above.
- (b) **Health Overview and Scrutiny Committee to only scrutinise matters relating to the planning, development and operation of NHS services** – This would be less effective, due to the high levels of coordination and joint working that exist between Public Health and NHS services. .
- (c) **Full Council to take back health scrutiny functions** – This would be a cumbersome and resource-intensive method of health scrutiny, and the majority of Members do not have the requisite knowledge or expertise in health matters for this to be effective.

6.2 If Council decides to delegate to a health scrutiny committee, it could retain some functions itself.

6.3 There are also options in terms of whether Health Scrutiny is undertaken by a Sub-Committee of OSMC, or a separate Committee or Panel. A sub-committee's membership must be drawn from the membership of the parent committee. This would not allow the appointment of Members from outside of OSMC who may have particular expertise in health matters. Therefore, this is not the preferred option.

6.4 Finally, there are options in terms of the number of Members appointed to the new Health Overview and Scrutiny Committee / Panel / Sub-Committee. A Sub-Committee consisting of three members would comply with the Constitution's requirements for a quorum. However, if the Health Scrutiny were to be undertaken by a Committee or Panel, then the Constitution requires at least four members. Having an odd number of Members is preferred, since this makes it less likely that the Chairman will be required to make the casting vote. Five or more members would ensure an element of resilience, helping to avoid the need to cancel meetings at short notice in the event that a Member is unable to attend or send a substitute.

## 7 Conclusion

7.1 Creation of the HOSC would be a positive step. It would ensure that the Council discharged its responsibilities with respect to scrutiny of NHS services and would allow Members to develop and apply the necessary knowledge and expertise in this specialist area, and to fully engage with health partners.

## Health Scrutiny

- 7.2 It would also help to ensure that the needs of local citizens were properly considered in the planning, development and operation of local health services, and to ensure that health, public health and social care services are better coordinated.

## 8 Appendices

- 8.1 Appendix A – Equalities Impact Assessment
- 8.2 Appendix B – Data Protection Impact Assessment
- 8.3 Appendix C – Draft Terms of Reference

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### Corporate Board's recommendation

None

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### Background Papers:

[National Health Services Act \(2006\)](#)

[Health and Social Care Act \(2012\)](#)

[The Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013](#)

[Advice to local authorities on scrutinising health services, 27 June 2014, Department of Health and Social Care](#)

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### Subject to Call-In:

Yes:  No:

- The item is due to be referred to Council for final approval
- Delays in implementation could have serious financial implications for the Council
- Delays in implementation could compromise the Council's position
- Considered or reviewed by Overview and Scrutiny Management Commission or associated Task Groups within preceding six months
- Item is Urgent Key Decision
- Report is to note only

**Wards affected:** All

**Officer details:**

Name: Gordon Oliver  
Job Title: Principal Policy Officer  
Tel No: 01635 519486  
E-mail: [Gordon.Oliver1@westberks.gov.uk](mailto:Gordon.Oliver1@westberks.gov.uk)

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**Document Control**

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Version:		Date Modified:	
Author:			
Owning Service			

**Change History**

Version	Date	Description	Change ID
1			
2			

## Appendix A

## Equality Impact Assessment (EqIA) - Stage One

<b>What is the proposed decision that you are asking Council to make:</b>	To delegate powers of scrutiny of matters relating to the planning, development and operation of Public Health and NHS services for patients in West Berkshire to the Health Overview and Scrutiny Committee reporting to the Overview and Scrutiny Management Commission.
<b>Summary of relevant legislation:</b>	The statutory requirements for the scrutiny of health services are set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
<b>Does the proposed decision conflict with any of the Council's priorities for improvement?</b> <ul style="list-style-type: none"> <li>• Ensure our vulnerable children and adults achieve better outcomes</li> <li>• Support everyone to reach their full potential</li> <li>• Support businesses to start develop and thrive in West Berkshire</li> <li>• Develop local infrastructure including housing to support and grow the local economy Maintain a green district</li> <li>• Ensure sustainable services through innovation and partnerships</li> </ul>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Name of Budget Holder:</b>	Sarah Clarke
<b>Name of Service/Directorate:</b>	Strategy & Governance / Resources
<b>Name of assessor:</b>	Gordon Oliver
<b>Date of assessment:</b>	21 December 2020
<b>Version and release date (if applicable):</b>	

Is this a .... ?		Is this policy, strategy, function or service ... ?	
Policy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	New or proposed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Strategy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Already exists and is being reviewed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Function	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is changing	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Service	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

(1) What are the main aims, objectives and intended outcomes of the proposed decision and who is likely to benefit from it?	
<b>Aims:</b>	To ensure that the Council delivers its statutory responsibilities with respect to scrutiny of local health services.
<b>Objectives:</b>	To set up a Health Overview and Scrutiny Committee, reporting to the Overview and Scrutiny Management Commission which would be responsible for scrutiny of the planning, development and operation of Public Health and NHS services for patients in West Berkshire.
<b>Outcomes:</b>	Improvement of the planning, development and operation of local health services, ensuring they are tailored to the particular needs of the local population.
<b>Benefits:</b>	More efficient, effective and coordinated health services that improve the physical and mental health and wellbeing of citizens and reduce health inequalities.

(2) Which groups might be affected and how? Is it positively or negatively and what sources of information have been used to determine this?		
Group Affected	What might be the effect?	Information to support this
Age	Positive	The Committee may undertake scrutiny of specialist health services provided to children and young people, or to older people
Disability	Positive	The Committee may undertake scrutiny of specialist health services provided to people with physical, sensory or learning difficulties.

## Health Scrutiny

Gender Reassignment	Positive	The Committee may undertake scrutiny of specialist health services provided to people undergoing gender reassignment
Marriage and Civil Partnership	No impact	There are no specific health implications for this group
Pregnancy and Maternity	Positive	The Committee may undertake scrutiny of fertility, ante-natal, maternity services, and post-natal care
Race	Positive	The Committee may undertake scrutiny of how effectively the health system is addressing inequalities affecting people from particular ethnic minorities
Religion or Belief	No impact	There are no specific health implications for this group
Sex	Positive	The Committee may undertake scrutiny of specialist health services provided for men or women, and how effectively the health system is addressing inequalities between men and women
Sexual Orientation	No impact	There are no specific health implications for this group
<b>Further Comments:</b>		

<b>(3) Result</b>	
<b>Are there any aspects of the proposed decision, including how it is delivered or accessed, that could contribute to inequality?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Health Overview & Scrutiny Committee will seek to reduce health inequalities.	
<b>Will the proposed decision have an adverse impact upon the lives of people, including employees and service users?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Health Overview & Scrutiny Committee will seek to improve the experience for health service users.	

<b>(4) Identify next steps as appropriate:</b>	
<b>EqlA Stage 2 required</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Owner of EqlA Stage Two:</b>	
<b>Timescale for EqlA Stage Two:</b>	

**Name:** Gordon Oliver

**Date:** 21 December 2020

**Please now forward this completed form to Pamela Voss, Equality and Diversity Officer (pamela.voss@westberks.gov.uk), for publication on the WBC website.**



## Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via [dp@westberks.gov.uk](mailto:dp@westberks.gov.uk)

Directorate:	Resources
Service:	Strategy and Governance
Team:	Performance, Research and Consultation
Lead Officer:	Gordon Oliver
Title of Project/System:	Health Overview and Scrutiny Committee
Date of Assessment:	14 December 2020

### Do you need to do a Data Protection Impact Assessment (DPIA)?

	Yes	No
<p><b>Will you be processing SENSITIVE or “special category” personal data?</b></p> <p><i>Note – sensitive personal data is described as “data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation”</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Will you be processing data on a large scale?</b></p> <p><i>Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Will your project or system have a “social media” dimension?</b></p> <p><i>Note – will it have an interactive element which allows users to communicate directly with one another?</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Will any decisions be automated?</b></p> <p><i>Note – does your system or process involve circumstances where an individual’s input is “scored” or assessed without intervention/review/checking by a human being? Will there be any “profiling” of data subjects?</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Health Scrutiny

	Yes	No
Will your project/system involve CCTV or monitoring of an area accessible to the public?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you be using the data you collect to match or cross-reference against another existing set of data?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you be using any novel, or technologically advanced systems or processes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<small>Note – this could include biometrics, “internet of things” connectivity or anything that is currently not widely utilised</small>		

If you answer “Yes” to any of the above, you will probably need to complete [Data Protection Impact Assessment - Stage Two](#). If you are unsure, please consult with the Information Management Officer before proceeding.

## Draft Terms of Reference

### Overview

The role of this Committee is to undertake scrutiny of the planning, development and operation of Public Health and NHS services for citizens of West Berkshire, in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Scrutiny of Social Care services within West Berkshire shall remain with the Overview and Scrutiny Management Commission, and the Health Overview and Scrutiny Committee will report to the Overview and Scrutiny Management Commission.

### Functions of the Committee

1. To review and scrutinise any matter relating to the planning, provision and operation of Public Health and NHS services for citizens of West Berkshire, and in doing so to ensure that services are safe and effective in improving health and wellbeing of local citizens and reducing health inequalities.
2. To proactively seek information about the quality of local Public Health and NHS services, and about the performance of the commissioners and providers of these services, and also to test information provided by commissioners and providers by drawing on different sources of intelligence.
3. To consider and respond to consultations by relevant NHS bodies or health service providers, on proposals that both parties agree constitute a substantial development or substantial variation in the provision of health services for citizens of West Berkshire, using the powers set out in the relevant legislation and referring to any guidance issued by the Secretary of State for Health.
4. To develop and maintain a joint protocol about how the Health Overview and Scrutiny Committee and responsible NHS bodies and health service providers will reach a view as to whether or not a proposal constitutes a “substantial development” or “substantial variation”.
5. To require the relevant NHS body or health service provider to provide information about the proposal under consideration and its impacts on patients in West Berkshire, and where appropriate to require the attendance of a representative of NHS body or health service provider before the Committee to answer such questions as appear to it to be necessary for the discharge of its function in connection with the consultation.
6. Where there is a disagreement between the Committee and the relevant NHS body or health service provider, which cannot be resolved after reasonable practicable steps and the Committee believes that:

## Health Scrutiny

- (a) the proposed substantial variation or development would not be in the interests of the citizens of West Berkshire; or
- (b) the arrangements put in place by the relevant NHS body or health service provider for consultation have not been adequate in relation to content or time allowed; or
- (c) the reasons given for not consulting by the relevant NHS body or health service provider are not adequate;

the Committee may determine whether to refer the matter to the Secretary of State for Health, in accordance with the relevant legislation and any government guidance, and taking account of any protocol agreed between the Committee and the NHS body or health service provider.

- 7. To liaise with Healthwatch West Berkshire (or its contractors) in relation to the health care element of their work programme, and to consider and respond to referrals from Healthwatch West Berkshire in relation to the planning, provision and operation of health services in the area.
- 8. To set up task and finish groups to undertake in-depth scrutiny reviews in relation to the above services on behalf of the Committee.
- 9. To consider and approve reports, including recommendations, prepared following in-depth reviews undertaken by task and finish groups, for submission to the relevant NHS organisation or other decision maker. Such reports and recommendations to include:
  - (a) an explanation of the matter reviewed or scrutinised;
  - (b) a summary of the evidence considered;
  - (c) a list of participants involved in the review or scrutiny; and
  - (d) an explanation of any recommendations on the matter reviewed or scrutinised.
- 10. To report on a quarterly basis to the Overview and Scrutiny Management Commission on progress against the work programme and any recommendations it makes.
- 11. In undertaking the above, the Health Overview and Scrutiny Committee should seek opportunities to engage with and represent local people, and engage them in the health scrutiny process.

## Frequency Meetings

Meetings of the Health Overview and Scrutiny Committee are to be held in public as a matter of course, unless discussing items that are considered to be sensitive, in which case these may be considered as Part II items.

The Committee shall meet in accordance with the timetable of meetings agreed annually by Full Council.

## **Health Scrutiny**

Extraordinary meetings may be convened with the agreement of the Chairman to deal with specific, urgent matters.

Informal meetings, such as site visits, and meetings of task and finish groups may be organised as required.

## **Membership**

There will be X<sup>1</sup> Members of the Health Overview and Scrutiny Committee, which will reflect the political balance of the council, taking account of the basket principle to ensure proportionality across all appointments, not just individual committees. These cannot be Members of the Executive.

Up to two non-voting co-optees can be appointed to the Health Overview and Scrutiny Committee to provide particular health expertise to assist with a particular review.

## **Quorum**

The quorum for the Health Overview & Scrutiny Committee shall be X<sup>2</sup> voting members.

## **Joint Health Scrutiny Committees**

Where a joint health scrutiny committee is set up to undertake scrutiny of health issues across local authority boundaries, West Berkshire Council's membership of that joint committee will be drawn from the Members of the Health Overview and Scrutiny Committee.

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<sup>1</sup> The number of members is to be determined by Council.

<sup>2</sup> The quorum size will be four Members for a Committee or Panel and three Members for a Sub-Committee.

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# Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

<b>Committee considering report:</b>	Overview and Scrutiny Management Commission
<b>Date of Committee:</b>	9 February 2021
<b>Portfolio Member:</b>	Councillor Jo Stewart
<b>Date Portfolio Member agreed report:</b>	21 January 2021
<b>Report Author:</b>	Gordon Oliver
<b>Forward Plan Ref:</b>	C3933

## 1 Purpose of the Report

To consider the proposal to form a new, mandatory, joint committee with health scrutiny powers to consider matters affecting patient flows across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System geography.

## 2 Recommendation(s)

West Berkshire Overview and Scrutiny Management Commission is asked to:

- (a) SUPPORT the proposal for a joint health overview and scrutiny committee to consider health issues at the NHS Integrated Care System level across Buckinghamshire, Oxfordshire and Berkshire;
- (b) RECOMMEND that Full Council delegates scrutiny of health issues at the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System level to the joint health overview and scrutiny committee; and
- (c) RECOMMEND that Full Council approves the terms of reference for the joint health overview and scrutiny committee as set out in Appendix C of this report.

## 3 Implications and Impact Assessment

Implication	Commentary
<b>Financial:</b>	There would be a small additional cost associated with elected members and officers attending meetings and from officers providing administrative support. These would be met from

**Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System**

	<p>existing budgets. It is not possible to quantify this additional expenditure, since meetings will only be convened as they are needed, but the frequency of meetings is anticipated to be low (at least two meetings per year).</p> <p>The work of the Joint Health Overview and Scrutiny Committee will require support in terms of overall co-ordination, setting up and clerking of meetings, underpinning policy support and administrative arrangements. It is suggested that the hosting of the committee meetings be undertaken by one local authority on a permanent basis. The associated administrative support and costs would be paid by the hosting authority and re-charged to the other authorities involved, depending upon their proportionate membership on the Buckinghamshire, Oxfordshire and Berkshire West Health Overview and Scrutiny Committee.</p>
<p><b>Human Resource:</b></p>	<p>There are no significant implications, since the number of additional meetings is expected to be low (at least two meetings per year), with administrative support requirements shared amongst the constituent local authorities. It is envisaged that administrative support for the additional meetings would be provided by the Democratic Services Team.</p>
<p><b>Legal:</b></p>	<p>The statutory requirements for the scrutiny of health services are set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”).</p> <p>It is proposed that the Joint Health Overview and Scrutiny Committee would operate formally as a mandatory joint committee, i.e. where the councils have been required under Regulation 30 (5) to appoint a joint committee for the purposes of the specified consultation on a substantial development or variation in services.</p> <p>Only proposals that would impact the entire patient flow across the Buckinghamshire, Oxfordshire and Berkshire West area would be considered by the Joint Committee. Scrutiny of local health matters would remain with the relevant Scrutiny Committee (or Sub-Committee) of each local authority.</p>
<p><b>Risk Management:</b></p>	<p>There are no significant risks associated with this proposal.</p>



Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

<b>Property:</b>	There are no property implications associated with this proposal.			
<b>Policy:</b>	Officers are not aware of any policies at national or local levels that relate specifically to health scrutiny. However, the proposal is in line with Government guidance on Local Authority Health Scrutiny, which suggests that there are likely to be occasions where a discretionary joint committee is the best way of considering how the needs of a local population that happens to cross council boundaries are being met.			
	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Commentary</b>
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?	X			Scrutiny of healthcare services at the ICS level will help to identify and more effectively address current and future health inequalities.
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?	X			The proposal will ultimately have a beneficial impact on the planning, development, operation and integration of health and care services across Buckinghamshire, Oxfordshire and Berkshire West, which will deliver benefits for all service users, including those with protected characteristics.
<b>Environmental Impact:</b>		X		The proposal will not result in any significant environmental impact.
<b>Health Impact:</b>	X			Health scrutiny will help to improve the planning, development, operation and integration of health and care services, and in turn will improve health outcomes for local residents.

<b>ICT Impact:</b>		X		There are no ICT implications of delivering this new function.
<b>Digital Services Impact:</b>		X		Meetings of the Joint Health Overview and Scrutiny Committee may be held remotely until such time as Coronavirus restrictions are relaxed and public meetings are permitted. This is in line with other council meetings.
<b>Council Strategy Priorities:</b>		X		This proposal is considered to be 'business as usual' with no particular implications for Council Strategy Priorities.
<b>Core Business:</b>		X		This proposal is considered to be 'business as usual' with no particular implications for core business.
<b>Data Impact:</b>		X		This proposal is considered to be 'business as usual' with no particular implications for data.
<b>Consultation and Engagement:</b>	<p>Councillor Lynne Doherty – Leader of the Council</p> <p>Councillor Alan Law – Chairman of West Berkshire Overview and Scrutiny Management Commission</p> <p>Councillor Jo Stewart – Portfolio Holder: Internal Governance</p> <p>Nick Carter – Chief Executive</p> <p>Joseph Holmes – Executive Director (Resources)</p> <p>Sarah Clarke – Service Director Strategy and Governance / Monitoring Officer</p> <p>Moira Fraser – Democratic and Electoral Services Manager</p> <p>Catalin Bogos – Performance, Research and Consultation Manager</p>			

## 4 Executive Summary

4.1 Health bodies have a legislative duty to consult a local authority's Health Overview and Scrutiny Committee (or equivalent committee in an upper-tier or unitary holding health

scrutiny powers) about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the affected local authorities must appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.

- 4.2 In response to the development of an Integrated Care System (ICS) across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) footprint, a joint health overview and scrutiny committee is needed to consider proposed changes affecting the patient-flow geography at the BOB level. This includes the authorities of Buckinghamshire Council, Oxfordshire County Council, West Berkshire Council, Reading Borough Council and Wokingham Borough Council.
- 4.3 This report sets out proposals for the new JHOSC, which will require each of the affected local authorities to delegate health scrutiny powers on services provided at the ICS level to the JHOSC and to agree the Terms of Reference. Legally, the executive cannot make decisions in relation to scrutiny matters, so the decision must be made by full Council.

## 5 Supporting Information

### Introduction

- 5.2 Health and care services are provided at different levels and a three-tiered model is used to describe this:
  - (a) **System:** ICSs typically cover a population of 1–3 million people. Key functions include setting and leading overall strategy, managing collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation. West Berkshire is part of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS, which covers a population of 1.8 million, and has three Integrated Care Partnerships, three Clinical Commissioning Groups (CCGs), six NHS Trusts, and 175 GP surgeries.
  - (b) **Place:** a town or district within an ICS, usually consistent with a local authority borough / district, typically covering a population of 250–500,000. This is where the majority of changes to clinical services will be designed and delivered, and where population health management will be used to target interventions to particular groups. The Berkshire West Place comprises Reading Borough, West Berkshire District and Wokingham Borough, covering a population of around 500,000, under the umbrella of the Berkshire West Integrated Care Partnership. Although each of the three local authorities has their own Health and Wellbeing Board and Overview and Scrutiny function, they are working closely to develop a Joint Health and Wellbeing Strategy.
  - (c) **Neighbourhood:** a small area, typically covering a population of 30–50,000 where groups of GPs and community-based services work together to deliver co-ordinated, proactive care and support, particularly for groups and individuals with the most complex needs. Primary care networks (PCNs) and multidisciplinary

community teams form at this level. Fourteen PCNs have been established in Berkshire West, of which four are in West Berkshire.

- 5.3 In addition, a fourth **Locality** tier operates below the Place tier within Berkshire West. These Localities coincide with the individual local authorities of Reading Borough Council, West Berkshire Council and Wokingham Borough Council and reflect the geography of their Health and Wellbeing Boards and Public Health, Adult Services and Children's Services functions. Joint working with Health Services also takes place at this level, e.g. through Locality Integration Boards.
- 5.4 Health scrutiny primarily takes place at the Place / Locality level. Within West Berkshire, health scrutiny is undertaken by the Overview and Scrutiny Management Commission, (OSMC), although there is a proposal to delegate powers to a new Health Overview and Scrutiny Committee, which is the subject of a separate paper. Currently, no scrutiny takes place at the System level.
- 5.5 Local authority health scrutiny committees have powers to:
- Review and scrutinise matters relating to the planning, provision and operation of the health service in the area, including the finances of local health services.
  - Require local NHS bodies to provide information about the planning, provision and operation of health services in the area.
  - Require employees of local NHS bodies to attend committee meetings to answer questions.
  - Make reports and recommendations to local NHS bodies and expect a response within 28 days.
  - Refer proposals for substantial changes to NHS services to the Secretary of State for decision if: the committee believes the consultation has been inadequate; there were inadequate reasons for not consulting; or if the proposals would not be in the interests of the local health service.
- 5.6 Health bodies have a legislative duty to consult a local authority's Health Overview and Scrutiny Committee (or equivalent committee in an upper-tier or unitary authority holding health scrutiny powers) about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the affected local authorities must appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
- 5.7 Since the creation of the BOB Sustainability Transformation Plan in 2015, the health scrutiny Chairmen from across the footprint have met, informally and on an ad hoc basis, with key health partners. The last meeting took place in Buckinghamshire on 15 November 2019. It was at this meeting, where the proposal to set-up a joint health scrutiny committee was first requested by the ICS.
- 5.8 The proposal is for ICS activities to be scrutinised by a newly created Buckinghamshire Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee. All

other health scrutiny would remain with individual local authorities through their existing health scrutiny arrangements. The ICS leaders have identified that they anticipate 80% of activity to remain with local Health Overview and Scrutiny Committees, with 20% at the BOB Joint Health Overview and Scrutiny Committee level.

## **Background**

5.9 Discussions have taken place with officers across the BOB footprint to consider the governance issues associated with setting-up a new joint health scrutiny committee. In These discussions were informed by advice from the Centre for Governance and Scrutiny (CfGS) who endorsed the need for a joint health scrutiny committee and saw it as a key component of the work of the ICS, they indicated that:

- Setting up a joint health scrutiny committee for the ICS should be seen as a necessity;
- Elected Members from across the ICS need to have oversight of what is being planned at system level (at an early stage) and health bodies would gain a greater awareness of the political impact of their proposed decisions;
- The BOB ICS is a vanguard and at the forefront of ICS development and therefore this joint committee should be viewed as a positive;
- There is no existing function for scrutinising and holding to account the ICS so a joint committee should be viewed as an opportunity to strengthen and add value to the existing local scrutiny arrangements.

## **Proposal**

5.10 Members are asked to support the proposed arrangements for the Joint Health Overview and Scrutiny Committee as set out in this report, and in doing so approve the delegation of health scrutiny powers of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System to the BOB Joint Health Overview and Scrutiny Committee.

5.11 A draft Terms of Reference document has been developed and is attached to this paper in Appendix C.

5.12 The following paragraphs set out the key principles on which the proposal for the Joint Committee has been developed.

### *Defining the work of the Joint Committee*

5.13 The definitions of System, Place, Locality and Neighbourhood as set out above have been incorporated into the draft Terms of Reference. A protocol toolkit will also be developed to ensure work is considered at the most appropriate level of scrutiny. This process will require early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions.

## **Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System**

5.14 The toolkit will be developed ahead of the first meeting of the BOB JHOSC and individual scrutiny committees will be asked to agree the toolkit. The toolkit will help to ensure that local health scrutiny arrangements retain their integrity and primacy.

### *Membership of the Committee*

5.15 It is proposed that appointments to the Joint Committee would have regard to the relative proportion of the BOB patient flow for each of the constituent local authorities. This is in line with the legislative framework of health scrutiny.

5.16 The proposal is for a Committee of 19 Members (7 Members for Oxfordshire, 6 Members for Buckinghamshire and 6 Members for Berkshire West – 2 from each of the three unitary authorities). In the absence of patient flow figures, this calculation has been based on population figures.

5.17 It is also proposed that up to two co-opted (non-voting) members be given a seat on the committee, one of which will be from Healthwatch.

### *Referral powers to the Secretary of State*

5.18 Buckinghamshire is keen that the power of referral on System related activities remains with the BOB joint health scrutiny committee. The Centre for Governance and Scrutiny agrees with this approach.

5.19 Oxfordshire's JHOSC requested at its meeting in June 2020 that the power of referral be retained by Oxfordshire. The advice received from the CfGS is that disaggregating the power of referral for the BOB HOSC committee could result in five separate referrals on the same issue. It would also fracture the unified voice of five authorities created by a BOB JHOSC. To ensure that Oxfordshire (or any other local authority / health scrutiny committee) can independently refer a matter to the Secretary of State if the BOB committee chooses not to, Oxfordshire has asked for the draft Terms of Reference to contain a "Notwithstanding clause". This allows member authorities the right to refer an issue to the Department of Health if the BOB joint scrutiny committee chose not to.

### *Election of Chairman and Host Authority*

5.20 It is proposed that the Chairman would be elected by the joint Committee for a two year term. It is proposed that hosting of the committee meetings would be undertaken by one local authority on a permanent basis. The associated administrative support and costs would be paid by the hosting authority and re-charged to the other authorities involved, depending upon their proportionate membership on the Buckinghamshire, Oxfordshire and Berkshire West Health Overview and Scrutiny Committee.

### *Frequency of meetings*

5.21 The new Joint Health Overview and Scrutiny Committee would only be convened as necessary. The draft Terms of Reference state that the joint committee will be a standing committee and dates would be organised and put in the Committee Members diaries. If there was no business to be discussed, then the meeting would be cancelled. This approach is advised on logistical grounds of trying to coordinate the Members (and officers) across five different local authorities.

### *Draft Terms of Reference*

5.22 It was agreed that Buckinghamshire Council would draft the Terms of Reference for the Joint Committee which would then be discussed by each authority. The latest version of the draft Terms of Reference has been circulated to each authority for further discussion with Members and Officers. This is contained within Appendix C of this report.

## **6 Other options considered**

6.1 Within the current legislation and health system structure, there are no viable alternatives to establishing a Joint Health Overview and Scrutiny Committee for the Buckinghamshire, Oxfordshire and Berkshire West area to address matters affecting the patient flows across the entire Integrated Care System.

6.2 Options have been considered around the composition of the JHOSC, for example, a smaller committee with three members from Buckinghamshire, four from Oxfordshire, and one member from each of the three Berkshire West authorities. However, it was felt that numbers should be increased such that there were at least two members from each local authority.

## **7 Conclusion**

7.1 The creation of a Joint Health Overview and Scrutiny Committee would be a positive step. It would ensure that West Berkshire Council and the other local authorities across Buckinghamshire, Oxfordshire and Berkshire West were able discharge their legal responsibilities when consulted by the Integrated Care System on substantial developments or variations in services. It would also help to ensure that the needs of local citizens are properly considered in the planning, development and operation of local health services at the ICS level.

7.2 The establishment of the BOB HOSC requires all relevant local authorities (as outlined in this paper) to agree the draft Terms of Reference, as such, they are subject to agreement by those authorities through their respective Councils

## **8 Appendices**

8.1 Appendix A – Equalities Impact Assessment

8.2 Appendix B – Data Protection Impact Assessment

8.3 Appendix C – Draft Terms of Reference

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### **Corporate Board's recommendation**

1. That hosting duties remain with one local authority with the other local authorities contributing to costs in proportion with their representation on the Joint Committee.
  2. That the quorum conditions require representation from each NHS 'Place' rather than each local authority to minimise the chance of a meeting being inquorate.
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### Background Papers:

[National Health Services Act \(2006\)](#)

[Health and Social Care Act \(2012\)](#)

[The Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013](#)

[Advice to local authorities on scrutinising health services, 27 June 2014, Department of Health and Social Care](#)

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### Subject to Call-In:

Yes:  No:

- The item is due to be referred to Council for final approval
- Delays in implementation could have serious financial implications for the Council
- Delays in implementation could compromise the Council's position
- Considered or reviewed by Overview and Scrutiny Management Committee or associated Task Groups within preceding six months
- Item is Urgent Key Decision
- Report is to note only

**Wards affected:** All wards

### Officer details:

Name: Gordon Oliver  
Job Title: Principal Policy Officer  
Tel No: 01635 519486  
E-mail: [Gordon.Oliver1@westberks.gov.uk](mailto:Gordon.Oliver1@westberks.gov.uk)

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### Document Control

Document Ref:		Date Created:	
Version:		Date Modified:	
Author:			
Owning Service			

### Change History

Version	Date	Description	Change ID
1			



## Appendix A

### Equality Impact Assessment (EqIA) - Stage One

<p><b>What is the proposed decision that you are asking Council to make:</b></p>	<p>To delegate powers of scrutiny of matters relating to the planning, development and operation of health services affecting patient flows across the entire Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System area to a Joint Health Overview and Scrutiny Committee</p>
<p><b>Summary of relevant legislation:</b></p>	<p>The statutory requirements for the scrutiny of health services are set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”).</p>
<p><b>Does the proposed decision conflict with any of the Council’s priorities for improvement?</b></p> <ul style="list-style-type: none"> <li>• Ensure our vulnerable children and adults achieve better outcomes</li> <li>• Support everyone to reach their full potential</li> <li>• Support businesses to start develop and thrive in West Berkshire</li> <li>• Develop local infrastructure including housing to support and grow the local economy Maintain a green district</li> <li>• Ensure sustainable services through innovation and partnerships</li> </ul>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Name of Budget Holder:</b></p>	<p>Sarah Clarke</p>
<p><b>Name of Service/Directorate:</b></p>	<p>Strategy &amp; Governance / Resources</p>
<p><b>Name of assessor:</b></p>	<p>Gordon Oliver</p>
<p><b>Date of assessment:</b></p>	<p>02 December 2020</p>
<p><b>Version and release date (if applicable):</b></p>	<p></p>

Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Is this a .... ?		Is this policy, strategy, function or service ... ?	
Policy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	New or proposed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Strategy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Already exists and is being reviewed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Function	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is changing	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Service	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

(1) What are the main aims, objectives and intended outcomes of the proposed decision and who is likely to benefit from it?	
<b>Aims:</b>	To ensure that the Council delivers its statutory responsibilities with respect to scrutiny of health services provided across local authority boundaries.
<b>Objectives:</b>	To set up a Joint Health Overview and Scrutiny Committee for Buckinghamshire, Oxfordshire and Berkshire West, which would be responsible for scrutiny of health services provided by the Integrated Care System.
<b>Outcomes:</b>	Improvement of the planning, development and operation of health services, ensuring they are tailored to the particular needs of the local population.
<b>Benefits:</b>	More efficient, effective and coordinated health services that improve the physical and mental health and wellbeing of citizens and reduce health inequalities.

(2) Which groups might be affected and how? Is it positively or negatively and what sources of information have been used to determine this?		
Group Affected	What might be the effect?	Information to support this
Age	Positive	The Joint Committee may undertake scrutiny of specialist health services provided to children and young people, or to older people
Disability	Positive	The Joint Committee may undertake scrutiny of specialist health services provided to people with physical, sensory or learning difficulties.

**Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System**

Gender Reassignment	Positive	The Joint Committee may undertake scrutiny of specialist health services provided to people undergoing gender reassignment
Marriage and Civil Partnership	No impact	There are no specific health implications for this group
Pregnancy and Maternity	Positive	The Joint Committee may undertake scrutiny of specialist fertility and maternity services.
Race	Positive	The Committee may undertake scrutiny of how effectively the health system is addressing inequalities affecting people from particular ethnic minorities
Religion or Belief	No impact	There are no specific health implications for this group
Sex	Positive	The Committee may undertake scrutiny of specialist health services provided for men or women, and how effectively the health system is addressing inequalities between men and women
Sexual Orientation	No impact	There are no specific health implications for this group
<b>Further Comments:</b>		

<b>(3) Result</b>	
<b>Are there any aspects of the proposed decision, including how it is delivered or accessed, that could contribute to inequality?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Joint Health Overview & Scrutiny Committee will seek to reduce health inequalities.	
<b>Will the proposed decision have an adverse impact upon the lives of people, including employees and service users?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Joint Health Overview & Scrutiny Committee will seek to improve the experience for health service users.	

<b>(4) Identify next steps as appropriate:</b>	
<b>EqIA Stage 2 required</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Owner of EqIA Stage Two:</b>	
<b>Timescale for EqIA Stage Two:</b>	

**Name: Gordon Oliver**

**Date: 02 December 2020**

**Please now forward this completed form to Pamela Voss, Equality and Diversity Officer (pamela.voss@westberks.gov.uk), for publication on the WBC website.**

## Appendix B

### Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via [dp@westberks.gov.uk](mailto:dp@westberks.gov.uk)

Directorate:	Resources
Service:	Strategy and Governance
Team:	Performance, Research and Consultation
Lead Officer:	Gordon Oliver
Title of Project/System:	Joint Health Overview and Scrutiny Committee
Date of Assessment:	02 December 2020

#### Do you need to do a Data Protection Impact Assessment (DPIA)?

	Yes	No
<p><b>Will you be processing SENSITIVE or “special category” personal data?</b></p> <p><i>Note – sensitive personal data is described as “data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation”</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Will you be processing data on a large scale?</b></p> <p><i>Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Will your project or system have a “social media” dimension?</b></p> <p><i>Note – will it have an interactive element which allows users to communicate directly with one another?</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Will any decisions be automated?</b></p> <p><i>Note – does your system or process involve circumstances where an individual’s input is “scored” or assessed without intervention/review/checking by a human being? Will there be any “profiling” of data subjects?</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System**

	<b>Yes</b>	<b>No</b>
<b>Will your project/system involve CCTV or monitoring of an area accessible to the public?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Will you be using the data you collect to match or cross-reference against another existing set of data?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Will you be using any novel, or technologically advanced systems or processes?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<small>Note – this could include biometrics, “internet of things” connectivity or anything that is currently not widely utilised</small>		

If you answer “Yes” to any of the above, you will probably need to complete [Data Protection Impact Assessment - Stage Two](#). If you are unsure, please consult with the Information Management Officer before proceeding.

### Draft Terms of Reference

#### Purpose

1. Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority (according to patient flow), the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
2. The NHS Long-Term Plan (published at the beginning of 2019) sets out the vision and ambition for the NHS for the next 10 years. It states - "Every Integrated Care System will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level." The purpose of the JHOSC would be to hold to account and challenge these commissioning decisions at system level. This function would be new and a different part of local health scrutiny arrangements. The powers and duties of health scrutiny would remain unchanged at Place and Neighbourhood level (see definitions below). The creation of a JHOSC to scrutinise system level decisions would strengthen existing scrutiny arrangements.
3. These terms of reference set out the arrangements for Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, and Wokingham Borough Council, to operate a JHOSC in line with the provisions set out in legislation and guidance and to allow it to operate as a mandatory committee.

#### Terms of Reference

4. The new JHOSC will operate formally as a mandatory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of providing independent scrutiny to activities delivered at system level (as detailed below) by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.
5. The Kings Fund published a report in April 2020 "Integrated Care Systems explained: making sense of systems, places and neighbourhoods", which says that NHS England and NHS Improvement has adopted the terminology used in some systems to describe a three tiered model – System, Place and Neighbourhood:
  - System - typically covering a population of 1–3 million people. Key functions include setting and leading overall strategy, managing collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.

## Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Place – a town or district within an ICS, typically covering a population of 250-500,000. This is where the majority of changes to clinical services will be designed and delivered and where population health management will be used to target intervention to particular groups. At this level, providers may work together to join up their services through alliances and more formal contractual arrangements.
  - Neighbourhood – a small area, typically covering a population of 30-50,000 where groups of GPs and community-based services work together to deliver co-ordinated, pro-active care and support, particularly for groups and individuals with the most complex needs. Primary Care Networks and multi-disciplinary community teams form at this level.
6. In addition, a fourth Locality tier operates below the 'Place' tier, but only within Berkshire West. These Localities coincide with the individual local authorities of Reading Borough Council, West Berkshire Council and Wokingham Borough Council and reflect the geography of their Health and Wellbeing Boards and Public Health, Adult Services and Children's Services functions. Joint working with Health Services also takes place at this level, e.g. through Locality Integration Boards.<sup>1</sup>
7. Activities at Place, Locality and Neighbourhood levels would be scrutinised by the relevant local authority through their existing health scrutiny arrangements. Within Berkshire West, a separate Joint Health Overview and Scrutiny Committee may be required for scrutiny at Place level.
8. The purpose of the mandatory JHOSC across Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham is to:
- (a) make comments on the proposal consulted on
  - (b) require the provision of information about the proposal
  - (c) gather evidence from key stakeholders, including members of the public
  - (d) require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
  - (e) Refer to the Secretary of State only on where it is not satisfied that:
    - consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
    - the proposal would not be in the interests of the health service in the area
    - a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate.

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<sup>1</sup> Note – red text denotes changes to the Terms of Reference originally proposed by Oxfordshire County Council.



## **Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System**

9. Notwithstanding point (e) above, Member authorities have the right to refer an issue to the Department of Health if the joint health scrutiny committee does not collectively agree to refer an issue.
10. With the exception of those matters referred to in paragraph [ 3 ] above responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.
11. The process for determining the appropriate level of scrutiny – ie. System or Place/**Locality**/Neighbourhood will be in accordance with an agreed toolkit which will set out the process for initiating early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions.
12. No matter to be discussed by the Committee shall be considered to be confidential or exempt without the agreement of all Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

### **Governance**

13. Meetings of the JHOSC will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and subject to these terms of reference.

### **Frequency of meetings**

14. The JHOSC will meet at least twice a year with the Integrated Care System Leads to ensure oversight of key priorities and deliverables at system level.

### **Host authority**

15. The JHOSC would be hosted by one of the named authorities on a permanent basis. The associated administrative support and costs would be paid by the hosting authority and re-charged to the other authorities involved, depending upon their proportionate membership on the Buckinghamshire, Oxfordshire and Berkshire West Health Overview and Scrutiny Committee.

### **Membership**

16. Membership of the JHOSC will be appointed by Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham that have responsibility for discharging health scrutiny functions.
17. Appointments to the JHOSC have regard to the proportion of patient flow. The Joint Committee will therefore have 19 members, consisting of 6 from Buckinghamshire, 7 from Oxfordshire, 2 from Reading, 2 from West Berkshire, 2 from Wokingham.
18. Appointments by each authority to the JHOSC will reflect the political balance of that authority.

## **Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System**

19. The quorum for meetings will be 6 voting members, comprising at least one member from each 'place' (i.e. Buckinghamshire, Oxfordshire and Berkshire West).
20. The JHOSC shall appoint two co-opted members to the committee<sup>2</sup>. The JHOSC shall also reserve the right to consider the appointment of additional temporary co-opted members in order to bring specialist knowledge onto the committee to inform specific work streams or agenda items. Any co-opted member appointed will not have a vote.

### **Chairman & Vice Chairman**

21. The Chairman of the JHOSC shall be drawn from the members of it and elected every 24 months.
22. The Vice-Chairman of the JHOSC shall be drawn from members on the Committee and elected every 24 months.

### **Task & Finish Groups**

23. The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.

### **Committee support**

24. The work of the JHOSC will require support in terms of overall coordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.
25. Meetings of the committee are to be arranged and held by the host authority.
26. Should a press statement or press release need to be made by the JHOSC, this will be approved all authorities before being signed off by the Chairman.

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<sup>2</sup> There is provision for two co-opted members on the BOB HOSC. One of these places will be offered to Healthwatch to represent patients and the public; it will be for Healthwatch across the BOB geography to discuss and determine whether this is the most effective way to have patient and public views feeding into the committee. If co-opted membership is deemed not to be the most appropriate role for Healthwatch; a standing item on BOB HOSC agendas will be created to allow for Healthwatch to report patient and public views across the ICS. Vacant co-opted seats on the committee will be advertised and appointed to by the BOB HOSC committee as necessary

## Overview and Scrutiny Management Commission Work Programme

The following items will be considered in addition to Standing Items (Financial Performance (Quarterly), Key Accountable Performance (Quarterly), New Ways of Working Reviews (ad hoc) and Corporate Programme (annually/ on request))

Last Updated:  
29 Jan 2021

Item	OSMC Theme	Purpose	Lead Officer	Portfolio Holder/ Lead Member	Pre or post decision?	
<b>20 April 2021 (Report Deadline 12 April)</b>						
13	Covid-19 Related Income Risks	<i>Corporate Effectiveness</i>	To consider risks and associated mitigation strategies associated with changes to parking revenues and other income streams as a result of the Covid-19 pandemic	Joseph Holmes	Finance	OSMC decision
14	Joint Health and Wellbeing Strategy	<i>Policy Effectiveness</i>	To consider the draft Health and Wellbeing Strategy	Matt Pearce	Public Health and Community Wellbeing, Leisure and Culture	Pre decision
15	Leisure Strategy	<i>Policy Effectiveness</i>	To consider the draft Leisure Strategy	Paul Anstey	Public Health and Community Wellbeing, Leisure and Culture	Pre decision
16	Community Safety	<i>Partnership Effectiveness</i>	Meeting as Crime and Disorder Committee, to receive presentations on and consider: performance of the Building Communities Together Partnership in 2020/21, and their priorities for 2021/22	Susan Powell	This report applies to all portfolios	OSMC decision
<b>06 July 2021 (Report Deadline 28 June)</b>						
17	New Ways of Working	<i>Corporate Effectiveness</i>	To provide an update on and overview of the council's New Ways of Working programme	Melanie Best	Internal Governance	OSMC decision
18	Recovery Strategy	<i>Corporate Effectiveness</i>	To review progress in implementing the Recovery Strategy	Joseph Holmes	This report applies to all portfolios	OSMC decision
19	Inequalities in West Berkshire	<i>Policy Effectiveness</i>	To present a research report to the Commission outlining inequalities in West Berkshire, actions to address these and benchmarking data against comparable local authorities.	Matthew Pearce	This report applies to all portfolios	OSMC decision
<b>12 October 2021 (Report Deadline 04 October)</b>						
20	Covid-19: Lessons Learned(?)	<i>Corporate Effectiveness</i>	To report on lessons learned during the Covid-19 pandemic and changes put in place as a consequence.	Matt Pearce	Public Health and Community Wellbeing	OSMC decision
21	Environment Strategy Operational Review	<i>Corporate Effectiveness</i>	To review progress in implementing the Environmental Strategy	Jenny Graham	Environment	OSMC decision

22	Communications and Engagement Strategy Operational Review	<i>Policy Effectiveness</i>	To review progress in implementing the Communications and Engagement Strategy	Martin Dunscombe	District Strategy and Communications	Post decision
23	Economic Development Strategy Operational Review	<i>Policy Effectiveness</i>	To review progress in implementing the Economic Development Strategy	Gabrielle Mancini	Economic Development and Planning	Post decision
<b>25 January 2022 (Report Deadline 17 January)</b>						
24	Effective employee appraisal and the management training and development programme	<i>Corporate Effectiveness</i>	To review the Council's current employee appraisal system and management training and development program	Sarah Clarke	Internal Governance	OSMC decision
25	Kennet and Avon Towpath and Thames Path	<i>Partnership Effectiveness</i>	To consider how West Berkshire Council can work with the Environment Agency, Canal and River Trust, Sustrans and other partners to improve the Thames Path and Kennet & Avon Towpath	Paul Hendry	Transport and Countryside	OSMC decision
<b>19 April 2022 (Report Deadline 11 April)</b>						
26	Thames Water activities	<i>Partnership Effectiveness</i>	To review Thames Waters investment priorities within West Berkshire for the next five year period	Stuart Clark	Transport and Countryside	OSMC decision

Key:

	Ensure our vulnerable children and adults achieve better outcomes
	Support everyone to reach their full potential
	Support businesses to start, develop and thrive in West Berkshire
	Develop local infrastructure including housing to support and grow the local economy
	Maintain a green district
	Ensure sustainable services through innovation and partnership
	Crime and Disorder Committee

# West Berkshire Council – Timetable of Meetings - May 2021 to May 2022

	MAY 2021	JUN 2021	JUL 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022													
Mon																										
Tues		1								LIC	1															
Weds		2	E		1	W		1	D	2	D															
Thurs		3		1	2	X		2	C	3	C															
Fri		4		2	3		1	3		4		1														
Sat	1	5	3		4	2		4		5	5	2														
Sun	2	6	4	1	5	3		5		6	6	3	1													
Mon	3	BH	7	5	2	6	4	1	6	CPP	3	BH	7	7	4	2	BH									
Tues	4		8	6	OSMC	3	7	5	2	7	4		8	8	5	3										
Weds	5	D	9	W	7	4	E	8	D	6	E	3	W	8	E	5	9	9	E	6	W	4				
Thurs	6	Election	10	X	8	C	5	9	C	7		4		9	HWBB	6	10	X	10	DPC	7		5			
Fri	7		11		9		6	10		8		5		10		7	11	PC	11		8		6			
Sat	8		12		10		7	11		9		6		11		8	12		12		9		7			
Sun	9		13		11		8	12		10		7		11		9	12		12		10		8			
Mon	10		14	JPPC	12		9	13	JPPC	11		8	LIC	13	JPPC	10	11	14		14	JPPC	11		9		
Tues	11	C	15		13		10	14		12	OSMC	9		14		11	15		15		12		10	C		
Weds	12	E	16	D	14	E	11	W	15	E	13	W	10	15	W	12	E/W	16	E	16	W	13	D	11	E	
Thurs	13		17		15	X	12		16		14	X	11	16	X	13	X	17	HWBB	17		14		12		
Fri	14		18		16	PC	13		17		15		12	PC	17		14		18		15	BH	13			
Sat	15		19		17		14		18		16		13		18		15	19	19	19	16		14			
Sun	16		20		18		15		19		17		14		19		16	20	20	20	17		15			
Mon	17		21	LIC	19		16	20		18		15	G&E	20		17	G&E	21		21		18	BH	16		
Tues	18		22	CPP	20		17	21	CPP	19	DPC	16		21		18		22		22	CPP	19	OSMC	17		
Weds	19	W	23	E	21	W	18		22	W	20	D	17	E	22		19	D	23	W	23		20	E	18	W
Thurs	20	HWBB	24		22	HWBB	19		23		21		18	X	23		20		24		24	X	21		19	HWBB
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Tues	25		29		27		24		28		26		23		28	BH	25	OSMC		29		26		24		
Weds	26		30	W	28	D	25	E	29		27	E	24	W	29		26	E		30	E	27	W	25	D	
Thurs	27				29		26		30	HWBB	28		25		30		27			31		28	X	26		
Fri	28				30		27				29		26		31		28				29	PC	27			
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Mon	31	BH					30	BH					29				31						30			
Tues							31						30										31			

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**Public Meetings:** All meetings are open to the public, with the exception of Corporate Parent Panels, Joint Consultative Panel and Political Group Meetings.

**Venues:** Most meetings are held at Council Offices, Market Street, Newbury with the exception of: Eastern Area Planning Committee is usually held at the Calcot Centre, Highview; West Berkshire Partnership Board to be confirmed. Please note that due to Covid restrictions public meetings are currently being held virtually on Zoom.

**Questions to Council and Executive:** Questions must be submitted by 10.00am seven clear working days before the meeting.

**District Planning:** All stated dates are provisional subject to requirement.

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