

## WEST OXFORDSHIRE DISTRICT COUNCIL

Minutes of the meeting of the Economic and Social Overview & Scrutiny Committee  
held in Committee Room I, Council Offices, Woodgreen, Witney,  
at 6.30pm on Thursday 6 October 2016

### PRESENT

Councillors: P J Handley (Chairman), Mrs E H N Fenton (Vice-Chairman), M A Barrett,  
A C Beaney, Mrs L C Carter, J C Cooper, H B Eaglestone, J Haine P D Kelland,  
Mrs L E C Little and B J Woodruff

Also in attendance: Mr D S T Enright, Mr A M Graham and Mr T J Morris

### 38. APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

Apologies for absence were received from Mrs M J Crossland, Mrs J M Doughty and Mr T N Owen.

Mr D S T Enright substituted for Mrs L C Carter following her departure from the meeting.

### 39. MINUTES

Mr Cooper made reference to Minute No. 29 and indicated that, in relation to the Local Plan Monitoring Report (paragraph 3.5 of the report) he had enquired what reply had been received from the Member of Parliament in respect of concerns expressed over delays in concluding Section 106 agreements. He also requested that the fourth paragraph of Minute No. 32 on page 8 be amended to read "Mr Cooper questioned whether the Council could do more to aid recruitment as an employer and questioned the reasons it had been decided to provide a full-time resource at Bampton.

Mr Barrett drew attention to a typographical error at Minute No. 33.2.

**RESOLVED:** That, subject to the amendments detailed above, the minutes of the meeting held on 15 September 2016 be approved as a correct record and signed by the Chairman.

### 40. DECLARATIONS OF INTEREST

There were no declarations of interest from Members or Officers relating to matters to be considered at the meeting.

### 41. PARTICIPATION OF THE PUBLIC

In accordance with the Council's Rules of Procedure, Ms Barbara Shaw, representing Citizens Advice West Oxfordshire, had registered her intention to address the meeting in relation to Agenda Item No. 7, Call-in of Cabinet Decision - Future Funding of Homeless Pathway Supported Housing.

With the consent of the Chairman, Ms Shaw agreed to make her submission immediately prior to consideration of that item of business. A copy of her submission is attached as an appendix to the original copy of these minutes.

#### 42. CHAIRMAN'S ANNOUNCEMENTS

There were no announcements from the Chairman of the Committee.

#### 43. QUALITY OF CARE/REVIEW OF COMMUNITY HOSPITALS

The Strategic Director reminded Members that, at its last meeting, the Committee had resolved to hold a special meeting to discuss a range of health related concerns. Officers had written to the relevant organisations inviting their attendance in order to provide information and respond to Members' questions.

Unfortunately, the Chief Executive of the Oxford University Hospitals NHS Trust, Dr Bruno Holthof, had indicated that he was unable to attend the meeting. However, Mr Andrew Stevens, the Director of Strategy and Planning, had conveyed Dr Holtof's apologies to Members and explained that, at short notice, it was not be possible for the Trust to be represented.

Mr Stevens had also responded to the letter sent by Mrs Baker to Dr Holtoff expressing the Council's concerns over the withdrawal of Maternity Services from the Horton Hospital. This letter had been circulated to Members of the Committee and a copy appears as an appendix to the original copy of these minutes. Mr Stevens had also confirmed that the Trust was very keen to meet with Members of the Council to discuss their concerns at some future date.

Members acknowledged that under these circumstances it would not be possible to discuss issues relating to the Horton Hospital or the impending review of community hospitals that evening.

**RESOLVED:** That further consideration of the matter be deferred and representatives of the Trust invited to attend a subsequent meeting.

#### 44. DEER PARK SURGERY, WITNEY

At the request of the Committee, representatives from VirginCare, the Deer Park Medical Practice and the Oxfordshire Clinical Commissioning Group attended the meeting.

The Chairman welcomed Dr Raj Kohli, Senior Partner at the Deer Park Surgery, his Colleague Dr Mark Widgery, Clinical Lead GP, Helen Kershaw, Business Unit Head from VirginCare and Simon Lucas Head of Communications and Marketing at VirginCare. Mr Handley also welcomed Catherine Mountford, Director of Governance and Business Processes, and Julie Dandridge, Deputy Director Delivery and Localities, representing the Oxfordshire Clinical Commissioning Group.

The Strategic Director reminded Members and those members of the public present that the Council had no statutory role in relation to the provision of healthcare but that, as community representatives, Members clearly wished to be fully informed of issues concerning the wellbeing of the residents of the District and to influence decisions about the provision of services where they believe it is necessary and appropriate to do so.

The Chairman then invited the representatives present to outline their positions in relation to the future of the Deer Park Surgery and to respond to Members' questions.

Ms Kershaw thanked Members for their invitation and advised that VirginCare had participated in a procurement process earlier in the year which had concluded on 3 November. The procurement had followed the normal practice but no award of a contract was made. Since that time, VirginCare had been in discussion with the CCG to ensure that the safety of patients remained paramount and, to this end, an extension of the existing contract had been agreed until 31 March 2017.

Dr Kohli then addressed the meeting. He recalled that he had met with the Committee four years previously when there had been concerns over the operation of the practice. Since that time there had been a change in the composition of the team and all the issues of concerns had been addressed, Deer Park Surgery becoming one of the best performing practices in the District. Dr Kohli expressed pride in the work that had been undertaken by the team and his thanks for the support received from the Patient Participation Group.

Dr Kohli went on to detail a series of objective measures by which performance was assessed. In terms of continuity, of 1000 clinical sessions undertaken in 2015, only six had been covered by locum practitioners. This compared favourably with national averages of 4%, rising to up to 18% in some areas, and represented the lowest locum usage in the area. In conclusion, Dr Kohli emphasised that the practice was committed to providing the best level of care to all its patients.

Dr Widgery advised that the surgery's performance in managing chronic diseases assessed under the Quality and Outcomes Framework had increased from 92% to 99.4%, a figure well above both local and national averages. The practice had recently undergone an inspection by the Care Quality Commission and, whilst the results had yet to be published, he expected to see a favourable outcome. The decision not to award a contract had come as a great surprise to the practice as it had the ability to expand in response to an increasing demand. The practice had been involved with the retirement development carried out by Richmond Homes and had offered its services to the community.

Dr Widgery acknowledged that there were intricacies in the procurement process and explained that the basis upon which a new contract had been tendered differed from that on offer four years ago. Whilst the practice was not structured in the same manner as a partnership and, in consequence, was subject to an Alternative Provider Medical Services (APMS) type contract, it had built up trust with and shown commitment to its patients. The practice had expected to continue on a long term basis, providing the same level of continuity and accessibility as one on a General Medical Services Contract contract. Key performance indicators required that patients could see a GP within seven working days. Deer Park exceeded this, achieving a timeframe of four or five days and was unusual in enabling patients to see a GP of their choice. This compared favourably with other local practices where patients could wait for three to four weeks.

The decision not to award a contract felt counter-intuitive, given that Deer Park was a viable practice with a stable team providing good quality care and achieving a high level of patient satisfaction. Dispersal of the practice list would present a challenge to patients who wished to remain with the doctors they know. Witney was planned to expand and the practice had the scope to expand with it.

The decision to not award a contract had given rise to a tremendous emotional response amongst patients who were unable to understand the logic of the decision and wished to see the practice continue.

Dr Widgery sought an explanation of the decision, reiterating that the practice was viable with both staff and patients wanting it to continue.

Ms Kershaw advised that she was proud of the entire team at the Deer Park Surgery, all of whom were passionate about providing the best possible care for their patients.

Catherine Mountford then addressed the meeting. She concurred with Ms Kershaw that the primary objective of all parties was to ensure on-going safe provision of care. She emphasised that the decision not to award a contract was in no way a reflection of the level of care and quality of service provided by the practice and acknowledged the work that had been carried out to reach the standards that had been achieved.

Ms Mountford explained that the commissioning process had started from scratch and was based upon establishing what level of service could be provided within a defined financial envelope. The level of funding available for primary care contracts was fixed nationally, although the sum available in this instance had been enhanced to recognise that this was a short term contract. She indicated that the Commissioning Group was not in the position that it had expected, having envisaged that it would have been able to award a contract. The CCG was sorry that it had not been possible to do so in a way which would deliver the service required within the financial provision identified.

Ms Mountford acknowledged that the decision had given rise to concerns and anxiety and advised that her colleague, Julie Dandridge, had met with the Patient Participation Group in an effort to address these. She expressed her thanks to the practice for agreeing to an extension of the contract, a key decision that would allow time to support the other practices in the town to build up the necessary capacity to enable them to cater for additional patients.

The CCG would continue to work with the PPG to highlight issues of concern and to identify measures to support patients and mitigate risk.

At the invitation of the Chairman, Mrs Brenda Churchill, a representative of the Patient Participation Group, then addressed the meeting. She suggested that the CCG had not sought tenders on a wide enough basis and had failed to take account of the anticipated level of growth in that quadrant of the town. Further sites for residential development in Minster Lovell and Brize Norton had been identified within the Local Plan and the decision to close the surgery was a short-sighted decision that failed to take account of increasing needs in future years. These new developments could generate a further 1,100 plus patients with no primary care facilities available to meet their needs.

Mrs Churchill also bemoaned the lack of communication, indicating that the PPG had only been advised of the decision on 13 September with no consultation with patients. It would require eight or more doctors to care for the projected number of new patients and Mrs Churchill questioned how this need could be met when there was reluctance amongst newly qualified doctors to enter General Practice. In conclusion, Mrs Churchill suggested that closure of the Deer Park practice would place unnecessary pressure on accident and emergency and ambulance services and advised that the matter was to be considered by the Town Council on 26 October.

Mr Handley acknowledged the efforts that had been made to improve performance of the practice and enquired whether it was accurate to say that the level of funding for a new contract had been reduced from that available under the original contract.

In response, Ms Dandridge advised that Deer Park had been on an Alternative Provider Medical Services Contract which offered a premium in recognition of the fact that, unlike a General Medical Services Contract, it was time limited.

The CCG was now subject to a national directive whereby it was unable to pay more for an APMS contract than for a GMS contract.

Ms Mountford explained that, whilst the contract value had been reduced, it had nonetheless been offered with a premium above that paid to other practices in Oxfordshire. Ms Dandridge confirmed that the contract value had been reduced by some 13%.

Ms Kershaw indicated that an AMPS contract provided a sum per patient plus a weighted list to reflect local social and economic demographics and patient co-morbidities. The surgery currently served some 4,420 individuals and, under new rules governing payments for the weighted list, local demographics were such that funding had been reduced in respect of both the sum per patient and the weighted list.

Ms Mountford advised that this applied equally to GMS contracts.

Mr Barrett indicated that there were 4,379 patients registered at the surgery and questioned whether all would be dispersed to practices in Witney. Ms Dandridge advised that dispersal would be based upon demographics with some patients being registered with practices in Burford and Carterton. Discussions had been held with the Witney practices who had given their assurances that they would be able to accommodate the additional patients given time to make the necessary arrangements. Ms Mountford advised that the decision not to award a contract had not been taken until such assurances had been received.

Mr Barrett indicated that the consultation process had been poor and advised that a meeting was to take place between representatives of the PPG and the Chair of the County Health Overview and Scrutiny Committee the following week.

In response to a question from Mr Haine, Ms Dandridge advised that the CCG had a contract with VirginCare, and did not employ the individual medical practitioners directly. It had gone out to tender based upon a defined financial envelope seeking bids as to the level of service that could be provided within that sum. Mr Haine questioned why the practice had not been able to continue to provide services within the available budget. In response, Ms Mountford advised that, whilst certain information could not be brought into the public domain for reasons of commercial confidentiality, the practice was continuing to provide the same level of service as before for the time being.

Dr Kohli advised that the reason cited for the decision not to award the contract was that the model of clinical care that was able to be provided within the available financial envelope was not satisfactory. He emphasised that he would not agree to a model of care that would put patients at risk and confirmed that the model proposed was in keeping with the BMA's safe working requirements. He indicated that he had attended numerous meetings at which fellow GP's has been present and had found that whenever there was talk of innovation, the lack of capacity was frequently raised in objection. There was a national recruitment and retention crisis amongst GP's and local practices found it increasingly difficult to recruit. Dr Kohli stated that he could not see how dispersal of the patient list could be carried out safely. Whilst it was envisaged that 15% of the patient list would not register with another practice, this was not a question of significant concern as these would be the patients that never attended the practice. His principal concern was for those who had regular and complex medical needs.

Mr Beaney noted that, whilst he had little difficulty in making an appointment with his own GP, the situation in Witney was far less satisfactory with patients having to wait for long periods. He suggested that there was a need to look at this question in greater detail and support health service provision in the District. He proposed that a working party be established to gather information from interested parties and support local health care provision, feeding information back to the Committee and the Cabinet.

Mr Enright asked what level of cuts the CCG faced on the budget for primary care, noting that it had operated at a deficit in the current year. He enquired whether a risk assessment of available options had been carried out, indicating that he did not believe that transferring patients to Burford and Carterton was a realistic option. He made reference to the bidding process, indicating that one of the bids had been within the financial parameters but had been assessed as inadmissible and questioning why that decision had been made if the bid had complied with the GP Forward View and BMA Best Practice. Mr Enright also enquired whether there had been any bids from existing practices to operate the surgery as a satellite.

Ms Mountford advised that the national allocation for primary care had increased substantially. In addition, the CCG had received some £4 million to support primary care from the Prime Minister's Challenge Fund in the current year and hoped that this would continue in 2017/18.

Ms Dandridge explained that the Deer Park Practice already had some patients from Burford and Carterton and it was these that it was intended would be transferred to other practices within those settlements. The CCG was developing an impact assessment for vulnerable patients and was supporting both patients and staff to mitigate the concerns expressed. In addition, a meeting with representatives of the PPG was to take place the following week.

The bid evaluation and procurement process had followed national guidelines, the bid being based upon questions asked by the CCG and evaluated against the responses received. Ms Dandridge explained that she could not expand upon the reasons for which bids had not been taken up for reasons of commercial confidentiality.

Mr Cooper enquired whether the CCG had taken account of the development proposals referred to by Mrs Churchill and those recently approved on appeal. In response, Ms Dandridge reiterated that the CCG had not wanted to find itself in this position and its aim had been to award a contract. The CCG was well aware of the development pressures on the town, although the most recent appeal decisions post-dated the procurement exercise.

Mr Woodruff indicated that he could not see how this situation had arisen and sought further information on the decision making process. Ms Mountford reiterated that certain matters relating to procurement were within the constraints of commercial confidentiality.

Ms Mountford advised that, whilst the overall budget for primary care had increased, the value of this specific contract had reduced by some 13% for the reasons previously stated.

Mr Woodruff enquired if there was scope for further negotiation to prevent this closure from going forward.

In response, Ms Dandridge indicated that the CCG had decided not to award a contract and had then looked at the options to go forward. Whilst it could go out to tender again, given that there was little uptake for small practices, it was considered unlikely that a re-procurement exercise would be successful.

The option of a merger with an existing practice with a view to operating as a satellite had also been explored but none of the existing practices had sought to pursue that option. Under these circumstances, dispersal had been the only option remaining.

Mrs Little indicated that she had been impressed by the practice as it was clear that patients were its main priority. She enquired whether VirginCare operated elsewhere in the District. Ms Kershaw advised that Deer Park was the only practice in Oxfordshire but there were two others operating in Northamptonshire and one in Reading. Mrs Little noted that practice lists on Carterton were full and expressed her support for forming a working party.

In response to a question from Mr Kelland, Ms Kershaw advised that, in addition to a 13% cut in the sum per patient, there had also been a substantial reduction in the weighted list, resulting in a total reduction in the contract value of some 23% to 24%. Whilst this had been driven by NHS principles, it had had a significant impact upon this particular practice. The proposal put forward had been based upon a clinical model that the company believed to be appropriate but the CCG had concluded that this was not the case. Mr Kelland questioned the logic of the underlying rationale.

Ms Dandridge explained that the Oxfordshire Transformation Plan envisaged larger practices which it believed to be more sustainable and better able to offer a wider skills mix and range of facilities. It did not foresee services being provided by a large number of smaller practices and proposed to increase the size of existing practices rather than build from new. Ms Mountford indicated that it was incumbent upon the CCG to ensure that public money was spent well and equitably within national guidelines.

Mr Kelland noted that other practices in the County were facing closure and the Chairman enquired whether any other practices in West Oxfordshire were threatened. Ms Dandridge advised that she was not aware of any others. Mr Kelland questioned whether the impact of the weighted list could be addressed. Ms Mountford explained that this would be difficult as Oxfordshire was a generally healthy county and Ms Kershaw advised that weighting tended to favour less affluent areas.

Mrs Carter indicated that this was yet another example of services being expected to provide more for less. There had been an on-going series of cuts and Mrs Carter questioned how long these could be sustained. She expressed concern over the potential knock-on effects of the closure and enquired whether there was any scope for further negotiation.

Dr Kohli advised that he had worked all over the UK and found that it took time to settle in. Patients tended not to respond well to large corporations and he was pleased to have found that the Deer Park practice offered him a great degree of autonomy in his work. From a commercial perspective, he had been genuinely surprised that VirginCare had submitted a bid but was pleased to see that they believed in the practice. Dr Kohli suggested that the absence of any counter bids indicated that the contract value had been set at a level that was not financially viable.

Dr Widgery indicated that the APMS contract was a market and noted that it had failed to attract any other tenderer. He felt it was wrong to draw a comparison with the GMS contract and concluded that the absence of any other expressions of interest suggested that the contract was commercially unviable. He considered that it would be a false economy to pursue the closure and could not understand how, having gone to the market unsuccessfully, the CCG could move directly to a closure.

Ms Dandridge advised that this decision had not been taken lightly and that there had been a lot of discussion with the service provider before a decision had been taken. Ms Kershaw demurred, indicating that discussions prior to the decision had been limited with subsequent dialogue confined to ensuring on-going patient care.

Mr Graham suggested that good will was needed from all parties going forward from the meeting to ensure the best outcome for patients. It was essential to try and find a solution and Mr Graham questioned whether there was any scope for an exception to be made with regard to funding arrangements to enable the practice to continue.

Given the difficulties experienced in making an appointment with existing Witney practices, Mrs Fenton expressed severe doubts that the proposed dispersal would work and questioned the merits of assigning existing patients to practices outside the town.

Mr Woodruff returned to the reasons for the decision not to award a contract and Ms Mountford reaffirmed the constraints of commercial confidentiality.

Mr Enright suggested that the crux of the problem was that the CCG had found the submission from VirginCare to be non-compliant and was unable to elucidate further. He questioned whether there was any process of third party evaluation or arbitration that might allow the matter to move forward. Ms Mountford indicated that she would have to consider this further in consultation with her colleagues.

Mr Lucas explained that there was a defined procurement process but that he believed that the CCG could undertake a further process to look at the future of the practice.

The Strategic Director advised that any Working Party would need to be time limited in view of the current situation although she acknowledged that an extension of the contract had been agreed. Whilst the clock was ticking, a working party could offer an opportunity to obtain further information.

Mr Handley expressed the hope that the CCG would consider a re-procurement process as the loss of this facility would be severely detrimental to residents of the town. The current uncertainty placed an unacceptable level of stress on existing patients. Whilst the CCG had made reference to national funding formulae, Mr Handley indicated that some 5% of funding in Oxfordshire went to the University. Total funding had increased by some 8% hence a reduction in funding for the practice of 13% was inequitable and the CCG should take account of this as it was clear that such a reduction in funding would lead to the closure of the centre. Such action could set a precedent for other small practices and the Council should raise these concerns in the appropriate quarter.

Mr Beaney thanked the representatives of the CCG for attending and acknowledged the constraints of commercial confidentiality and the impact of local demographics on weighting. He asked that the CCG work together with the Council to explore options to save the practice. Whilst unable to give an assurance that the practice could remain open, Ms Mountford confirmed that the CCG would work with the Council, the PPG and HOSC to endeavour to secure the best possible outcome for patients.

Mr Barrett suggested that the Council should raise its concerns over the lack of consultation with the County Council as the County Joint Health Overview and Scrutiny Committee had the ability to refer substantial changes in health service provision to Ministerial level if it considered that there had been a significant change in service provision.



Ms Kershaw confirmed that there was a continuing dialogue between the practice and the CCG, both parties recognising that the safety of patients was paramount.

Dr Widgery indicated that there was a degree of anger amongst patients who had misgivings about the process that had been put forward. It was difficult to see that the situation was such that the best option was to close the practice and disperse patients to already over-pressured services.

Ms Mountford indicated that the CCG recognised the impact upon patients and would share as much information as possible.

Mr Haine questioned whether the existing practitioners could seek a contract direct with the CCG, independent of VirginCare. In response, Dr Kohli stressed his personal commitment to the practice but advised that, in general terms, a list of some 10,000 patients was necessary for a practice be sustainable financially. The Deer Park practice was only viable because VirginCare provided back office support and, without the backing of a larger parent organisation, a small practice such as this could not be financially viable.

The Chairman thanked all those present for their contribution to the meeting and indicated that the Council would do all in its power to seek a resolution.

**RESOLVED:**

- (a) That the information provided be noted.
- (b) That a Working Party be established to seek further information and explore options by which primary care provision might be retained at Deer Park.
- (c) That Mr Beaney, Mr Cooper, Mr Enright, Mrs Little and Mr Kelland be appointed to serve on the Working Party and that Mrs Doughty, as the Council's representative to the County Joint Health Overview and Scrutiny Committee also be invited to attend.

45. CALL IN OF CABINET DECISION – FUTURE FUNDING OF HOMELESS PATHWAY SUPPORTED HOUSING

The Committee received and considered the report of the Head of Democratic Services giving details of the call-in request relating to the Cabinet decision of 21 September 2016 in respect of the withdrawal of funding to Citizens Advice West Oxfordshire.

In accordance with the Council's Rules of Procedure, Ms Barbara Shaw, representing Citizens Advice West Oxfordshire, addressed the meeting in relation to this matter. A copy of her submission is attached as an appendix to the original copy of these minutes.

Mr Cooper indicated that Citizens Advice provided an invaluable service in signposting individuals to address and resolve issues in their lives. It was important that Members recognised the benefit of an organisation able to provide advice that was clearly independent of the Council.

Whilst he acknowledged the logic underpinning the Cabinet's decision, Mr Cooper reiterated the concern expressed by Ms Shaw at the loss of independence and impartiality that such an organisation was able to offer and invited the Committee to support the call-in request.

Mr Morris explained that he was attending the Committee as the call-in as framed related to financial questions that fell within his portfolio responsibilities. He made reference to the information provided in the report and acknowledged that, whilst it was clear that a total grant of £156,000 was made to Citizens Advice, a degree of uncertainty had arisen as to

the breakdown between core funding and that specifically allocated to the Housing and Debt Advice Project. Accordingly, officers had recommended that the funding reduction should follow the lower figure of £24,000 rather than the £32,000 originally stated.

Mr Morris went on to advise that the introduction of the digital nominations scheme had freed up staff resources enabling the Council to provide further support for clients with housing issues internally. The Council had a statutory duty to deal with homelessness and had put in place the level of resources necessary to do so. Whilst the authority could reduce its own services to continue to fund the Citizens Advice project, this could impact upon the Council's own staffing levels.

Mr Morris reminded Members that core funding of £132,000 would continue to be provided to Citizens Advice and considered that revising the reduction in funding to the Housing and Debt Advice Project was an equitable solution that addressed the concerns expressed in the call-in.

The Group Manager for Revenues and Housing Support emphasised that the prevention of homelessness remained a key objective for the authority and was thought likely to become a statutory responsibility. He reiterated that, efficiencies secured by the introduction of choice based lettings had enabled the re-organisation of the Housing Team, doubling staffing levels for homelessness prevention from one to two full time posts. Whilst recognising the importance of impartiality in providing debt management advice, the Group Manager for Revenues and Housing Support explained that, whilst the Council would still require Citizens Advice to fulfil this role, it was not the principal point of reference for such enquiries as a number of other organisations offered similar services. He acknowledged that the reduction in funding would have some impact but questioned whether it would be as significant as suggested.

The Council had the primary responsibility for housing issues and it was to be hoped that those threatened with homelessness would recognise it as such. As the Council had a statutory responsibility, it had the necessary resources and pathways in place to provide advice and assistance. He did not consider the proposed reallocation of resources as negative and it was not intended that all elements would be taken in-house. There would still be a need for expertise in certain areas and the Council had maintained a dialogue with Citizens Advice with the intention of minimising any potential impact upon service users.

Homeless single adults with complex needs were recognised as a key priority group and the Council had to focus resources on their needs. In conclusion, the Group Manager for Revenues and Housing Support reiterated that core funding to Citizens Advice would remain unchanged.

Mr Haine expressed his support for the call-in, indicating that a reduction in funding for the project would result in the loss of the entire resource. The projected saving could prove to be false economy as additional; pressure on the Council's services could end up costing more.

Mr Enright concurred, advising that his own experience suggested that instances of homelessness in the District were on the increase. He suggested that the matter should be kept under review and the respective workloads monitored.

Mrs Little indicated that, whilst the Council's Officers dealt with questions of homelessness in an exemplary manner, Citizens Advice provided a first class service in terms of debt advice.

Mr Morris advised that evaluation of the Council's own resources had shown that it was able to absorb this workload. Whilst this may result in cutbacks at Citizens Advice, the Council had to deliver a balanced budget and the alternative could be a reduction in its own staffing levels. Whilst the sum of £24,000 might appear insignificant in terms of the total budget, the Medium Term Financial Strategy acknowledged the financial risks and uncertainties facing the Council and all expenditure had to be properly resourced. The Council wanted to maintain its own resources and was faced with addressing shortfalls resulting from cuts at county level.

Mr Haine acknowledged that the Council faced financial constraints but expressed the hope that the services offered by Citizens Advice could be retained for the benefit of local residents. Mr Morris reminded Members that core funding was to remain unchanged.

Mr Handley questioned whether an in-house service could give rise to a perception of a conflict of interest. The Group Manager for Revenues and Housing Support advised that, notwithstanding the suggestion made by Ms Shaw that homelessness had been averted in some 17 households of late; the Council had no record of notifications of possession orders during the previous fifteen month period. Officers were of the opinions that areas in which a conflict of interest could arise were limited, forming a small part of the work undertaken by Citizens Advice. The Council's own officers could provide low level debt advice whilst more complex issues could be referred to a number of other agencies. In addition, the Council was under no obligation to provide court representation to those faced with repossession.

Mr Graham noted that the Choice Based Lettings system had only just been implemented and suggested that it needed time to bed in. Given the increased level of homelessness he considered that it would be unwise to seek to secure a short term saving before the operation of the Council's own advice service to be assessed fully and suggested that the Council should continue funding Citizens Advice in 2017/18 and review the position in the New Year.

In response, the Group Manager for Revenues and Housing Support advised that the Choice Based Lettings system did not require bedding in as it was fully tested being operated successfully by the vast majority of local authorities. In addition to securing a financial saving, the removal of the previous labour intensive arrangements had released staff resources to be utilised elsewhere immediately. Mr Graham reiterated the concerns previously expressed with regard to the potential for conflicts of interest. The Group Manager for Revenues and Housing Support acknowledged this concern but stressed that it could only apply in relation to debt advice.

(Mr H B Eaglestone left the meeting at this juncture)

Mr Beaney questioned whether a decision could be deferred and the Cabinet be requested to review the position towards the end of the financial year. It was indicated that this would give rise to an unreasonable degree of uncertainty preventing Citizens Advice from taking appropriate measures for the allocation of its own resources. In response to a question from Mrs Little, Ms Shaw advised that, whilst Citizens Advice obtained funding from other sources, West Oxfordshire District Council was the sole funding provider for the housing and debt project.

Mr Handley expressed concern at the suggestion that the Council was referring clients to Citizens Advice to assist in accessing the choice based lettings system, particularly as assurances had been given that the Council's own officers would be addressing any such needs. He suggested that there was a need to review these arrangements and clarify the

respective roles. In response, the Group Manager for Revenues and Housing Support gave a categorical assurance that the Councils Officers were not making referrals to Citizens Advice for this purpose, suggesting that these clients had approached them independently.

It was proposed by Mr Haine and seconded by Mr Enright that the Committee supports the call-in request and refers the decision back to the Cabinet for reconsideration. In addition, it was recommended that the Cabinet agrees to continue funding the Housing and Debt project until March 2018, funding thereafter to be subject to a review of the operation of that service by the Committee in six months' time.

Mr Morris re-emphasised that there was no intention to reduce the core funding of £132,000 provided to Citizens Advice and suggested that the recommendation that the funding reduction should follow the lower figure of £24,000 rather than the £32,000 originally stated fully addressed the substance of the call-in.

The recommendations were then put to the vote and were carried.

**RESOLVED:**

- (a) That the Committee supports the call-in request and refers the decision back to the Cabinet for reconsideration.
- (b) That the Cabinet be recommended to agree to continue funding the Housing and Debt project until March 2018, funding thereafter to be subject to a review of the operation of that service by the Committee in six months' time.

The meeting closed at 9:15pm

Chairman