



CHELTENHAM

BOROUGH COUNCIL

Notice of a meeting of Overview & Scrutiny Committee

Monday, 21 October 2019
6.00 pm
Pittville Room - Municipal Offices

Membership	
Councillors:	Chris Mason (Chair), Klara Sudbury (Vice-Chair), Sandra Holliday, John Payne, Paul Baker, Max Wilkinson, Dilys Barrell, Iain Dobie, Jo Stafford and Dennis Parsons

The Council has a substitution process and any substitutions will be announced at the meeting

Agenda

1.		APOLOGIES	
2.		DECLARATIONS OF INTEREST	
3.		MINUTES OF THE LAST MEETING 9 September 2019	(Pages 3 - 20)
4.		PUBLIC AND MEMBER QUESTIONS, CALLS FOR ACTIONS AND PETITIONS	
5.		MATTERS REFERRED TO COMMITTEE	
6.	6.05 pm	PUBLIC CONVENIENCES Mark Sheldon, Director of Corporate Projects	(Pages 21 - 44)
7.	6.30 pm	GLOUCESTERSHIRE HEALTH AND WELLBEING STRATEGY Richard Gibson, Strategy and Engagement Manager	(Pages 45 - 48)
8.	6.50 pm	INDICES OF DEPRIVATION Richard Gibson, Strategy and Engagement Manager	(Pages 49 - 64)
9.	7.10 pm	FEEDBACK FROM OTHER SCRUTINY MEETINGS ATTENDED Gloucestershire Health and Care O&S Committee (10 September) – update from Councillor Horwood (to follow)	(Pages 65 - 66)

		Police and Crime Panel (13 September) – written update from Councillor Jonny Brownstein	
10.		CABINET BRIEFING An update from the Cabinet on key issues for Cabinet Members which may be of interest to Overview and Scrutiny and may inform the O&S workplan.	(Pages 67 - 68)
11.		UPDATES FROM SCRUTINY TASK GROUPS Verbal update on Events Task Group	
12.		REVIEW OF SCRUTINY WORKPLAN Consider if and when the committee could consider the Third Sector Policy	(Pages 69 - 72)
13.		LOCAL GOVERNMENT ACT 1972 - EXEMPT INFORMATION The committee is recommended to approve the following resolution:- “That in accordance with Section 100A(4) Local Government Act 1972 the public be excluded from the meeting for the remaining agenda items as it is likely that, in view of the nature of the business to be transacted or the nature of the proceedings, if members of the public are present there will be disclosed to them exempt information as defined in paragraph 3, Part (1) Schedule (12A) Local Government Act 1972, namely: Paragraph 3; Information relating to the financial or business affairs of any particular person (including the authority holding that information)	
14.	7.30 pm	CREMATORIUM PROGRAMME Mike Redman, Director of Environment	(Pages 73 - 86)
15.	7.50 pm	NORTH PLACE UPDATE Paul Jones, Executive Director of Finance and Assets	(Pages 87 - 92)
16.		DATE OF NEXT MEETING 18 November 2019	

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Overview & Scrutiny Committee

Monday, 9th September, 2019

6.00 - 8.55 pm

Attendees	
Councillors:	Klara Sudbury (Vice-Chair), Sandra Holliday, John Payne, Paul Baker, Max Wilkinson, Dilys Barrell, Iain Dobie, Jo Stafford, Dennis Parsons and Tim Harman (Reserve)
Also in attendance:	Martin Surl (Police and Crime Commissioner), Deborah Lee, CEO (NHS Trust), Simon Lanceley, Director of Strategy and Dr Mark Pietroni, Medical Director (Gloucestershire Hospitals NHS FT), Mary Hutton, ICS Lead (CCG) and Paul Roberts, Joint Chief Executive (2Gether Trust), Councillor David Willingham, Councillor Flo Clucas, Councillor Roger Whyborn, Darren Knight (Executive Director for People and Change) and Simon Graham (De Courcy Alexander)

Minutes

1. APOLOGIES

Councillor Mason had given his apologies and as such the Vice-Chair, Councillor Sudbury took the chair. Councillor Harman attended as a substitute for Councillor Mason.

2. DECLARATIONS OF INTEREST

No interests were declared.

3. MINUTES OF THE LAST MEETING

The minutes of the last meeting had been circulated in advance of the meeting.

Upon a vote it was unanimously

RESOLVED that the minutes of the meeting held on the 19 August 2019, be agreed and signed as an accurate record.

4. PUBLIC AND MEMBER QUESTIONS, CALLS FOR ACTIONS AND PETITIONS

None were declared.

5. MATTERS REFERRED TO COMMITTEE

There were none.

6. POLICE AND CRIME COMMISSIONER

The Chair welcomed Martin Surl, Police and Crime Commissioner (P&CC) for Gloucestershire and thanked him for his attendance.

The P&CC reminded members that the Police and Crime Panel were duty bound to support, as well as challenge the commissioner and whilst he was

happy to attend other scrutiny meetings, out of respect to the panel he wanted to be clear on that point.

As part of a brief overview, the P&CC advised the committee:

- Gloucestershire, by comparison to other areas, is a safe place to live. In comparison to areas deemed most similar demographically by the Home Office (Most Similar Group), Gloucestershire has the second lowest rates of crimes per 1000 population.
- The County saw a spike in burglary last year due to a small number of active offenders but rates have dropped since those individuals were arrested and detained (Oct 2018). Year on year comparisons of burglary [12 months up to the end of June 2019 compared with the year before] still show increases though and rates [per 1000 population] remain high in comparison to peers across the county.
- Violence with injury is down from last year. All violent crime however is showing an increase – note that this includes verbal threats and threats made on social media.
- The Lansdown site is working well. Feedback from officers has been positive although there are not as many staff as he would like. Support such as from the Dog Section and Firearms is available from Bamfurlong.
- The former Tourist Information Centre is to become the home to Special Officers and Cadets and the PCC thanked the council for their support with this.
- In terms of the night time economy, Cheltenham is not as violent as in other areas. Peer analysis shows Cheltenham has the second lowest rates of violent crime per 1000 population in its Most Similar Group (15 CSP areas).
- A plea was made by the PCC, that the council look at replacing their CCTV cameras; noting that Gloucester had installed digital cameras which are much better than analogue.
- Partnership working is critical and the ‘City Wardens’ scheme in Gloucester City is an excellent example of how successful this approach could be. This is equally funded by the PCC, Gloucester BID and Gloucester City Council.
- The current Police and Crime Plan will run to 2021, beyond the elections in 2020. As it is now half way through the life of the Plan, the PCC has refreshed the document with a number of key areas of focus. One new area is Serious Organised Acquisitive Crime which disproportionately affects rural communities.
- ‘Every Crime Matters’ sets out a standard of support that victims should expect to receive, placing the victim at the centre of police processes.
- The PCC welcomed the announcement by Government that 20,000 more officers would be recruited and looks forward to seeing more detail. The PCC is clear that Gloucestershire needs its fair share of available funding and, based on the police funding formula, this would equate to approximately 150 additional officers.
- Dealing with missing people and mental health issues is an increasing issue for the Constabulary in relation to demand.
- Following an unfavourable report on how children were dealt with in the county in 2017, the PCC is working with the County Council and others

to adopt a 'Child Friendly' approach in the county. He took the opportunity to thank CBC for their 'No Child Left Behind' initiative, which he was pleased to support.

The PCC gave the following responses to member questions:

- The 'City Wardens' scheme in Gloucester was not tasked with generating income, nor was it looking to displace people into residential areas; it was more about a joined-up problem solving approach.
- It is hoped that the figure of 20,000 officers announced by the Government would have to include support staff (HR, call-handlers, etc).
- County-lines is a big concern, though thankfully it had not impacted Gloucestershire as badly as some other areas and the Constabulary are working hard to address it, and doing well. The PCC stressed however that the issue only existed as there was demand for drugs that fuels the supply and that this demand included people from all walks of society. He also noted that a 'bobby on the beat' would not solve this issue.
- The PCC estimated that 274 officers had been lost since 2010. More officers had been recruited last year, and though not all of them were necessarily on stream yet, it was likely that the force was still down by about 150 officers. The PCC would get definitive figures and circulate them to members. This reduction, paired with how policing had changed over that time (with the number of 999 and 101 calls having increased, along with the time spent dealing with mental health issue for example), means officers are stretched like never before. He personally felt that the Government were now starting to accept that their approach to Policing has been wrong.
- Night-time policing took a hit when changes to Neighbourhood Policing were implemented - this was a real issue initially but the PCC feels that a better balance had now been achieved. He feels that officers are doing a good job and he supported the judgement calls made by officers on how to police the night-time economy.
- Neighbourhood Policing nearly disappeared back in 2015 after the loss of so much funding, but the PCC is fully committed to Neighbourhood Policing and bringing it back. Members had to understand that moving officers from one area to another, would create gaps.
- The PCC highlighted that in his time as Commissioner no police stations have been closed, in-fact he had prevented the Lansdown station from being closed. Members of the public can attend Lansdown by appointment, or attend Hesters Way.
- The PCC feels he was elected on the back of the priorities he had set out during his campaign and one of these had been a focus on young people and diverting them from crime. He noted that a large proportion of his fund supported youth work across the county and that this would continue, with new bids invited, if he were to be re-elected in 2020.
- He suggested that 70% of all calls to the police had a mental health dimension and though a triage car attends call-outs where mental health issues were suspected, this service only operated between 9am and 5pm, 4 days a week. The police have to deal with issues outside of these hours and this could often result in the loss of an entire shift. Suicide rates are up and the PCC stressed that increased police officers would not solve this problem.

The Cabinet Member Healthy Lifestyles thanked the PCC for his support for No Child Left Behind.

The Chair thanked the PCC for his time and questioned whether he found such visits useful. He confirmed that he welcomed the opportunity to come and speak to the council and would be happy to repeat the exercise next year. He closed with a request that the Police not be blamed for increases in crime; drawing a comparison with the NHS and a flu epidemic.

7. FIT FOR THE FUTURE ENGAGEMENT

The Chair welcomed the various representatives and thanked them for giving the committee the opportunity to better understand the process being undertaken by the Trust and to ask any questions and raise concerns.

Deborah Lee, CEO (NHS Trust), Simon Lanceley, Director of Strategy and Dr Mark Pietroni, Medical Director (Gloucestershire Hospitals NHS FT), Mary Hutton, ICS Lead (CCG) and Paul Roberts, Joint Chief Executive (2Gether Trust) introduced themselves.

Mary Hutton talked through a PowerPoint presentation (Appendix 1).

4 written member questions had been received in advance of the meeting and these, along with responses, had been circulated to members (Appendix 2).

The chair invited members to ask questions and asked that the relevant person respond.

- A member queried how the Care Quality Commission report found that the Responsiveness domain 'required improvement' and yet Leadership was 'good'; he also observed that some areas appeared to have gone backwards. Deborah Lee said that there was not necessarily a correlation between the two; responsiveness in this context pertained to waiting times and whilst waiting times were not being met, this is not always with the control of the Trust's leadership team, for example there had been a 40% increase in referrals which made meeting waiting standards very difficult irrespective of the quality of leadership. Deborah Lee confirmed that not all services were inspected in 2019 and the 'outstanding' rating given back in 2017 had been retained by areas that were not inspected in 2019. Some of the areas rated as 'requiring improvement' in 2017, had since been rated as 'good' and she was confident that the direction of travel was towards 'outstanding'. More than 90% of Trust services are now rated good or outstanding compared with 73% two years ago.
- Deborah Lee reiterated the point made as part of the PowerPoint presentation that nothing had been pre-determined and there were no plans to close A&E in Cheltenham as had been suggested in the media. She expressed her disappointment that the launch of the engagement process had not gone as planned and, as a result, misinformation was circulating which had caused anxiety for people. The purpose of the engagement process was to allow the Trust and system partners to outline the challenges they faced, as well offering people the opportunity to give their view and suggest ideas on how the challenges could be

addressed. The Trust and its partners in *One Gloucestershire* would then consider all of the feedback and through a two day 'solutions workshop' develop option which would go out for public consultation, if they constituted substantial variation to service.

- Professor Pietroni said that there was no single model for an Urgent Treatment Unit (UTC) on a hospital site but they would typically include a range of staff and would have a resuscitation facility to deal with any patient who presented with a life threatening condition. Type 1 A&E departments are designed to respond to life and limb threatening emergencies however, this was a complex issue, given that there were different categories of Type 1. Southmead Hospital, Bristol for example, was a Type 1 facility and a designated Regional Trauma Centre.
- At this stage nothing was being discounted and if there was overwhelming support for the reinstatement of a 24hr A&E department at Cheltenham, then this would be considered, but it was noted that options which were consulted upon would be evaluated against a range of criteria and need to be deliverable; the constraints and challenges that existed today would in all likelihood still exist at that point and these would also be important considerations.
- If a patient having undergone planned surgery deteriorated (assuming the outcome of the engagement and consultation process was that emergency surgery was undertaken at one site and planned surgery undertaken at the other), the patient would only be moved to the other site if necessary, as services would remain on each site to deal with 'deteriorating patients'.
- Specific workshops had been arranged for A&E and general surgery and the feedback considered, before locality events being held to discuss feedback and work through various options.
- The booked appointments model would be in addition to 'walk in' urgent care, where patients needed to attend hospital, but rather than going to A&E and face possibly waiting hours to be seen, they could instead make an appointment for later in the day; It was suggested that this would be a more attractive option as many patients that did not require emergency care. An app which connected GPs to the relevant service, recorded conversations and saved them automatically into a patients records and allowed GPs and services to agree what needs to happen, could be rolled out to other services.
- One aim was to get the 25% - 33% of patients that accessed A&E and didn't need to, to the right service in the first instance, rather than any attempt to redirect the 67% - 75% who required urgent care.
- In reference to the 'centre of excellence' model, the vast majority of people would continue to access urgent treatment at their local hospital, but that for an absolute minority of the most sick patients, whose outcomes would be improved if their treatment were given at a centre of excellence, an alternative pathway would be in place. DL said that local surveys showed that distance was a key factor for only 8% of the public when it came to accessing the most specialist care aimed at delivering better outcomes.
- The Trust could continue trying to deliver all services from both sites but in reality this would result in services falling behind services from across the country. The reason the Trust had one of the best cancer services

in the country, was because this service was delivered from Cheltenham and not on both sites.

- Deborah Lee reminded members that they were in the stage of engagement and that consultation would not start until the spring of next year and at that stage they would welcome the opportunity to come back to the committee and discuss the various short listed options.
- This engagement stage formed part of a process set out by Government and she suggested that this was as frustrating to her as it was to members and the public as everyone was keen to get to the detail but she was hearing important views through the engagement phase and was grateful for this. This period was about setting out the challenges being faced and inviting views and the One Gloucestershire system would simply be listening to those views at this stage.
- The CCG did have a map of the county and services provided at which locations but this had not been included in the engagement documentation.
- The CCG were aware of major development plans within Cheltenham and a Planning Group were working through spatial planning, but it was important to note that new homes would not necessarily result in more people.
- All options would be underpinned by travel assessments, which would consider the cost implication for patients of getting home from an Emergency Department when it was further away from their home. However, it was noted that feedback gathered some 18 months ago had demonstrated that enhanced outcomes for patients was more important than travel which came out as one of the least important factors.
- Asked about the 'golden hour' and 'platinum ten minutes' and the impact of having to go to one site over another, which could add 20 minutes to a patients journey, Dr. Mark Pietroni reminded members that patients would be cared for by highly skilled ambulance staff throughout their journey but also reassured them that if they presented at the wrong site, they would be stabilised and transferred as soon as possible.

Comments from members included:

- Members felt that there was insufficient information in the engagement document to enable people to give a view that it would therefore be very difficult to use that feedback to identify options.
- A member accepted the argument that in the quest for the best outcome, families would be comfortable with travelling longer distances for treatment.
- As well as keeping people out of hospital a member urged the NHS community to consider the consequences of discharging patients too soon, asking that they be aware of the implications on people not just the outcomes of their care.
- This issue had prompted more residents to contact one member, more than any other issue he could remember, and given the public feeling, he urged the Trust to make the right decisions.
- The same member felt strongly that this presentation should have been made to Council and not just the O&S Committee, and urged that any future presentations be made to Council instead.

- The additional pressure that would be placed on the ambulance service if more patients had to be transferred between two sites delivering different specialist care, needed to be considered.
- A member suggested that the clinicians and administrators, despite claims to the contrary, had already made a decision about the future of services at both sites, regardless of the outcome of the engagement and consultation process and challenged them to provide a 24/7 A&E department in Cheltenham.

The Chair thanked all of the representatives for their attendance, which was much appreciated by the committee and confirmed that it would be useful for them to return once consultation was underway and more information was available. She asked that if one thing were taken away from this meeting, it should be that a 24/7 A&E service should be reinstated in Cheltenham.

The meeting was adjourned at 8.05pm and reconvened at 8.15pm.

Members felt that it would be useful to write to Councillor Allaway Martin, Chair of the Gloucestershire Health Overview and Scrutiny Committee and outline the concerns and other comments raised by this committee. The Chair would draft something on behalf of the committee and send it ahead of the HOSC meeting the next day (10 September), asking that feedback from the HOSC on the issues that are raised in the letter.

8. RESPONDING TO CLIMATE CHANGE EMERGENCY - UPDATE

The Executive Director for People and Change reminded members that in July 2019, Cabinet had declared a Climate Emergency. Expertise in this area was lacking and as such Simon Graham, from consultants De Courcy Alexander (DCA) was brought in to support the council with this work. Simon would assist with the development of an action plan and a report for Council in October and Cabinet in November.

Simon Graham, the Head of Innovation at DCA knew Cheltenham extremely well, having worked for many years at local company Commercial Ltd, where he had implemented a very successful sustainability programme and was the first in the sector to achieve Carbon Neutral and Zero Waste. Business as usual would result in a slight reduction but this would not be sufficient to meet the commitment to be carbon neutral by 2030, which he felt was achievable. Potential concepts which would result in greater carbon reduction, though this was by no means an exhaustive list, included: reduction; generation; engagement of the wider community, and; connecting with other organisations. Simon had met with major employers, including Gloucestershire County Council and Superdry to discuss what was achievable.

- Developing a 'Cheltenham Standard' using imagery of Cheltenham green spaces and cultural identifications would allow people to associate low carbon options with Cheltenham.
- A 'Cheltenham Green Deal', an investment fund that could be used within Cheltenham to achieve the carbon target through individual, community and collaborative action, would offer a funding mechanism. He had spoken to finance and they had agreed that as well as having

positive environmental factors, there would be the advantage of other social benefits.

- Cheltenham Energy. Cheltenham already had about 20MW of installed renewable capacity and there was potential for far more, as had been done in other areas around Gloucestershire. This would be an entity that would enable businesses and residents to purchase zero carbon energy, primarily from local sources.
- Did the council want to prioritise new build or retrofit. Given the investment in new build this would be sensible, but Cheltenham had a large number of properties from the 50s, 60s, 70s, 80s and 90s, which would require retrofit. Simon had met with CBH and they had said that they would welcome guidance from CBC on this matter.
- With a target of 2030, he'd welcome steer on what level the interim (5 year) target should be, 50% or 75%. He suggested that larger reductions would be achieved early on and it would get harder as time went on.

Simon gave the following responses to member questions:

- Measurements would be taken each year and he would consider it sensible to have revisit at appropriate times.
- A demographically elected 'Citizens Assembly' would undoubtedly make it easier to defend the hard decisions that would need to be taken.
- Behavioural changes were harder to influence and would therefore take longer to bear results.
- GCC were inviting applications to a Climate Youth Assembly, with a deadline of midnight (19 Sept). He felt that this was an important part of the process and that a joined up approach with partners could be useful.
- The benefit of Cheltenham Energy is that it would be 100% green and available to purchase by businesses and residents, but it would soon run out and therefore it would be logical to partner with another supplier.
- The concept of linking things that are bad for the environment with good outcomes e.g. parking income spent on the planting of trees, was a good one and the council seemed to want more ability to do that but were constrained rules imposed by central government or reliant on GCC as the responsible authority.

Members made the following comments:

- CBH were a key player and it was important that the council provided as much guidance and support as was needed.
- The question of retrofit or new build was an important one, but there was also a question about whether the council should be building zero carbon homes at a higher cost, or a higher number of carbon neutral.
- Some political groups in the area might be more progressive than others and therefore there was a concern about establishing a joint assembly, where it might not be possible to agree on targets.

- Couldn't one option be for the council to bulk purchase from a green energy supplier, which would cost more but be offset over many buildings and/or people.
- Planning could generate very positive outcomes and though this would impact the developer, buyers would benefit from reduced bills.
- Subsidising bus fares would likely encourage more people to use it as a form of public transport, over a car.

The Chair felt that the fundamental problem was that those things that were killing the planet were those things that made life more comfortable and certain people the most money. She felt that the carrot was always more successful than the stick but acknowledged that this was something that would need to be tackled in partnership with other organisations.

The committee thanked Simon for his attendance and looked forward with interest, to seeing the final report and action plan.

No decision was required.

9. SCRUTINY ANNUAL REPORT

The scrutiny annual report 2018-19 had been circulated with the agenda. The report summarised the work that had been undertaken by the committee from April 2018 to March 2019 and this would be tabled at Council on the 14 October.

There were no comments or questions.

10. CABINET BRIEFING

The Leader hadn't produced a written update as there was little to add to the update he had provided for the August meeting. He was attending the Publica AGM this evening.

11. UPDATES FROM SCRUTINY TASK GROUPS

The Democracy Officer advised that only four people had volunteered for the Events Task Group. She would send another invitation to members and start looking at dates for the first meeting, where the group would decide how they wanted to approach the review.

12. REVIEW OF SCRUTINY WORKPLAN

The agenda for the October meeting had been agreed earlier in the day and the Health and Wellbeing Strategy had been added.

The Democracy Officer advised the committee that the plan was for feedback from Campbell Tickell, who were undertaking the scrutiny review, to report back to the November meeting.

13. DATE OF NEXT MEETING

The next meeting was scheduled for the 21 October 2019.

Chairman

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Presentation and Briefing 



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Understanding the need for change


- Ageing population, rising demand, increased expectation
- Advances in technology and medicine, growing awareness of self care and lifestyle choice
- Workforce, estates and financial constraints


In response we need to review our model of care focussing on streamlining access to advice, assessment, diagnostics and specialist services when they are needed. There are opportunities to improve the ways in which we deliver healthcare – for example, our two acute hospital sites, whilst once viewed as a challenge, can play their full part in providing outstanding care which we set out in our vision for creating centres of excellence.

We are also looking at what services would be delivered through new technology, pharmacies, GPs and from community hospitals, including the new hospital being developed for the Forest of Dean.



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What you've told us so far

Over the last few years, we have been asking patients and staff about what matters to them about local health and care services.

- **72% of respondents agreed** that greater amount of the budget should be spent on supporting people to take more control of their own health
- **88% of respondents agreed** there should be a greater focus on prevention and self-care
- **95% of respondents agreed** that we should develop joined up community health and care services
- **69% of respondents agreed** that we should bring some specialist hospital services together in one place
- **70% of respondents agreed** we should focus on caring for people with the greatest health and care needs



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Involving the public in developing ideas




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Involving the public in developing solutions


To make care even better, we need to listen and understand what matters to you about local services and what you think the best solutions are to tackle the problems we face together.


People can play their part by responding to the survey questions in the *Fit for the future discussion* booklet and attending events across the county. Public engagement activities to include: information, surveys, public drop-ins, awareness raising, presentations.

- Workshops (public/staff) with representatives from protected characteristic groups and Healthwatch Gloucestershire volunteers
- Engagement Hearing – in public and live-streamed
- Citizens' Jury
- Options Appraisal process in public



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Independently facilitated engagement activities: 1

Local Solutions Development Workshops

A series of Workshops (public/staff) with invited representatives from protected characteristic groups and Healthwatch Gloucestershire Volunteers to develop potential solutions to achieve our shared priorities and meet the challenges we face.

Engagement Hearing


An opportunity for members of the public to share their thoughts and ideas about what should be taken into account, what is essential in arriving at the best solution, plus any new ideas or alternative proposals they may have. Hearings are live events held in public, live streamed to the internet, and recorded.



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Independently facilitated engagement activities: 2

Citizens' Jury


The Citizens' Jury will consider the outcome of engagement, together with evidence regarding the need for change and local priorities. The Jury will focus on the subject of improving specialist hospital services and developing *centres of excellence* and make recommendations for the best potential solutions to take forward and evaluation criteria.


Locality Workshops


Locality Workshops, made up of local people and clinicians, will consider the subject of ensuring everyone can access high quality community urgent care services in the future


Solutions Appraisal Exercise in public

Solutions Appraisal Exercise will be completed by clinicians, other health professionals, together with representatives of the members of the public involved in developing the proposed solutions




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Consideration of all the elements of engagement

- The Citizens' Jury and Localities' recommendations, together with the Outcome of Engagement and the outcome of the Solutions Appraisal Exercise, will be considered by NHS Boards and GCCG Governing Body.
- OSC/ HOSC members will be regularly updated and views sought.
- The public would be consulted about any possible changes as required.



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Developing urgent and hospital care in Gloucestershire

Focus of engagement 2019/20

- Urgent advice, assessment and treatment services
- Improving specialist hospital services and sharing our thoughts on *centres of excellence*:
 - Accident, Emergency and Assessment Services (including A&E)
 - General Surgery (Emergency and Planned)
 - Image guided interventional surgery hub
- A new hospital for the Forest of Dean



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Urgent advice, assessment and treatment services



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Defining Urgent and Emergency Care


Urgent care – an illness or injury that requires urgent attention i.e. generally needs to be assessed and dealt with on the day, but it not a life threatening situation.


Emergency care – is when you have a life or limb threatening illness or injury which requires rapid and intensive treatment.

Moving to a more planned approach to accessing and delivering urgent and emergency care would ensure the right advice and treatment is more consistently available in future. We believe we can make it easier, faster and more convenient to get urgent advice, support and services, 7 days a week and ensure care is co-ordinated from the moment that patients first make contact with the NHS. When looking at how services can be organised we have to take into account things (criteria) such as quality, achievability, affordability and sustainability.



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Accessing urgent care services wherever you live


We have been working on how to improve the way you get advice, assessment and treatment when you have urgent, but not life threatening needs. Our aim is to offer care in, or as close to your home, as possible. We call this a **New Model of Care for Urgent & Emergency Care**.


You would be able to get advice and your needs assessed in several ways:

- Going online (e.g. www.nhs.uk or the NHS App)
- For minor illness advice call your GP surgery during work hours; call NHS 111 out of hours
- For non-life or limb threatening injury advice call NHS111 24/7
- For life or limb threatening emergency call 999




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Improving urgent care in local communities - what we need to consider 

Around 1 in 3 visits to the Emergency Departments (A&E) at Cheltenham and Gloucester are for injuries and problems that could be treated safely by a different NHS service. We need to look at why this is and how we can help people use other, more appropriate services.

- How we can best work together to develop a network of strong, joined up services and provision which meets people's same day urgent care needs
- How we develop community hospitals, working alongside other community services, such as GPs, pharmacies and integrated community teams
- How we provide access to the right type of diagnostics e.g. X-rays
- What, and from where, these services are provided - in our two big urban centres and in other places across the county. In terms of 'where', we need to think about how many places will deliver minor injury and illness services to support joined up care.



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Centres of excellence



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The idea of creating two centres of excellence 


A centre of excellence for Emergency care: This would ensure that, if someone has a life or limb or sight threatening emergency, the right facilities and staff would always be available to give them the best possible chance of survival and recovery.

A centre of excellence for Planned care: This would reduce the number of operations that are cancelled when beds or operating theatres are needed for the most unwell patients who arrive in the Emergency Department (A&E) and need urgent operations or treatment.

Outpatient and day case appointments would continue to be available at both sites and in community hospitals, as well as 24-hour access to urgent care services.



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Improving specialist hospital services 

- Where we continue to provide specialist services at both hospitals, such as emergency general surgery, this duplication is leading to challenges.
- For example, it means we have to spread scarce staff and other specialist resources across two sites.


The next few years

- The overall centres of excellence vision described previously could take up to ten years to achieve. It is dependent on a number of 'building blocks' such as having the right buildings, equipment, technology, staff and money in place.
- First we would like to hear people's views on potential solutions for accident, emergency and assessment services (including A&E), general surgery and image-guided interventional surgery.




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Accident, Emergency and Assessment Services (including A&E) 

Current services

- Full Emergency Department (A&E) at Gloucestershire Royal Hospital 24/7
- Full Emergency Department (A&E) at Cheltenham General Hospital 8am-8pm and a Nurse led walk-in service 8pm-8am, both 7 days a week
- GP referral to hospital doctor assessment unit at CGH and GRH 24/7
- Paramedic assessment service, treatment at home if not life or limb threatening or referral to hospital doctor assessment unit




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What we need to consider 

- We need to ensure the best use is made of staffing, facilities and other resources
- Around 1 in 3 visits to the Emergency Departments (A&E) at Cheltenham and Gloucester are for injuries and problems that could be treated safely by a different NHS service. We need to look at why this is and how we can help people use other, more appropriate services.
- Best outcomes for life and limb threatening illness and injury with the right staff and expertise, facilities and equipment
- On average just under 100 people each day need very specialist life and limb saving services in Gloucestershire.
- Local access - committed to 24/7 walk in urgent care services at Cheltenham General and Gloucestershire Royal Hospitals
- No decisions made on the level of care or range of services to be provided at CGH or GRH in the future
- An opportunity for people to have their say on how to deliver outstanding care, including the nature of local A&E services



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Ways to get involved



There are a number of ways to get involved and share your views over the summer:

- Complete the FREEPOST survey in the discussion booklet or go to the online survey
- Come to an NHS Information Bus Public Drop-In Event/Stand at local venues
- Participate in or observe an independently facilitated participation event (workshops, Engagement Hearing, *centres of excellence* Citizens Jury)
- Follow us on Twitter: @One_Glos
- All the details, including events information can be found at www.onegloucestershire.net



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Appendices



- Current schedule of independently facilitated engagement activities
- Current schedule of public events: NHS Information Bus and Stands



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Current schedule of independently facilitated engagement activities

Local Solutions Development Workshops (countywide)

- 1 August: *Urgent advice, assessment and treatment services*
- 21 August: *General Surgery*
- 2 October: *Image-guided Interventional Surgery*
- Tbc: *Acute and Emergency Medicine*

Locality Workshops (Local urgent advice, assessment and treatment services)

- 3 October (am) – North Cotswolds
- 3 October (pm) – South Cotswolds
- 8 October (am/pm) – Gloucester City (confirmed)
- 8 October (pm) – Cheltenham (confirmed)
- 9 October (am/pm) – Tewkesbury
- 10 October (am) – Cheltenham
- 15 October (am/pm) – South Cotswolds
- 15 October (pm) – North Cotswolds
- 16 October (am) Forest of Dean (confirmed)
- 16 October (pm) – Tewkesbury
- 17 October (am) Stroud and Berkley Vale (confirmed)
- 17 October (pm) Cotswolds South (confirmed)

Current schedule of independently facilitated engagement activities



Engagement Hearing

- 24 October

Centres of excellence Citizens' Jury – 5 days

- w/c 9 December

Solutions Appraisal – 2 days

- 17/18 December



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Current schedule of public events: NHS Information Bus and Stands (1)

- Thursday 22nd August: Information Bus Gloucester Cross
- Friday 23rd August: Information Bus Clock Tower roundabout, Coleford
- Monday 26th August: Winchcombe country Show – Information bus Winchcombe School
- Tuesday 27th August: Information Bus Outside M&S, Cheltenham town Centre
- Thursday 29th August: Information Bus Tesco, Stroud
- Saturday 31st: August Information Bus Co-op, Cinderford
- Monday 2nd September: Information Bus Gloucester Cross
- Wednesday 4th September: Information Bus Newent Market Place
- Wednesday 4th September, Imjin Barracks Freshers Fayre
- Friday 6th September: Information Bus Lydney, Newerne St Carpark
- Saturday 7th September: Information Bus Cheltenham, outside M&S
- Sunday 8th September: Information Bus Frampton Country Show

Current schedule of public events: NHS Information Bus and Displays (2)

- Monday 9th September: Information Bus Tewkesbury Morrisons
- Wednesday 11th September: Information Bus Cirencester Market Place
- Wednesday 11th September: Stand The Main Place, Coleford
- Thursday 12th September: Information Bus Moreton-in-Marsh town centre
- Saturday 14th September: Information Bus (Pride in the Park) Gloucester Park
- Saturday 14 September: Tetbury Hospital Open Day Stand
- Monday 16th September: Information Bus Dursley town centre
- Wednesday 18th September: Stand Coop, Cinderford
- Friday 20th September: Information Bus Stow-on-the-Wold, Market Square
- Saturday 21st September: Information Bus Cheltenham, outside M&S
- Saturday 21st September: Stand Tesco, Lydney
- Friday 27th September: Information Bus (Dementia Alliance) Berry Hill Rugby Club, Coleford
- Friday 27th September: Stand Library, Newent

1.	Question from Councillor Iain Dobie
	Do you believe it best for the county's ED consultants to be located at a single centre of excellence at Gloucestershire Royal A&E?
	Response
	<p>We recognise that there will be a range of views.</p> <p>We want to be clear that no decisions have been made about the level of care or range of services to be provided at Cheltenham General or Gloucestershire Royal Hospitals in the future.</p> <p>The current engagement is an opportunity for people to have their say on how best to deliver outstanding specialist hospital care in the future, including the nature of local A&E services.</p> <p>One idea for discussion is to create a Centre of Excellence for Emergency Care in Gloucestershire treating critical life and limb threatening conditions. It would be one way of ensuring scarce specialist staff, expertise and facilities were always on hand to get the right treatment started whatever time of the day or night and support survival and recovery.</p> <p>We say very clearly in the <i>Fit for the Future</i> booklet that we see both Cheltenham General and Gloucestershire Royal hospitals continuing to provide a range of same day, walk in, urgent care services 24 hours a day, 7 days a week for local patients. Whatever form that ultimately takes, the majority of patients who need urgent hospital care, would continue to access services as they do now.</p> <p>We have a comprehensive engagement process in place to listen to views, consider suggestions and to develop potential solutions. This includes the booklet and survey, drop in events, workshops, a public engagement hearing, a citizens' jury and a solutions appraisal exercise in public.</p>
2.	Question from Councillor Willingham
	The "Fit for the future" engagement document fails to mention the "Joint Core Strategy" or to reference any regional spatial planning documents. If the NHS Trust had looked at these, they would see that Cheltenham, is a growing town. A future looking document that doesn't recognise the proposed population growth of one of the major urban areas it covers seems unfit for the future, would you agree?
	Response
	<p>We are aware that Cheltenham is a growing town and that it is important to consider relevant planning documents and future growth forecasts when developing potential solutions.</p> <p>We have an innovative engagement structure in place to support these conversations and deliberations. This includes an engagement hearing in public, a citizens' jury and a solutions appraisal exercise in public.</p> <p>We have made it very clear that no plans have been drawn up to close A&E in Cheltenham and no decisions have been made about the level of care or range of services to be provided at Cheltenham General or Gloucestershire Royal Hospitals in the future.</p> <p>Whatever the outcome of the current engagement and any future public consultation, the majority of patients who need urgent hospital care, would continue to access services as they do now at the two hospital sites.</p>

3.	Question from Councillor Willingham
	<p>On 26th August, 1st September and 2nd September the NHS Trust announced on Social Media that “Our hospitals are really busy today”. It is currently summer, and if A&E is currently experiencing difficulties, one might question how the hospitals will cope this winter. Are our hospitals ready to cope with the increased demand that is likely to occur this winter?</p>
	Response
	<p>There are often fluctuations in demand at our two A&E departments, whatever the season.</p> <p>We always have robust winter plans in place right across the health and social care community and this year will be no different.</p> <p>We significantly increase resources to minimise waits for assessment by senior members of the medical team when patients arrive at hospital and to ensure the patient’s journey through departments and hospitals is timely and well-co-ordinated.</p> <p>We have also identified a number of initiatives that are intended to reduce overall demand within the Emergency Departments and working with care partners, reduce delays for people ready to leave hospital.</p> <p>Over the last two Winters, Gloucestershire has been one of the best performing areas in terms of waiting times, despite the increase in seasonal demand.</p> <p>There has been some public commentary that if there were future changes to A&E services, then Gloucestershire Royal Hospital would be unable to cope.</p> <p>We have made it very clear that no plans have been drawn up to close A&E in Cheltenham and no decisions have been made about the level of care or range of services to be provided at Cheltenham General or Gloucestershire Royal Hospitals in the future.</p> <p>Whatever the outcome of the current engagement and any future public consultation, the majority of patients who need urgent hospital care, would continue to access services as they do now at the two hospital sites.</p>
4.	Question from Councillor Willingham
	<p>Many people are concerned about the threat of the closure or further downgrading of A&E at Cheltenham General Hospital. The current downgraded service is already unfit for a growing town like Cheltenham. Will you give a commitment that you will restore 24/7 A&E provision at Cheltenham General Hospital?</p>
	Response
	<p>We have made it very clear that no plans have been drawn up to close A&E in Cheltenham and no decisions have been made about the level of care or range of services to be provided at Cheltenham General or Gloucestershire Royal Hospitals in the future.</p> <p>The current engagement is an opportunity for people to have their say on how best to deliver outstanding specialist hospital care in the future, including the nature of local A&E services.</p>

Whatever the eventual outcome, it's important that we can provide truly leading edge care for people with critical life and limb threatening emergencies, comparable to the best in England – maximising the chances of survival and recovery.

As you will be aware, current A&E services see patients with a broad range of needs.

We say very clearly in the *Fit for the Future* booklet that we see both Cheltenham General and Gloucestershire Royal hospitals continuing to provide a range of same day, walk in, urgent care services 24 hours a day, 7 days a week for local patients. Whatever form that ultimately takes, the majority of patients who need urgent hospital care, would continue to access services as they do now.

We have a comprehensive engagement process in place to listen to views, consider suggestions and to develop potential solutions. This includes the booklet and survey, drop in events, workshops, an engagement hearing in public, a citizens' jury and a solutions appraisal exercise in public.

The public and staff would be consulted on any significant changes proposed that followed on from the engagement period.

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Cheltenham Borough Council
Overview and Scrutiny Committee – 21 October 2019
Cabinet – 5 November 2019

The Future of Public Convenience Provision – Consultation Output

Accountable member	Cabinet Member Clean and Green Environment, Councillor Chris Coleman
Accountable officer	Director of Projects, Mark Sheldon
Ward(s) affected	Park, Lansdown, Pittville, College, All Saints
Key Decision	Yes
Executive summary	<p>In July 2019, Cabinet considered a report which outlined the current situation with regard to the Authority's public toilets and four options for how the Authority might manage the amenities in the future.</p> <p>Cabinet approved the recommendation to adopt a strategy to guide future decision making with regard to public conveniences and the recommendation that a consultation exercise be undertaken in respect of option 3, "to retain selective facilities and seek a community partnership initiative to provide public access to alternative facilities".</p> <p>Following the consultation, this report identifies opportunities and recommendations for improvements to the future of public conveniences in the town centre. It discusses alternative partnership initiatives that will increase the choice of amenities available to the public, potential cost savings and responses from consultation undertaken with third sector partners, businesses and members of the public.</p>
Recommendations	<p>That Cabinet resolves to:</p> <ol style="list-style-type: none"> 1. Retain selected facilities and close selected facilities and access alternative facilities via a community partnership scheme as recommended in the report at paragraph 4.4. 2. Develop a community partnership initiative to provide public access to appropriate alternative facilities. 3. Delegate authority to the Head of Property and Asset Management (in consultation with the Cabinet Member Clean and Green Environment, and the Cabinet Member Finance) to implement public convenience asset investment and rationalisation in line with potential opportunities raised in the report, including approval of Heads of Terms for any agreements or transactions involving third parties. 4. Delegate authority to the Borough Solicitor to complete such documents as she considers appropriate to implement the Heads of Terms agreed in accordance with Resolution 3.

<p>Financial implications</p>	<p>As detailed in report and appendices.</p> <p>Contact Officer: Jon Whitlock, Financial Officer Email: Jon.Whitlock@publicagroup.uk, Tel: 01242 264354</p>
<p>Legal implications</p>	<p>Cheltenham Borough Council has power (but not a duty) under section 87 of the Public Health Act 1936 (as amended) to provide public conveniences, but is not obliged to do so. Where the authority provides such conveniences, regard must be had to the needs of disabled persons, and provision must be made so far as practicable and reasonable to meet those needs (s5 of the Chronically Sick and Disabled Persons Act 1970).</p> <p>If it chooses to exercise this power, it also has power to enter into agreements with third parties to achieve the outcomes, either under the Local Government Act 1972 or the Localism Act 2011.</p> <p>When deciding whether or not to close the existing public conveniences (and to proceed with any changes), the authority needs to be satisfied that it has discharged its consultation duties imposed by section 3(2) of the Local Government Act 1999 (as updated by revised Best Value Guidance Statutory Guidance of March 2015) and has had regard to its duties under the Equality Act 2010. In terms of the Equality Act 2010 the Council has to bear in mind its wider Public Sector Equality Duty (PSED) when proposing service changes i.e. the duty to: (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this (Equality) Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.” (‘protected characteristics’ are: Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.) Again, in practical terms, the PSED requires any consultation regarding service change to be at the earliest opportunity, with persons possessing a protected characteristic who may be affected, be clear who it may affect and how, and give them the opportunity to express their views. The authority needs to be satisfied that meaningful consultation has taken place in accordance with the PSED. It would be important to consider whether the provision of such services by third parties, as an alternative to the Council’s provision, would satisfy the Council’s duty.</p> <p>With regard to any infrastructure changes involving works, the authority needs to comply with the Contract Rules and procurement law.</p> <p>Contact Officer: Shirin Wotherspoon, Head of Law (Commercial) Email: shirin.wotherspoon@tewkesbury.gov.uk , Tel: 01684 272017</p>
<p>HR implications (including learning and organisational development)</p>	<p>The HR implications are as detailed in the report. HR will work closely with the Property Team in respect of resourcing requirements.</p> <p>Contact officer: Carmel Togher, HR Business Partner Email: carmel.togher@publicagroup.uk, Tel: 01242 264391</p>

<p>Key risks</p>	<p>That Cheltenham Borough Council is unable to develop a commercial partnership with suitable businesses to provide the number of fit for purpose facilities, in line with considerations detailed in the consultation responses, to replace those public facilities identified for closure.</p> <p>That the proposals are viewed as being detrimental to Cheltenham’s amenity provision, by the public</p>
<p>Corporate and community plan Implications</p>	<p>The project supports the Place Strategy vision to be a place where our people, communities and environment thrives. Providing improved access to a greater number of well-maintained toilet facilities and investing in improvements to council owned facilities will contribute to improving the town centre and providing strong healthy inclusive communities.</p> <p>The project also contributes to our principles within the Corporate Plan to <i>“be commercially focused where needed and become financially self-sufficient to ensure we can continue to achieve value for money for the taxpayer”</i>.</p>
<p>Environmental and climate change implications</p>	<p>Reduction in use of energy and water on sites recommended to be closed.</p>
<p>Property/Asset Implications</p>	<p>Dependant on the delivery timescale for this scheme there may be resource availability issues within the Property team to undertake the activity proposed within this report.</p> <p>Contact Officer: Garrie Dowling, Senior Property Surveyor</p> <p>Email: gary.dowling@cheltenham.gov.uk</p> <p>Tel: 01242 264394</p>

1. Background

1.1 In May 2019 a report was submitted to Asset Management Working Group (AMWG) that detailed the current situation with regard to the Authority’s public toilets and four options for how the Authority might manage the amenity in the future. The options were:

- **Option 1** – Retain and invest in the facilities currently operational
- **Option 2** – Close all facilities and seek a community partnership initiative to provide public access to alternative facilities
- **Option 3** – Retain selective facilities and seek a community partnership initiative to provide public access to alternative facilities
- **Option 4** - Retain and invest in the facilities currently operational and introduce charging

Taking into account the feedback from the AMWG a report was subsequently submitted to Overview and Scrutiny and Cabinet in July.

1.2 Cabinet approved the recommendation to adopt a strategy to guide future decision making with regard to public conveniences and the recommendation that a consultation exercise be undertaken in respect of

option 3, "to retain selective facilities and seek a community partnership initiative to provide public access to alternative facilities", detailed within the options appraisal section.

1.3 The project team were asked to report back to AMWG, O&S and Cabinet with the outcome of the consultation and recommend a way forward.

2. Rationale

2.1 The majority of the public toilet facilities are in need of major refurbishment which will put substantial pressure on the planned maintenance budgets over the next ten years. Operationally, these facilities are also expensive to run, and while it is desirable to offer this public amenity, they will continue to be a costly obligation on the Authority's budgets.

2.2 There are commercial development opportunities that present themselves for a number of the public conveniences within the Town centre.

2.3 An additional consideration is the cost of maintaining the new 'Changing Places' accessible toilet at Pittville Park. There is a commitment to off-set these costs by making savings elsewhere.

2.4 Following an initial report on the Future of Public Toilets, AMWG, O&S and Cabinet request was to consult with our partners on the recommended option to retain selective facilities and seek a community partnership initiative to provide public access to alternative facilities.

2.5 Resulting consultation feedback may assist the Asset Management Working Group, Overview & Scrutiny and Cabinet members in their considerations and decisions on the future provision of public conveniences.

3. Consultation

3.1 The project team are now in a position to provide an update from the consultation undertaken on the proposals for the future of public toilets and initial feedback from the business community with regard to the community partnership initiative, and our recommendations for next steps.

3.2 Consultation has been focused on three sectors that are likely to have an interest in the outcome of any decision pertaining to the council's proposals for public toilets.

- Third sector partner organisations
- The public
- Businesses interested in the Community Partnership Initiative

3.3 We also met with Gloucester City Centre Manager to discuss their community partnership initiative to understand the challenges and benefits they have experienced.

3.4 Consultation Summary

A small number of responses from public consultation (129) were received.

In summary, the responses suggest that any solutions will need to be fit for purpose; therefore they will need to be:

- Accessible to all (including disabled users and users with babies)
- Clean
- Open during appropriate hours
- Safe

Should retail outlets be considered the solution, certain stores could be deemed inappropriate (bookmakers, lingerie shops) so for the avoidance of negativity, would suggest that we do not entertain these as potential inclusions.

3.5 Third Sector Partner Organisations

The Authority engaged with a number of Third Sector Partners to gauge their appetite for the proposals on the basis that their clients will have specific needs that should be considered.

Of the eleven organisations with whom contact was made, chosen since overall they represent a wide section of the community, responses have been received from seven, four being face to face and three by email.

The comments have been summarised below and details can be found in **Appendix A**.

- Clear signage/map
- Consideration of cultural/religious prohibition
- Preference is for Male/female separated toilets
- Toilets to be well-spaced around town and specifically in transport hubs
- Toilets within commercial premises need to be easily accessible
- High level of staff engagement required to ensure they are welcoming and helpful to the public.
- Greater provision of Changing Places within the town centre and the out of town retail parks required.
- Longer opening hours
- Consideration of sensory, visually impaired needs
- Consideration of accessibility needs
- Consideration of impact of the nature of the business on children
- Provision of consistent positive experience
- Toilets in more of the town's parks, open and available consistently, not less
- It is positive to pursue options that allow Cheltenham to have more toilets accessible around the town for the public
- Toilets accessible to use in the evenings would help the night time economy
- Businesses considered for commercial partnership must have decent lighting, facilities, access etc.
- The public toilets definitely need upgrading and the ideas for this are excellent
- It is good that CBC is consulting with Gloucester City Council over the business courtesy scheme. The ideas for this are good
- Consideration of safety in certain locations
- Consideration of voluntary sector organisation inclusion in Community Partnership Initiative

These considerations will be useful for identifying suitable business premises.

3.6 Public Consultation

Having engaged with the third sector organisations, a number raised the question why the council were not undertaking a public consultation. Given the Authorities wider Public Sector Equality Duty (PSED), this was reconsidered and a consultation was announced and published on 6th September 2019, closing on 26th September 2019. **Appendix B**

Three questions were asked –

- What, in your view, should the council consider when assessing suitability of toilet facilities within businesses/commercial properties.
- Are there any business types that you would not feel comfortable accessing to use their facilities
- Do you think these proposals are a good idea? If not, what are your concerns.

Feedback from the public consultation has been analysed and many of the comments echo those provided from the third sector organisations. This is encouraging as it would suggest that the opinions across a wide section of the community are aligned.

Question 1: What, in your view, should the council consider when assessing suitability of toilet facilities within businesses/commercial properties?

Response Overview: The most important issue for responders was accessibility of toilets, and that they should be suitable for all users, including disabled access and also access for baby buggies. Concerns were raised that the facilities would be open at suitable times i.e. not just during the normal working day. A desire to have clean facilities was mentioned, along with a need for baby changing facilities in both male and female toilets

Question 2: Are there any business types that you would not feel comfortable accessing to use their facilities?

Response Overview: Over 37% of responders stated that there were no facilities that they would feel uncomfortable using, however, of those that did voice an opinion, the most common facilities that would be considered uncomfortable to use were:

- Pubs
- Bookmakers
- Lingerie Shops
- Small Shops (as it was perceived that users might feel pressure to buy something)

It is not known whether these were stated as issue facilities for reasons of simple preference or maybe other reasons e.g. religious reasons

Question 3: Do you think these proposals are a good idea? If not, what are your concerns?

Response Overview: Of the responders, over 32% stated that they thought that the proposals were a good idea, with another 15% stating clearly that they thought that the proposals were a bad idea. The concerns voiced included:

- A belief that CBC owes it to the town to provide adequate public toilets (this was mentioned on a number of occasions)
- Concerns that anti-social behaviour will take place in facilities e.g. drug taking
- Concerns that staff offering their facilities may be subject to abuse from users

Also included within the consultation were seven questions relating to demographics, to help understand whether the feedback captured encompassed a wide range of respondents. Whilst this has been the case in most instances, the question relating to race/ethnicity showed over 86% of respondents classed themselves as white/white British.

Details of the feedback and demographic breakdown can be seen in **Appendix B**

3.7 Community Partnership Initiative Consultation

It was thought to be useful to gauge initial interest from businesses on support for a community partnership initiative.

A flyer headlining the community partnership proposal was sent out to town centre businesses, via The Cheltenham BID, and to Suffolk Road, Bath Road and Montpellier Traders. Whilst there was not a big response, we did get keen interest from the following businesses in the Town Centre –

- John Lewis
- House of Fraser
- Mr Mulligans Crazy Golf
- Treble 2 Coffee House.

Initial interest has also been shown from The Cheltenham Trust and our own premises, The Municipal Offices.

Further engagement will not be pursued until such time that Cabinet has granted approval of this approach.

3.8 Lessons Learned from Gloucester City Council

A meeting was held with Gloucester City Centre Manager, in August, to discuss the learnings they have found following the launch of their Public Toilets Community Partnership Scheme in 2012.

A summary of that discussion is detailed below.

Engaging Businesses

- Need to meet face to face
- Focus on targeting those premises identified rather than blanket engagement
- Primary concern of businesses – drugs & anti-social behaviour. However the regular use of these toilets means the ‘hidden’ element is removed and many businesses have cctv – both elements significantly reduce risk of poor behaviour and the council have had no cause for concern.
- Recommendation to provide payment on a quarterly basis to protect the council against losses should a business close.
- Some businesses don’t require payment as feel they benefit from being involved in the scheme, in other ways.
- All buildings owned by GCC automatically participate in the scheme.

Quality Standards

- BID ambassadors and PCSOs act as ‘mystery shoppers’ and report back to the council
- Whilst the council have not had complaints from either businesses or customers they would expect customers to initially speak to business if there are any issues. If a complaint came in to GCC, it would follow the standard complaints process.

Promotion

- Signage is crucial. Stickers on windows of businesses indicate the range of facilities available within the premises.



- Information is provided on GCC & Marketing Glos websites.
- Brochures available at TIC/Library/Council Offices but not at the business partner locations
- The scheme also benefits Purple Flag status

NOTE; There are no Changing Places in place or planned, within Gloucester city centre.

4. Development of Option 3

4.1 The feedback provided from consultation will be extremely helpful in developing option 3, i.e. retaining selected facilities and seeking a community partnership initiative to provide public access to additional facilities.

4.2 In order to move the project forward there is a requirement to identify and gain approval for those facilities to be retained and those to be closed.

4.3 In considering the feedback, it would seem that there is support for retaining those facilities located within the parks, Montpellier, Pittville and Sandford, these being seen as an important amenity. Montpellier Gardens and Pittville Park toilets will need to be refurbished. Sandford Park toilet is currently not fit for purpose and it is proposed to provide a new facility within close proximity of the existing site. This would improve both access and visibility and, consequently security.

4.4 Recommendations/Potential Opportunities

Asset	Recommendation
Bath Terrace	Close and access alternative facilities via a community partnership scheme
Imperial Gardens	Close and access alternative facilities via a community partnership scheme
Montpellier Gardens	Retain and refurbish
Pittville Park	Retain and refurbish
Royal Well	Close and access alternative facilities via a community partnership scheme
Sandford Park	Retain and redevelop a new facility
Ambrose Street	Keep Closed
Town Centre East	Keep Closed

4.5 The initial options were subject to an equality impact assessment which identified that any community partnership scheme would need to ensure that the council duties are met and that businesses operating under the scheme would provide a variety of choice and easy access to the user.

5. Financial Summary of realigned costs options

- 5.1** In order to ensure the financial implications of developing option 3 are as accurate as possible, a supplementary review of costs has been undertaken. This has involved additional analysis of maintenance costs with Ubico and refurbishment/redevelopment costs required on the basis of retaining the council's public toilet facilities within the parks, Montpellier, Pittville and Sandford.
- 5.2** The public toilets at Montpellier and Pittville will require refurbishment of the current facilities.
- 5.3** The public toilets at Sandford Park are no longer fit for purpose and will be required to be redeveloped. The recommendation is to build these in close proximity to the current site which will allow them to be of service to users of the playground, boule pitch, café and the park in general.
- 5.4** Whilst refurbishment costs will come from the planned maintenance budget, there will need to be provision made from the capital budget for the cost of redeveloping toilets at Sandford Park. A bid for funding a new facility will be included in the 2020/21 budget proposals to be considered by Council in February 2020.
- 5.5** Development of this proposal indicates an annual saving of nearly £100k. Full financial details can be found in Appendix C

Summary						
	Annual Revenue Net Cost	10 Year Refurbishment Costs (PMP)	New Capital Expenditure	Total 10 Year Cost	Annualised Net Cost for comparative purposes (10years)	Annual Saving compared to current state
Option 1 (Current)	£148,000	£1,023,000	£0	£2,503,000	£250,300	£0
Option 3	£108,000	£453,000	£0	£1,533,000	£153,300	-£97,000

Note: These figures have excluded any additional revenue from commercial opportunities. A separate piece of work would need to be undertaken to understand those financial benefits

- 5.6** This option will enable the Property team to investigate revenue generation from disposal or commercial opportunity from the five redundant amenities.

6. Conclusion

- 6.1** Continuing to keep the councils public conveniences open is expensive and many facilities are at the point where they require significant investment. Whilst the amenity is of benefit to residents and visitors to the town, the Council is not required, under current legislation, to provide these facilities.
- 6.2** Results from partner organisations and public consultation appear to support the proposal to retain selective facilities and undertake a community partnership initiative, on the basis that the selected premises are fit for purpose and will offer a positive experience.
- 6.3** Initial engagement suggests there is appetite from the business community to support the community partnership initiative.
- 6.4** The council will benefit from the learnings shared by Gloucester City Council on their community Partnership Scheme. Promotion of the community partnership scheme, through availability of information and clear signage is key to its success.
- 6.5** The toilets located within the towns' principal parks, Montpellier, Pittville and Sandford, provide important facilities in support of the public amenity and are, therefore, recommended to be retained.

6.6 The financial review has included updated maintenance costs and estimated refurbishment and redevelopment of the toilets recommended to be retained.

7. Recommendations

7.1 In reviewing the current status and future opportunities presented from our public convenience amenity and the feedback received from the consultation undertaken the project team makes the following recommendations:-

- Develop a community partnership scheme allowing public access to public conveniences in commercial premises that are fit for purpose and where it is geographically beneficial to do so.
- Request the Property team implement asset investment and rationalisation in line with potential opportunities for the five toilet facilities proposed to be closed.
- Request the Property team implement plans to refurbish Montpellier Park and Pittville Park toilets and redevelop the facilities at Sandford Park.
- Deliver a communication plan that engages and informs the public and stakeholders on the project proposals in a timely manner.

8. Performance management –monitoring and review

8.1 This project will follow the principles of Prince 2 project management.

8.2 The business case in this report will provide the benchmark for measuring the financial benefits over the following 10 years

8.3 The success of the project will be monitored as part of the councils standard performance management strategy

Report author	<p>Contact officer: Jane Stovell, Project Manager</p> <p>Email: jane.stovell@cheltenham.gov.uk</p> <p>Tel: 01242 264367</p>
Appendices	<p>A. Third Sector Partner Organisation Feedback</p> <p>B. Public Consultation</p> <p>C. Realigned Costs for Option 3</p> <p>D. Risk Assessment</p> <p>E. Equality Impact Assessment</p>
Background information	<p>Cabinet Report May 2019 https://democracy.cheltenham.gov.uk/documents/s30109/2019_07_09_Toilets_Cab_Report_v5.pdf</p> <p>https://webarchive.nationalarchives.gov.uk/20120920031420/http://www.communities.gov.uk/documents/localgovernment/pdf/1064520.pdf</p> <p>https://webarchive.nationalarchives.gov.uk/20120920031546/http://www.communities.gov.uk/documents/localgovernment/pdf/713772.pdf</p>

Appendix A

Third Sector Partner Organisation Feedback

Organisations contacted –

- GRCC (VCS)
- LGBT partnership
- Gloucester Gay & Lesbian Community
- West End Partnership
- Sahara Saheli
- Family Space
- Active Impact
- PATA
- Highbury Club (VIPs)
- National Star
- Accessibility Forum

Consultee	poc	comments
GRCC (VCS)	Angela Gilbert	<ul style="list-style-type: none"> It is positive to peruse options that allow Cheltenham to have more toilets accessible around the town for the public. It would help the night time economy (and hopefully reduce issues of people urinating in doorways and on businesses) if there were more toilets accessible to use in the evenings. It is key to ensure a spread of accessible toilets placed in the right places around town. It is key that the businesses who sign up have toilets with decent lighting, facilities, access etc. The National Star College have a desperate need for more changing places toilets – Angela can send Jane a contact to link her directly to Parent Carer groups. Sandra from The Highbury Club wants to ensure that toilets are friendly for visually impaired individuals. For example a white room with white sanitary ware can be an issue as VIP can't differentiate one item from another. And a key one at the end: Why is this not a public consultation? It seems key that the public are made aware and the forum are keen to push this point.
LGBT partnership	Emma Mawby	<p>Suggest have a chat on podcast - contact Claire Peterson to arrange</p> <p>Ideally people want choice gender neutral,w,m,family,disabled,baby changing</p> <p>women less keen on unisex</p> <p>consider business turnover - see GCC</p> <p>consider complaint route - see GCC</p> <p>Signage reflecting type of toilet available</p> <p>more than currently available & dotted around town</p> <p>pub toilets not appealing for this group</p> <p>Check coffee shop policies</p> <p>also contact Glos carers hub & glos young carers</p>
Gloucester Gay & Lesbian Community	Howard Hyman	<p>The public toilets definitely need upgrading and the ideas for this are excellent.</p> <p>It is good that CBC is consulting with Gloucester City Council over the business courtesy scheme. The ideas for this are good.</p> <p>Perhaps there could be some sort of alarm system in the public toilets where some people may feel unsafe at certain times such as the bus station, parks etc</p>
West End Partnership	Bernice Thomson	
Sahara Saheli	Sarah West	<ul style="list-style-type: none"> A map would be really useful, to know where the toilets are We need to ensure there are enough disabled toilets in the town Clear big signage which is easy to spot is key (so they know where the toilets are) Important to offer large baby changing spaces The Muslim ladies would not use a toilet in a public house They would prefer toilets which are separated for each sex, though thought that the gender neutral toilets which are enclosed with sinks would potentially be ok. It is important to have the toilets well-spaced around town. One lady thought that all the public toilets were key and important to keep them all open They discussed how the royal well one was useful for travelling by bus (there isn't one at the Gloucester station?) and even though there is the pay one at the station you can only go in one at a time which isn't ideal. One of the ladies thought that all the young people without jobs in the town should be used to clean and look after the toilets.
Family Space Active Impact	Sarah Avery	<p>1) - Toilets made available to members of the public within businesses etc need to be easy to find, ideally on the ground floor and to be spacious and accessible to ensure disabled people can use them easily.</p> <p>Staff should be well trained to understand that the toilets are public access and to be inclusive of all users, including disabled people (may not be 'visible' conditions), and LGBTQ+ community.</p> <p>More provision of Changing Places within the town centre and the out of town retail parks are much needed (good to hear about Regent's Arcade).</p> <p>If public are relying on the toilets then they need to be open for consistent hours and for as long into the evening as possible.</p> <p>Consider sensory needs - are the lights defuse, is there a loud hand dryer? Are strong smelling cleaning products or air fresheners used?</p> <p>In accessible toilets is there transfer space on both sides of the toilet?</p> <p>Are all staff trained to know how to respond if the emergency cord is pulled? Do all staff know and is it clearly marked for users too that the emergency cord must hang freely down to the ground? 'tucking it away' for safety round handles etc renders it wholly ineffective as someone who has fallen to the floor and needs assistance will not be able to reach it.</p> <p>2) Licensed bars etc may not be appropriate for some users. Loud music, rowdy clientele etc. Relying on fast food restaurants for public toilets could present issues for families of children whose impairments may mean they cannot separate using the facilities with visiting for food meaning families risk a meltdown to go in to use loo and come out without buying food etc.</p> <p>3) While having more toilets available in more locations by using businesses, offices etc across the town would be a positive the management of quality and customer service will be important to ensure people are not having a negative experience. Consistent access is so important and still having a municipal facility would be one way of providing this.</p> <p>If current facilities in public spaces like parks are reduced this will severely impact people whose conditions mean they need to be near a toilet facility at all times (this is more people than you think and can include people with temporary impairments such as post-natal women). Having to walk from a park some distance to a local business could cause undue physical and emotional distress. We need toilets in more of the town's parks, open and available consistently, not less.</p>
PATA	Paula Hayball	
Highbury Club (VIPs)	Sandra Henley	<p>only request for the décor of the accessible/disabled toilets to be 'visually-impaired-friendly'. Something quite minor (in cost) can make a huge difference to a vip's independence.</p> <p>Example: I took my group to a restaurant recently which I had checked had a nice, roomy, accessible toilet. However, my vip friend needed me to take her right into it rather than just show her the door as it was completely white and she couldn't differentiate the sanitary-ware from the walls etc.</p>
National Star	Davina Jones	
Accessibility Forum	Barbara Driver	<p>I don't use the public toilets in the parks etc. very often. I tend to use the ones in Caffé Nero/Marks and Spencer where I can access them independently with my guide dog. I would feel very vulnerable going to the public ones in the park.</p>

Appendix B

Public Consultation Responses

A summary of the responses to questions 1-3 are included in section 3.6 of the report.

Detailed responses to questions 1-3 are to be found in a separate attachment

<\\mudata\Shared Data\Special Projects\Public Toilets\Consultation\Final export - Data All 190927\Proposals for the future of public toilets in Cheltenham.xlsx>

Demographic Responses – questions 4-10

Please note that questions from this point on were optional

Question 4: Are you a resident of the Cheltenham Borough area?

Response Overview: 87.5% of responders are residents of Cheltenham Borough, however those from outside of the Borough will still have valid opinions, as they may live in areas outside of the Borough but work in the town e.g. residents of Bishops Cleeve and Woodmancote

Question 5: What is your gender?

Response Overview: Over 63% of responders identified as female, with over 31% identifying as male

Question 6: What is your age group?

Response Overview: There was a wide spread of ages responding to the consultation, which was encouraging to see. Very few respondents were in the over 75's bracket, however this may be due to the fact that the consultation was online and the aged population possibly does not have access to online solutions. The majority of responders (over 41%) were within the age range of 45-64

Question 7: Which of the following categories best describes your employment status?

Response Overview: The employment status of responders was as follows:

- Employed >47%
- Not Employed >7%
- Retired >34%
- Disabled >4%

This broad spectrum of employment status' is encouraging, as the results of the consultation can be seen to encompass the opinions of the diverse nature of those living in the Borough, and so can be considered a fair representation of the population as a whole

Question 8: Which race/ethnicity best describes you?

Response Overview: Over 86% of responders stated that they were White/White British. This is slightly disappointing as it would have been nice to have had a slightly more diverse cross section of those living and working in the Borough

Question 9: Do you identify as having a disability or impairment in any way?

Response Overview: For responders to this question, the results were as follows:
Disabled >28%

Not Disabled >61%
Prefer Not To Say 10%

This spectrum is encouraging, as it would suggest that the responders will have given due consideration to their needs, which in turn should have assisted in providing thoughtful feedback

Question 10: What is your religion, if any?

Response Overview: The responders, by and large, split into 2 categories:
Christian (including Catholic) >34%
No Religion >51%

Appendix C

Realigned Costs for Option 3

OPTION 1 Retain and invest in the facilities currently operational

Current Revenue Running Costs

	Bath Terrace	Imperial Gardens	Montpellier Gardens	Pittville Park	Changing Places Pittville Park	Royal Well	Sandford Park	Ambrose Street	Town Centre East	Total							
Ubico Costs	£ 6,859	£ 11,156	£ 22,070	£ 26,898	£ -	£ 22,070	£ 9,581	£ -	£ -	£ 97,633							
Utilities - Electricity	£ 725	£ 1,180	£ 2,334	£ 2,845	£ -	£ 2,334	£ 908	£ -	£ -	£ 10,327							
Utilities - Water	£ 466	£ 758	£ 1,500	£ 1,828	£ -	£ 1,500	£ 583	£ -	£ -	£ 6,634							
Utilities - Sewerage & Drainage	£ 531	£ 863	£ 1,708	£ 2,082	£ -	£ 1,708	£ 664	£ -	£ -	£ 7,556							
Compliance	£ 167	£ 756	£ 357	£ 508	£ 2,500	£ 364	£ 52	£ -	£ -	£ 4,704							
Maintenance	£ 5,706	£ 4,446	£ 7,816	£ 6,603	£ 600	£ 8,336	£ 1,432	£ -	£ -	£ 34,939							
Business Rates	£ 2,470	£ 1,656	£ 2,928	£ -	£ -	£ 1,646	£ -	£ -	£ -	£ 8,700							
Contribution	£ -	-£ 14,600	£ -	£ -	£ -	£ -	£ -	£ -	£ -	-£ 14,600							
Current Revenue Running Costs	£ 16,925	£ 6,215	£ 38,712	£ 40,764	£ 3,100	£ 37,958	£ 12,220	£ -	£ -	£ 155,893							
Adjusted by																	
New Revenue Costs Yr 1	£ 16,925	£ 6,215	£ 38,712	£ 40,764	£ 3,100	£ 37,958	£ 12,220	£ -	£ -	£ 155,893	£ 15,589						
Annual Saving NNDR Yr2-10	-£ 2,470	-£ 1,656	-£ 2,928	£ -	£ -	-£ 1,646	£ -	£ -	£ -	-£ 8,700							
NEW Revenue Saving Yr2-10	£ 14,455	£ 4,559	£ 35,784	£ 40,764	£ 3,100	£ 36,311	£ 12,220	£ -	£ -	£ 147,193	£ 132,474						
Referbishment costs next 10 years	£ 200,000	£ 200,000	£ 250,000	£ 60,000		£ 225,000	£ 88,000	£ -	£ -	£ 1,023,000		£ 1,023,000					
												Total	£ 148,063	£ 1,023,000	£ -	£ -	£ -
												Rounded	£ 148,000	£ 1,023,000	£ -	£ 2,503,000	£ 250,300
												Annual Revenue Costs	10 Year Refurbishment Costs (PMP)	New Capital Expenditure	Total 10 Year Cost	Annualised Cost for comparative purposes	

OPTION 3 Retain Selective facilities and seek community partnership initiative to provide public access to additional facilities

Current Revenue Running Costs

	Close	Close	Retain	Retain	Retain	Close	Retain	Close	Close				
	Bath Terrace	Imperial Gardens	Montpellier Gardens	Pittville Park	Changing Places Pittville Park	Royal Well	Sandford Park	Ambrose Street	Town Centre East	Total			
Ubico Costs	£ 6,859	£ 11,156	£ 22,070	£ 26,898	£ -	£ 22,070	£ 8,581	£ -	£ -	£ 97,633			
Utilities - Electricity	£ 725	£ 1,180	£ 2,334	£ 2,845	£ -	£ 2,334	£ 908	£ -	£ -	£ 10,327			
Utilities - Water	£ 466	£ 758	£ 1,500	£ 1,828	£ -	£ 1,500	£ 583	£ -	£ -	£ 6,634			
Utilities - Sewerage & Drainage	£ 531	£ 863	£ 1,708	£ 2,082	£ -	£ 1,708	£ 664	£ -	£ -	£ 7,556			
Compliance	£ 167	£ 756	£ 357	£ 508	£ 2,500	£ 364	£ 52	£ -	£ -	£ 4,704			
Maintenance	£ 5,706	£ 4,446	£ 7,816	£ 6,603	£ 600	£ 8,336	£ 1,432	£ -	£ -	£ 34,939			
Business Rates	£ 2,470	£ 1,656	£ 2,928	£ -	£ -	£ 1,646	£ -	£ -	£ -	£ 8,700			
Contribution	£ -	-£ 14,600	£ -	£ -	£ -	£ -	£ -	£ -	£ -	-£ 14,600			
Current Revenue Running Costs	£ 16,925	£ 6,215	£ 38,712	£ 40,764	£ 3,100	£ 37,958	£ 12,220	£ -	£ -	£ 155,893			
Adjusted by													
Remove Ubico Saving	-£ 9,351	-£ 8,599				-£ 17,013				-£ 34,964			
Remove Other costs	-£ 10,066	£ 4,941				-£ 15,888		£ -	£ -	-£ 21,014			
Add back NNDR, costs will be until asset disposal	£ 2,470	£ 1,656				£ 1,646		£ -	£ -	£ 5,772			
Community Partners 10 @ £500										£ 5,000			
New Revenue Costs Yr 1	-£ 22	£ 4,212	£ 38,712	£ 40,764	£ 3,100	£ 6,703	£ 12,220	£ -	£ -	£ 110,688		£ 11,069	
Annual Saving NNDR Yr2-10			-£ 2,928	£ -	£ -		£ -			-£ 2,928			
NEW Revenue Saving Yr2-10	-£ 22	£ 4,212	£ 35,784	£ 40,764	£ 3,100	£ 6,703	£ 12,220	£ -	£ -	£ 107,760		£ 96,984	
Refurbishment costs next 10 years	£ -	£ -	£ 250,000	£ 60,000	£ -	£ -	£ 143,000	£ -	£ -	£ 453,000			£ 453,000
										Total	£ 108,053		£ 453,000
										Rounded	£ 108,000		£ 453,000
											Annual Revenue Costs		10 Year Refurbishment Costs (PMP)

Appendix D

Risk Assessment

The risk				Original risk score (impact x likelihood)			Managing risk					
Risk ref.	Risk description	Risk	Date raised	Impact 1-5	Likelihood 1-6	Score	Control	Action	Deadline	Responsible	Transferred to risk register	Risk Status
		Owner								officer		
1.01	If Cheltenham Borough Council is unable to develop a community partnership with suitable businesses to provide fit for purpose facilities then there may be a reduction in the number of public conveniences that are currently available.	MS	29/05	4	3	12	Reduce	Engagement with Cheltenham BID to support the initiative will assist with developing partnerships. Plan to approach more businesses that required to increase options Consult with partners to understand detailed requirements of our PSED	tbc	JS	N	Open
1.02	If the proposals are determined to be detrimental to Cheltenham's amenity provision by residents then the reputation of the council will be damaged	MS	29/05	2	4	8	Reduce	Ensure that communications stress the benefits of the proposals to residents. Provide clear information about the toilets available as part of the community partnership on CBC website. Provide clear signage for businesses involved in the community partnership scheme.	tbc	Comms	N	Open

1.03	If the proposals are determined to be detrimental to Cheltenham's amenity provision by visitors then there could be a detrimental impact on tourism	MS	29/05	2	3	6	Reduce	<p>Ensure that communications stress the benefits of the proposals to visitors. Share information with Marketing Cheltenham</p> <p>Provide clear information about the toilets available as part of the community partnership on CBC and Visit Cheltenham websites. Provide clear signage for businesses involved in the community partnership scheme.</p>	tbc	Comms	N	open
1.04	If the proposals are determined to be detrimental to Cheltenham's amenity provision by those with specific needs then the council could be accused of being unsupportive to disadvantaged groups.	MS	29/05	3	3	9	Reduce	<p>Consult with partners to ensure the community partnership initiative delivers facilities suitable for all residents and visitors and PSED is considered. Ensure that communications stress the benefits of the proposals to residents. Provide clear information about the toilets available as part of the community partnership initiative on CBC website. Provide clear wayfinding signage to businesses involved in the community partnership scheme. Engage with 3rd sector organisations to ensure information is available to those groups with specific needs.</p>	tbc	JS	N	Open

1.05	If the costs of refurbishment of the retained toilets has been underestimated then the business case will not deliver the level of benefits identified in this document	PJ	29/05	3	3	9	Accept	Ensure refurbishment costs are competitive and design brief details cost effective requirements	tbc	Property	N	Open
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Appendix E

Equality impact assessments – for services, policies and projects

Background

Name of service / policy / project and date	The Future of Public Convenience Provision – Consultation Output
Lead officer	Mark Sheldon, Director of Projects
Other people involved in completing this form	Jane Stovell, Project Manager Louise Forey, Participation and Engagement Team Leader

Step 1 - About the service / policy / project

What is the aim of the service / policy / project and what outcomes is it contributing to	<p>The project aim is to improve access to public conveniences for residents and visitors; to identify and generate cost savings to offset the additional costs of the providing the Changing Places facilities and realise the commercial potential from rationalisation of the public conveniences in the town centre; refurbish/replace the retained toilets and develop alternative partnership initiatives that will increase the choice of amenities available to the public.</p> <p>These outcomes contribute to enable our people, communities and environment to thrive. The project also contributes to our principles within the Corporate Plan to “be commercially focused where needed and become financially self-sufficient to ensure we can continue to achieve value for money for the taxpayer”.</p>
Who are the primary customers of the service / policy / project and how do they / will they benefit	<p>The public, both residents and visitors are the customers of this project.</p> <p>Providing public access to a greater number of well-maintained toilet facilities, with increased opening hours, and investing in improvements to council owned facilities will contribute to improving the town centre and providing strong healthy inclusive communities.</p>
How and where is the service / policy / project implemented	The scope of the project covers Cheltenham Town centre and central parks

What potential barriers might already exist to achieving these outcomes	Ability to develop community partnerships with businesses that would provide sufficient suitable accessible toilet facilities
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Step 2 – What do you know already about your existing / potential customers

What existing information and data do you have about your existing / potential customers e.g. Statistics, customer feedback, performance information	<p>Consultation has been undertaken with third sector partners, members of the public and businesses to understand more their needs and expectations.</p> <p>Previous consultation specific to those with complex disabilities was undertaken as part of the CBC Changing Places project.</p> <p>Research and Government guidance (March 2008 and November 2008) encouraging local authorities to provide better access and better quality toilets, provides useful information when considering Community Partnership Toilet Schemes –</p> <ul style="list-style-type: none"> • Promotion of scheme • Signage both external and within the business facility • Accessibility for those with disabilities • Consideration of the nature of the business (e.g. single women or people with specific religious beliefs may not be comfortable using a pub toilet) • Range of businesses to meet needs at different times of the day • Improvements to poor quality facilities that attract anti-social activity
What does it tell you about who uses your service / policy and those that don't?	<ul style="list-style-type: none"> • Anyone may need to use a public toilet. • Some people are comfortable using public facilities within businesses whilst others feel they should only use these facilities if they are a customer of said business. • Some people feel vulnerable using council facilities due to perceived isolated environment or threat of anti-social behaviour. • Some people cut short their time spent in the town centre as do not feel comfortable using a public facility at all • Council facilities opening hours do not always support the business hours within the town.
What have you learnt about real barriers to your service from any consultation with customers and any stakeholder groups?	Genuine or perceived safety levels and current opening hours appear to be a barrier to provision of a useful amenity for the town
If not, who do you have plans to consult with about the service / policy / project?	

Step 3 - Assessing Impact

How does your service / policy / project impact on different groups in the community?

Group	What are you already doing to benefit this group	What are you doing that might disadvantage this group	What could you do differently to benefit this group	No impact on this group
Ethnicity / Race	Public and third sector Consultation	Select inappropriate businesses to join the community partnership scheme	Ensure the community partnership scheme engages with a variety of businesses to provide choice for the user	
Sex	Public Consultation	Select inappropriate businesses to join the community partnership scheme	Ensure the community partnership scheme engages with a variety of businesses to provide choice for the user	
Gender Reassignment	Public Consultation & LGBTQ+ consultation	Select inappropriate businesses to join the community partnership scheme	Ensure the community partnership scheme engages with a variety of businesses to provide choice for the user	
Age	Public Consultation	Select inappropriate businesses to join the community partnership scheme	Ensure the community partnership scheme engages with a variety of businesses to provide choice and easy access for the user	
Disability	Public and third sector Consultation	Select accessible inappropriate businesses to join the community partnership scheme	Ensure the community partnership scheme engages with a variety of businesses to provide choice and easy access for the user	
Religion or belief	Public and third sector Consultation	Select inappropriate businesses to join the community partnership scheme	Ensure the community partnership scheme engages with a variety of businesses to provide choice for the user	
Sexual orientation	Public Consultation & LGBTQ+ consultation	Select inappropriate businesses to join the community partnership scheme	Ensure the community partnership scheme engages with a variety of businesses to provide choice for the user	

Marriage and Civil Partnership	Public Consultation	Select inappropriate businesses to join the community partnership scheme	Ensure the community partnership scheme engages with a variety of businesses to provide choice for the user	
Pregnancy & Maternity	Public Consultation	Select inappropriate and inaccessible businesses to join the community partnership scheme	Ensure the community partnership scheme engages with a variety of businesses to provide choice and easy access for the user	
Other socially excluded groups or communities	Public Consultation	Select inappropriate businesses to join the community partnership scheme	Ensure the community partnership scheme engages with a variety of businesses to provide choice and easy access for the user	

Step 4 - what are the differences

Are any groups affected in different ways to others as a result of the service / policy / project?	Financially disadvantaged groups may be more likely to be impacted as may not have easy access to transport options which gives them greater mobility flexibility. This could result in these groups being more dependent on facilities within the town centre. People with disabilities that currently use the facilities may need to consider planning alternative pedestrian routes around the town to ensure ease of access to facilities in new locations.
Does your service / policy / project either directly or indirectly discriminate?	No
If yes, what can be done to improve this?	
Are there any other ways in which the service / project can help support priority communities in Cheltenham?	Promotion of the community partnership scheme needs to consider those who are visually impaired. Ensuring refurbishment of retained council facilities is undertaken in line with relevant Equality and Disability legislation.

Step 5 – taking things forward

What are the key actions to be carried out and how will they be resourced and monitored?	It is essential that the objectives of the Community Partnership Toilet Scheme are achieved and that the locations secured as part of the scheme are fit for purpose for all residents and visitors and successfully promoted through various channels, prior to implementing closure of existing facilities
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Who will play a role in the decision-making process?	Propose to engage CBC community partnerships officers and partners to ensure no group is disadvantaged in decisions on the location and facilities on offer as part of the community partnership scheme.
What are your / the project's learning and development needs?	Discuss with partner groups the most appropriate way to promote the new facilities and ensure people are aware of the scheme.
How will you capture these actions in your service / project planning?	Captured as part of the project risks and individual considerations when determining locations and businesses to engage with as part of the Community Partnership Scheme

Information/Discussion Paper

Overview and Scrutiny - 21 October 2019

Update on the development of the Gloucestershire Joint Health and Wellbeing Strategy

1. Background

- 1.1 Under the Health and Social Care Act 2012, Health and Wellbeing Boards have a statutory duty to develop a Joint Health and Wellbeing Strategy. It requires the Local Authority (GCC) and Clinical Commissioning Group (CCG) to work together to understand the health and wellbeing needs of their local community, and agree joint priorities for addressing these needs to improve health and wellbeing outcomes and reduce inequalities through commissioning.
- 1.2 Further to the report to O+S on 1 July 2019, the latest draft Joint Health and Wellbeing Strategy was agreed by the Health and Wellbeing Board on 23 July 2019 and members can review it [here](#). The board has recently undertaken a period of consultation on the draft from 20 August to 15 October.
- 1.3 However, the lead officer for the strategy has indicated that a response from Cheltenham Borough Council would be welcomed on 22 October 2019. Hence there is an opportunity for O+S to consider developing a response to the draft strategy.
- 1.4 If members wish to respond individually, the consultation is available [here](#).

2. Key elements of the draft strategy

2.1 Our approach - The Gloucestershire Way

2.2 The draft strategy sets out a proposed approach called the Gloucestershire Way:

We know that connected and empowered communities are healthy communities. The assets within communities, such as the skills and knowledge, social networks and community organisations, are building blocks for good health.

As part of our commitment to improving health and wellbeing, we seek to develop our relationships and connections with communities and recognise local strengths. Often referred to as a 'strengths-based' or 'asset-based' approach, this requires a different way of thinking and different conversations.

We have some excellent examples of where this already happens but we want to build on this.

The Gloucestershire Way will be to build a shared understanding and commitment to working in a strengths-based approach. This will be underpinned with a clear set of guiding values. Through this shift in ways of working, we will build community strength and resilience with associated improvements in health and wellbeing.

Consultation question:

Our approach - The Gloucestershire Way

The strategy describes 'The Gloucestershire Way'. This is how through a shift in ways of working, we will build community strength and resilience to improve health and wellbeing.

Please refer to page 3 of the strategy which details our approach.

Do you agree with this approach?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

2.3 The Joint Health and Wellbeing Strategy vision

'Gloucestershire is a place where everyone can live well, be healthy and thrive'.

Consultation question:

Vision

To what extent do you agree or disagree with the overall vision that "Gloucestershire is a place where everyone can live well, be healthy and thrive"?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

2.4 The Joint Health and Wellbeing Strategy priorities

2.5 There are seven Health and Wellbeing Board priorities.

- Physical activity - We want to make being physically active the social norm, and get 30,000 inactive people in Gloucestershire active.
- Adverse Childhood Experiences (ACEs) - We want to build resilient communities and organisations that take action to prevent the potential lifelong impacts of adverse childhood experiences.
- Mental wellbeing - We want every Gloucestershire resident to enjoy the best possible mental health and wellbeing throughout their life.
- Social isolation and loneliness - We want to enable local people to build and nurture strong social networks and vibrant communities.
- Healthy lifestyles - We will aim to halve the level of childhood obesity in Gloucestershire and reduce the gap in obesity rates between the most and least deprived parts of the county.
- Early years and best Start in Life - We want to ensure that every child in Gloucestershire has the best start in life.
- Housing - We want to improve the quality, affordability, availability and suitability of housing.

2.6 Tackling social isolation and loneliness is a shared priority between the Health and Wellbeing Board and Safer Gloucestershire.

2.7 Each of the seven priorities are at different stages of development. The Board has recognised that it is important that the emphasis is maintained on where it can add value and what can only be tackled in partnership.

2.8 The board state that it is important to recognise the need for local areas to be able to adopt bespoke approaches to how they approach the seven priorities.

2.9 There are no consultation questions relating to the priorities.

2.10 Addressing health inequalities

2.11 Tackling poverty and inequality is a theme running across all of health and wellbeing priorities. In line with the NHS Long-Term Plan, the board is committed to a 'more concerted and systematic approach to reducing health inequalities'.

2.12 The board remains dedicated to improving outcomes for all, but for those in the worst position fastest. They recognise that inequalities can be identified according to where people live, and that this is particularly true in some areas where there are high levels of deprivation and need; but there are also inequalities between genders, ethnicities, ages and abilities that need to be tackled. The board will take an evidence based approach to reducing health inequalities through our work on each of the priorities.

2.13 The Joint Health and Wellbeing Strategy principles for ways of working

- **A systems leader:** The Health and Wellbeing Board to take a position as a systems leader to enable and facilitate change to improve population health and wellbeing.
- **Prevention focused:** Developing a system wide shared understanding and commitment to prevention and early intervention.
- **Collaborative and community centred:** Taking a strengths based, community centred approach. Ensuring a collaborative approach engaging communities in on-going conversations about the health and wellbeing priorities, assets and how we measure success.
- **Holistic:** Taking a whole person, whole life and whole population approach to prevention.
- **Parity of esteem:** Ensuring equality in how we think about mental health and physical health and how they are valued.
- **Achieving equity in health and wellbeing:** Developing shared understanding and commitment to addressing the differences in health status that exist between people due to social, geographical, biological or other factors.
- **Addressing the wider determinants of health and wellbeing:** Recognising that many poor outcomes in health and wellbeing result from a complex interaction and accumulation of factors and poor life chances over time.
- **Recognising where we add value:** Focusing on actions where by working together we can make the biggest difference to those in the greatest need.

Consultation question:

Principles for ways of working

To what extent do you agree or disagree with the principle ways of working for the Health and Wellbeing Board?

Please refer to page 30 of the strategy which details the principles.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

2.14 Delivering the priorities

2.15 Whilst all of the priorities will need a whole systems approach, it remains important to have an identified lead for each priority. There will be an identified partnership and a named Health and Wellbeing Board member responsible for the strategic oversight of

each priority.

Proposed strategic leadership for each priority

Priority	Partnership Board leading	Health and Wellbeing Board member lead
Physical activity	Gloucestershire Moves	Dr Andy Seymour
Adverse Childhood Experiences (ACEs)	ACEs Panel	Julian Moss
Mental wellbeing	Mental Health Partnership	tbc
Social isolation and loneliness	Enabling Active Communities	Mary Hutton / Chris Brierley
Healthy lifestyles	Healthy Weight Programme Board	Sarah Scott
Early years / Best Start in Life	tbc	Andy Dempsey
Housing	tbc	tbc

Other consultation questions:

How would you like to be involved to support the delivery of the priorities?

Do you have any other feedback on the draft strategy or the impact it could have on local people?

3. Next steps

3.1 For O+S to determine whether it wishes to make a response to the consultation.

Background Papers	https://www.gloucestershire.gov.uk/media/2091564/gc_c_2596-joint-health-and-wellbeing-strategy_dev8.pdf
Contact Officer	Richard Gibson, Strategy and Engagement Manager. 01242 264280. richard.gibson@cheltenham.gov.uk
Accountability	Cllr. Flo Clucas, cabinet member healthy lifestyles

Information/Discussion Paper

Overview and Scrutiny - 21 October 2019

Deprivation and inequality in Cheltenham

1. Why has this come to Scrutiny?

1.1 To update Overview and Scrutiny on the latest data and information relating to

- The [Indices of Deprivation 2019](#) – published by MHCLG on 26 September 2019
- [Cheltenham Needs Analysis 2019](#) – prepared by Glos County Council in July 2019

1.2 Plus a reminder of:

- [Children and young people needs assessment 2018](#) – prepared by Glos County Council

1.3 In light of our place vision – to make Cheltenham a place where everyone can thrive - to discuss with Overview and Scrutiny some suggested ways that council could respond:

- Development of a social value policy
- Development of a strategy for inclusive growth
- Committing to second year of No Child Left Behind

2. About the Indices of Deprivation 2019

2.1 The Index of Deprivation 2019 is an overall relative measure of deprivation, published every few years by the Government, which is constructed by combining seven domains of deprivation which are as follows:

- The Income Deprivation Domain measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings.
- The Employment Deprivation Domain measures the proportion of the working-age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities.
- The Education, Skills and Training Deprivation Domain measures the lack of attainment and skills in the local population. The indicators fall into two sub-domains: one relating to children and young people and one relating to adult skills.
- The Health Deprivation and Disability Domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality.
- The Crime Domain measures the risk of personal and material victimisation at local level.
- The Barriers to Housing and Services Domain measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing such as affordability.
- The Living Environment Deprivation Domain measures the quality of the local environment. The indicators fall into two sub-domains. The 'indoors' living environment measures the quality of housing; while the 'outdoors' living environment contains measures of air quality and road traffic accidents.

2.2 There are two supplementary indices, which are subsets of the Income Deprivation Domain, which are:

- The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families.
- The Income Deprivation Affecting Older People Index (IDAOP) measures the proportion of all those aged 60 or over who experience income deprivation.

2.3 The extent of deprivation in Cheltenham

2.4 Table 1 (see appendix) ranks all 75 Cheltenham lower super output areas (LSOAs) from most deprived to least deprived. We have two LSOAs in the 10% most deprived in England where an estimated 3,014 people live, and a further six LSOAs in the 10%-20% most deprived where a further 9,169 live. There is also a map of the LSOAs at the rear of the report.

2.5 There are 21 LSOAs in the 10% least deprived and within Gloucestershire, it is acknowledged that Cheltenham district displays the largest contrasts in deprivation. Table 2 below provides a comparison with the 2015 Indices of Deprivation

Table 1

	2019 LSOAs IMD	population	2015 LSOAs	population
10% most deprived	2	3,014	3	4,355
10%-20% most deprived	6	9,169	5	7,828
10% least deprived	21	32,152	20	30,648

2.6 What the Indices of Deprivation tell us:

2.7 Table 3 below sets out the domains that have the highest number of LSOAs that appear in the 10% most deprived.

Table 3

Domain	No of LSOAs in top 10%
Education, Skills and Training Deprivation Domain	7
Income Deprivation Domain	3
Employment Deprivation Domain	2
Health Deprivation and Disability Domain	2
Barriers to Housing and Services Domain	2
Living Environment Deprivation Domain	1
Crime Domain	0

2.8 Table 4 (see appendix) also sets out information relating to the eight areas in the most deprived 20% LSOAs.

2.9 From tables 3 and 4, it is apparent that the main drivers of deprivation in Cheltenham are the following:

- Education and skills deprivation (ie the lack of attainment and skills in the local population. The seven areas in the 10% most deprived have over 10,000 people living them.
- Income deprivation (ie proportion of the population experiencing deprivation relating to low income). The three areas in the 10% most deprived have over 4,500 people living in them.

2.10 Looking at educational & skills deprivation in a bit more detail, there are two sub-domains: one relating to children and young people and one relating to adult skills which are designed to reflect the 'flow' and 'stock' of educational disadvantage within an area respectively. That is, the 'children and young people' sub-domain measures the attainment of qualifications and associated measures ('flow'), while the 'skills' sub-domain measures the lack of qualifications in the resident working-age

adult population ('stock').

	2019 no of LSOAs children and young people skills	Population Under 18s	2019 no of LSOAs Adult skills	Population adults
10% most deprived	8	3089	5	3983

2.11 Eight areas are in the in top 10% most deprived for children and young people education and five areas are in the top 10% most deprived for adult skills.

2.12 Income deprivation affecting children

2.13 The Income Deprivation Affecting Children Index measures the proportion of all children aged 0 to 15 living in income deprived families. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

	2019 no of LSOAs IDACI	Population Under 18s
10% most deprived	6	2,347
10%-20% most deprived	6	2,104

2.14 We have six areas in the in the 10% most deprived where an estimated 2,347 under 18s live and a further six areas in the 10%-20% most deprived where a further 2,104 under-18s live

2.15 Income deprivation affecting older people

2.16 The Income Deprivation Affecting Older People Index measures the proportion of all those aged 60 or over who experience income deprivation and uses the same definition of low income as above.

	2019 no of LSOAs IDAOP	Population Over 60s
10% most deprived	2	549
10%-20% most deprived	4	968

2.17 We have two areas in the in the 10% most deprived where an estimated 549 over 60s live and further four areas in the 10%-20% most deprived where a further 968 over 60s live. St Pauls 2 in Cheltenham is the most deprived LSOA in the county in terms of the Income Deprivation Affecting Older People Index.

3. Cheltenham Needs Assessment 2019

3.1 The needs assessment was produced by the Data and Analysis team at GCC and was issued to the Council in July 2019. The document covers a range of issues that are grouped under the broad place vision headings:

- A place where businesses and their workforce thrive
- A place where culture and creativity thrive
- A people where all our people and communities thrive

3.2 The needs assessment identifies the following areas of risk to the achievement of the place vision:

A place where businesses and their workforce thrive	issue	evidence
	An economy that could be more productive	The total output of the Cheltenham economy was approximately £2.97 billion in 2017, representing 18% of the value of output in Gloucestershire This was less than Gloucester and Tewkesbury which contributed 22% and 21% of the value of output in Gloucestershire respectively
	An economy that has a lower economic output per job	The total number of jobs in Cheltenham amounted to 75,000 in 2017 represented 22.2% of jobs in the county, higher than any other district. This shows that although Cheltenham is the biggest employer in Gloucestershire, its economy is not as productive as other areas with a lower output per job
	Higher than average rates of business deaths	In 2017 there were 735 business deaths in Cheltenham, this represents 12.3% of total businesses. which was higher than the county average of 9.8% but in line with the national average of 12.4% The business death rate in Cheltenham has been consistently high when compared to other areas.
	High rate of economic inactivity	The proportion of the working age population who are economically inactive is higher in Cheltenham than Gloucestershire. 17.3% of Cheltenham's working age population is economically inactive compared to 16.2% of Gloucestershire's working age population
	Higher rate of young people not in education, employment or training	At the end of March 2019 there were 64 young people aged 16-17 not in education, employment or training in Cheltenham which equates to a rate of 3.01% of the 16-17 year old population which was above the county average

A place where culture and creativity thrive	issue	evidence
	Despite plenty of visitors they don't stay long and don't spend enough money	Cheltenham district has the highest number of tourist trips in the county but the trips are shorter than in all other districts but Tewkesbury. The Cotswolds had a total of 8,333 (2%) fewer visitors than Cheltenham but those same visitors spent 38% (289,667 nights) more time in the Cotswolds.

A people where all our people and communities thrive	issue	evidence
	An increase in certain crime types	Residential Burglary has experienced a large increase in Cheltenham (25% increase) greater than the increase in Gloucestershire (11%) but less than the increase experienced in Gloucester City where residential burglary has increased by 32%. Numbers of young victims of crime have increased by almost 14% in Cheltenham compared to 9% in Gloucestershire
	An increase in hate crime	Prevalence of hate crime over the last four years has been increasing locally and nationally. Nationally published data for 2018/19 rates will not be released by the ONS until mid-October 2019 – however rates have recently increased – over the past 12 months there has been a 33.3% increase to Aug 2019.
	Higher than average rate of repeat domestic abuse	Over the 12 month period 2018/19, MARAC cases in Cheltenham Local Policing Area have, on average, a 40% repeat rate compared against Gloucestershire's 35% repeat rate.
	Increasing childhood obesity	Although the prevalence of obesity in reception age children in Cheltenham was the lowest in the county, the prevalence has increased year on year from 2012/13 onwards. Five of Cheltenham's eight most deprived

	neighbourhoods have recorded higher than national rates of obesity in Yr 6 children over the last 5 years
High rates of adults being admitted to hospital for alcohol-related conditions	Cheltenham has the highest rate per 100,000 of adults admitted to hospital for alcohol-related conditions of 694 which is significantly higher than the county rate at 590. The rate decreased slowly in line with the rest of the county between 2011/12 (885) and 2017/18 (694).
Higher rates of self-harm	Cheltenham and Tewkesbury has the second highest rate in the county of self-harm admissions. When split by gender there is a clear difference as the rate of female admissions in Cheltenham is 270 and the rate of male admissions is 109 – which has been decreasing steadily from 2012/13 (197) to 2017/18 (109) whereas female admissions rose year-on-year and only began decreasing from 2015/17 (384) to 2017/18 (270).
High rates of child poverty	Cheltenham has 22.3% of its children growing up in poverty after housing costs. This equates to 5,882 children. There are four areas over the UK average of 30%; St. Pauls (41.1%), Springbank (39.6%), Oakley (33.1%) and Hesters Way (32.3%). This is the 2019 data from the End Child Poverty Coalition and represents an increase in the numbers that were originally included in the children's needs assessment.
Increasing rates of fuel poverty	In 2017 10.4% of households in Cheltenham were considered to be in fuel poverty, this was higher than the county average of 10.1% When compared to the previous year the percentage of households living in fuel poverty has increased from 9.6%. There are 23 LSOA's that exceeded the national average in terms of fuel poverty, of those St Paul's 3 and St Paul's 4 had more than 1 in 5 households classed as in fuel poverty
Homelessness	Although the rate of homelessness in Gloucestershire is significantly lower than the national rate, Cheltenham exceeding the national average in terms of statutory homeless applications and acceptances. Compared with the Gloucestershire and national average Cheltenham has a higher proportion of homeless households with head of household age 16 to 24 and that are made up of couples with dependent children
Higher than average low birth-weight babies	Cheltenham has a higher percentage of low birth weight babies than any other district, the county, region and nationally, however due to small numbers these differences are not considered to be statistically significant
Child mental health	Data from PHE dated 2015 shows the estimated prevalence of mental health disorders as 8.6% of children and young people up to age 15
Extremes in eligibility for free school meals	In Cheltenham the overall eligibility at Primary phase 13.0% is in-line with the Gloucestershire figure; however the difference in eligibility is marked across Cheltenham primary schools. Hester's Way Primary school had the highest percentage of eligible children, 45.1%, and Charlton Kings Junior Academy had the lowest percentage of eligible children, 2.7%.
Highest rates of school exclusions	Fixed and permanent exclusions are higher in Cheltenham than the county as a whole; the secondary rate of fixed-term and permanent exclusions is almost 50% higher than the average for the county.
High rates of children and young people	At 31 March 2019, there were 670 Cheltenham known to social care. Gloucester has the highest number in each

	known to social care	individual category. Cheltenham has the 2 nd highest number for Children in Care and Children in Need and the 3 rd highest for Children on a Child Protection Plan. Looking at the distribution by ward Hester's Way has the most CYP known to social care followed by Oakley and Springbank
	Support for vulnerable families	In Cheltenham 2,864 families have been referred to the "Families First Team" during the period 2012-2019. In Cheltenham of the specified reasons the most common reason was Child in need of help. Wards producing the most cases for Families First referrals tend to be the more deprived
	Vulnerable adults / older people	<p>Data taken from a snapshot of open adult social care services at 31st March 2019 shows that there are 1645 service users in Cheltenham. When compared to Gloucestershire's other districts Cheltenham has the second highest rate of adult social care service users aged 65+. The high rate of older service users is likely due to the equally high rate of care home beds available in the district.</p> <p>Inequalities emerge at ward level for service users 65+ requiring physical support. On average support is required 6 years earlier in Oakley and Springbank than College and Lansdown wards.</p>
	Carers	Cheltenham has fewer carers per population than other districts but they typically become carers several years younger than those in other districts. This could be viewed positively; it could mean people are registering as carers when they begin to take on responsibility rather than caring without support. However it could mean that people are becoming carers earlier than in other districts. More investigation is required in this area.

4. Cheltenham Children's Needs Assessment 2018

4.1 As a reminder, Cheltenham partners commissioned a needs assessment in 2018 that identified that there were in the region of 4,300 children and young people growing up in poverty and that those children, when compared to their more affluent peers were then facing significant challenges such as poorer education attainment, higher rates of exclusion, at higher risk being victims of crime, higher risk of being obese, higher risk of being open to social care and at a higher risk of self-harm.

- The full needs assessment is [here](#)
- The summary presentation is [here](#)

5. Analysis

5.1 Seen from a distance, Cheltenham remains a relatively affluent town, where the majority of our residents are thriving and are able to lead live good lives benefitting from a strong educational offer and an economy that supports 75,000 jobs.

5.2 However, it is clear that not all our residents are in a position to thrive;

Vulnerable groups at risk	extent	Risk factors for these groups	Possible areas of focus and examples
Residents living in areas of multiple deprivation	12,183	Research has shown that people living in deprived areas are less likely to work, more likely to be poor and have lower life expectancy, more likely to live in areas with higher levels of antisocial behaviour and more	<p>Support for community-based organisations and for multi-agency working in our areas of multiple deprivation eg</p> <ul style="list-style-type: none"> • Big Local – St Peters and the Moors • Hesters Way Partnership /

		likely to receive poorer education.	Neighbourhood Project <ul style="list-style-type: none"> • GMAS –Springbank • Oakley health and wellbeing
Residents living in areas that most deprived for education and skills	10,000	We know that there is a strong link between an individual's educational and skills attainment and their ability to sustain employment and therefore sustain a satisfactory level of household income.	Support for initiatives that connect employers with residents and put in place measures that promote learning and skills development
Children and young people growing up in low income households	5,882	Poverty creates long-term disadvantages for children. The consequences of poverty - emotional issues, delayed development and lower academic achievement, greater risk of being excluded - among others - put a child behind peers who do not struggle with poverty	Support for initiatives that tackle child poverty across Cheltenham eg <ul style="list-style-type: none"> • No Child Left Behind – year 2 • Support for youth work providers
Children and young people growing up in areas that most deprived for education and skills	3089	Research tells us that deprivation can have a negative impact on educational attainment, leaving young people with fewer qualifications and skills which in turn affects future employment and income generation potential	Support for our schools to create a supportive learning environment with education & skills pathways that raise aspiration and enable all our children to connect to our growing jobs market eg Cheltenham Offer – working with local primary and secondary schools Building more collaborative support across Cheltenham's secondaries Supporting the roll-out of restorative approaches in local schools
Vulnerable children and Families	670 children known to social care at 31.3.19 2864 families referred to families first 2012-2019	A family may be described as vulnerable if they lack necessary resources to enable them to thrive. There a number of risk factors in three categories: economic, social and/or emotional. Some specific examples being: living in poor housing; long-term unemployment; having a special educational need or disability and being a carer	Support for projects and initiatives that work in a restorative and trauma informed way to ensure that Cheltenham families are resilient, inspired and fulfilling their potential Eg Inspiring Families programme
Vulnerable adults and older people	TBA 1,517 over 60s living in 20% most deprived on IDAOP scale	The data tells a story of cohorts of vulnerable adults in Cheltenham that are not thriving. This is evidenced by the numbers of adults admitted to hospital for alcohol-related conditions, the rate of self-harm admissions, the persistence episodes of repeat domestic abuse, the high rates of fuel poverty and homelessness In addition, we know that older people are more prone to feel lonely and/or socially isolated and	Support for projects and initiatives that work in a restorative and trauma informed way to ensure that vulnerable adults and older people are resilient, inspired and fulfilling their potential

		<p>this can be harmful to their health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse than well-known risk factors such as obesity and physical inactivity.</p>
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6. Activity to date

6.1 The Place Vision sets out a collective vision for Cheltenham being a place where “everyone thrives” with a focus on businesses, culture and communities. It identifies that the education and skills agenda is an area that requires more investment with the opportunity to create pathways that connect our primary, secondary, further education and higher education assets to our growing jobs market. Alongside the aspirations to build socially sustainable communities, reduce vulnerability and harm and create more employment and training initiatives, the vision helps focus our minds on collective actions that will ultimately benefit areas of deprivation.

6.2 Cheltenham Borough Council has continued to sustain a focus on supporting residents living in areas of deprivation. This includes:

- Ongoing support for Hesters Way Partnership and Hesters Way Neighbourhood Project which together manage the Hesters Way and Springbank community resource centres
- Putting a new management structure in place for the Oakley Community Resource Centre
- Acting as the locally trusted organisation for the St. Peters and The Moors Big Local project
- Working with CBH on the implementation of their community investment model in five neighbourhoods

6.3 The newly formed Communities Partnership has begun the process of identifying priority areas for action. It has identified the following priorities for multi-agency activity:

- Lessen the risk of harm to the Lower High Street community
- Build community resilience within the Moors
- Ensure all children in Cheltenham thrive
- Reduce health inequalities in Oakley
- Reducing sexual violence in the night-time economy

6.4 No Child Left behind

6.5 In response to the levels of child poverty in Cheltenham and its impact on local children, the council and its partners have committed to a year of action that is:

- Highlighting the issue of children growing up in poverty in Cheltenham and the inequality between them and their more affluent peers
- Starting to address the inequality gap beginning with 12 month programme of events and activities
- Acting as a call to action for all sectors to work together to make transformational change over the longer-term

6.6 To date the project has delivered the following events and activities:

- Launched Unstoppable in March, our period poverty project that is making free sanitary products available across Cheltenham
- Hosted the annual Children’s Festival in May, that over 3000 children and families attended
- Organised our ambitious careers event in July that over 400 children took part in
- Supported over 40 summer holiday activities as part of our school holiday programme

6.7 The first No Child Left Behind year of action will conclude at the end of January with an awards evening, by which point we hope to have agreed plans for the second year of action.

7. Some suggested areas to consider

7.1 Development of a social value policy

7.2 The Public Services (Social Value) Act 2012 came into force on 31st January 2013. CBC now has a legal obligation to consider the social good that could come from the procurement of services, before we embark upon it.

7.3 The aim of the Act is not to alter our commissioning and procurement processes, but to ensure that, as part of these processes, we give consideration to the wider impact of the services delivered. It allows us, for example, to choose a supplier under a tendering process who not only provides the most economically advantageous tender, but one which goes beyond the basic contract terms and secures wider benefits for the community.

7.4 Whilst the act does not define social value, other councils have adopted the following definition:

7.5 “A process whereby organisations meet their needs for good, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and economy, whilst minimising damage to the environment”

7.6 Using the data above, it is possible to start thinking about how we can obtain the maximum possible value out of every pound we spend by having regard to the impact of our contracts on our local economies, on our society, and on the environment.

7.7 The data and information above provides context for how the council could determine the outcomes we are looking for to address in relation to inequality and disadvantage in Cheltenham.

7.8 **It is suggested that officers work with cabinet to develop a social value policy for consideration by Cabinet in December 2019 and that O+S consider whether it would like to review the document ahead of the cabinet meeting**

7.9 Development of our ethos / way of working

7.10 The identification of inequality and disadvantage does run the risk of a knee-jerk reaction that sees poverty as the fault of the individual and that a sanction / enforcement-led approach is required to help people into work and to lead successful lives.

7.11 Through our partnership work we have started to develop a way of working that takes a more compassionate view eg

- Ensuring that what we do takes a trauma informed approach – predicated on being kind, compassionate and building hope whilst understanding the impact of previous life experiences on an individual or family
- Adopting a restorative practice approach that improves and repairs relationships between people and communities.
- Working to create strengths-based relationships with people and communities that builds on and strengthens their assets
- Building resilience in individuals, families and communities to support them achieve their potential in life.
- Being inclusive where people of all backgrounds, experiences, ages and abilities can thrive
- Being sustainable mindful of our resources and our impact on the environment

7.12 We have recently sought some external support to help us co-create and articulate our ethos and principles that will help us deliver the place vision.

7.13 **O+S might want to consider if it would like more information about the development of an ethos for partnership working in Cheltenham**

7.14 Development of a strategy for inclusive growth

- 7.15** We know that Cheltenham is on the cusp of a significant period of growth. The JCS sets out targets of 11,000 homes and 55ha of employment land with the West Cheltenham / cyber central development alone contributing at least 1,100 homes and 45 ha of employment land towards these targets.
- 7.16** The council has consistently recognised its role in ensuring that the benefits of growth are shared equitably across the borough, paying particular attention to how our more deprived communities can benefit.
- 7.17** Inclusive growth is about enabling more people and communities to both contribute to and benefit from economic success. More specifically, it is about how poverty can be reduced through the creation of better jobs and better access to those jobs for people in or at risk of poverty.
- 7.18** On the back of our growth plans, we need to consider the following:
- Local skills strategies that will improve basic skill levels and enable people to access jobs.
 - How we can improve the quality of jobs that are being offered
 - How we can support people to progress into work.
 - How we can make jobs accessible, both in terms of where new jobs are located and the
 - The costs of and ability to use public transport to get to those jobs.
- 7.19** **The data set out in this report provides a strong rationale for committing to, and articulating a strategy for inclusive growth. O+S might want to consider its role in the development of such a strategy.**
- 7.20** **Committing to the second year of No Child Left Behind**
- 7.21** No Child Left Behind has been running for just short of a year, our initial launch event took place on 20 November 2018. The year of action was set up to:
- Highlight the issue of children growing up in poverty in Cheltenham and the inequality between them and their more affluent peers
 - Start to address the inequality gap beginning with 12 month programme of events and activities
 - Act as a call to action for all sectors to work together to make transformational change over the longer-term
- 7.22** Over the past 12 months a range of activities and events have been organised including:
- Worked with local domestic abuse service to train over 70 professionals, including 24 teachers, how to recognise and support children affected by domestic abuse.
 - Launched a town-wide period poverty project to ensure that all women have access to
 - Two hundred professionals in various capacities, from police to play workers, attended our #StrongFamilies event to undertake training on the long term effects of adverse childhood experiences, and how to help young people build resilience.
 - Hosted over 3000 people at our totally free Children's Festival, where 25 partner organisations generously provided activities such as art & craft, singing, theatre, music, sports
 - Hosted a #AmbitiousCareers fair for 400 young people from school years five, six and seven to help them find inspiration about their futures. Local businesses provided free activities that showcased their job roles and skills.
 - Held our first #PhysicallyActive Summer Challenge, working with activity providers around town including businesses, parks, holiday clubs and camps, to encourage children to get moving through
- 7.23** **The final event will be the No Child Awards evening on 30 January 2020. Our view is that wish to continue No Child into 2020 and would welcome O+S views on this**
- 8. Other suggestions about the way forward**
- 8.1** The committee may also wish to commission more research into the level of educational and skills

attainment to understand more fully the impacts on household incomes and the life chances of local children and adults.

- 8.2** The committee may wish to convene a future O+S discussion item to which a range of statutory and community partners could be invited.

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Background Papers

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Accountability

Cllr. Flo Clucas, cabinet member healthy
lifestyles

Table 1 – rank of deprivation Indices of Deprivation 2019

LSOA NAME	population mid-2017 population estimate	population 0-18	population aged 60+	IMD national rank 2019	Income Deprivation Affecting Children Index	Income Deprivation Affecting Older People
St MARK'S 1	1,668	380	347	2178	2816	6992
St PAUL'S 2	1,346	346	192	2368	1393	836
HESTERS WAY 3	1,341	418	248	3984	1727	6196
HESTERS WAY 1	1,544	410	254	4937	7434	8931
OAKLEY 1	1,322	331	276	5117	2609	4830
OAKLEY 3	1,430	437	207	5439	2122	5373
SWINDON VILLAGE 2	1,383	362	214	5916	4944	7641
SPRINGBANK 2	2,149	580	357	6078	5513	2563
St PETER'S 3	1,549	435	254	6880	3244	8293
OAKLEY 2	1,432	380	324	7564	8064	7340
HESTERS WAY 2	1,768	525	232	7726	4752	8427
SPRINGBANK 1	1,577	476	302	9418	7991	9869
OAKLEY 4	1,638	312	454	9522	10540	12238
St PAUL'S 3	1,704	240	148	9583	11089	7535
LANSDOWN 1	1,258	87	392	10112	5842	15491
St MARK'S 3	1,500	375	258	10448	11615	11867
St PAUL'S 1	1,438	192	188	12411	8035	9484
WARDEN HILL 3	1,271	246	360	12924	6516	12910
St PETER'S 2	1,583	373	226	12949	8942	13241
SPRINGBANK 3	1,481	355	280	13001	14087	19528
ALL SAINTS 3	1,958	183	212	13914	13373	8422
St MARK'S 4	1,605	332	343	14693	9790	14973
St MARK'S 2	1,494	280	404	15158	19668	11760
St PETER'S 1	1,618	322	370	16663	18892	15813
St PAUL'S 4	1,916	270	173	18375	7556	6573
UP HATHERLEY 3	1,512	398	365	18516	15140	13163
St PETER'S 4	2,401	313	312	18566	14592	15885
LANSDOWN 3	1,342	98	308	19287	9019	16497
SPRINGBANK 4	1,624	321	525	19483	8708	24514
COLLEGE 2	1,935	139	432	20112	23193	28082
SWINDON VILLAGE 3	1,451	232	421	21876	20042	29346
PITTVILLE 4	1,460	192	237	21958	24217	5758
LANSDOWN 4	1,901	687	257	22257	32321	18809
SWINDON VILLAGE 1	1,506	320	364	22797	20857	24153
PITTVILLE 1	1,552	304	492	24320	6112	29989
PITTVILLE 3	1,411	172	382	25003	30718	26287
PRESTBURY 2	1,112	182	448	25214	20088	26902
SWINDON VILLAGE 4	1,242	239	377	25247	25034	29810
CHARLTON KINGS 2	1,410	393	305	25505	26307	10115
HESTERS WAY 4	2,228	421	464	26238	19645	20463
PITTVILLE 2	1,346	229	458	26381	31404	26495
BATTLEDOWN 2	1,638	407	369	27156	25305	20757
ALL SAINTS 1	1,633	299	388	27851	31008	27392
PARK 2	1,457	214	479	28125	20772	21496
WARDEN HILL 4	1,295	261	391	28374	26981	26877
BENHALL AND THE REDDINGS 2	1,517	350	381	28375	28023	31615
BENHALL AND THE REDDINGS 3	1,765	352	551	28455	24134	24800
ALL SAINTS 2	1,753	302	344	28494	28574	20008
LECKHAMPTON 2	2,356	537	750	28624	28330	27983
LANSDOWN 2	1,157	169	370	28846	26705	28752
PARK 3	1,652	224	479	29062	29373	23368
COLLEGE 1	1,423	488	280	29292	31938	24705

PRESTBURY 3	1,258	282	378	29383	27541	31122
CHARLTON PARK 3	1,666	311	507	29524	32700	30323
BENHALL AND THE REDDINGS 1	1,718	353	522	29879	28061	31784
BATTLEDOWN 1	2,595	586	494	30352	22534	29989
PRESTBURY 1	1,462	218	611	30681	27647	32752
CHARLTON KINGS 3	1,445	384	385	31092	28147	23964
PARK 1	1,712	618	516	31126	31740	25346
COLLEGE 4	1,300	275	231	31131	30307	26393
WARDEN HILL 2	1,440	238	563	31317	20948	29097
UP HATHERLEY 2	1,164	244	375	31721	28960	31430
LECKHAMPTON 3	1,659	350	442	31772	27208	23908
CHARLTON PARK 2	1,608	394	506	32080	32760	32360
CHARLTON KINGS 1	1,532	371	435	32114	31397	32218
PRESTBURY 4	1,362	195	599	32138	30744	31953
UP HATHERLEY 4	1,371	280	314	32257	30259	32237
UP HATHERLEY 1	1,245	265	441	32319	27954	31683
CHARLTON PARK 1	1,681	373	677	32366	32743	29783
PARK 4	1,687	283	519	32426	30245	30625
LECKHAMPTON 1	1,594	372	513	32554	32328	32707
CHARLTON KINGS 4	1,257	340	329	32615	30838	30374
WARDEN HILL 1	1,332	308	245	32750	28706	24760
BATTLEDOWN 3	1,503	404	405	32797	31921	32290
COLLEGE 3	1,485	367	364	32823	31151	31379

1= most deprived. Rank out of 32844 neighbourhoods nationally

Top 10%

10% - 20%

Bottom 10%

Table 3 -

LSOA code (2011)	ward name	IMD Rank	Income Rank	Employment Rank	Education, Skills and Training Rank	Health Deprivation & Disability Rank	Crime Rank	Barriers to Housing and Services Rank	Living Environment Rank	Income Deprivation Affecting Children Index	Income Deprivation Affecting Older People
E01022 147	St MARK'S 1	2,178	2,929	1,112	2,982	1,476	6,119	12,865	22,251	2,816	6,992
E01022 152	St PAUL'S 2	2,368	2,170	3,332	1,636	1,094	4,586	16,998	24,563	1,393	836
E01022 120	HESTERS WAY 1	3984	4,275	2,601	4,251	6,193	8,853	22,296	24,267	7,434	8,931
E01022 122	HESTERS WAY 3	4937	3,281	4,323	1,886	3,989	7,110	19,740	22,947	1,727	6,196
E01022 131	OAKLEY 1	5117	3,569	5,226	2,723	3,598	14,527	22,469	22,693	2,609	4,830
E01022 133	OAKLEY 3	5439	4,449	6,955	954	4,733	25,125	20,429	17,491	2,122	373
E01022 160	SPRINGBANK 2	5916	5,310	8,122	5,890	6,843	6,080	2,897	32,358	5,513	563
E01022 164	SWINDON VILLAGE 2	6078	5,245	5,202	3,764	4,126	13,490	20,743	19,072	4,944	7,641

Indices of Deprivation 2019

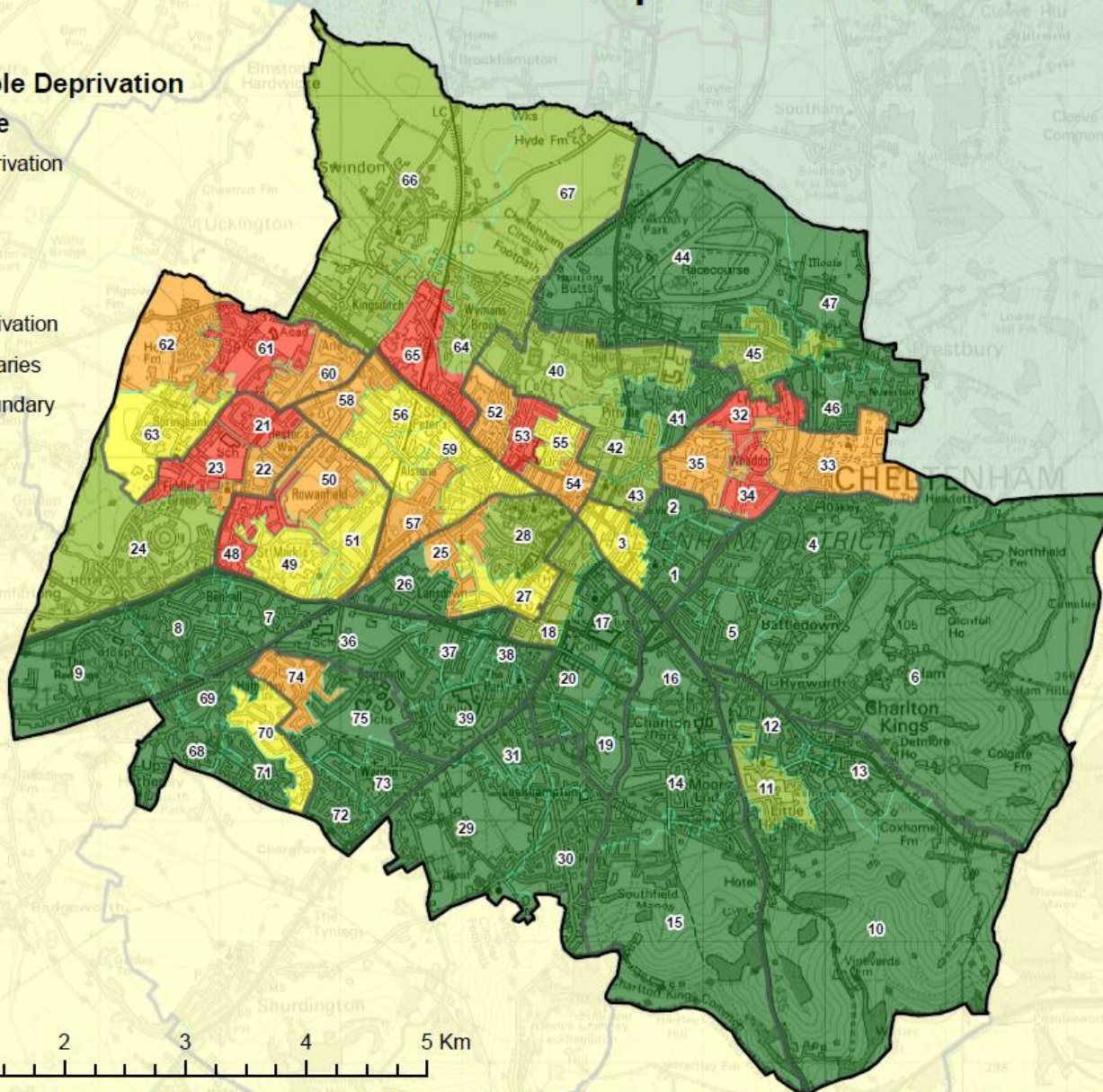


Key

Index of Multiple Deprivation

National Quintile

- Highest Deprivation
-
-
-
- Lowest Deprivation
- Ward Boundaries
- Borough Boundary



Map Key	LSOA NAME	WARD NAME
1	ALL SAINTS 1	All Saints
2	ALL SAINTS 2	All Saints
3	ALL SAINTS 3	All Saints
4	BATTLEDOWN 1	Battledown
5	BATTLEDOWN 2	Battledown
6	BATTLEDOWN 3	Battledown
7	BENHALL AND THE REDDINGS 1	Benhall and the Reddings
8	BENHALL AND THE REDDINGS 2	Benhall and the Reddings
9	BENHALL AND THE REDDINGS 3	Benhall and the Reddings
10	CHARLTON KINGS 1	Charlton Kings
11	CHARLTON KINGS 2	Charlton Kings
12	CHARLTON KINGS 3	Charlton Kings
13	CHARLTON KINGS 4	Charlton Kings
14	CHARLTON PARK 1	Charlton Park
15	CHARLTON PARK 2	Charlton Park
16	CHARLTON PARK 3	Charlton Park
17	COLLEGE 1	College
18	COLLEGE 2	College
19	COLLEGE 3	College
20	COLLEGE 4	College
21	HESTERS WAY 1	Hesters Way
22	HESTERS WAY 2	Hesters Way
23	HESTERS WAY 3	Hesters Way
24	HESTERS WAY 4	Hesters Way
25	LANSDOWN 1	Lansdown
26	LANSDOWN 2	Lansdown
27	LANSDOWN 3	Lansdown
28	LANSDOWN 4	Lansdown
29	LECKHAMPTON 1	Leckhampton
30	LECKHAMPTON 2	Leckhampton
31	LECKHAMPTON 3	Leckhampton
32	OAKLEY 1	Oakley
33	OAKLEY 2	Oakley
34	OAKLEY 3	Oakley
35	OAKLEY 4	Oakley
36	PARK 1	Park
37	PARK 2	Park
38	PARK 3	Park
39	PARK 4	Park
40	PITTVILLE 1	Pittville
41	PITTVILLE 2	Pittville
42	PITTVILLE 3	Pittville
43	PITTVILLE 4	Pittville
44	PRESTBURY 1	Prestbury
45	PRESTBURY 2	Prestbury
46	PRESTBURY 3	Prestbury
47	PRESTBURY 4	Prestbury
48	ST MARK'S 1	St. Mark's
49	ST MARK'S 2	St. Mark's
50	ST MARK'S 3	St. Mark's
51	ST MARK'S 4	St. Mark's
52	ST PAUL'S 1	St. Paul's
53	ST PAUL'S 2	St. Paul's
54	ST PAUL'S 3	St. Paul's
55	ST PAUL'S 4	St. Paul's
56	ST PETER'S 1	St. Peter's
57	ST PETER'S 2	St. Peter's
58	ST PETER'S 3	St. Peter's
59	ST PETER'S 4	St. Peter's
60	SPRINGBANK 1	Springbank
61	SPRINGBANK 2	Springbank
62	SPRINGBANK 3	Springbank
63	SPRINGBANK 4	Springbank
64	SWINDON VILLAGE 1	Swindon Village
65	SWINDON VILLAGE 2	Swindon Village
66	SWINDON VILLAGE 3	Swindon Village
67	SWINDON VILLAGE 4	Swindon Village
68	UP HATHERLEY 1	Up Hatherley
69	UP HATHERLEY 2	Up Hatherley
70	UP HATHERLEY 3	Up Hatherley
71	UP HATHERLEY 4	Up Hatherley
72	WARDEN HILL 1	Warden Hill
73	WARDEN HILL 2	Warden Hill
74	WARDEN HILL 3	Warden Hill
75	WARDEN HILL 4	Warden Hill



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Police & Crime Panel Report for Overview & Scrutiny – 21st October 2019**Date of Panel: 13th September 2019****Summary**

In July it was reported in the national media that Gloucestershire Constabulary had received an 'inadequate' rating regarding its reporting of crimes. This panel meeting focused on the reasons for that rating and the constabulary's response to it. The constabulary has diverted resources into its crime recording and is now operating at a higher level, while trying to not compromise on its values as a police force.

The standard items were also presented to the panel, but consequentially were afforded less time than usual.

Appointment of Interim Chief Executive

The Panel welcomed the appointment of Richard Bradley as Interim Chief Executive, following the retirement of Paul Trott. Richard was previously Deputy Chief Executive. This appointment is on a temporary basis because the next Police and Crime Commissioner election is in May 2020.

Non-Standard Item: Gloucestershire Constabulary Crime Data Integrity Inspection

The constabulary recently received an 'inadequate' rating from the inspectorate, regarding its recording of crimes. Presenting to the panel, Chief Constable Rod Hansen explained the reasons why the constabulary received this rating.

The constabulary was found to have correctly recorded 81.6% of crimes. Since this audit, it has diverted more resources into crime recording and appointed a new Deputy Force Crime Registrar. Having focused on improving its performance, the constabulary now reports that it is recording 98.8% of crimes.

Constable Hansen went into detail about the practicalities of meeting Home Office regulations while also delivering value-led policing. He explained to the panel that officers are often placed in situations where they have to make a decision on whether or not to record a crime, and in some circumstances not recording it can be the appropriate thing to do. Several examples were given, including a primary carer being unintentionally injured by a family member who did not wish to press charges, and of the parents of an adult reporting that a sexual offence was committed against that adult, but the adult did not agree. There were other, more sensitive examples raised, and the Chief Constable explained that the police require discretion in order to police our community well.

Reporting a crime has two consequences; it criminalises the individuals involved, and it raises the levels of reported crime in an area. There are legitimate reasons why those outcomes can be undesirable, depending on the circumstances.

Notably, he reported that the constabulary looked back at each instance that they had been deemed to fail by the inspectorate, and said that in the vast majority of circumstances felt that they had made the correct decision at the time.

The Chief Constable, supported by the Commissioner, explained that Home Office regulations are often less flexible than real life situations require. However, both recognise that the rating in and of itself requires improving, and as such they have taken steps to improve this area.

By the end of the meeting, the panel were satisfied that the constabulary has acted in good faith at all times. It welcomes the steps taken to improve performance, and recognises the difficulties faced by the police.

Standard item: Police & Crime Priorities – Quarterly Highlight Report

The highlight report has changed format to make all areas of the police's work easier to review. The panel welcomed the changes. The panel questioned the constabulary's current ICT posture, which the commissioner feels is unsuitable. Presently the constabulary operates two databases, requiring double-entry of data, consuming resources. The commissioner has an ICT fund of £11m which he will look to deploy to improve the ICT setting, but this needs to be aligned to the Home Office's long-term ICT plan for the police force.

The What If... roadshow has been particularly successful, aimed at engaging 16-24 year olds on the consequences of road traffic collisions.

Standard item: Chief Executive's Report

This report was noted by the panel.

For future discussion

Members of the Panel were invited to attend a workshop at police HQ to discuss the workplan of the panel. That took place on October 1st 2019.

Democratic services are currently arranging a date for panel members to attend a budget briefing ahead of next year's budget setting, which should occur in mid-January 2020. There is one more meeting of the panel before then.

Briefing for Overview and Scrutiny Committee – 21st October

The Forward Plan lists the reports expected to come to Cabinet in the next 3 or 4 months. This note supplements that with other issues that may be of interest to O&S.

Countywide Governance

The member seminar to update on progress with discussions about a proposed Great Western Powerhouse; a Central Gloucestershire Board (flowing from 2050); and Gloucestershire Strategic Planning Vision via a Statement of Common Ground has been fixed for 6pm 23rd October. It is being combined with a briefing on the draft Local Industrial Strategy for Gloucestershire which overlaps with the other issues and has now been published for consultation with feedback requested by 31st October.

CIL Governance

In September government relaxed the rules on pooling of S106 agreements which had been restricted as part of the introduction of CIL. The implications of this are being considered and as a result the report on CIL governance expected at 14th October Council has been deferred.

A&E

Darren Knight is setting up a member seminar in November which will include a briefing on the latest proposals for urgent care in Gloucestershire. This will then allow a debate to determine the CBC view at the 9th December Council meeting which will then be feed in to the consultation process.

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Overview and Scrutiny Committee work plan – 2019/20

Item	Outcome	What is required?	Author/presenter
Meeting date: 21 October 2019 (Report deadline: Report deadline: 9 October 2019)			
Public conveniences	Consider the outcome of the public consultation prior to Cabinet (05/11)	Draft cabinet report	Mark Sheldon, Director of Corporate Projects
Gloucestershire Joint Health and Wellbeing Strategy	Consider the draft strategy	Discussion paper/presentation	Richard Gibson, Strategy and Engagement Manager
Indices of deprivation	Deprivation and inequality in Cheltenham – top 3 areas of deprivation and what the council and partners are doing to address the issue (also note any small pockets in non-deprived areas)	Discussion paper	Richard Gibson, Strategy and Engagement Manager
Crematorium project	Consider post implementation of crematorium project – lessons learned/customer feedback/income and performance	Discussion paper (EXEMPT)	Mike Redman, Director of Environment
North Place	Update on North Place – brief timeline of events to be included (how did we get to where we are)	Discussion paper (EXEMPT)	Paul Jones, Executive Director - Finance and Assets
Meeting date: 18 November 2019 (Report deadline: 6 November 2019)			
Quarter 2 performance review	Consider Q2 performance and comment as necessary	Discussion paper	Richard Gibson, Strategy and Engagement Manager
Cheltenham Town Hall – Masterplan scoping study	Consider the masterplan scoping study recommendations prior to decision by Cabinet	Discussion paper	Mark Sheldon, Director of Corporate Projects
Depot Review	Consider the draft Cabinet report	Discussion paper	Paul Jones, Director of Finance & Assets
Scrutiny review	Consider the findings of Campbell Tickell	Discussion paper/presentation	Campbell Tickell / Darren Knight, Executive Director – People and Change
Meeting date: 13 January 2020 (Report deadline: 27 December 2019*)			

Overview and Scrutiny Committee work plan – 2019/20

Budget proposals (for coming year)	Consider views of the Budget Scrutiny Working Group on the budget proposals for the coming year	Discussion paper	Chair, Budget Scrutiny Working Group
Urban Gulls	Update on the work carried out in 2019, how this compares to the previous year and the strategy to be adopted going forward	Discussion paper	Mark Nelson, Enforcement Manager (and Cabinet Member?)
Meeting date: 24 February 2020 (Report deadline: 12 February 2020)			
Meeting date: 30 March 2020 (Report deadline: 18 March 2020)			
The Cheltenham Trust (TCT)	Presentation from Laurie Bell (CEX since May 2019) on performance over her first year	Presentation and discussion	Laurie Bell, Chief Executive (TCT)
Meeting date: (Tuesday) 26 May 2020 (Report deadline: 14 May 2020)			
Meeting date: 22 June 2020 (Report deadline: 10 June 2020)			
End of year performance review	Consider performance and comment as necessary	Discussion paper	Richard Gibson, Strategy and Engagement Manager
Meeting date: 27 July 2020 (Report deadline: 15 July 2020)			

Overview and Scrutiny Committee work plan – 2019/20

Items for future meetings (a date to be established)			
Gloucestershire 2050	Update on Gloucestershire 2050	Verbal update	The Leader
Network Rail, GWR & British Transport Police	Representatives of relevant organisations to attend O&S	Discussion	Network Rail, GWR and BTP
NHS – integrated locality board	Update on integrated locality board	Presentation and questions	tbc
Safer Gloucestershire	Officers queried whether the committee would like a presentation from Safer Gloucestershire, the county community safety partnership dealing with crime and disorder		
Marketing Cheltenham	Perhaps the committee would like to hear from Marketing Cheltenham at some point about what they have done and what they have planned?	Autumn?	
Third Sector policy	Ensure that the third sector policy fits with the new corporate plan, commercial strategy and place documents		TBC

Annual Items		
Budget proposals (for coming year)	January	Chair, Budget Scrutiny Working Group
Draft Corporate Plan	February	Richard Gibson, Strategy and Engagement Manager
End of year performance review	June	Richard Gibson, Strategy and Engagement Manager
UBICO annual report	July	Ubico and Cabinet Member

Overview and Scrutiny Committee work plan – 2019/20

Scrutiny annual report	September	Democracy Officer
Update on motions	September	Relevant Officer
Police and Crime Commissioner	September	P&CC
Quarter 2 performance review	November	Richard Gibson, Strategy and Engagement Manager
Publica annual report	tbc	Dave Brooks (Chair) and David Neudegg (MD)

Briefing sessions/seminars

Briefing sessions/seminars			
CBH Masterplan	A member seminar arranged at the request of the O&S Committee	2020	Paul Stephenson and Peter Hatch (CBH)

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