

A meeting of the **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)** will be held in **CIVIC SUITE 0.1A, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, PE29 3TN** on **TUESDAY, 2 JULY 2013 at 7:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact
(01480)**

APOLOGIES

1. MINUTES (Pages 1 - 8)

To approve as a correct record the Minutes of the meeting of the Panel held on 4th June 2013.

**Miss H Ali
388006**

2 Minutes.

2. MEMBERS' INTERESTS

To receive from Members declarations as to disclosable pecuniary or other interests in relation to any Agenda Item. Please see Notes below.

2 Minutes.

3. NOTICE OF EXECUTIVE DECISIONS (Pages 9 - 14)

A copy of the current Notice of Executive Decisions, which was published on 20 June 2013 is attached. Members are invited to note the Decisions and to comment as appropriate on any items contained therein.

**Mrs H Taylor
388008**

4. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP: FINANCE AND PERFORMANCE REPORTS (Pages 15 - 76)

To receive Finance and Performance Reports from Cambridgeshire and Peterborough Clinical Commissioning Group in relation to Hinchingbrooke Hospital.

Mrs S Shuttlewood and Mr R Murphy, Cambridgeshire and Peterborough Clinical Commissioning Group, will be in attendance for this item.

Members of the Overview and Scrutiny Panels (Economic Well-Being) and (Environmental Well-Being) have been invited to attend for this item.

30 Minutes.

5. HOUSING AND COUNCIL TAX BENEFIT CHANGES AND THE POTENTIAL IMPACT UPON HUNTINGDONSHIRE (Pages 77 - 86)

To receive a report from the Head of Customer Services on Housing and Council Tax Benefit Changes and the Potential Impact on Huntingdonshire.

**Mrs J Barber
388105**

Members of the Overview and Scrutiny Panel (Economic Well-Being) have been invited to attend for this item.

20 Minutes.

6. CCTV OPERATIONS - SHARED SERVICE PROPOSAL (Pages 87 - 98)

To receive a report from the Head of Operations on the CCTV service.

**E Kendall
388635**

20 Minutes.

7. CAMBRIDGESHIRE ADULTS, WELL-BEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

To receive an update from Councillor R J West on the outcome of recent meetings of the Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee.

5 Minutes.

8. WORK PLAN STUDIES (Pages 99 - 104)

To consider, with the aid of a report by the Head of Legal and Democratic Services, the current programme of Overview and Scrutiny studies.

**Miss H Ali
388006**

10 Minutes.

9. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS (Pages 105 - 116)

To consider a report by the Head of Legal and Democratic Services on the Panel's programme of studies.

**Miss H Ali
388006**

15 Minutes.

10. SCRUTINY (Pages 117 - 124)

To scrutinise decisions as set out in the Decision Digest and to raise any other matters for scrutiny that fall within the remit of the Panel.

5 Minutes.

Dated this 20 day of June 2013



Head of Paid Service

Notes

A. Disclosable Pecuniary Interests

- (1) *Members are required to declare any disclosable pecuniary interests and unless you have obtained dispensation, cannot discuss or vote on the matter at the meeting and must also leave the room whilst the matter is being debated or voted on.*
- (2) *A Member has a disclosable pecuniary interest if it*
 - (a) relates to you, or*
 - (b) is an interest of -*
 - (i) your spouse or civil partner; or*
 - (ii) a person with whom you are living as husband and wife; or*
 - (iii) a person with whom you are living as if you were civil partners*

and you are aware that the other person has the interest.
- (3) *Disclosable pecuniary interests includes -*
 - (a) any employment or profession carried out for profit or gain;*
 - (b) any financial benefit received by the Member in respect of expenses incurred carrying out his or her duties as a Member (except from the Council);*
 - (c) any current contracts with the Council;*
 - (d) any beneficial interest in land/property within the Council's area;*
 - (e) any licence for a month or longer to occupy land in the Council's area;*
 - (f) any tenancy where the Council is landlord and the Member (or person in (2)(b) above) has a beneficial interest; or*
 - (g) a beneficial interest (above the specified level) in the shares of any body which has a place of business or land in the Council's area.*

B. Other Interests

- (4) *If a Member has a non-disclosable pecuniary interest or a non-pecuniary interest then you are required to declare that interest, but may remain to discuss and vote.*
- (5) *A Member has a non-disclosable pecuniary interest or a non-pecuniary interest where -*
 - (a) a decision in relation to the business being considered might reasonably be regarded as affecting the well-being or financial standing of you or a member of your family or a person with whom you have a close association to a greater extent than it would affect the majority of the council tax payers, rate payers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the authority's administrative area, or*
 - (b) it relates to or is likely to affect any of the descriptions referred to above, but in respect of a member of your family (other than specified in (2)(b) above) or a person with whom you have a close association*

and that interest is not a disclosable pecuniary interest.

Please contact Miss H Ali, Democratic Services Officer, Tel No: (01480) 388006 / email: Habbiba.Ali@huntingdonshire.gov.uk if you have a general query on any Agenda Item, wish to tender your apologies for absence from the meeting, or would like information on any decision taken by the Panel.

Specific enquiries with regard to items on the Agenda should be directed towards the Contact Officer.

Members of the public are welcome to attend this meeting as observers except during consideration of confidential or exempt items of business.

Agenda and enclosures can be viewed on the District Council's website – www.huntingdonshire.gov.uk (under Councils and Democracy).

If you would like a translation of Agenda/Minutes/Reports or would like a large text version or an audio version please contact the Democratic Services Manager and we will try to accommodate your needs.

Emergency Procedure

In the event of the fire alarm being sounded and on the instruction of the Meeting Administrator, all attendees are requested to vacate the building via the closest emergency exit.

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 4 June 2013.

PRESENT: Councillor S J Criswell – Chairman.

Councillors R C Carter, I J Curtis, R Fuller,
C R Hyams, Mrs P A Jordan, P Kadewere,
S M Van De Kerkhove, M C Oliver,
J W G Pethard and R J West.

R Coxhead and Mrs M Nicholas – Co-opted Members.

APOLOGY: An Apology for absence from the meeting was submitted on behalf of Councillors K M Baker.

6. MINUTES

The Minutes of the meetings of the Panel held on 2nd April and 15th May 2013 were approved as a correct record and signed by the Chairman.

7. MEMBERS' INTERESTS

Councillor C R Hyams declared a non-disclosable pecuniary interest in Minute No. 13/09 by virtue of his membership of Huntingdon Town Council.

Councillor Mrs P A Jordan declared a non-disclosable pecuniary interest in Minute No. 13/10 by virtue of being an employee of the NHS.

8. NOTICE OF EXECUTIVE DECISIONS

The Panel considered and noted the current Notice of Executive Decisions (a copy of which is appended in the Minute Book) which had been prepared by the Executive Leader of the Council for the period 1st June to 31st December 2013. Members of the Voluntary Sector Working Group would be provided with an opportunity to comment on the Community Chest Allocations 2013/14 when details were circulated around to all Members prior to a decision being made by the Executive Councillors for Resources and Healthy and Active Communities on 27th June 2013.

9. HUNTINGDONSHIRE TOWN AND PARISH CHARTER AND VOLUNTARY SECTOR COMPACT

(Mrs J Farrow, Chief Executive of Hunts Forum of Voluntary Organisations, and Mr I Dewar, County Secretary for Cambridgeshire and Peterborough Association of Local Councils, were in attendance

for consideration of this item).

With the aid of a report prepared by the Head of Environmental and Community Health Services (a copy of which is appended in the Minute Book) the Panel was acquainted with the terms of the Huntingdonshire Town and Parish Charter and Voluntary Sector Compact for Huntingdonshire. Both documents were still subject to final agreement with town and parish councils and the voluntary and community sectors in Huntingdonshire.

In introducing the report, the Healthy Communities Manager reported that both documents set out to achieve the objectives of the Localism Act 2011 by establishing a framework to allow the County and District Councils, town and parish councils and the voluntary and community sectors to work together in partnership to improve the economic, social and environmental well-being of Huntingdonshire for the benefit of the local community. The County Secretary for Cambridgeshire and Peterborough Association of Local Councils and the Chief Executive of the Hunts Forum of Voluntary Organisations then delivered an explanation of the benefits of both documents and the obligations placed upon the three tiers of local government and the voluntary and community sectors to cooperate with one another. It was acknowledged that both documents would evolve with time given that the essence of localism was to promote cultural change. As the Cabinet would be reviewing its previous decision in respect of Local Joint Committees (LJCs), it was suggested that reference should be made within the Charter document to LJCs as an example of an appropriate forum in which to engage with communities.

In response to a question raised by a Member, it was confirmed that to date, Huntingdonshire was the only Cambridgeshire authority to have developed Charter and Compact documents. Neighbouring local authorities were now looking to Huntingdonshire to guide the introduction of their own documents. Following a brief discussion on engagement with both the town and parish councils and the voluntary and community sectors, Panel Members were encouraged to note the participation levels which had been achieved during the process to develop the documents.

In response to questions, the Panel received details of the County Council's commitment to and support for both documents, the benefits that a local Compact would bring to the voluntary and community sectors such as the encouragement of more open and transparent procedures and the challenges that would arise to embed new working practices within organisations. Members stressed the need to be mindful of the existing pressures on town and parish councils, the importance of identifying Compact Champions to encourage acceptance of the agreement within organisations, the advantages of employing closer working practices between organisations and the outcomes that the Compact document would result in for the end user.

In noting that the documents were yet to be formally endorsed by the local authorities and the voluntary and community sectors, it was agreed that Members would have sight of them again in September 2013 prior to their submission to the Cabinet. In addition, it was

agreed that the Panel would monitor the implementation of both documents; however, the form that this work would take would be determined at a future meeting.

RESOLVED

- (a) that the content of the report now submitted be noted; and
- (b) that the Panel have further sight of the Charter and Compact in September 2013 prior to their submission to the Cabinet.

10. HOME IMPROVEMENT AGENCY SHARED SERVICE REVIEW AND DISABLED FACILITIES GRANT BUDGET

(Councillor N J Guyatt, Executive Councillor for Strategic Planning and Housing, and Councillor T V Rogers, Chairman of the Overview and Scrutiny Panel (Economic Well-Being), were in attendance for consideration of this item).

(At 7.10pm, during discussion on this item, Councillor S M Van De Kerkhove took his seat at the meeting).

Consideration was given to a report by the Housing Strategy Manager (a copy of which is appended in the Minute Book) on the outcome of a review of the Home Improvement Agency (HIA) shared service following one year of operation and on the on-going demand for Disabled Facilities Grants (DFGs).

In introducing the report, the Deputy Executive Leader explained that the HIA was the first shared service to be introduced by the Council. Whilst some problems had been experienced in the first six months, the service currently was operating as intended and in some respects his expectations had been exceeded. He went on to reiterate the commitment made by the Council to meet the demand for DFGs. Finally, he referred to the difficulties faced by the authority in forecasting future levels of demand and the implications of this for the Council's financial planning.

The Housing Strategy Manager reminded the Panel of the background to the establishment of the shared HIA service. She reported that DFGs were only awarded for adaptation works in excess of £1,000. Members were encouraged to note the successes which had been achieved in reducing the waiting times for Occupational Therapists (OT) from eight months in March 2012 to four months in March 2013. The length of time applicants had to wait for assessments had been a longstanding problem. Members' attention was then drawn to the HIA's progress against its agreed key objectives and the work plan which would guide its work over the course of the ensuing year. It was reported that the latter included improving the efficiency and effectiveness of the service through measures such as the introduction of competitive tendering for equipment and the procurement of adaptation works from local businesses.

Despite the improvements which had been made to reduce OT waiting times, Members were of the opinion that further reductions should be sought. The view was held that four months was likely to appear to applicants to be a significant time to wait. In response, the Housing Strategy Manager reported that this was a priority for the HIA Manager. In addition, Members had some concern over effect of the impending dissolution of Cambridgeshire Community Services on the future of OT service provision. It was reported that meetings were being held with relevant parties to address the matter. Furthermore it was confirmed that to assist with the current backlog of casework in Huntingdonshire an additional Surveyor had been appointed on a temporary contract within the HIA.

The Panel discussed a number of matters including the feedback received from clients who had works carried out on their homes which revealed very high levels of satisfaction with the service received, a suggestion that homeowners might be encouraged to utilise the value of their properties as a means of funding adaptations in the future, the reasons why only 70% of DFG applications were completed, the point at which OT assessments should be undertaken, the charges placed on properties where owner occupiers received a DFG in excess of £10,000 for adaptations relating to garage or outbuilding conversions and/or extensions and the point in the process at which applicants were means tested. In terms of the latter, the Panel expressed the view that means testing should take place at the start of the process so that works were not undertaken on cases which did not proceed because the applicant was not eligible for assistance.

Having regard to the DFG budget, clarification was received of the source of "HIA earned fee income" which referred to the 10% capital grant that the Council paid to the HIA for running the service. Councillor T V Rogers commented on the need for the Council to review its commitment to financing DFG adaptations in the future. It was also suggested that the budget forecast should be reviewed to reflect a more realistic view of demand given that past trends revealed a continuous increase in need and, given projected demographic changes, this was likely to continue in the future. Finally, it was suggested that when the review of contractor lists was undertaken, the option of establishing an in-house service to carry out adaptation works should be explored. Whereupon, it was

RESOLVED

- (a) that the content of the report now submitted be noted;
- (b) that it be noted that additional modelling of current and future demand will be undertaken over the summer to feed into the Council's Medium Term Plan process in September 2013; and
- (c) that a further report be submitted to the Panel after two years of Cambs Home Improvement Agency (HIA) operation.

11. CAMBRIDGESHIRE ADULTS, WELL-BEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Panel received and noted the Minutes of the Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee held on 19th March 2013 (a copy of which is appended in the Minute Book). Councillor R J West reported that an induction meeting for the Cambridgeshire Adults, Well-Being and Health Overview and Scrutiny Committee would be held on 11th June 2013, with the first meeting of the Committee scheduled to be held on 18th July 2013.

12. WORK PROGRAMME

Consideration was given to a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) which provided Members with an opportunity to establish their work priorities for 2013/14. In doing so, Members' attention was drawn to the functions and responsibilities of the Corporate Governance and Employment Panels.

In noting the outcome of the recent review of the effectiveness of overview and scrutiny, the Panel endorsed the content of an Overview and Scrutiny Protocol which provided a framework for the conduct of overview and scrutiny within the Council and the promotion of closer working with the Executive and senior management.

Having received a brief update on the work of each of the Panel's Working Groups, Members undertook a review of their memberships and made changes as necessary. It was reported that the study on Social Value was nearing completion and that the findings would be reported to the Panel in due course.

Having considered the addition of new subject areas to the Panel's work programme, Members agreed to include a review of elderly patient care at Hinchingbrooke Hospital as a future study area. The suggestion for the study had emerged following concerns raised by Members on the basis of their own experiences and feedback received from residents over the level of care provided to elderly patients at the Hospital. It was agreed that a Working Group would be established for this purpose. The Chairman indicated that he currently was liaising with the Franchise Manager at the Hospital with a view to determining the way forward for the study. It was also intended to elicit public views on patient experiences at the Hospital as part of the investigations. Other areas for inclusion within the Panel's work programme were the receipt of an update on the redesign of mental health services and ambulance services. Having regard to the former, it was confirmed that representatives of Cambridgeshire and Peterborough Clinical Commissioning Group would be in attendance at the Panel's September 2013 meeting to deliver the update that had been requested.

Given that the Panel had developed its health scrutiny role over the previous few years and in noting that health data was available from a large range of sources, the Panel requested that a report was submitted to a future meeting on health trends across the District.

Having noted Councillor R J West's wish to step down from the Voluntary Sector Working Group, it was

RESOLVED

- (a) that the content of the report now submitted be noted;
- (b) that a review of elderly patient care at Hinchingsbrooke Hospital and ambulance services be included as new subject areas in the Panel's programme of studies;
- (c) that Councillor P W G Pethard be appointed to the Equality Working Group;
- (d) that Councillor C R Hyams be appointed to the Joint Hinchingsbrooke Hospital Working Group;
- (e) that Councillor R C Carter be appointed to the Voluntary Sector Working Group;
- (f) that Councillors S J Criswell, I C Curtis, C R Hyams, Mrs P A Jordan, P Kadewere, J W G Pethard and R J West together with Mr R Coxhead be appointed to a Working Group tasked with undertaking a review of elderly patient care at Hinchingsbrooke Hospital; and
- (g) that the Overview and Scrutiny Protocol as appended to the report now submitted be endorsed.

13. WORK PLAN STUDIES

The Panel received and noted a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) which contained details of studies being undertaken by the Overview and Scrutiny Panels for Economic Well-Being and Environmental Well-Being. Members were reminded of the opportunity they had to participate in the studies if they wished.

14. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS

The Panel received and noted a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) which contained details of actions taken in response to recent discussions and decisions. In doing so, the Chairman delivered an update on the outcome of a recent meeting of the Executive Leader's Strategy Group when discussion had taken place on Local Joint Committees (LJCs). Whilst there was support for the proposed model, the Executive Leader had stressed that it would be a permissive arrangement and that it would be for groups of parishes to organise, pay for and service the LJCs themselves. In that light it had been agreed that the Panel's former proposals would be reviewed. The Council would recognise LJCs as legitimate forums with which to engage. A report would be submitted to the Cabinet in due course.

The Panel agreed to widen the scope of its work relating to the Local

Plan 2036 in respect of social and affordable housing to include supported housing. It would, for example, look at the opportunities that existed for housing developments to include bungalows for elderly residents. Additionally, the Panel requested Officers to liaise with the relevant Lead Officer of the Children and Young Peoples Thematic Group with a view to receiving a presentation on the work of the Group at a future meeting.

15. SCRUTINY

The 134th Edition of the Decision Digest was received and noted.

Chairman

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NOTICE OF EXECUTIVE DECISIONS INCLUDING THOSE TO BE CONSIDERED IN PRIVATE

Prepared by Councillor J D Ablewhite
Date of Publication: 20 June 2013
For Period: 1st July to 31st December 2013

Membership of the Cabinet is as follows:-

Councillor J D Ablewhite	- Executive Leader of the Council, with responsibility for Strategic and Delivery Partnerships	3 Pettis Road St. Ives Huntingdon PE27 6SR Tel: 01480 466941 E-mail: Jason.Ablewhite@huntingdonshire.gov.uk
Councillor N J Guyatt	- Deputy Executive Leader of the Council with responsibility for Strategic Planning and Housing	6 Church Lane Stibbington Cambs PE8 6LP Tel: 01780 782827 E-mail: Nick.Guyatt@huntingdonshire.gov.uk
Councillor B S Chapman	- Executive Councillor for Customer Services	6 Kipling Place St. Neots Huntingdon PE19 7RG Tel: 01480 212540 E-mail: Barry.Chapman@huntingdonshire.gov.uk
Councillor J A Gray	- Executive Councillor for Resources	Shufflewick Cottage Station Row Tilbrook PE28 OJY Tel: 01480 861941 E-mail: Jonathan.Gray@huntingdonshire.gov.uk
Councillor R Howe	- Executive Councillor for Healthy and Active Communities	The Old Barn High Street Upwood PE26 2QE Tel: 01487 814393 E-mail: Robin.Howe@huntingdonshire.gov.uk

Councillor T D Sanderson - Executive Councillor for Economic Development and Legal	29 Burmoor Close Stukeley Meadows Huntingdon PE29 6GE Tel: 01480 412135 E-mail: Tom. Sanderson@huntingdonshire.gov.uk
Councillor D M Tysoe - Executive Councillor for Environment	Grove Cottage Maltings Lane Ellington Huntingdon PE28 OAA Tel: 01480 388310 E-mail: Darren.Tysoe@huntingdonshire.gov.uk

Notice is hereby given of:

- Key decisions that will be taken by the Cabinet (or other decision maker)
- Confidential or exempt executive decisions that will be taken in a meeting from which the public will be excluded (for whole or part).

A notice/agenda together with reports and supporting documents for each meeting will be published at least five working days before the date of the meeting. In order to enquire about the availability of documents and subject to any restrictions on their disclosure, copies may be requested by contacting Mrs Helen Taylor, Senior Democratic Services Officer on 01480 388008 or E-mail Helen.Taylor@huntingdonshire.gov.uk.

Agendas may be accessed electronically at www.huntingdonshire.gov.uk.

¹ Formal notice is hereby given under The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that, where indicated part of the meetings listed in this notice will be held in private because the agenda and reports for the meeting will contain confidential or exempt information under Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. See the relevant paragraphs below.

Any person who wishes to make representations to the decision maker about a decision which is to be made or wishes to object to an item being considered in private may do so by emailing Legal&DemServDemocratic@huntingdonshire.gov.uk or by writing to the Senior Democratic Services Officer. If representations are received at least eight working days before the date of the meeting, they will be published with the agenda together with a statement of the District Council's response. Any representations received after this time will be verbally reported and considered at the meeting.

Paragraphs of Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) (Reason for the report to be considered in private)

1. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the Financial and Business Affairs of any particular person (including the Authority holding that information)
4. Information relating to any consultations or negotiations or contemplated consultations or negotiations in connection with any labour relations that are arising between the Authority or a Minister of the Crown and employees of or office holders under the Authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the Authority proposes:-
 - (a) To give under any announcement a notice under or by virtue of which requirements are imposed on a person; or
 - (b) To make an Order or Direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Colin Meadowcroft
Head of Legal and Democratic Services

Huntingdonshire District Council
Pathfinder House
St Mary's Street
Huntingdon PE29 3TN.

Notes:- (i) Additions changes from the previous Forward Plan are annotated ***
(ii) Part II confidential items which will be considered in private are annotated ## and shown in italic.

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
<i>CCTV Operations - Shared Service Proposal***##</i>	Cabinet	18 Jul 2013		Eric Kendall, Head of Operations Tel No. 01480 388635 or email Eric.Kendall@huntingdonshire.gov.uk		R Howe	Social Well-Being
Huntingdonshire Economic Growth Plan 2013 - 2023	Cabinet	18 Jul 2013		Sue Bedlow, Economic Development Manager Tel No. 01480 3887096 or email Sue.Bedlow@huntingdonshire.gov.uk		T D Sanderson	Economic Well-Being
Loves Farm - Request for Supplementary Estimate	Cabinet	18 Jul 2013		Chris Allen, Project and Assets Manager Tel No. 01480 388380 or e-mail Chris.Allen@huntingdonshire.gov.uk		J A Gray	Economic Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Draft Revised Supplementary Planning Document - Land Sensitivity to Wind Turbine Development	Cabinet	18 Jul 2013	Draft revised SPD	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Financial Strategy	Cabinet	19 Sep 2013		Steve Couper, Assistant Director of Finance and Resources Tel No. 01480 388103 or email Steve.Couper@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
Town and Parish Council Charter	Cabinet	19 Sep 2013		Dan Smith, Community Health Manager Tel No. 01480 388377 or e-mail Dan.Smith@huntingdonshire.gov.uk		N J Guyatt	Social Well-Being
Customer Services Strategy	Cabinet	19 Sep 2013		Kathryn Sexton, Customer Services Manager Tel No. 01480 387040 or e-mail Kathryn.Sexton@huntingdonshire.gov.uk		B S Chapman	Economic Well-Being
Affordable Housing Policy - Update	Cabinet	19 Sep 2013		Jo Emmerton, Housing Strategy Manager Tel No. 01480 388203 or email Jo.Emmerton@huntingdonshire.gov.uk		N J Guyatt	Social Well-Being
Consultation and Engagement Strategy	Cabinet	17 Oct 2013		Louise Sboui, Senior Policy Officer Tel No. 01480 388032 or email Louise.Sboui@huntingdonshire.gov.uk		J D Ablewhite	Social Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Whole Waste System Approach	Cabinet	17 Oct 2013		Eric Kendall, Head of Operations Tel No. 01480 388635 or email Eric.Kendall@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being
A14	Cabinet	17 Oct 2013	Preferred option for consultation	Steve Ingram, Assistant Director, Environment, Growth and Planning 01480 388400 or email Steve.Ingram@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Huntingdon West Masterplan	Cabinet	17 Oct 2013	Following consultation. Preferred option.	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Cumulative Impact of Wind Turbines SPD***	Cabinet	21 Nov 2013		Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Local Plan to 2036 - Proposed Submission	Cabinet	12 Dec 2013		Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Draft Budget & MTP	Cabinet	12 Dec 2013		Steve Couper, Assistant Director of Finance and Resources Tel No. 01480 388103 or email Steve.Couper@huntingdonshire.gov.uk		J A Gray	Economic Well-Being

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MEETING: CCG GOVERNING BODY MEETING IN PUBLIC

AGENDA ITEM: 3.1

DATE: 4 JUNE 2013

TITLE: FINANCE & PERFORMANCE COMMITTEE OVERVIEW REPORT

FROM: EDWARD LIBBEY, CHAIR, FINANCE AND PERFORMANCE COMMITTEE

FOR: INFORMATION

1 ISSUE

- 1.1 The Finance and Performance Committee is a formal sub-committee of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Governing Body. It meets on a monthly basis and its aim is to monitor finance and performance on behalf of the Governing Body, to forecast future performance, and engender a high performance culture.
- 1.2 The last meeting of the CCG Finance and Performance Committee was held on 28 May 2013. A brief summary of the main issues raised at this meeting is set out below.
- 1.3 The minutes of the inaugural meeting held on 25 April 2013 are attached for Information at **Appendix A**.

2 STRATEGIC AIMS/ EQUALITY AND DIVERSITY GOALS AND CCG ASSURANCE FRAMEWORK REFERENCE

This report is linked to Strategic Aims 2 (Finance), 4 (Contracts Management & Performance) 6 (Governance). It is also linked to a number of CCG Assurance Framework Risks, including F1 – *risk to delivering financial balance*; F2 – *risks associated with on-going CHC claims process*; CMT1 – *risks to delivery of QIPP and System Reform Plan*; CMP2 – *failure to achieve key performance targets* and G2 – *Risk to on-going development of CCG Governance arrangements*.

The report is also linked to EDS Goal 4 – Inclusive leadership at all levels.

3 SUMMARY OVERVIEW OF THE MEETING

3.1 Monthly Finance Report

The Committee endorsed the new format adopted for the monthly finance report.

The CCG was reporting a year to date surplus of £192k, comprising £82k programme and £110k running costs. A year end surplus of £1M was being forecast, which was the control total agreed with NHS England. The Committee did however recognise that the information provided in Month 1 should to be viewed on the basis that only limited acute data was presently available and the Month 1 prescribing figures had not yet been received. A more detailed report would be available from Month 2.

A schedule of identified risks, not currently included within the CCG forecast, was seen as a helpful addition to the finance report. These risks would continue to be assessed and reported on a monthly basis. The reported shortfall in mitigations to offset these risks was noted. The Committee emphasised that strong focus would need to be given by the CCG to QIPP delivery and the robust management of contracts.

The Month 1 Finance report appears elsewhere on the Governing Body's agenda for consideration.

3.2 QIPP Reporting 2012/13

The Committee received the final QIPP 2013/13 progress report based on March 2013 YTD.

- There had been an increase in the total forecast outturn for QIPP of £369 since the April report. The forecast for the year was now £11,62961K, which equated to an overall negative variance of -£6832 against the revised 2012/13 Plan.
- The importance of working closely with all LCGs' to robustly monitor QIPP delivery and pre-empt any concerns or issues was highlighted.
- In terms of the LCG Quarterly review process the Committee discussed the pros and cons of an 'outside' GP attending LCG Quarterly Review Meetings. The intention was to increase support and scrutiny levels, although a concern was raised about the potential disruption this may have on maintaining consistency of representation.
- From next month QIPP delivery for 2013/14 will be reported on a monthly basis via a dashboard embedded in the Integrated Delivery plan.

3.3 Contract Negotiations Update 2013/14

An update on the Cambridgeshire and Peterborough- NHS Foundation Trust contract position was noted.

3.4 Integrated Delivery Report 2013/14

The Committee received and discussed the Integrated Delivery Report for 2013/14. This report appears elsewhere on the agenda for the Governing Body's consideration. The main points highlighted by the Committee were as follows

- While endorsing the reporting format and contents it would be important to develop a means of highlighting areas of data that were of specific interest to the LCGs'.
- Friends and family promoter the difference in performance between CUHFT and other Acute Trusts was highlighted.
- The CCG activity scorecard was identified as a key area where close and robust scrutiny will need to be maintained throughout the year.
- Provider profiles were highlighted as a key area requiring close scrutiny, not least because of the implications for the 2014/15 Quality Premiums. A need to add CPFT to the provider profiles was also identified.
- The LCG QIPP plan figures following a risk assessment of schemes
- Identified a possible need to increase focus on other areas of activity that presently had few QIPP schemes assigned to them e.g. Other Referrals.
- The Quality Premium scorecard and the implications of this year's performance for 2014/15.

3.5 CCG Governing Body Assurance Framework and Risk Register

The Committee received and commented on the CCG Governing Body Assurance Framework and Risk register.

The observation was made that further review of the scoring to ensure that it adequately reflected all of the controls and mitigations that had been assigned to the individual risks within the document.

4 RECOMMENDATION

- 4.1 The CCG Governing Body is asked to note the overview of the Finance and Performance Committee held on 28 May 2013.
- 4.2 The CCG Governing Body is asked to note the approved minutes of the meeting held on 25 April 2012 - **Appendix A.**

Author	Name	Simon Barlow
	Title	Corporate Governance Manager
	Date	29 May 2013

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MEETING: GOVERNING BODY MEETING IN PUBLIC

AGENDA ITEM: 3.2

DATE: 4 JUNE 2013

TITLE: FINANCE REPORT – CAMBRIDGESHIRE AND PETERBOROUGH CCG

FROM: TIM WOODS
CHIEF FINANCE OFFICER

FOR: DISCUSSION

1 FINANCIAL OVERVIEW

Year to date summary

	I&E Summary - April 2013 (Month 1)							
	Year to Date				Forecast Position			
	Plan	Actual	Variance		Plan	Actual	Variance	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Programme	68,906	68,823	82	0.1%	853,942	852,942	1,000	0.1%
Running Costs	1,320	1,210	110	8.3%	20,800	20,800	0	0.0%
Total	70,226	70,033	192	0.3%	874,742	873,742	1,000	0.1%

Key Points

- The CCG is reporting a year to date surplus of £192,000 (£82,000 programme and £110,000 running costs) and is forecasting a year end surplus of £1m which is the control total agreed with NHS England.
- It should be noted that due to the timing of this report, the CCG has received very limited information regarding acute services and has not yet received month 1 prescribing figures from the PPA. More detail is found in section 4 of this report.
- The running costs underspend consists of a pay underspend of £81,000, due to staff vacancies and £29,000 non pay. It has been assumed that the contingency will be spent in future months as the expenditure for the older peoples programme and other programme areas takes place. It is expected that these underspends will not continue and the CCG is still anticipating to breakeven on running costs at year end.
- Due to the lack of acute activity information, it is not possible to produce LCG reports this month, however a template for future reports is included in section 3 for consideration by the committee.
- There are significant financial risks to the CCG which are not included in the above forecast, these are detailed in section 5.

2. STRATEGIC AIMS/EQUALITY AND DIVERSITY GOALS AND CCG GOVERNING BODY ASSURANCE FRAMEWORK & RISK REGISTER REFERENCE

- 2.1 The paper links to Strategic Aims 2 (Finance) and 3 (Change Management and Transformation) and links specifically to the following risks on the CCG Governing Body Assurance Framework and Risk Register : F2 – Achievement of the Financial plan for 2013/14: F2 – Risks associated with the on-going retrospective NHS CHC claims process; and CMT1 – Risk to delivery of QIPP and the System Reform Plan.

2.2 It also links to EDS Goal 1 – Better health outcomes for all.

3. CCG Assurance – Financial Performance

Financial Performance			Individual indicator RAG Rating Threshold				
No.	Indicator	Primary / supporting indicator	CCG performance	Green	Amber Green	Amber / Red	Red
1	Underlying recurrent surplus	Primary	1.1%	>= 2%	1% - 1.99%	0% - 0.99%	< 0%
2	Surplus - year to date performance	Primary	0.1%	>=1%	>= 0.8%	>= 0.5%	< 0.1%
3	Surplus - full year forecast	Primary	0.1%	>=1%	>= 0.8%	>= 0.5%	< 0.1%
4	Management of 2% NR funds within agreed process	Supporting	Yes	Yes			No
5	QIPP - year to date delivery	Primary	*	>= 95% of plan	>= 80% of plan	>= 50% of plan	< 50% of plan
6	QIPP - full year forecast	Primary	0.95	>= 95% of plan	>= 80% of plan	>= 50% of plan	< 50% of plan
7	Activity trends year to date	Supporting	*	<101% of plan	<102% of plan	<103% of plan	< 104% of plan
8	Activity trends - full year forecast	Supporting	*	<101% of plan	<102% of plan	<103% of plan	< 104% of plan
9	Running costs	Primary	= RCA	<=RCA			> RCA
10	Clear identification of risks against financial delivery and mitigations	Primary		Indicator met in full	Indicator part met - limited uncovered risk	Indicator part met - material uncovered risk	Indicator not met
*	Not yet available						

NHS England has produced a CCG assurance process, the table above covers the financial performance element . The column “CCG Performance” shows our assessment of the CCG against the standards. Further clarity is needed from NHS England on some of the standards ie numbers 2 and 3 have an amber/red rating for surpluses greater than or equal to 0.5% but the red rating does not start until the surplus is less than 0.1%. Therefore, in this report, the CCG has assumed that its surplus of 0.1% is amber / red but this may be a red rating.

4. LCG Performance

There is no LCG report for month one, due to a lack of acute and prescribing information.

5. Programme Spend – April 2013 (Month 1)

- The programme budget is showing a year to date underspend of £82,000 and a forecast underspend of £1m. £142,000 of the contingency has been played in to the year to date position.
- The CCG has received fastrack reports from Hinchingsbrooke and CUHFT. Peterborough were not able to submit a fastrack due to internal problems.
- There are issues regarding the accuracy of both the Hinchingsbrooke and CUHFT reports. However, after review, it is felt that the Hinchingsbrooke report was accurate enough to be included in this report. As can be seen, Hinchingsbrooke is showing a year to date overspend of £0.5m. The main areas of overspend are non electives £144k, electives £189k and OP £136k.
- For information, the CUHFT report showed a £0.7m overspend for month 1 but due to the number of errors found, the CCG is not able to give any assurance as to the accuracy of these figures, so has not included the fastrack in this report.
- The CCG total QIPP requirement for the year is £26.8m, £14.1m of which has been built into budgets, leaving £12.7m still held centrally. A proportion of this central QIPP will be devolved, in month 2, to LCGs in accordance with the QIPP values in the LCG accountability agreement s.

	Year to Date				Forecast Position			
	Plan £'000	Actual £'000	Variance £'000	%	Plan £'000	Actual £'000	Variance £'000	%
ACUTE SERVICES								
CUHFT	14,601	14,601	0	0.0	178,827	178,827	0	0.0
Peterborough	9,698	9,698	0	0.0	116,378	116,378	0	0.0
Hinchingsbrooke	6,821	7,332	(511)	(7.5)	81,955	81,955	0	0.0
Kings Lynn & Wisbech	2,120	2,120	0	0.0	25,445	25,445	0	0.0
Papworth	1,097	1,097	0	0.0	13,168	13,168	0	0.0
East of England Ambulance	2,099	2,099	0	0.0	25,192	25,192	0	0.0
Other Acute	2,501	2,501	0	0.0	30,012	30,012	0	0.0
Subtotal	38,938	39,449	(511)	(1.3)	470,978	470,978	0	0.0
MENTAL HEALTH SERVICES								
Cambs and Pboro FT	5,843	5,843	0	0.0	70,118	70,118	0	0.0
Other	2,289	2,289	0	0.0	27,473	27,473	0	0.0
Subtotal	8,133	8,133	0	0.0	97,591	97,591	0	0.0
COMMUNITY SERVICES								
Cambs Community Services	6,354	6,354	0	0.0	76,251	76,251	0	0.0
Other Community Services	1,893	1,893	0	0.0	22,718	22,718	0	0.0
Individual Placements	3,653	3,653	0	0.0	43,842	43,842	0	0.0
Subtotal	11,901	11,901	0	0.0	142,811	142,811	0	0.0
PRIMARY CARE								
GP Prescribing	8,463	8,463	(0)	(0.0)	101,555	101,555	0	0.0
Prescribing Support	361	40	321	88.9	4,331	4,331	0	0.0
Other Primary Care	968	838	130	13.5	11,617	11,617	0	0.0
Subtotal	9,792	9,341	451	4.6	117,503	117,503	0	0.0
TRANSFORMATION								
LCG agreed business cases (2%)	0	0	0	0.0	3,588	3,588	0	0.0
Subtotal	0	0	0	0.0	3,588	3,588	0	0.0
LCG DEVOLVED BUDGETS	68,764	68,823	(60)	(0.1)	832,471	832,471	0	0.0
CCG CENTRAL BUDGETS								
Contingency	142	0	142	100.0	4,270	4,270	0	0.0
Innovation fund 2% reserve	0	0	0	0.0	13,491	13,491	0	0.0
QIPP not in budgets / contracts	0	0	0	0.0	(12,732)	(12,732)	0	0.0
Earmarked Reserves	0	0	142	0.0	16,442	15,442	1,000	6.1
	142	0	142	100.0	21,471	20,471	1,000	4.7
TOTAL EXPENDITURE	68,906	68,823	82	0.1	853,942	852,942	1,000	0.1

6. Financial Risks not included in the I&E position

- This table shows the current assessment of the CCGs risks and what resources are available to offset those risks.
- As can be seen, there is a current shortfall in mitigations of £9.1m.
- There are four main areas where the CCG needs to focus its attention to mitigate the financial risk. These are:
 - A strong focus on QIPP delivery, to be lead by LCGs supported by central CCG management.
 - Robust contract management, to be lead by the LCG contract teams supported by finance and information. It should be noted that the new information governance rules which limit access to patient identifiable information could seriously compromise the CCG's ability to manage contracts and deliver QIPP.
 - Agreeing a correct transfer for specialist services, to be lead by CCG finance supported by contracts and information.
 - Review all vol org and third sector commitments, to be lead by finance supported by contracts.
- If the CCG delivers on the above four actions it should be able to manage the risks and achieve its planned surplus of £1m. If the shortfall in funding due to the transfer of specialist services to the NCB is not resolved favourably then this shortfall in resource will push the CCG into deficit.

	Total Risk £'000	Risk assessment %	Assessed Risk £'000
Current identified risks not included in CCG forecast			
Specialist	(7,600)	100%	(7,600)
QIPP non delivery	(19,000)	40%	(7,600)
Contract Overperformance	(12,000)	50%	(6,000)
CHC	(8,000)	50%	(4,000)
Baseline issues emerging in year	(5,600)	46%	(2,590)
Reprovision of Pathology	(1,000)	100%	(1,000)
Current assessment of Risk	(53,200)		(28,790)

Reported forecast surplus			1,000
Forecast deficit if risks crystalise			(27,780)

Current Mitigations			
Estimate of contingencies			18,640
Current shortfall in mitigations			(9,140)

7. Recommendation

The Finance and Performance Committee is asked to note the financial position at month 1 and the risks associated with the year end forecast.

Author: Wanda Kerr
Title: Deputy Chief Finance Officer
Date: 29 May 2013

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2013/14 Integrated delivery report

- May 28 2013



Cambridgeshire and Peterborough
Clinical Commissioning Group



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Executive summary

Comments |

Since the previous report, the draft CCG Assurance Framework has been published by NHS England. The CCG has aligned its reporting to the methodology and thresholds included within the CCG assurance framework and the integrated report has been updated to reflect this.

The balanced scorecard is required to be published by each CCG and the first draft balanced scorecard is provided below:

Cambridgeshire and Peterborough CCG | Balanced scorecard

Are local people getting good quality care?	Amber red
Are patient rights under the NHS Constitution being promoted?	Amber green
Are health outcomes for local people improving?	
Are CCGs commissioning services within their financial allocations?	
Are conditions of CCG authorisation being addressed and removed?	Yes

Month one data is not yet available for two of the domains and therefore we have not rated these areas. These domains will be rated in the future when data is available.

For the good quality care domain, the CCG has self assessed a core of amber red, reflecting residual questions over the action plans in place for friends and family test for QEKL and MSA breaches in PSHFT and QEKL. This is a prudent approach to take and may be considered pessimistic. In future we would anticipate the Patient Safety and Quality Committee would advise us on the ratings and self assessment for this domain.

For the NHS Constitution domain, we have assumed that the over ride rule that applies if two consecutive quarters are amber will not be used until Q2 results are available. If this over ride rule were to be applied retrospectively, the CCG self assessment would be amber red based primarily on concerns over MSA breaches and ambulance performance.



Section one

GOOD QUALITY CARE

Domain scorecard

Indicator:	CUHFT	HHT	PSHFT	Papworth	CCS	CPFT	QEKL
Has local provider been subject to enforcement action by the CQC?	N	N	N	N	N	N	N
Has local provider been flagged as a "quality compliance risk" by Monitor and / or are requirements in place around breaches of provider licence conditions?	Y		Y	N		N	N
Has local provider been subject to enforcement action by the NHS TDA based on quality risk?		N			N		
Does feedback from the Friends and Family Test (or any other patient feedback) indicate cause for concern?	Y	N	N	N	N	N	Y
Has the provider been identified as a 'negative outlier' on SHMI or HSMR	N	N	N	N	N	N	N
MRSA cases above zero?	N	N	N	N	N	N	N
More C diff than trajectory?	Y	N	N	N	N	N	?
MSA breaches are above zero?	N	N	Y	N	N	N	Y
Unclosed SUIs?	Y	Y	Y	Y	Y	Y	Y
Never events reported during the last quarter? (April 13 data)	N	N	N	N	N	N	N
	4	1	3	1	1	1	3

CCG

Does the CCG have any outstanding conditions of authorisation in place on clinical governance?
 Concerns around quality issues being discussed regularly by the CCG Governing Body
 Concerns around early warning of failing service?
 Concerns re arrangements in place for SUIs?
 Concerns re active participant in Quality Surveillance Group?

N
 N
 N
 N
 N

EPRR

If there was an event in the last quarter, has CCG self-assessed...

N

Winterbourne

Has the CCG self assessed and identified any risk to progress against its Winterbourne View action plan?

N

0

Score: 14 out of 63 22%

Key

Green | All No responses
 Amber / green | One or more Yes responses but action plan in place to successfully mitigate patient risk
 Amber / red | One or more Yes responses but action plan not in place, does not successfully mitigate patient risk
 Red | Enforcement action in place and CCG not engaged in proportionate action planning to address patient risk

CCG self assessment of Amber/red

Comments |

14 areas out of 63 have been flagged as Yes by the CCG. For the majority of these areas, actions plans are in place that successfully mitigate patient risk, however there are residual questions over the friends and family action plan for QEKL and the robustness of the MSA action plans at PSHFT and QEKL. For this reason, the CCG has prudently self assessed an amber red rating. In future the Patient Safety and Quality Committee will be tasked with determining the self assessment rating and feeding this into the report.

Provider Overview -

Quality and Patient Safety Provider Summary

15 - May-13



Cambridgeshire and Peterborough
Clinical Commissioning Group

	CUHFT	PSHFT	Hinch	CCS	CPFT	Papworth
Mortality SHMI	0.84	0.99	0.94	-	-	-
Safety MRSA March YTD	6/2	1/1	1/1	-	-	2/1
Safety C Diff March YTD	73/45	34/29	13/7	-	-	7/5
Safety Never Events	0.0	0.0	0.0	0.0	0.0	0.0
Experience Friends and family March	52.0	78.0	83.0	-	-	84.0

Comments |

The year end position for the number of C difficile cases is outlined above, with all providers exceeding the ceilings confirmed in the 2012/13 trust plans.

Whilst there were no MRSA cases at our main providers in March, performance was above the annual ceiling at CUHFT and Papworth, whilst PSHFT and HHCT reached their annual ceiling.

This will be examined in more detail in the HCAI section of this report.

The CCG exceeded the annual ceiling of 6 MRSA cases with an actual of 10, and the annual C difficile ceiling of 132 was also exceeded with an actual of 171 at year end.

Serious Incidents and Never Events

Organisation	SIs reported during April 2013 (including Never events)	Never events reported during April 2013	Investigation reports & action plans received during April 2013	SIs closed during April 2013	Open SIs as at 30 April 2013
C&P CCG	1	0	0	0	4
CCS	17	0	14	17	28
CPFT	19	0	4	3	33
CUHFT	2	0	1	0	7
HHCT	1	0	2	0	6
Papworth	0	0	0	0	2
PSHFT	9	0	3	2	15
UCC	1	0	1	0	2
Total	50	0	25	22	97

Comments |

No Never events were reported during this period.

The number of Serious Incidents (SIs) reported during April 2013 are outlined above.

Details of Serious Incidents are escalated to the Senior Management Executive Team. The quality team provide information on a weekly basis to the Clinical & Management Executive Team meeting for review.

As per the CCG Assurance Framework 2013/14, details of SIs and Never Events for those patients whose care has been commissioned by the CCG at the Queen Elizabeth Hospital, Kings Lynn will be provided in next month's report.

Section two

NHS CONSTITUTION



Overall delivery | NHS Constitution



Comments |

Between the February 13 scorecard and the April13 scorecard being produced there has been an improvement in performance relating to Cancer waits. Using the CCG assurance framework as our guide, the cancelled operations metrics will not be rated. This report will focus on those areas still experiencing difficulties as follows:

- RTT - At an aggregated level, the CCG is meeting all national operating standards for March , however there are still some areas not meeting the standard at specialty level.
- A&E performance has improved and for the week ending 29th April, the standard was met in all areas apart from at PSHFT (93.9%). Additionally, performance at CUHFT dropped during the week commencing 12th May.
- Cancer waits have improved overall with all standards being met at CCG level.
- Ambulance performance has also shown an improvement and for the week ending 5th May, Red 1, Red 2 and A19 performance were all above standard and trajectory.
- Mixed Sex Accommodation - Provisional data for April highlights that there were 7 breaches at PSHFT and 4 at QEH.

A detailed breakdown by individual indicator is included in the following sections.

NHS Constitution scorecard



<u>Referral to treatment access times</u>	Threshold	Lower threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period
Admitted patients	90.0%	85.0%	92.8%	92.7%	91.0%	↑	Mar-13	Green
Non-admitted patients	95.0%	90.0%	98.0%	98.4%	97.8%	↓	Mar-13	Green
Incomplete pathways	92.0%	87.0%	97.1%	96.9%	96.8%	↑	Mar-13	Green
Over 52 week waits - Incomplete Pathway	0	10	2	3		↑	Mar-13	Amber

75%

<u>Diagnostic waits</u>	Threshold	Lower threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period
No patient should wait > 6 weeks	99.0%	94.0%	99.4%	99.3%	99.4%	↑	Mar-13	Green

100%

<u>A&E waits</u>	Threshold	Lower threshold	Current Quarter	Prior Quarter	YTD Actual	Movement	Period	Delivered Current Period
Patients spending four hours or less in all CCG	95.0%	90.0%	92.2%		92.2%		13/05/13	Amber
Patients spending four hours or less in all CUHFT	95.0%	90.0%	94.2%		94.2%		13/05/13	Amber
Patients spending four hours or less in all Hinchingbrooke	95.0%	90.0%	95.3%		95.3%		13/05/13	Green
Patients spending four hours or less in all PSHFT	95.0%	90.0%	88.2%		88.2%		13/05/13	Red
Over 12 hr trolley waits	0	None	0	0	0	↔	13/05/13	Green

40%

NHS Constitution scorecard – pg. 2

Cancer waits	Threshold	Lower threshold	Current Quarter	Prior quarter	YTD Actual	Movement	Period	Delivered Current Period
2 week wait for urgent cancer referrals	93.0%	88.0%	97.3%	96.9%	96.1%	↑	Q4 12/13	Green
2 week wait for breast symptom referrals	93.0%	88.0%	96.3%	95.4%	96.3%	↑	Q4 12/13	Green
31 day wait to first definitive treatment for all cancers	96.0%	91.0%	98.7%	98.1%	98.0%	↑	Q4 12/13	Green
31 day wait for subsequent surgery	94.0%	89.0%	94.9%	96.2%	96.1%	↓	Q4 12/13	Green
31 day wait for subsequent drug	98.0%	93.0%	99.5%	99.7%	99.7%	↓	Q4 12/13	Green
31 day wait for subsequent radiotherapy	94.0%	89.0%	97.6%	96.9%	95.7%	↑	Q4 12/13	Green
62 day wait to first definitive treatment for all cancers	85.0%	80.0%	87.0%	86.2%	85.4%	↑	Q4 12/13	Green
62 day wait following screening referral	90.0%	85.0%	94.6%	98.9%	97.8%	↓	Q4 12/13	Green
62 day wait following consultant upgrade	None	None	97.1%	97.1%	95.9%	↔	Q4 12/13	Not rated

100%

Category A ambulance	Threshold	Lower threshold	Current Month	Prior Month	YTD Actual	Movement	Period	Delivered Current Period
Cat A calls response arriving within 8 minutes - Red 1	75.0%	70.0%	75.85%	73.77%	75.85%	↑	Apr-13	Green
Cat A calls response arriving within 8 minutes - Red 2	75.0%	70.0%	72.50%	69.35%	72.50%	↑	Apr-13	Amber
Cat A calls ambulance arriving within 19 mins	95.0%	90.0%	93.85%	91.63%	93.85%	↑	Apr-13	Amber
Ambulance Handover - Arrival to clear - 30 mins	85.0%	None	66.1%		66.1%		Apr-13	Not rated
Ambulance Handover - Arrival to clear - 60 mins	0.0%	None	5.8%		5.8%		Apr-13	Not rated

33%

Mixed sex accommodation	Threshold	Lower threshold	Current Period	Prior Period	Q1 to date	Movement	Period	Delivered Current Period
Mixed Sex Accommodation Breaches	0	10	7	11	7	↑	Apr-13	Amber

0%

NHS Constitution scorecard – pg. 3

Cancelled operations	Threshold	Lower threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period
Cancelled operations not rebooked within 28 days			52	24		↔	Jan - March (Q4)	Not rated

Care Programme Approach	Threshold	Lower threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period
% of people on CPA followed up within 7 days of discharge	95.0%	90.0%	99.4%	95.5%	93.8%	↑	Mar-13	Green
								100%

Key

Green | No indicators rated red

Amber green | No indicators rated red but future concerns

Amber red | one indicator rated red

Red | Two or more indicators rated red

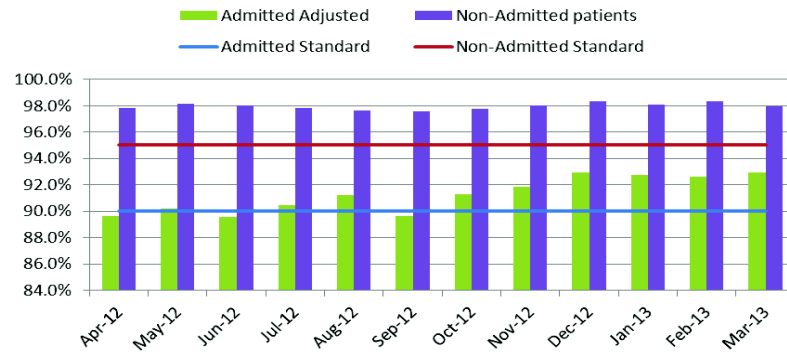
Comments |

The following areas will covered in more detail using Exception Reports (ER):

1. RTT incomplete waits – pg. 13
2. Accident and Emergency – pg. 14
3. Cancer waits – pg. 15
4. Ambulance – pg. 16
5. Mixed sex accommodation – pg. 17
6. Cancelled operations – pg. 18

ER 1 | Referral to treatment

Fig 1. CCG wide RTT performance over time



Comments |

At an aggregated level, the CCG is meeting all national operating standards for March (admitted pathways, non-admitted pathways and incomplete pathways) as shown in figure 1.

All providers apart from PSFHT met the standards at an aggregated level, however, PSFHT failed the aggregated admitted adjusted standard for March (88.97%).

No over 52 week incomplete waits were reported at our main providers during March, however, provisional data shows that there will be one Orthopaedic patient still waiting over 52 weeks at the end of April at CUHFT.

However, 2 patients were identified for March at the Fitzwilliam Hospital (1 x T&O and 1 x Urology). The Fitzwilliam Hospital has confirmed that both patients were seen and should not be showing on the system. This has been reported as a data reporting issue.

Figure 3 shows the speciality level split which indicates that at CCG level, five specialties are not meeting the national admitted pathway standards. They are:

- Cardiothoracic surgery (80.4%)
- General surgery (86.4%)
- Neurology (88.9%)
- Neurosurgery (89.7%)
- Trauma and orthopaedics (87.1%)

Provider level information is available in the provider performance section.

Fig. 2 CCG over 52 week waits reported by providers

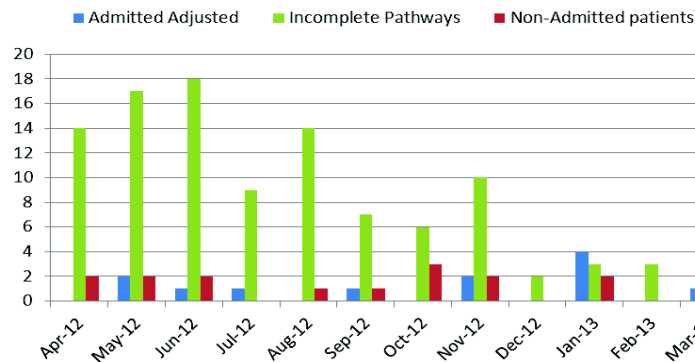


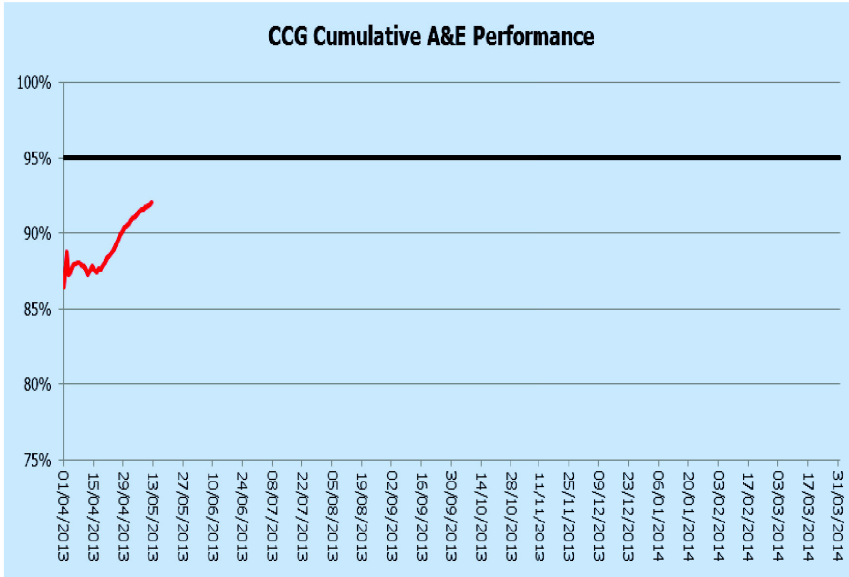
Fig 3. CCG specialty level breakdown

Number of specialties **Not** meeting national standard

	% 18 wk RTT	95th percentile
Admitted	5	2
Non Admitted	1	0
Incomplete	1	0

ER 2 | Accident and emergency

Fig 1. CCG wide A&E performance over 2013/14



Comments |

Figures 1 & 2 show the start for 2013/14 has been challenging.

Since the start of the new financial year, for the 7 weeks up to 19th May, PSHFT has met the standard for 1 week out of 7, CUHFT for 3 weeks out of 7 and HHCT for 4 weeks out of 7.

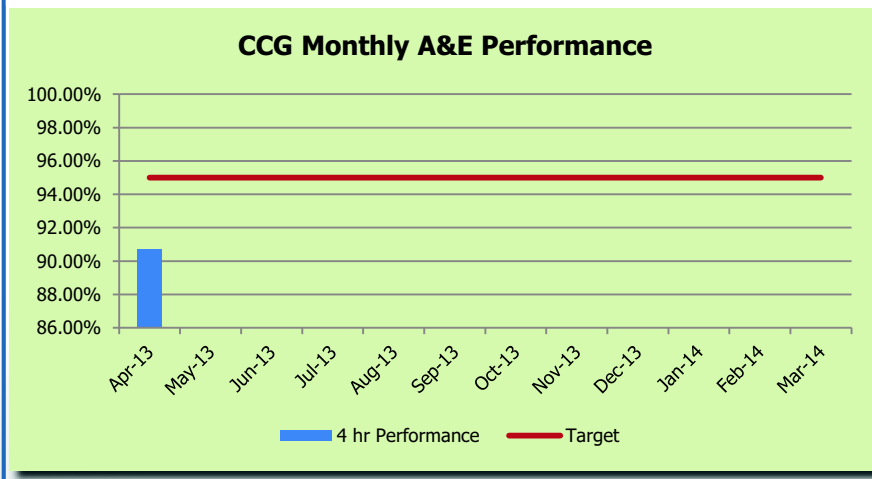
For the week ending 19th May, performance has improved with all providers meeting the weekly standard apart from CUHFT.

Performance is monitored through the local urgent care networks which centre around providers. For each provider, A&E remains a key service performance element in the contract and as such contract queries are raised for under performance and remedial action plans requested by commissioners to address on-going under performance.

The Health and Social Care systems around HHCT, CUHFT and PSHFT have developed action plans to address Urgent Care issues within their local area.

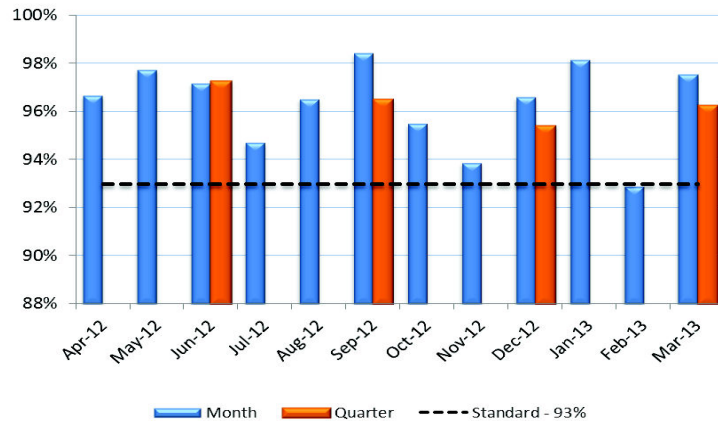
Provider level information is available in the provider performance section.

Fig. 2 CCG monthly performance in 13/14



ER 3 | Cancer waits

Fig 1. CCG wide 2ww Breast Symptoms



Comments |

The CCG met all cancer standards for February, however, at a provider level, some of the standards were not met as follows:

2 Week Wait for Breast Symptom Referrals

In February, the standard was not met at CUHFT (90.9%)

62 Day Referral to Treatment

The standard was not met in February at CUHFT (83.3%) and PSHFT only just met the standard (85%).

Provisional data shows that HHCT did not meet this standard in March (77.9%).

In March, the CCG met all cancer standards apart from the 31 day wait for subsequent surgery (93.9%).

Provider level information is available in the provider performance section.

Fig 2. CCG wide 62 Referral to Treatment

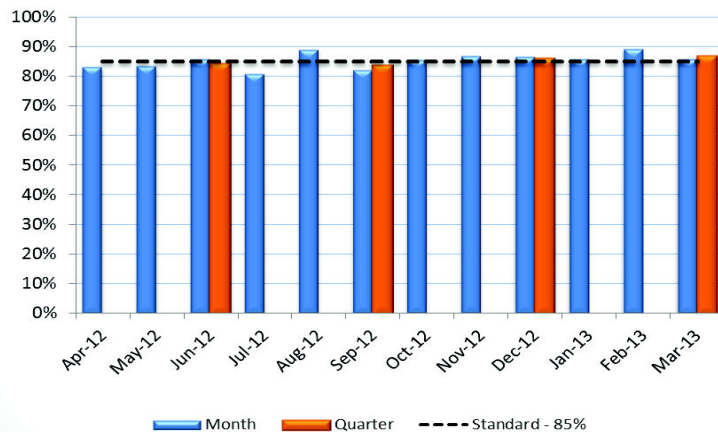
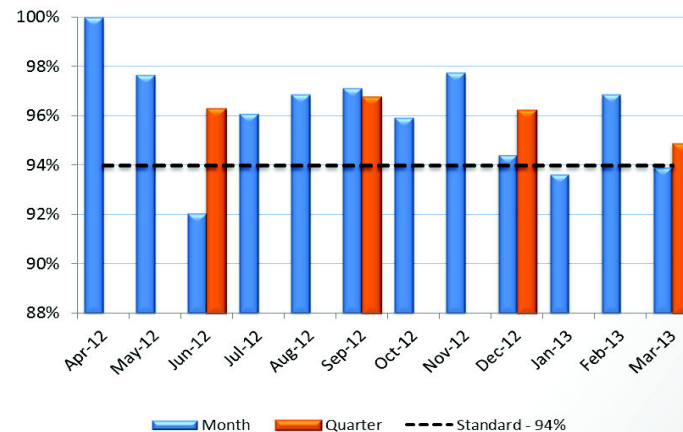
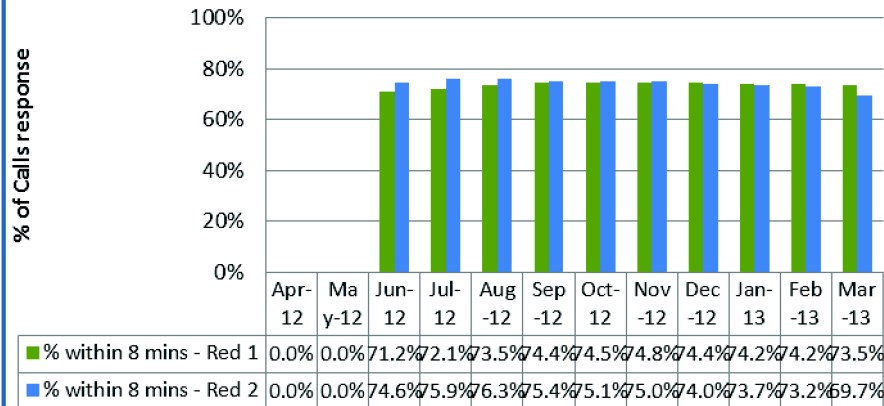


Fig 3. CCG wide 31 Day Sub Surgery



ER 4 | Ambulance performance

Fig 1. East of England Ambulance trust performance 12/13



Comments |

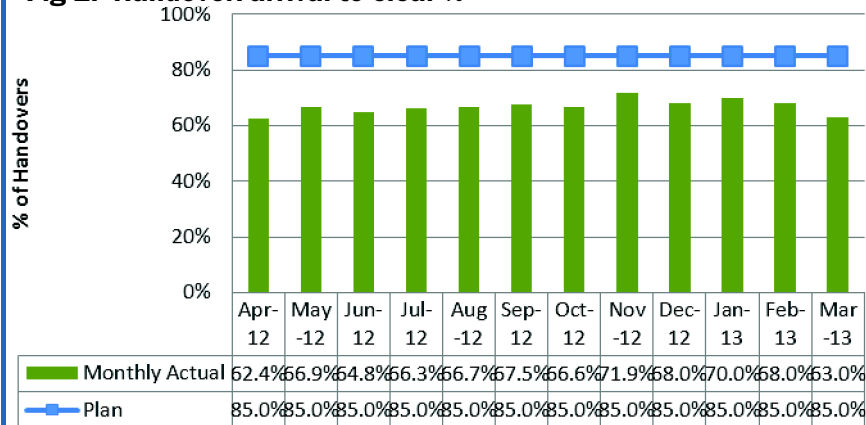
For the week ending 5th May, provisional data shows an improvement in performance as follows:

- Red 1 (8 minute) performance was above the 75% standard at 83.2%.
- Red 2 (8 minute) performance was above the 75% standard at 75.2%.
- Category A19 minute performance was above the 95% standard at 95.2%.

Red 1, Red 2 and A19 all remained above standard and trajectory.

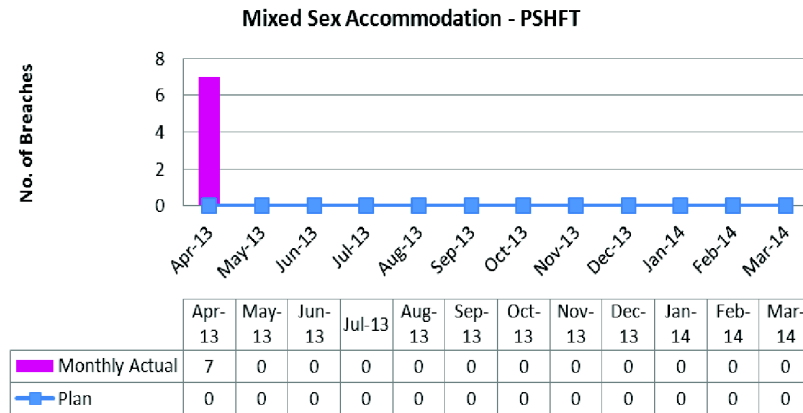
Activity has stabilised following the increase over the previous bank holiday period.

Fig 2. Handover: arrival to clear %



ER 5 | Mixed sex accommodation

Fig 1. PSHT Breaches



Comments |

Provisional data for April 2013 shows that there were 7 breaches at PSHT and 4 at QEH.

At PSHT, 4 ACU (Ambulatory Care Unit) patients and 3 'escalation' inpatients were affected. The Trust bed capacity situation was such that emergency escalation areas had to be chosen and the decision was made by the duty management team at the time to use ACU.

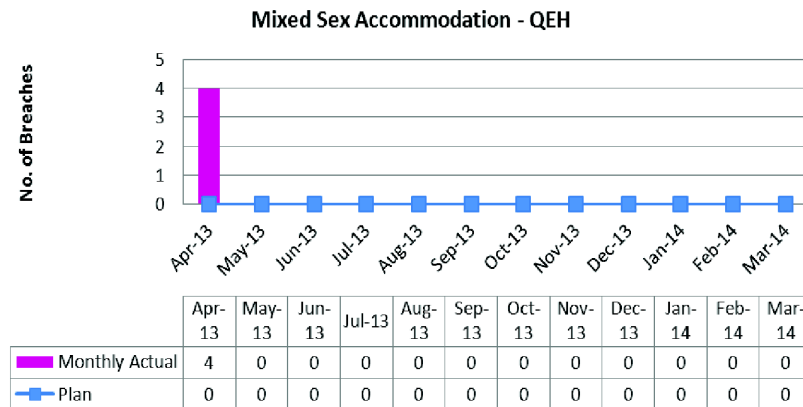
Immediate actions taken by PSHT were as follows:

- Use of screens and curtains;
- Explanations to patients and where appropriate their families;
- Arriving ACU patients were escorted into the unit. This assisted with maintaining high standards of privacy and dignity;
- Best use of allocated cubicle space and treatment rooms, i.e. inpatients on one side of ACU and outpatients on the other.

The ACU should not be used as a capacity escalation area. This has already been reported via the appropriate escalation process including adverse event and Risk Register.

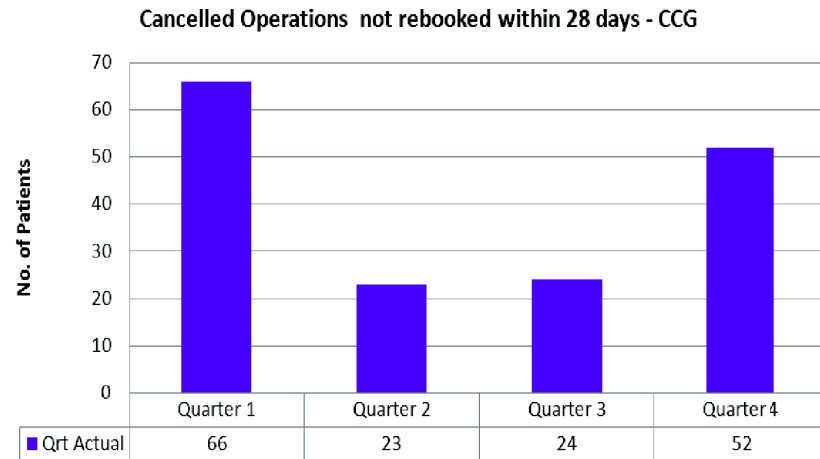
We are working with West Norfolk CCG (as the lead commissioner for QEKL) to determine the reasons behind the QEKL and the actions planned to resolve this issue. A verbal update will be provided at the meeting.

Fig 2. QEH Breaches



ER 6 | Cancelled operations

Fig 1. Cancelled operations by quarter in 12/13



Comments |

As outlined in the figure 2, the number of cancelled operations not rebooked within 28 days has generally reduced since Quarter 1 apart from at PSHFT which had a considerable increase in cancelled operations in Quarter 4.

Both the cancelled operations and the MSA breaches are linked to the emergency pressures reported by PSHFT and the A&E performance under performance reported previously. The action plan to improve emergency care is likely to improve cancelled operations also. The local urgent care network will be monitoring performance in this area on an on-going basis.

The CCG continues to monitor cancellations as part of its contract review meetings scheduled with each provider.

Fig 2. Cancelled operations by Trust in 12/13

	Q1	Q2	Q3	Q4
CUHFT	11	7	7	3
HHCT	0	2	2	0
PSHFT	41	11	10	42
Papworth	14	3	5	7

Section three

THE MANDATE



Overall delivery | The Mandate



Comments |

The five outcome domains that we will be reporting against in 2013/14 are:

- Domain one | Preventing people from dying prematurely
- Domain two | Enhancing the quality of life for those with long term conditions
- Domain three | Helping people to recover from episodes of ill health
- Domain four | Ensuring people have a positive experience of care
- Domain five | Providing a safe environment

At the present time some indicators are still in development for reporting in 13/14 and data is not yet available. Therefore this section remains under development until the national data sets are available at CCG level. We will continue to refine this in line with published data availability.

A detailed breakdown by individual indicator is included on the following pages. The key areas of current concerns are HCAI cases and in particular C difficile and emergency readmissions within 30 days of discharge.



The Mandate scorecard

Preventing people from dying prematurely		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Antenatal assessment < 13 weeks		93.2%	93.7%	95.5%	93.2%	↓	Jan - March (Q4)	Yes	No
Maternal smoking at delivery		16.8%	15.3%	17.8%	15.5%	↓	Jan - March (Q4)	Yes	Yes
Prevalence of breast feeding at 6 - 8 weeks from birth		53.3%	52.2%	52.1%	50.4%	↑	Jan - March (Q4)	No	No
									67% 33%
Enhancing quality of life for people with LTC		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Unplanned hospitalisation for chronic ambulatory care sensitive conditions		Reduce	60	50	563	↓	Mar-13	No	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		Reduce	0	0	0	↔	Mar-13	No	
									0% 0%
Helping people to recover from episodes of ill health		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge		5.0%	5.9%	5.7%	5.7%	↑	Mar-13	No	No
Emergency admissions for acute conditions that should not usually require admission		Reduce	97	80	1039	↓	Mar-13	No	
									0% 0%
Ensuring people have a positive experience of care		Mean	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Friends and Family net Promoter	CUHFT	71.0	52.0	54.0	52.0	↓	Mar-13	No	
Friends and Family net Promoter	Hinchingbrooke	71.0	83.0	81.0	83.0	↑	Mar-13	No	
Friends and Family net Promoter	Papworth	71.0	84.0	81.0	84.0	↑	Mar-13	No	
Friends and Family net Promoter	PSHFT	71.0	78.0	83.0	78.0	↓	Mar-13	No	
									0%
Safe environment		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Patient safety incidents reported		75.0%							
Incidence of VTE		90.0%	98.1%	97.6%	97.7%	↑	Oct - Dec (Q3)	Yes	Yes
MRSA Infections		6	0	1	10	↑	Mar-13	Yes	No
C. Diff Infections		132	13	10	171	↓	Mar-13	No	No
									67% 33%

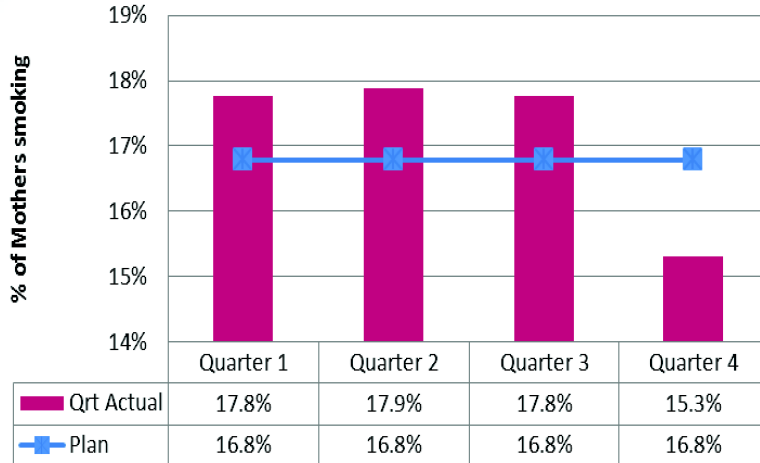
Comments |

The following areas will be covered in more detail, using exception reporting (ER):

- Maternal smoking at the time of delivery – pg. 22
- Prevalence of breast feeding – pg. 23
- Emergency re admissions within 30 days of discharge – pg. 24
- Family and friends – pg. 25
- HCAI – pg. 26

ER 7 | Maternal smoking

Fig 1. Maternal smoking at the time of delivery in 12/13



Comments |

Performance improved considerably during Quarter 4 with the CCG comfortably meeting the target as outlined in Figure 1.

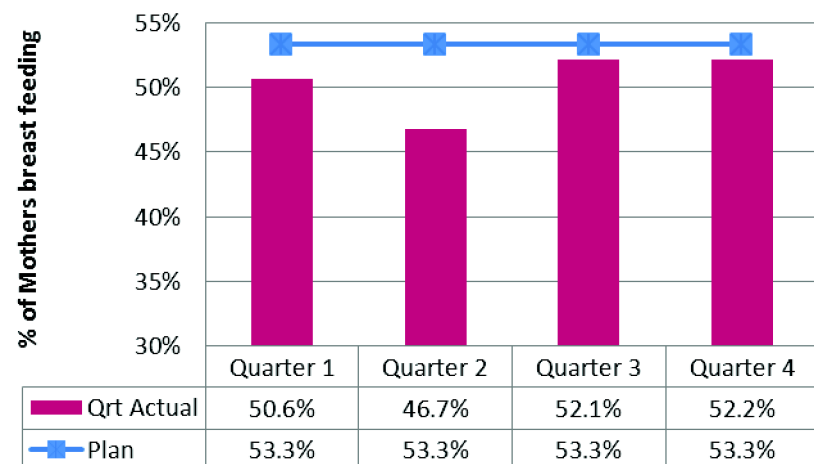
There has been an increased focus by the Stop Smoking Services working with maternity, health visiting and children's centres services to target pregnant smokers. This has included an increase in the number of staff trained to make an intervention and a range of promotional activities.

There has been an increase in the number of referrals to stop smoking support but this will need to be increased if further improvements are to be secured which will require the sustained support of the key services.



ER 8 | Breastfeeding prevalence.

Fig 1. Prevalence of breast feeding at 6-8 weeks



Comments |

Quarter four data as shown in figure 1 illustrates improvement in the breastfeeding prevalence figures with the highest performance across any quarter in 12/13. However this remains below the planned figure of 53.3%

A meeting between CPFT, Public Health and PSHFT will be held shortly to develop a performance improvement action plan.

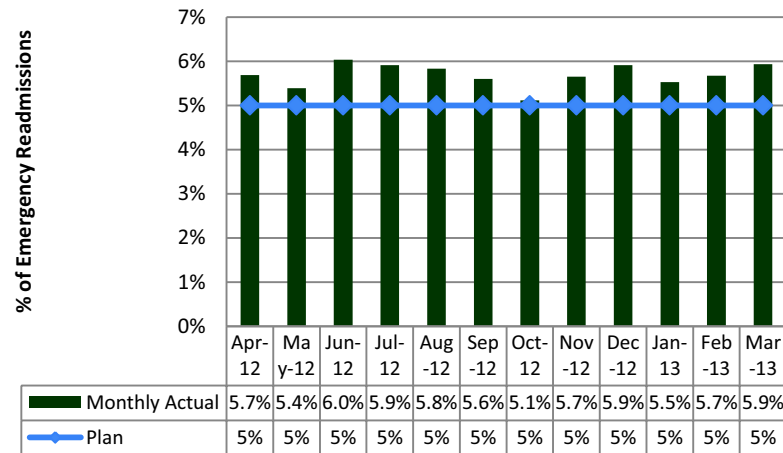
While further improvements are required positive progress has been made recently to support overall activity - UNICEF level 3 accreditation has been achieved for Public Health, CCG and PSHFT while NCT are being commissioned to deliver supervision and training for our peer supporters.



ER 9 | Emergency readmissions



Fig 1. Emergency readmissions within 30 days of discharge

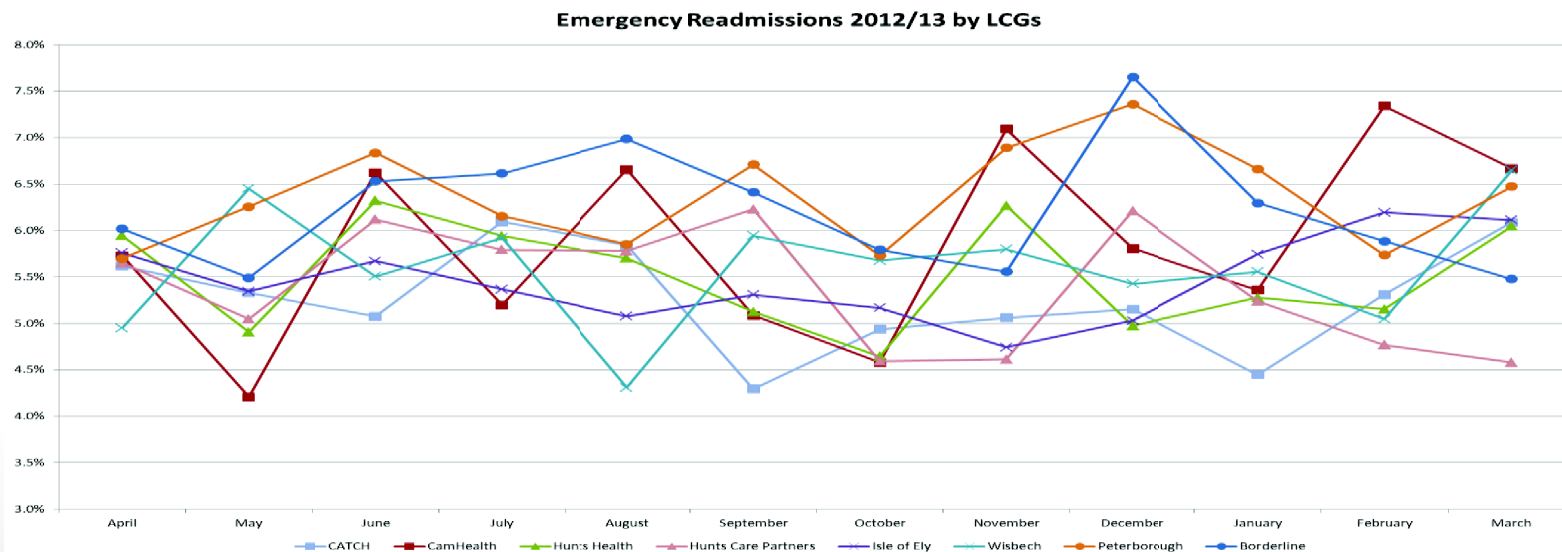


Comments |

Figure 1 illustrates the 12/13 CCG wide performance for emergency readmissions within 30 days of discharge. There have been monthly fluctuations reported in 12/13 with no obvious trend for the time period reported.

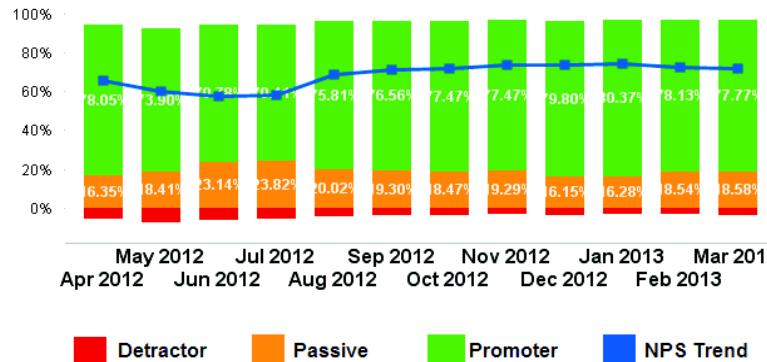
Figure 2 outlines the variations between LCGs. This level of fluctuation will make it difficult to understand trend movement at LCG level during the 2013/14.

Fig 2. Emergency readmissions 2012/13 by LCG



ER 10 | Friends and family

Fig 1. Net promoter score for the CCG across 12/13 (inc Papworth)



Comments |

Since September 2012, the net promoter score average for the CCG, based on four providers has remained fairly steady as illustrated in figure 1.

Of the four providers, three (Papworth, Hinchingsbrooke and Peterborough & Stamford NHSFT) are above the regional mean with CUHFT being below.

In March, CUHFT reported an 18.54% response rate, based on footfall of 4,251 with a net promoter score of 52, a slight drop from 54 in February.

The quality premium friend and family element requires the CCG to ensure that the three main providers (CUHFT, PSHFT and HHCT) are on track to deliver maternity reporting in October 13 and additional services (not yet defined) in March 14. We will work through the quality team to ensure this happens.



ER 11 | HCAI

Fig 1. CCG wide C diff by month 12/13

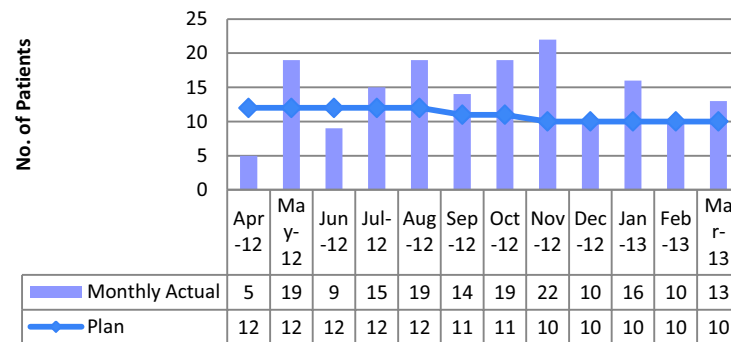


Fig. 2 CCG wide MRSA by month

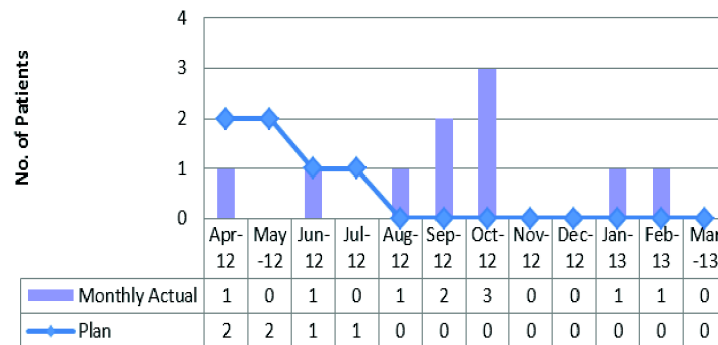


Fig. 3 Trust provisional April C Diff data

Trust	Annual Trajectory	Provisional April data	Actual cases
CUHFT	45	6	TBC
HHCT	7	2	TBC
Papworth	5	1	TBC
PSHFT	29	1	TBC

Comments |

MRSA

Whilst there were no cases at our main providers in March, performance was above the annual ceiling at CUHFT and Papworth, and PSHFT and HHCT reached their annual ceiling. The CCG exceeded the annual ceiling of 6 MRSA cases with actual cases of 10.

- PSHFT - have completed their action plan and it has now been 12 months since the last case.
- HHCT – The action plan is work in progress but on target for completion by the end of May
- CUHFT – have completed their action plan

Clostridium Difficile

The annual C difficile ceiling of 132 was exceeded by the CCG with an actual of 171 at year end. All providers exceeded the ceilings confirmed in the 2012/13 trust plans. All Acutes have now had a contract query and remedial action plans are in place which are monitored monthly.

A Clostridium Difficile summit was held on 17th April at CUHFT and was attended by the majority of key stakeholders. There was a desire to have a fresh strategic outlook and a system wide approach. The CCG agreed to take this up and an internal meeting took place on 20th May and there was also a discussion at the Quality Network with Directors of Nursing on 8th May. There is no one change which will improve performance however the key issues were around communication across and between all services and to have a fuller understanding of the disease burden.

Provisional data for April 2013 is outlined in figure 3.

The CCG Infection and Prevention and Control Matron, accompanied by staff from CUHFT went on a fact-finding trip to two hospitals in Njmegen, Holland to look at the infection control and antimicrobial management of patients in relation to C difficile and MRSA. The findings were not as anticipated with one of the hospitals having around 100 cases of C difficile per year. There are no national targets and no incentives to reduce cases with no antibiotic restrictions. Whilst the experience was interesting to consider other systems and processes, it did not help with the current concerns of C difficile.

Provider level information is included in the provider performance section.



QP

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Section four

TRANSFORMING SERVICES

2013/14 Efficiency plan

**Final LCG
proposed
QIPP plan
(07/05/13)**

Borderline and Peterborough	6,933
Cam Health	1,167
CATCH	2,728
Hunts Health	1,520
Hunts Care Partners	2,436
Isle of Ely	1,680
Wisbech	775
CCG wide schemes	6,657
Total	23,895

Comments |

The plans for 13/14 have been submitted to the area team and schemes with a most likely outturn of £24m have been identified as broken down in the table above. In a do-nothing scenario, the financial gap is £26.9m as identified in the business plan. This means there is a gap of £3m between delivery of the efficiency schemes and the financial requirement. This will be covered through:

- A further risk assessment will take place in collaboration with the LCGs to ensure that plans are realistic and deliverable
- A further tranche of business cases will be discussed by the Governing Body on 04 June and new schemes will be added to the baseline position as and when they are approved
- In year, there will be additional support provided for adoption and spread purposes to facilitate roll out across LCG boundaries where schemes are proven

2013/14 example in year tracking

	2013/14 Plan (£k)	YTD Actual (£k)	YTD Actual as % of plan	FY Forecast Outturn (£k)	Variance to FY plan (£k)	Movement
Cambridgeshire & Peterborough CCG	20,112	1,933	10%	20,329	- 15,112	

Schemes split by category

FIMS Category	2013/14 Plan (£k)	YTD Actual (£k)	YTD Actual as % of plan
Transformational	12,428	1,799	14%
Transactional	12,897	1,975	15%

Transformational Funding

	2013/14 Plan (£k)	YTD Actual (£k)	YTD Actual as % of plan
Transformational	3,828	1,799	47%

Dummy data, shown for illustration purposes

Comments |

The process for tracking delivery in 13/14 has already been established and an example is provided above. There is a time delay on QIPP reporting which means fully populated data is unlikely to be available before June 13. In the interim period, reports have been designed and will be embedded as part of the delivery report process to ensure there is an integrated feel to the reporting process.

In the interim period, the quarter four accountability meetings are currently underway where the CCG will discuss with all LCGs current issues and how best to ensure 13/14 delivery occurs. The meetings will provide support and constructive feedback to the locality areas who are the primary vehicles for QIPP delivery during 13/14.

Section five

ACTIVITY

(30)

CCG Activity scorecard

Activity lines	Month	Month	Cumulative	Cumulative	Cumulative	Cumulative	Period
	Plan	Actual	Plan	Actual	Variance to Plan	YoY growth	
GP written referrals to Hospital	12,622	13,125	135,198	151,062	11.7%	5.8%	Mar-13
Other referrals	8,734	9,646	98,252	114,899	16.9%	9.5%	Mar-13
All 1st OP	17,370	17,042	185,932	205,182	10.4%	6.1%	Mar-13
Elective	9,183	8,569	101,483	103,313	1.8%	-1.2%	Mar-13
Non Elective	5,554	5,936	61,838	68,120	10.2%	2.7%	Mar-13
Diagnostic activity - endoscopy	1,745	1,824	20,940	21,415	2.2%	1.9%	Mar-13
Diagnostic activity - non endoscopy	13,719	12,437	164,628	171,999	4.3%	3.7%	Mar-13

Comments |

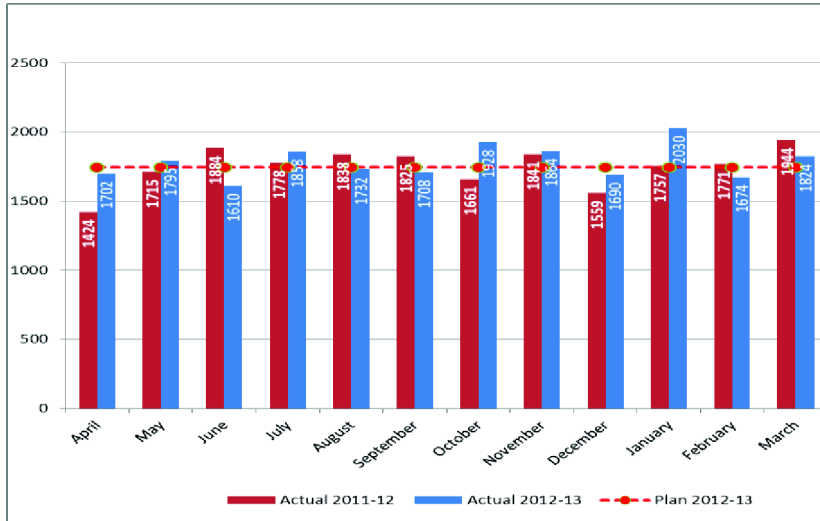
The table above shows March 13 data and the cumulative position. The CCG has recorded year on year reduction for elective activity but reported growth in all other areas. This information is based on the monthly activity returns reported to DH.

The following areas will covered in more detail in the following exception reports:

ER 12. Diagnostic activity
ER 13. Non elective activity

ER 12 | Diagnostic Activity

Fig 1. CCG Endoscopy - Diagnostic Tests by month - 2012/13



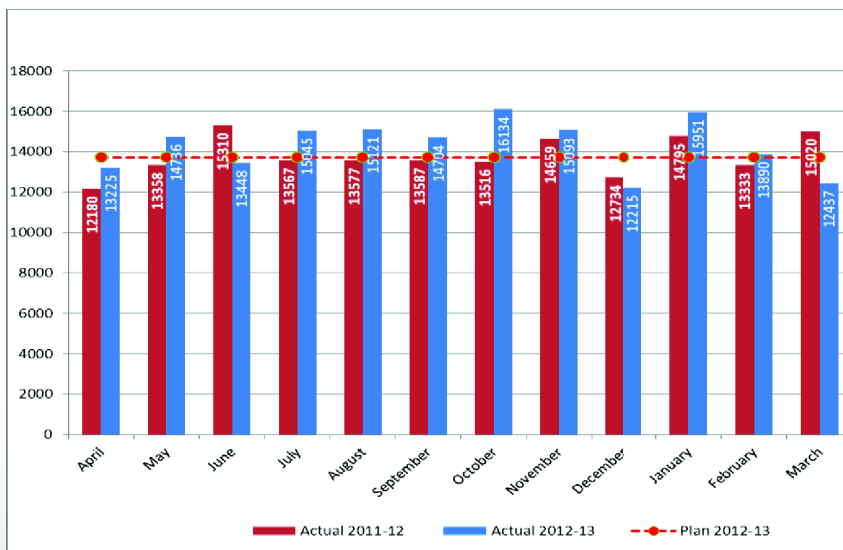
Comments |

Diagnostic activity peaked in October and January.

During 2012/13, there were a number of issues around echocardiography at CUHFT due to a backlog of requests being discovered following the departure of an administrator. This was fully investigated and there was an increase in administrative staffing. At HHCT there were a number of issues with MRI due to a lack of capacity as their ability to book Leg vein ultrasounds was compromised by the need to provide additional capacity for scanning patients with TIA. Again, the main issues at PSHFT were around MRI capacity and PSHFT expects to see continued pressure in this area throughout Quarter 1.

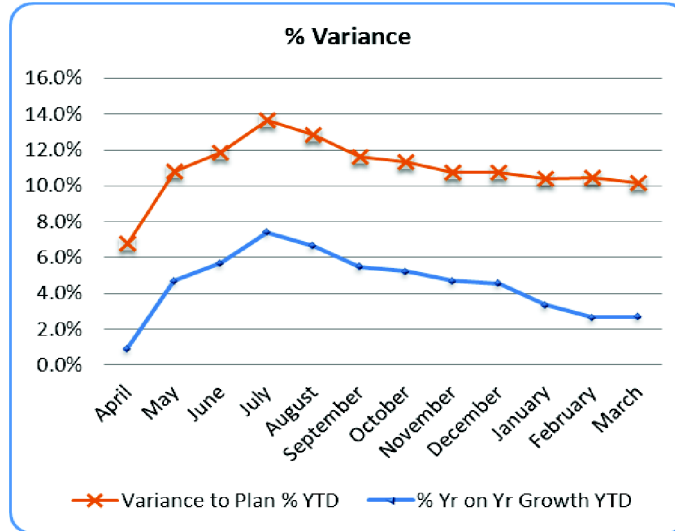
We are aware that further cancer campaigns are planned for 2013/14 which are expected to increase patient demand for diagnostic tests such as Chest X-ray and CT scans. We have asked LCGs to consider the impact of such campaigns on local activity plans and to ensure that sufficient supply is in place to avoid patient delays during the year.

Fig 2. CCG Non-Endoscopy - Diagnostic Tests by month - 2012/13



ER 13 | Non elective Activity -

Fig 1. CCG wide non elective Year on Year growth 12/13



Comments |

Non elective performance has varied during 12/13 with a peak in the level of growth seen in July 2012. Since that point in time and with the introduction of the priority non elective project, a reduction in growth has been reported across the CCG.

As at the end of March, year on year growth for non elective activity in the CCG was reduced to 2.7%, down from a peak of 7.4%.

The trend away from emergency admissions and towards managed GP referrals is positive to note. The commissioning priorities will also support the goal of reducing further emergency admissions, particularly for those frail and elderly members of the population.

Fig. 2 CCG non elective in numbers by month in 12/13

NON ELECTIVE FFCs					
Month	Month Actual	Month Plan	2011/12 Outturn	Yr on Yr Growth	Variance to Plan %
April	5,540	5,188	5,490	0.9%	6.8%
May	5,862	5,100	5,399	8.6%	14.9%
June	5,730	5,027	5,319	7.7%	14.0%
July	5,856	4,910	5,194	12.7%	19.3%
August	5,553	5,068	5,361	3.6%	9.6%
September	5,377	5,096	5,391	-0.3%	5.5%
October	5,885	5,367	5,677	3.7%	9.7%
November	5,566	5,200	5,501	1.2%	7.0%
December	5,932	5,370	5,741	3.3%	10.5%
January	5,675	5,271	6,055	-6.3%	7.7%
February	5,208	4,687	5,446	-4.4%	11.1%
March	5,936	5,554	5,764	3.0%	6.9%

Section six

QUALITY PREMIUM

QP

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Quality Premium scorecard

Quality Premium scorecard

National Measure	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Pass / Fail	Funding calculation
Potential years of life lost from causes amenable to healthcare	12.50%	519,928.75	Annual	Reduction of 3.2%			Pass	519,928.75
Emergency admissions composite measure	25.00%	1,039,857.50	Monthly	Reduction or 0% change			Pass	1,039,857.50
Friends and family roll out plan	12.50%	519,928.75		n/a			Pass	519,928.75
Friends and family improvement		-		Improvement	Q1 13/14			-
HCAI MRSA	12.50%	519,928.75	Monthly	0 cases			Pass	519,928.75
HCAI C Diff			Monthly	134 cases				-

Local Measure	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Pass / Fail	Funding calculation
Reducing growth in emergency bed days for elective surgery							Pass	519,928.75
Improving CHD primary prevention							Pass	519,928.75
Reducing maternal smoking at the time of delivery							Pass	519,928.75

Total Value **4,159,430.00**

Pre conditions

Financial breakeven or better
Significant quality failure

Placeholder will be populated from June onwards

NHS Constitution measures	Threshold	Basis	Organisation	Latest data	Funding	Adjustment	Pass / Fail	Funding calculation
Incomplete RTT pathways	92%	Annual	CCG		25%	1,039,857.50	Pass	-
A&E waits	95%	Annual	CCG mapped		25%	1,039,857.50	Fail	- 1,039,857.50
62 day cancer waits	85%	Annual	CCG		25%	1,039,857.50	Fail	- 1,039,857.50
Cat A Red 1 calls	75%	Annual	EEAST		25%	1,039,857.50	Fail	- 1,039,857.50

Adjusted total **1,039,857.50**

Comments |

The following areas will covered in more detail:

- Under performing area one – see page x for exception report
- Under performing area two
- Under performing area three

QP

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Section seven

PROVIDER PROFILES

CUHFT | 1 of 2

Referral to treatment access times	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	92.6%	90.5%	↑	87.5%	Feb-13	Yes	No
No. of failing specialties	0	3	2	↓	5	Feb-13	No	No
Non admitted specialties	95%	97.9%	97.6%	↑	97.3%	Feb-13	Yes	Yes
No. of failing specialties	0	1	1	↔	2	Feb-13	No	No
Incomplete pathways	92%	95.9%	96.0%	↓	95.2%	Feb-13	Yes	Yes
No. of failing specialties	0	0	0	↔	1	Feb-13	Yes	No
Over 52 week waits	0	1	0	↓	1	Feb-13	No	No
Over 40 week waits		12	9	↓	12	Feb-13		
Diagnostic waits	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
No patients should wait > 6 weeks	99%	99.5%	99.5%	↑		Feb-13	Yes	Yes
A&E waits	Threshold	Current week	Prior week	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	92.3%	89.2%	↑	94.7%	31/03/2013	No	No
12 hour trolley breaches	0	0	0	↔	0	31/03/2013	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	1%	1.6%	3.1%	↑	4.3%	31/03/2013	No	No
2Week Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	96.5%	97.1%	↓	94.7%	Mar-13	Yes	Yes
2 week wait for breast symptom referrals	93%	93.7%	90.9%	↑	95.4%	Mar-13	Yes	Yes
31 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	98.4%	97.7%	↑	96.5%	Mar-13	Yes	Yes
31 day wait for subsequent surgery	94%	95.3%	96.0%	↓	95.1%	Mar-13	Yes	Yes
31 day wait for subsequent drug	98%	100.0%	100.0%	↔	99.8%	Mar-13	Yes	Yes
31 day wait for subsequent radiotherapy	94%	96.8%	97.1%	↓	96.1%	Mar-13	Yes	Yes
62 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	88.3%	83.3%	↑	80.8%	Mar-13	Yes	No
62 day wait following screening referral	90%	100.0%	100.0%	↔	95.3%	Mar-13	Yes	Yes
62 day wait following consultant upgrade	None	93.3%	83.3%	↑	88.8%	Mar-13		
Mixed sex accommodation	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Mar-13	Yes	No
Cancelled operations	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days		3	7	↑	28	Jan - March (Q4	Yes	

CUHFT | 2 of 2

Quality indicators

Mortality information	National Mean	Current Quarter	Prior Quarter	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	0.827	0.829	↑	Oct-11 - Sep - 12	Yes	Yes
Patient safety	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	2	0	0	↔	Mar-13	Yes	No
C Diff cases	45	9	6	↓	Mar-13	No	No
No. of post infection reviews for MRSA	0	NA			Apr-12	Yes	Yes
Hand Hygiene audit	95%	NA			Apr-12	Yes	Yes
Never Events	0	0	0	↔	Mar-13	Yes	No
SI's reported within timescale	90%	NA			Apr-12	Yes	Yes
SI's reported to appropriate standard	90%	NA			Apr-12	Yes	Yes
Actions from Patient safety alerts completed to timescale	100%	NA			Apr-12	Yes	Yes
Harm free care	95%	94.5%	94.5%	↑	Mar-13	No	No
Pressure Ulcer Prevalence	0	0.7	0.7	↑	Mar-13	No	No
Avoidable pressure ulcers	0	0	1	↑	Mar-13	Yes	No
CQC status	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Mar-13	Yes	Yes
Moderate concerns	0	0	0	↔	Mar-13	Yes	No
Minor concerns	0	0	0	↔	Mar-13	Yes	Yes
Actions in CQC action plan progressing to timescale	100%	NA			Apr-12	Yes	Yes

Comments |

Based on the provider profiles created, the following exception reports will be provided:

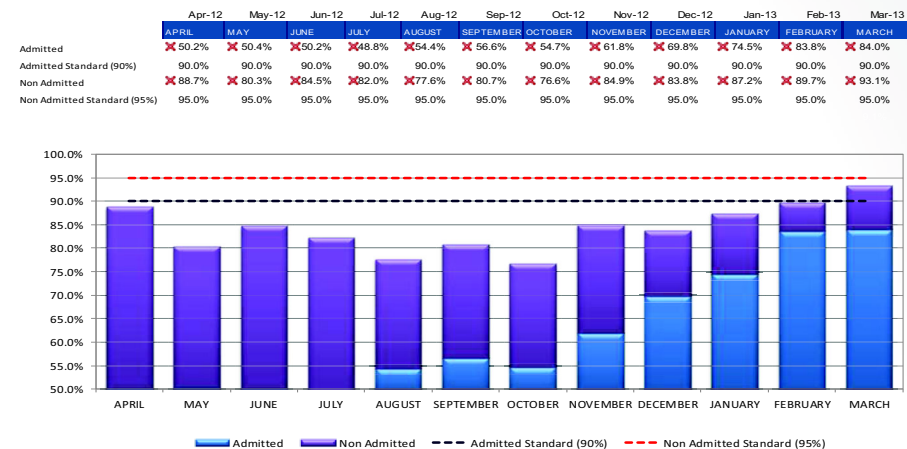
1. Referral to treatment times
2. Accident and emergency
3. Cancer waits
4. HCAI – C Diff

ER CUHFT 1 | RTT

Fig 1. CUHFT specialties below operating standards

	% 18 wk RTT	95th percentile
Admitted	2	1
Non Admitted	2	2
Incomplete	0	0

Fig. 2 CUHFT Admitted T&O over 12/13



Comments |

CUHFT is meeting all required operating standards at an aggregated level in March. There remain a number of specialties that are not meeting the aggregated level as shown in figure 1. For admitted pathways, the specialties below 90% are trauma and orthopaedics (83.96%) and ENT (87.69%). Figure 2 shows the improved position for T&O across 12/13. For non-admitted specialties, Cardiology (91.83%) and T&O (93.07%) are below 95%.

As previously reported, expected recovery of admitted T&O has slipped to June and the agreed reduction in over 18 week wait backlog has not been delivered. Based on provisional data, CUHFT failed to meet the standard in April (82.7%). There are currently 21 admitted patients with breach dates before the end of May who are not yet confirmed to be treated this month. 8 of these patients may be unfit, a further 7 are awaiting confirmation of being treated in month, and 6 are booked as breaches to June. May will be a high treatment month and CUHFT are anticipating treating 350 patients in May, with 50 breaches.

Provisional data shows non-admitted performance for April was 95.2%. There are currently 25 non admitted patients with breach dates before the end of May still waiting. 19 of these are attending for appointments in May, of which 10 are late referrals for first appointments. Some of those attending will convert to surgery so the admitted backlog carried into June will range between 14-33.

Whilst provisional data shows that the ENT target was met in April (94%), there are 17 breaches planned in May so performance is unlikely to be sustained. There are currently 14 admitted patients with breach dates before the end of May who are not yet confirmed to be treated this month. All except one of those are Head and neck cases. The one exception was cancelled as the patient was unwell. The joint Peterborough head & neck Consultant was successfully appointed on 3rd May 2013 with a planned start date of October 2013. The delayed start is due to the candidate completing fellowship.

(Continued on slide 37)

ER CUHFT 1 | RTT

Comments (continued) |

The admitted target for Neurosurgery was not achieved in April (88.6%) There are currently 9 admitted patients booked as breaches in May but with 17 still to date the specialty is at risk of failing to achieve the target again in May, or carrying the backlog forward into June. The service is arranging for some scoliosis cases to be undertaken in the independent sector. There are currently 44 non admitted patients with breach dates before the end of May still waiting but this will undergo further validation during the week commencing 20th May.

The non-admitted target for Cardiology was not met in April (94.6%) CUHFT still has 29 patients waiting with targets prior to the end of May, and 6 expected breaches for the month so far. Of a remaining 21 patients with targets prior to the end of May, all bar 3 have had next interventions expedited into May. It is likely therefore that the Trust will exceed the normal tolerance for breaches in May, and depending on the outcome of these next interventions, there is a risk of these breaches continuing into June.

Dermatology is also expected to fail the target in May, but will clear the backlog of Mohs cases waiting (Mohs surgery is micrographic surgery used to treat common types of skin cancer). CUHFT has 64 Dermatology non admitted patients still waiting to the end of May. There are 13 breaches for the month so far, with a further 12 expected breaches which would take the service to their maximum tolerance. 24 patients remain with targets prior to the end of May, and only 3 of those do not have next interventions in May.

A revised remedial action plan was received on 17th May. With regard to T&O, the Trust continues with weekend working at enhanced rates, the extension of lower limb consultants' contracts and monthly meetings with the MSK service to review late referrals into T&O. For ENT, a head and neck consultant is due to start in October as outlined above and enhanced weekend working continues. Additional theatre lists have been scheduled for Neurosurgery with 2 lists scheduled in May with further lists being planned, 2 cases for additional consultant posts have been submitted with a likely start date for the posts being in October 2013, Peterborough City Hospital is being used to delivery increased admitted capacity for spines from July and there is a planned reduction of referrals into neurosurgery from Peterborough through setting up a new MSK service with a new CCG supported MDT due to start in June. For Dermatology, interviews for 2 locum consultant posts took place on 20th May to increase manpower capacity, the Divisional Director has asked all consultants to come forward for additional sessions and a review of the diagnostic turnaround time for skin pathology was reported back to the taskforce on 16th May. The review identified that the average wait is 10 days for the routine cases, but there are some outliers waiting longer than that. CUHFT has agreed a process to escalate any diagnostic biopsies to the histopathology manager on a case by case basis when they identify through tracking that the normal timeframes are not being met, or if the RTT target does not allow for the normal turnaround. The issue with the skin pathology is that the volume is very high and CUHFT needs to clinically prioritise the suspected cancers, then the diagnostics, then the routine excisions. Three more histopathologist have been appointed at interview and some of that resource will be directed to skin. The role of specialty doctor in Cardiology has been advertised with a closing date of 24th May with interviews anticipated for mid June to increase capacity, the secretarial turnaround time for cardiology has been increased with 1 full time and 1 part time additional secretarial support as well as additional adhoc hours from the existing team and the Divisional Director has asked all Consultants to come forward for additional sessions.

For information, there will be one Orthopaedic patient waiting over 52 weeks at the end of April. This patient was in follow up care in May 2012 and a decision for surgery was made but no waiting list form was processed. This patient was not on a PTL as the decision should have started a new RTT pathway. The patient contacted CUHFT in April 2013 to enquire about surgery. They were treated on 17th May.

ER CUHFT 2 | A&E

Fig 1. CUHFT A&E performance in 13/14

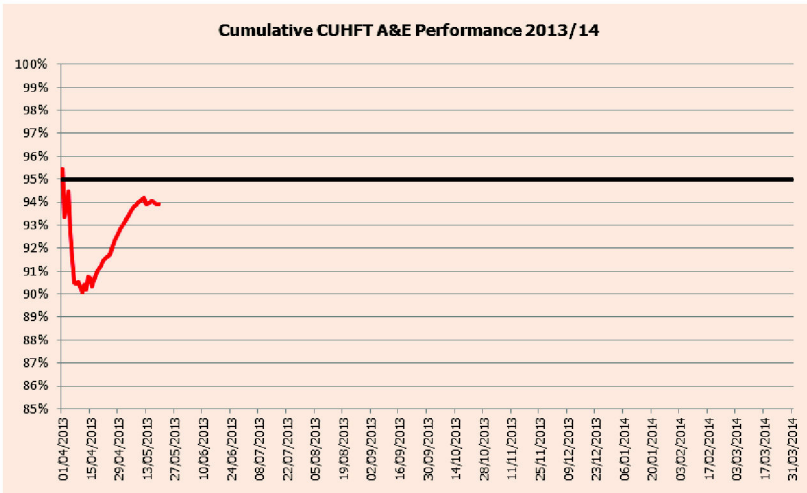
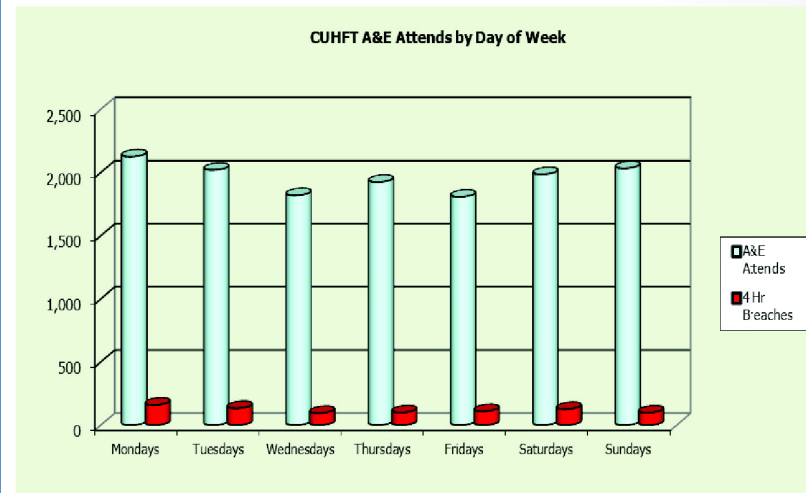


Fig 2. CUHFT A&E daily breach analysis



Comments |

Since the start of the new financial year, CUHFT has met the target for 3 weeks out of 7. Performance for the week ending 19th May was 92.5% with the Trust missing the target on 4 days out of 7. A Service Performance and Review group meeting is taking place on 24th May where A&E will be discussed and a verbal update will be provided at the Finance and Performance Committee meeting.

In 2013-14 the financial consequences are applied on a quarterly basis.

As highlighted in previous reports, CUHFT will be required to produce a recovery plan and a contract query will be issued. Actions underway include:

- Stock take of previous system reviews (e.g. ECIST) to identify what needs to be completed.
- Implementation of CATCH plans for step up Medihome support.
- Speed up planned review of A&E minors and zero length of stay admissions.
- Trust to quicken proposed roll out of further ambulatory care pathways.
- Trust to ensure Trust wide Programmes for Length of Stay & Unplanned care are focussed on implementation plans not just review processes.
- Implementation of Elderly care CQUINs.

ER CUHFT 3 | Cancer waits

Fig 1. CUHFT 62 day performance in 12/13

Cambridge University Hospitals FT	62 Day Referral to Treatment	
	Month	Quarter
Apr-12	✗ 78.6%	✗ 77.2%
May-12	✗ 78.0%	
Jun-12	✗ 74.5%	
Jul-12	✗ 76.2%	✗ 80.8%
Aug-12	✓ 85.5%	
Sep-12	✗ 81.0%	
Oct-12	✗ 79.6%	✗ 80.3%
Nov-12	✗ 77.5%	
Dec-12	✗ 84.9%	
Jan-13	✗ 83.9%	✓ 85.0%
Feb-13	✗ 83.3%	
Mar-13	✓ 88.3%	
Year to Date	✗ 80.8%	✗ 80.8%

Comments |

2 Week Wait for Breast Symptom Referrals

The standard has been met for all months (including March) apart from February where the Trust achieved 90.9%.

62 Day Referral to Treatment

The standard was not met for February (83.3%).

However, in March, performance recovered with all cancer standards being met.

- Most of the Cancer Remedial Action plan actions internal to the Trust are completed.
- On-going review of cancer performance will be at a Commissioner Trust Cancer meeting to be held every two months.
- Fortnightly meetings are in place to review progress at an Executive level.

The Trust continues to deliver on their cancer remedial action plan particularly:

- Monitoring the outcomes from actions completed.
- Reducing inter-Trust delays
- Increased contacts with patients to encourage them to accept earlier dates

Cancer performance will be discussed at the Service Performance and Review Group meeting on 26th May and a verbal update will be provided at the Finance and Performance Committee meeting.

ER CUHFT 4 | HCAI

Fig 1. CUHFT MRSA cases in 12/13

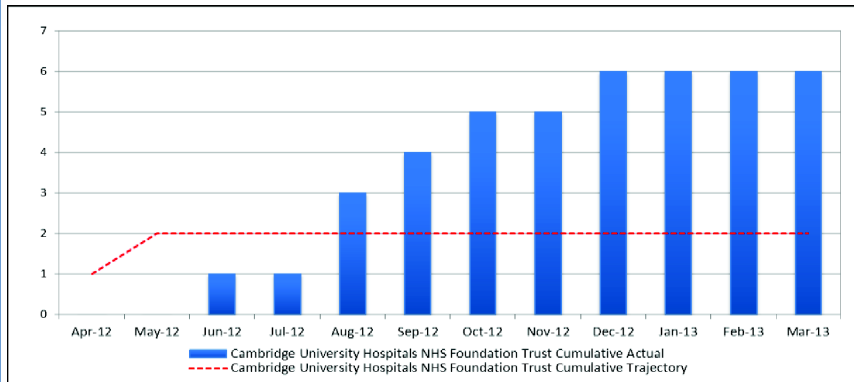
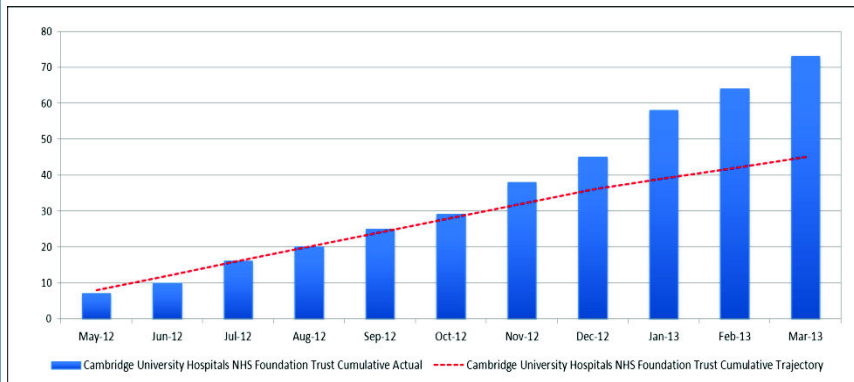


Fig 2. CUHFT C Diff cases in 12/13



Comments |

MRSA

As previously reported, CUHFT have exceeded their annual target, however, there were no cases reported in March.

C Diff

CUHFT have a number of actions still to be completed but working through them. Those outstanding include improving time to isolation, appropriate specimens and reviewing the structure of the infection control team. Some issues are longer term such as more isolation beds but also a need for the Trust to improve its discharge planning to free up beds.

Provisional April figures show that there have been 6 cases of C Diff which is above the monthly trajectory. Scrutiny panels are now weekly with each case being discussed which will highlight where there are outstanding issues to be addressed. The first two April cases were identified for appeal as non-trajectory cases. The action plan has been updated but currently does not reflect the current weekly scrutiny meetings.



PSHFT | 1 of 2

Referral to treatment access times	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	91.8%	93.4%	↓	91.3%	Jan-13	Yes	Yes
No. of failing specialties	0	2	1	↓	2	Jan-13	No	No
Non admitted specialties	95%	97.3%	97.8%	↓	97.3%	Jan-13	Yes	Yes
No. of failing specialties	0	5	1	↓	2	Jan-13	No	No
Incomplete pathways	92%	97.5%	97.8%	↓	97.3%	Jan-13	Yes	Yes
No. of failing specialties	0	0	0	↔	1	Jan-13	Yes	No
Over 52 week waits	0	0	0	↔	0	Jan-13	Yes	Yes
Over 40 week waits	0	3	5	↑	3	Jan-13	No	No
Diagnostic waits	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
No patients should wait > 6 weeks	99%	98.0%	98.8%	↓		Jan-13	No	No
A&E waits	Threshold	Current week	Prior week	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	91.8%	91.6%	↑	93.1%	31/03/2013	No	No
12 hour trolley breaches	0	0	0	↔	0	31/03/2013	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	1%	4.2%	6.3%	↑	2.6%	31/03/2013	No	No
2Week Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	96.0%	96.5%	↓	96.3%	Jan-13	Yes	Yes
2 week wait for breast symptom referrals	93%	98.8%	95.6%	↑	97.3%	Jan-13	Yes	Yes
31 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	99.2%	100.0%	↓	99.5%	Jan-13	Yes	Yes
31 day wait for subsequent surgery	94%	93.8%	100.0%	↓	97.5%	Jan-13	No	Yes
31 day wait for subsequent drug	98%	98.7%	100.0%	↓	99.6%	Jan-13	Yes	Yes
31 day wait for subsequent radiotherapy	94%	100.0%	100.0%	↔	96.0%	Jan-13	Yes	Yes
62 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	87.1%	87.5%	↓	88.9%	Jan-13	Yes	Yes
62 day wait following screening referral	90%	84.8%	100.0%	↓	95.1%	Jan-13	No	Yes
62 day wait following consultant upgrade	None	93.3%	100.0%	↓	96.1%	Jan-13		
Mixed sex accommodation	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	15	0	↓		Feb-13	No	No
Cancelled operations	Threshold	Current quarter	Prior quarter	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days	N/A	10	11	↓	62	Oct - Dec (Q3)	Yes	

PSHFT | 2 of 2

Quality indicators

Mortality information	National Mean	Current Quarter	Prior Quarter	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	1.005	1.013	↑	Oct-11 - Sep - 12	No	No
Patient safety	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	1	0	0	↔	Mar-13	Yes	Yes
C Diff cases	29	2	2	↔	Mar-13	No	No
Never Events	0	0	0	↔	Mar-13	Yes	No
Harm free care	95%	91.1%	92.9%	↓	Mar-13	No	No
Pressure Ulcer Prevalence	0	1.1	0.5	↓	Mar-13	No	No
Avoidable pressure ulcers	0	0	0	↔	Mar-13	Yes	No
CQC status	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Mar-13	Yes	Yes
Moderate concerns	0	1	1	↔	Mar-13	No	No
Minor concerns	0	1	1	↔	Mar-13	No	No

Comments |

Based on the provider profiles created, the following exception reports will be provided:

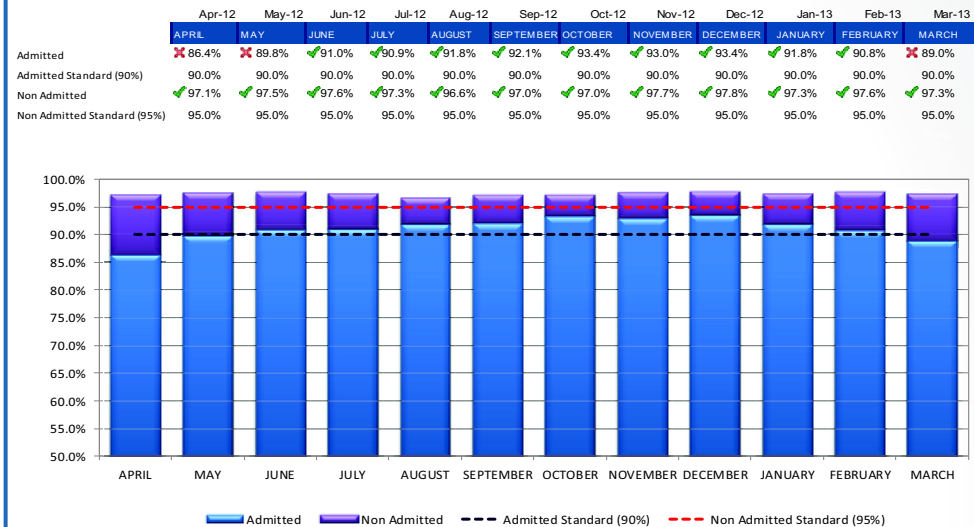
1. RTT
2. A&E performance
3. Cancer Waits

ER PSHFT 1 | RTT

Fig 1. PSHFT specialities below operating standards

	% 18 wk RTT	95th percentile
Admitted	3	3
Non Admitted	5	3
Incomplete	2	0

Fig. 2 PSHFT RTT Performance over 12/13



Comments |

In March 2013, the Trust failed to deliver the 18 week standard in aggregate for admitted patients (88.97%).

Additionally the standards were not met in the following specialties at provider level:

- ENT (Admitted - 88.78%)
- General Surgery (Admitted - 67.27%, Non-admitted 94.14%, Incomplete – 91.23%)
- T&O (Admitted - 83.85%, Non-admitted 91.99%)
- Gastroenterology (Non-admitted - 82.89%)
- General Medicine (Non-admitted - 94.37%)
- Plastic Surgery (Non – admitted 92.31%)
- Neurosurgery (Incomplete - 89.66%)

The Trust has continued to cancel elective operations into May and their RTT performance is unlikely to recover for April and May. The CCG is validating the current performance and will be issuing a Contract Variation in order to formalise the request for recovery trajectories in the next 2 weeks.

ER PSHFT 2 | A&E

Comments |

Performance continues to be below the national standard. Since the start of the new financial year, for the 7 weeks up to 19th May, PSHFT has met the standard for 1 week out of 7.

The Trust have cited an increase in presentations in higher acuity patients and there has not been the usual step down associated with moving out of the winter pressure period. This is combined with issues across the system in step up and step down facilities and a need to review the Trusts internal processes.

The CCG issued a Contract Query to the Trust and they have committed to pull together the assurance plans for Monitor, the LAT and ECIST into a formal RAP for LCG review by the end of May. This will include trajectories for performance improvement. It should be noted that in addition to the contractual and quality implication of failing the 4 hour standard it is detrimental to the providers ability to demonstrate operational sustainability to the CPT.

Fig 1. Daily A&E performance at PSHFT in 2013/14

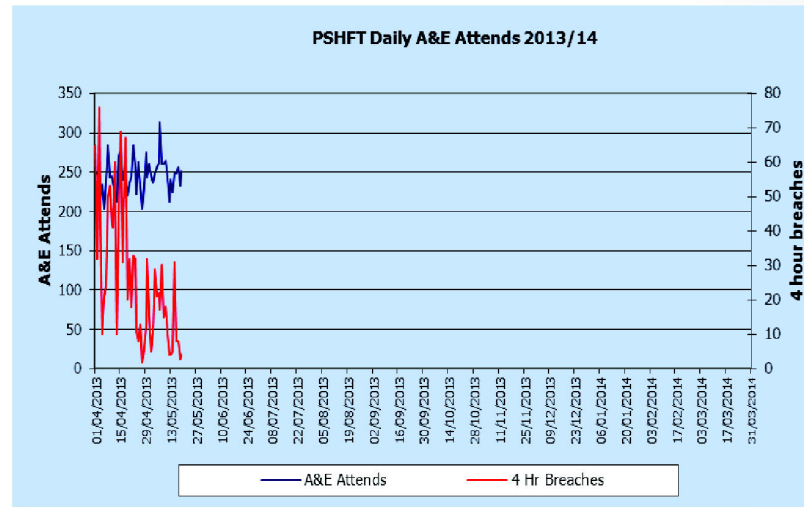
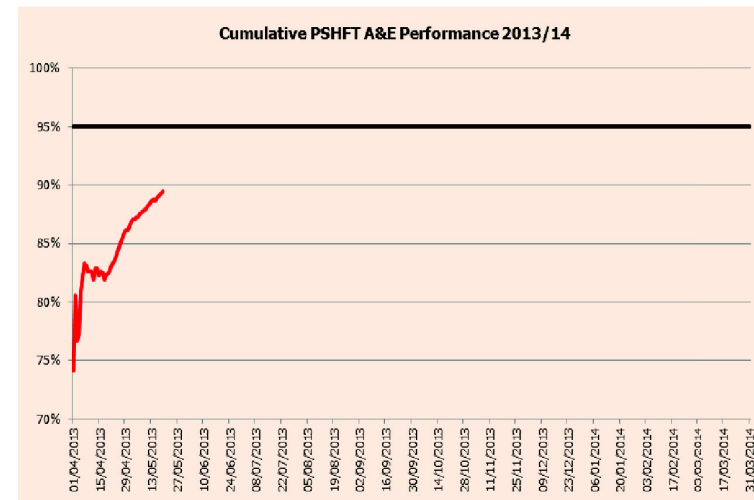


Fig 2. A&E performance at PSHFT in 13/14



ER PSHFT 3 | Cancer waits

Fig 1. PSHFT 62 day performance in 12/13

Peterborough & Stamford Hospitals FT	62 Day Referral to Treatment	
	Month	Quarter
Apr-12	✓ 86.1%	✓ 88.1%
May-12	✓ 87.6%	
Jun-12	✓ 90.3%	
Jul-12	✓ 92.0%	✓ 90.3%
Aug-12	✓ 90.7%	
Sep-12	✓ 88.0%	
Oct-12	✓ 89.8%	✓ 89.3%
Nov-12	✓ 89.7%	
Dec-12	✓ 87.5%	
Jan-13	✓ 87.1%	✓ 87.6%
Feb-13	✗ 85.0%	
Mar-13	✓ 89.6%	
Year to Date	✓ 88.7%	✓ 88.9%

Comments |

The Trusts 62 Day Referral to Treatment performance has been escalated to the providers Performance and Contracting lead as a horizon scanning issue. No formal contractual notice has been issued at this stage but the Trust has been asked to provide comment and further detail on performance.

Hinchingbrooke 1 of 2

Referral to treatment access times	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	93.3%	94.9%	↓	95.0%	Feb-13	Yes	Yes
No. of failing specialties	0	1	0	↓	1	Feb-13	No	No
Non admitted specialties	95%	99.0%	99.4%	↓	99.1%	Feb-13	Yes	Yes
No. of failing specialties	0	0	0	↔	0	Feb-13	Yes	Yes
Incomplete pathways	92%	97.6%	99.4%	↓	97.8%	Feb-13	Yes	Yes
No. of failing specialties	0	0	0	↔	0	Feb-13	Yes	Yes
Over 52 week waits	0	0	0	↔	0	Feb-13	Yes	Yes
Over 40 week waits		0	0	↔	0	Feb-13		
Diagnostic waits	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
No patients should wait > 6 weeks	99%	98.9%	98.5%	↑		Feb-13	No	No
A&E waits	Threshold	Current week	Prior week	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	96.9%	95.1%	↑	97.7%	31/03/2013	Yes	Yes
12 hour trolley breaches	0	0	0	↔	0	31/03/2013	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	1%	1.4%	3.6%	↑	1.7%	31/03/2013	No	No
2Week Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	99.4%	97.0%	↑	97.5%	Mar-13	Yes	Yes
2 week wait for breast symptom referrals	93%	98.4%	95.5%	↑	95.5%	Mar-13	Yes	Yes
31 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	98.1%	100.0%	↓	99.1%	Mar-13	Yes	Yes
31 day wait for subsequent surgery	94%	66.7%	100.0%	↓	94.8%	Mar-13	No	Yes
31 day wait for subsequent drug	98%	100.0%	100.0%	↔	100.0%	Mar-13	Yes	Yes
31 day wait for subsequent radiotherapy	94%	-	-	↔	100.0%	Mar-13	Yes	Yes
62 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	79.2%	88.7%	↓	87.1%	Mar-13	No	Yes
62 day wait following screening referral	90%	100.0%	100.0%	↔	94.4%	Mar-13	Yes	Yes
62 day wait following consultant upgrade	None	100.0%	100.0%	↔	100.0%	Mar-13		
Mixed sex accommodation	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Mar-13	Yes	No
Cancelled operations	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days		0	2	↑	4	Jan - March (Q4	Yes	

Hinchingbrooke 2 of 2

Mortality information	National Mean	Current Quarter	Prior Quarter	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	0.942	0.942	↔	Oct-11 - Sep - 12	Yes	Yes
Patient safety	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	1	0	1	↑	Mar-13	Yes	Yes
C Diff cases	7	1	0	↓	Mar-13	No	No
Never Events	0	0	0	↔	Mar-13	Yes	Yes
Harm free care	95%	94.9%	86.7%	↑	Mar-13	No	No
Pressure Ulcer Prevalence	0	0.5	2.2	↑	Mar-13	No	No
Avoidable pressure ulcers	0	0	0	↔	Mar-13	Yes	No
CQC status	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Mar-13	Yes	Yes
Moderate concerns	0	0	0	↔	Mar-13	Yes	Yes
Minor concerns	0	0	0	↔	Mar-13	Yes	No

Comments |

Based on the provider profiles created, the following exception reports will be provided:

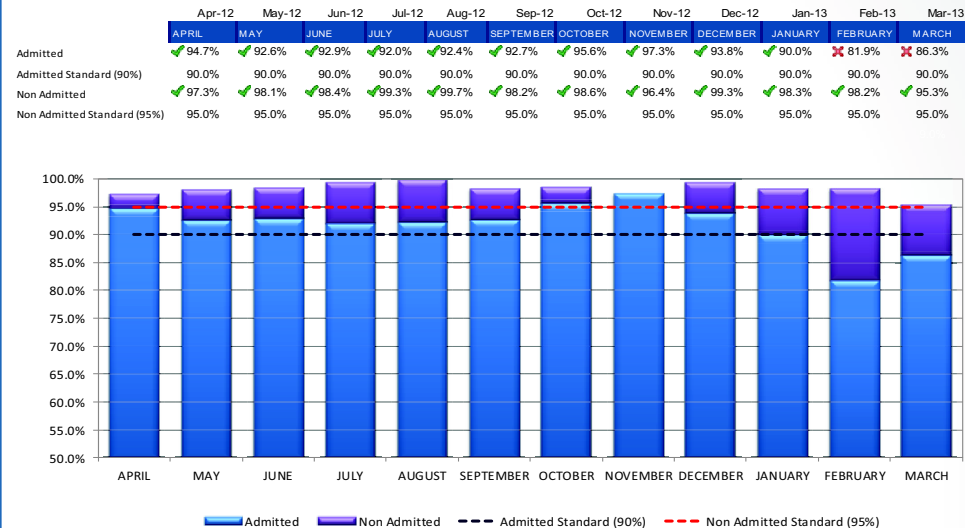
1. RTT
2. Cancer Waits

ER HHCT 1 | RTT -done

Fig 1. HHCT specialities below operating standards

	% 18 wk RTT	95th percentile
Admitted	1	0
Non Admitted	0	0
Incomplete	0	0

Fig. 2 HHCT Admitted T&O over 12/13



Comments |

HHCT is meeting all required operating standards at an aggregated level for March. For admitted pathways, trauma and orthopaedics was below the 90% standard (86.35%)

The speciality failure was due to staff sickness, the Trust adhered to patient choice and a number of patients took up the offer of being referred to the private sector hospital (Woodlands). The new Consultant commenced on the 2nd April however, there were still backlog issues in March so they breached in that month too. The Trust have recently advised that they will breach in April as 9 patients have had to be cancelled, 5 of which will breach the 18 week RTT. Where possible the Trust has moved day case procedures to provide theatre capacity at a later date and Trust confirm patients have been re-booked.

ER HHCT 2 | Cancer waits -

Fig 1. HHCT 31 day performance in 12/13

Hinchingbrooke Health Care	31 Day Sub Surgery	
	Month	Quarter
Apr-12	✓ 100.0%	✓ 100.0%
May-12	✓ 100.0%	
Jun-12	✓ 100.0%	
Jul-12	✓ 100.0%	✓ 100.0%
Aug-12	✓ 100.0%	
Sep-12	✓ 100.0%	
Oct-12	✓ 100.0%	✓ 100.0%
Nov-12	✓ 100.0%	
Dec-12	✓ 100.0%	
Jan-13	✗ 71.4%	✗ 76.9%
Feb-13	✓ 100.0%	
Mar-13	✗ 66.7%	
Year to Date	✓ 95.8%	✓ 95.8%

Comments |

31 day subsequent surgery: The standard was not met in March (66.7%). The breach was in Urology but due to complications with the patient having MRSA it was not possible to undertake the procedure. The patient has now been treated.

62 Day Referral to Treatment: HHCT did not meet this standard in March (79.2%).

The breaches were due to complex diagnostic pathways and delays due to medical reasons. The Trust has provided further details which are available upon request.

However, every National Cancer Target was met at year end for 2012/13 (the first time since 2009).

Provisional data shows that HHCT have made a positive start in April 2013 by continuing to meet all the targets.

Fig 2. HHCT 62 day performance in 12/13

Hinchingbrooke Health Care	62 Day Referral to Treatment	
	Month	Quarter
Apr-12	✓ 86.4%	✓ 88.6%
May-12	✓ 94.1%	
Jun-12	✓ 85.1%	
Jul-12	✗ 79.6%	✗ 83.2%
Aug-12	✓ 93.9%	
Sep-12	✗ 80.0%	
Oct-12	✗ 84.3%	✓ 89.9%
Nov-12	✓ 95.8%	
Dec-12	✓ 89.4%	
Jan-13	✓ 88.9%	✓ 85.7%
Feb-13	✓ 90.8%	
Mar-13	✗ 79.2%	
Year to Date	✓ 87.1%	✓ 87.1%

COMT

17 JUNE 2013

**OVERVIEW & SCRUTINY PANEL
(SOCIAL WELL-BEING)**

2 JULY 2013

**HOUSING AND COUNCIL TAX BENEFIT CHANGES AND THE POTENTIAL IMPACT ON
HUNTINGDONSHIRE
(Report by the Head of Customer Services)**

1. INTRODUCTION

- 1.1 The Government's Welfare Reform programme includes significant changes to the Housing and Council Tax Benefit schemes. The Panel has previously received information regarding the changes and the potential impact these were likely to have on households in Huntingdonshire (see appendix A). This report concentrates on the changes that are being introduced from April 2013 onwards. The Panel has requested quarterly updates on the impact of these changes, in particular on homelessness and these figures have been included later in this report.

2. IMPACT & TIMESCALES

- 2.1 During 2013, the Government is pressing ahead with further changes that will impact many Huntingdonshire residents.
- April 2013 = change to the Local Housing Allowance rates for people renting in the private sector.
 - April 2013 = Housing Benefit under occupation rules apply to working age people renting in the social sector.
 - April 2013 = the national Council Tax Benefit scheme abolished and replaced with local Council Tax Support schemes.
 - July 2013 = introduction of the Benefit Cap which restricts the overall amount of benefits that a household can receive annually to £26k.

A number of other reforms are being introduced during 2013 but aren't administered by HDC:

- Social Fund: prior to April, the DWP made emergency grants and interest free loans for household goods and other living expenses. This has now been devolved to local authorities and in Cambridgeshire it is administered by the County Council. The new Cambridgeshire Local Assistance Scheme (CLAS) helps people, in exceptional circumstances, by providing essential basic furniture, clothing vouchers, removal expenses, assistance with fuel reconnection costs and food packs. No money is given. Applications are made through an authorised agency such as a social worker. At HDC, officers within the Housing Needs Team assist households they are working with if they need may need help through the new scheme.

- **Personal Independence Payments:** Disability Living Allowance (DLA) was a DWP administered benefit awarded to working age disabled people who incurred additional costs with care or mobility. From June 2013, DLA will gradually be replaced by the Personal Independence Payment (PIP) scheme. Initially, only new claims will be affected by this change. It is anticipated that between 2015 – 2018, people currently on DLA will have their circumstances re-assessed to see if they qualify for PIP.
- **Universal Credit (UC):** This is the centre piece of the Government's welfare reforms and is designed to simplify the benefit system and to ensure that people are better off in work. It will replace a range of benefits such as Income Support, Jobseeker's Allowance, Child Tax Credit and Housing Benefit. Between October 2013 and the end of 2017, people on the legacy benefits will gradually transfer to UC. A pilot scheme began in the north of England in April and the results of this will determine how the roll out across the rest of the country is managed. We have not been informed when the Housing Benefit caseload from HDC will migrate to UC.

2.2 **Local Housing Allowance**

For people living in privately rented accommodation the rent used in the benefit calculation is based on the Local Housing Allowance. The LHA rates are set by the Valuation Office Agency and were initially based on rents charged locally. However, from April 2013, the LHA rates were increased by the September 2012 CPI figure, and for the next two years they will be increased by 1%. This means that the rents used in the benefit calculation will be set annually and will move away from the previous system where the calculation reflected the local market rates. There will be a report on the agenda for Overview & Scrutiny (Economic Well Being) on 4 July.

2.3 **Under Occupation**

Previously, people living in social housing have had their Housing Benefit worked out using the full eligible rent regardless of the size of accommodation they live in. From April 2013, if a working age claimant is deemed to be living in a property too large for their needs, the rent used in the benefit calculation will be reduced by 14% if they under occupy by one bedroom or 25% if they under occupy by 2 or more bedrooms. The size criteria used will be the same as for people living in the private rented sector. Currently 863 households are affected by this change.

2.4 **Last minute changes to the regulations introduced some exceptions to the new rules:**

- Foster carers (living in both privately rent and social housing properties) will be allowed one extra bedroom when working out Housing Benefit entitlement.
- An adult son or daughter who is in the armed forces (or reserve forces) and lives with their parents will be treated as living at home when they are away on operations for the purposes of applying the under occupation rules.
- An additional bedroom can be allowed where the disability of a child would mean that they could not share a bedroom with a sibling. Decisions on this are made

on a case by case basis, and have been applied where the child's disability clearly requires a separate bedroom.

- 2.5 During the second half of 2012, both the Benefits Section and the Housing Associations contacted people who would be potentially affected by these changes. In April 2013, benefit decision letters were sent to all customers setting out benefit entitlement for the new financial year confirming, where appropriate, that the reduction in their benefit had been made.
- 2.6 The council established under-occupation partnership continues to meet with a number of local housing providers. This group shares best practice on looking at ways of dealing with the effects of the under occupation changes and ensures that all partners are kept up to date on legislation and processes. Luminus has employed two people on a part-time basis to encourage people to move into appropriately sized accommodation, although they now intend to integrate this work into the normal tasks undertaken by their housing management officers.
- 2.7 Both the Housing Associations and HDC saw an increase in the amount of customer contact as a result of this change. The Benefits section answered 3375 phone calls from customers during April 2013, an increase of more than 1100 on the same month in the previous year.
- 2.8 A survey carried out by Luminus in March 2013 found that 63 out of the 627 respondents were interested in moving to mitigate the effects of the changes and 118 were willing to pay the shortfall. 224 had not responded to any of the three mailshots. Luminus will monitor these cases.
- 2.9 The April 2013 Housing Benefit Rent Allowance expenditure of £2.4m was down £180k on the same month of the previous year which is mainly due to the reduction in Housing Benefit awards to people affected by these changes. There is no financial impact on HDC as Housing Benefits is government funded.

2.10 **Council Tax Support**

The national Council Tax Benefit scheme was abolished from 1 April 2013 and has been replaced by a local Council Tax Support scheme that received Member approval in December 2012.

- 2.11 In devising a scheme, the council needed to take account of a cut in funding and was required to protect pensioners from any reduction in the support awarded. Under the previous national scheme, subsidy was received from the Department for Work and Pensions based on local authority expenditure. For Council Tax Support, a fixed annual grant will be awarded by the Department for Communities and Local Government and any spend above the grant will be a cost to HDC and the main preceptors. (Police, Fire and County Council)
- 2.12 The majority of working age people will have to pay at least 20% towards their Council Tax bill. Households with a child under the age of 5 will have to pay at least 15% of their Council Tax charge. Households including a person receiving either the

Child Disability Premium or the Severe Disability Premium will have their benefit assessed on 100% of their liability, and could retain full council tax relief subject to the means test.

- 2.13 This reform has affected almost 5,000 households that will have to contribute more to their Council Tax bill from April 2013. Some households will be moving from a position of not previously paying anything towards their Council Tax bill whilst others will have to make a larger contribution than before.
- 2.14 Staff on the Council Tax team have seen an increase in calls from customers and have been discussing different payment options.
- 2.15 An additional 2,000 reminders for non-payment of Council Tax were sent in early May 2013 compared to the same time last year. Although we are unable to determine whether this increase relates solely to the introduction of CTS, it gives a good indication that over half of the people who were being asked to pay more towards their Council Tax have been doing so. 700 additional summonses compared to the same period last year have been produced. Again, we cannot confirm whether this increase is as a direct consequence of the change or the general economy.
- 2.16 **Benefit Cap & DHPs**

The introduction of the Benefit Cap has been delayed from April to July 2013 in order for a small pilot scheme to be established in a number of London boroughs. This benefit cap will restrict the amount of out-of-work benefits that a household can claim. The cap will be £500 per week for a family and covers all their benefit entitlement, including Housing Benefit. The latest information from the Department for Works and Pensions (DWP) indicates that there are 44 households in Huntingdonshire that could potentially be affected by the benefit cap if their circumstances do not change. The DWP are in contact with these households to let them know they face their benefits being capped and will work with them to try and resolve their situation so they that are able to reduce their reliance on the benefit system. Given the nature of this cap it mainly affects larger families who the council may have a statutory duty to help if they subsequently became homeless and we have been in contact with some to work through their options if their circumstances do not change before the cap is introduced.

- 2.17 It will be the responsibility of the local authority to reduce the amount of Housing Benefit awarded to bring the total household income to £500 per week.
- 2.18 The DWP has increased the Discretionary Housing Payment allocation given to HDC from £56,646 (plus £11,786 carried forward from 2011/12) in 2012/13 to £169,561 in 2013/14 to help mitigate the loss of some households benefit entitlement. The DWP has advised councils that the increase in funding is aimed at helping people affected by the LHA reforms, the under-occupation changes affecting social sector tenants and the benefit cap.

3 Housing Impact

3.1 The position with housing advice and options work, together with homelessness and prevention work between **January and April 2013 (Q4)** was as follows:

- 71 households were prevented from becoming homeless in Q4, compared to 64 in Q4 last year. A total of 290 households prevented from becoming homeless in 2012/13, the same number as in the previous year.
- 43 households were accepted as homeless in Q4 compared to 47 in the same period last year. A total of 190 households have been accepted as homeless in 2012/13 compared to 173 households in the previous year. The causes of homelessness are recorded and we are seeing an increase in the number of households being evicted from private sector tenancies. This is a national and local trend. Locally this is not as a direct result of people falling into arrears but anecdotal evidence suggests it is due to landlords' reluctance to work with claimants on the benefit system or some landlords purely wishing to sell their properties. This trend is likely to have an impact on the availability of affordable private sector housing.
- There were 94 households in temporary accommodation at the end of the quarter compared to 75 at the start.
- There were 13 households in bed & breakfast at the end of the quarter compared to 21 at the start. This is mainly due to the Stonham temporary accommodation coming on line with 6 units in Huntingdon.
- Received 73 Rent Deposit scheme applications in Q4 (compared to 79 in Q4 last year) and assisted 35 of these into private sector tenancies with the help of a loan or bond (compared to 38 in the same period last year). A total of 144 households were helped into private sector tenancies in 2012/13 through the Council's Rent Deposit Scheme compared to 150 households in 2011/12 and 231 in 2010/11.

4. CONCLUSION

- 4.1 The raft of welfare benefit reforms continues to impact on Huntingdonshire residents. We will continue to work in partnership with our housing association partners and the voluntary sector to find ways to best address the needs to those households affected so that we can minimise the potential for rent arrears and possible homelessness.
- 4.2 We will monitor the impact of these changes to see what cumulative affect they may have on households within the district together with the knock on demands this may place on the council's services.
- 4.3 The situation is not as bad as potentially feared, although we remain uncertain about the future impact of these changes.

5. RECOMMENDATION

5.1 The Panel is asked to note the contents of this report

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Appendix A

Date change implemented	Summary of change	HB impact	Housing impact
April 2013	HB entitlement reduced for social rented tenants below pensionable age who are under-occupying their homes	The rent figure used in the HB calculation will be reduced by a percentage based on whether the claimant is over accommodated by one or two bedrooms. The LHA bedroom entitlement rates will be used to assess the number of bedrooms that a household is entitled to. Where a household of working age exceeds this by one bedroom they will have a 14% reduction in the rent figure used in the benefit calculation. Where they exceed it by two or more bedrooms they will have a 25% reduction in the rent figure used. There are currently 863 households affected by this change. We will continue to work with housing providers to identify which households may need to claim a DHP to help offset the loss in benefit. 95 DHP awards have been made so far, and we have committed £50k of the budget.	The review of the council's Lettings Policy, considered by Cabinet in December 2012 incorporated the LHA bedroom entitlement rate as the 'bedroom standard' to be used in assessments and lettings from April 2013. The result will be a more crowded social rented stock but fewer tenancies where Housing Benefits will not cover the full rent charged. There is the opportunity for RSLs to enable tenants who are overcrowded to exchange with households who are affected by these changes, which could lead to an improvement in making best use of stock. (eg Luminus 'Room to Move' scheme) The reduction in Housing benefit entitlement for housing association tenants will potentially lead to higher levels of rent arrears with affected tenants potentially accruing arrears leading to eviction if their rent is not paid.
April 2013	Local Housing Allowance rates will be uprated in line with CPI	LHA rates were set in April 2013 for the remainder of the year. Letters were sent to 1789 customers in December 2012 informing them of the changes to the LHA rules from April 2013. Little feedback/contact was received from customers as a result of this exercise.	If LHA rates don't keep pace with rent levels, over time this will reduce the proportion of private sector properties available to HB claimants.

Date change implemented	Summary of change	HB impact	Housing impact
July 2013	£500 per week cap on benefits claimed. The aim of this is that people who aren't working shouldn't receive more income than the average person/household who is working. The cap has been set at: • £500 per week for couples with or without children and lone parents • £350 per week for a single person with no children If the claimant's income exceeds this cap, their Housing Benefit will be reduced.	There are currently 44 households that will potentially be affected by the Cap. Between July and September, the DWP will notify us as each of the affected cases is processed, so that the local authority can re-assess Housing Benefit entitlement. The Benefit Cap does not apply to households who are in receipt of Working Tax Credit. Claimants need to work at least 24 hours per week in order to qualify for WTC (16 hours for single parents). Affected cases in HDC: • 4 cases exceed the cap by more than £200 per week • 4 cases exceed the cap by between £100 and £199.99 per week • 9 cases exceed the cap by between £50 and £99.99 per week • 14 cases exceed the cap by between £20 and £49.99 per week • 13 cases exceed the cap by between £1 and £19.99 per week	Existing tenants that are unable to pay their rent even after prioritising rent payments from their benefit are likely to accrue arrears leading to possible homelessness. They will potentially apply to the council as homeless as they are no longer able to afford their rent and the council may then have a duty to help with the rehousing of the household. Although this will affect relatively few households they are likely to be larger families who, if threatened with homelessness, may approach the council for further help with housing under the homelessness legislation. The key to avoiding this is the work that the DWP is undertaking with them so as to minimise the impact of the benefit cap.
April 2013	Introduction of localised Council Tax Support to replace Council Tax Benefit	This change is currently affecting 4885 Council Tax Support claimants of working age. The estimated loss of help towards paying Council Tax is as follows: • 416 claimants will lose between £0 and £1.99 per week • 3094 claimants will lose £2 - £3.99 per	This is another change that will affect the amount of each household's income available to cover their rent payments, potentially leading to homelessness if households fall into arrears and face eviction.

Date change implemented	Summary of change	HB impact	Housing impact
		week • 773 claimants will lose £4 - £5.99 per week • 444 claimants will lose £6 - £9.99 per week • 145 claimants will lose £10 - £19.99 per week • 13 claimants will lose £20+ per week	
April 2013	Increase in DHP budget to £169,561 to mitigate the effects of the Housing Benefit changes	As at 10 June 2013, 156 DHP awards have been made; 95 awards to people as a result of the under occupation changes and 69 to people in privately rented accommodation. £50,661 of the total budget has been committed so far with awards generally being given for between 6 and 8 months. A further 50 applications are waiting to be processed. (A total of 225 awards were made in 2012/13)	

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Agenda Item 7

**OVERVIEW & SCRUTINY
(SOCIAL WELL BEING)**

2th July 2013

CABINET

18th July 2012

CCTV Operations - Shared Service Proposal

1. PURPOSE

- 1.1 To seek in principle approval for establishing a joint CCTV service with Cambridgeshire City Council and to delegate authority to the Head of Operations, in consultation with the Executive member for Healthy and Active Communities to establish a shared service, based in Huntingdon, on the basis of a detailed business case

2. BACKGROUND

- 2.1 The CCTV service has been operating in Cambridge for 16 years and in Huntingdonshire since 1997. In Cambridge CCTV monitoring service in addition to the city's public space cameras monitors internal and commercial customer cameras. In addition it operates a lone worker and customer help line outside of normal working hours in relation to emergency housing repairs and other incidents.
- 2.2 In Huntingdonshire the CCTV service monitors the public space cameras and some cameras on Pathfinder and Eastfield Houses.
- 2.3 Successive reviews of Cambridge City Council's CCTV operations in 2008 and 2011 have confirmed the contribution of the local authority's provision of CCTV services to the overall community approach to reducing crime in Cambridge, and its contribution to community safety, particularly at night. Both reviews also resulted in restructured services that produced significant reductions in operating costs to the Council.
- 2.4 The stated objectives of the existing CCTV services in Cambridge are centred on creating confidence within the public perception of a safe environment by:
 - Protecting areas and premises used by the public.
 - Deterring and detecting crime.
 - Assisting in the identification of offenders leading to their arrest and successful prosecution.
 - Reducing anti-social behaviour and aggressive begging.
 - Reducing the fear of crime.
 - Encouraging better use of city facilities and attractions.
 - Maintaining and enhancing the commercial viability of the city and encouraging continued investment.
 - Encouraging the public to act responsibly in their own and in the

wider community to assist in the fight against crime and anti-social behaviour.

- Cooperating with stakeholders and other CCTV providers on a local, regional and national level to share best practice.

2.5 Huntingdonshire District Council has a purpose-built control centre, based in Eastfield House, Huntingdon. However, the CCTV budget was reduced in 2012/13 as part of the contribution to budget savings. Discussions with the Town councils in establishing a CCTV partnership resulted in agreement from the partners to provide funding to maintain a 24/7 service.

2.6 Fresh discussions began between the two authorities in October 2012, following an agreement by the two leaders of the councils to investigate the possibility of working more collaboratively. This report recognises the benefits and risks of a jointly managed CCTV service between Cambridge City Council and Huntingdonshire District Council and identifies areas for further detailed work.

3. The Case for a Shared Service

3.1 The current CCTV structure in Cambridge is lean and effective, and has an excellent reputation at both local and national level. While successive restructures of CCTV services in 2008 and 2011 have considerably reduced the costs of running the service, and integrated the Out of Hours service into its operations, further savings opportunities are limited.

3.2 Bringing together two neighbouring operations of a similar scale offers clear advantages to both CCC and HDC, and particularly in terms of:

- Greater resilience for managing combined CCTV and Out of Hours services
- Shared knowledge and experience from staff in both authorities
- Lower operating costs, particularly in the areas of staffing, communication and equipment costs;
- Increased opportunities to market and compete for additional business, in relation to external customers of CCTV and Out of Hours services.
- Increased opportunities to share a more efficient technical platform for exchanging data and images between the two authorities and with other agencies such as the Police and retail organisations;

Staffing costs

3.3 A joint group of officers have considered the potential for savings from implementing a shared service arrangement. It is possible to deliver significant reductions, in revenue costs by operating and managing both services from a single control room, either in Cambridge or in Huntingdon, under a single management structure, albeit a move to Huntingdonshire provides the highest level of savings. Savings will result from combining operations, through reductions in the overall

number of staff from the number required at present to operate in each authority.

- 3.4 The operation of a joint control room will necessitate one authority operating the service. Staff would transfer to the 'host' employer and would retain the terms and conditions of their original employer. A restructure would then be required to determine the structure of the shared service.
- 3.5 The staffing costs have been modelled to allow for different outcomes and assumptions about the composition of the shared service team and about the 'host' employer. The business case assumes that the combined service will consist of a mix of staff drawn from both authorities, and assumes a median level of staffing costs.

Other operating costs

- 3.6 Savings are also expected to accrue from a combined operation through reductions in overall communications costs, and the level of provision for repairs and renewals of equipment, on the assumption of a ten year cycle of renewals for most equipment. Further detailed work is continuing to identify the level of savings that may be achievable.
- 3.7 Some support costs (recharges) may need to be charged to the shared service where they are inextricably linked with the service, for example in relation to continuing support from senior management, back office processing of expenditure and accountancy to manage cost sharing arrangements. Further work is required to quantify these costs.
- 3.8 Transmission Costs. The transmission of the images and data between Cambridge and Huntingdon is required to operate a joint CCTV service. This is an additional cost associated with operating a shared service. More detailed work is being undertaken to determine the costs of transmitting images between the two councils, and for supporting existing communications systems such as the retail radio network in both authorities.
- 3.9 The Cambridgeshire Public Service Network (CPSN) is considered to provide the best solution but work is still continuing to establish the actual costs and timescales for achieving this. The CPSN is the favoured option because HDC is currently being connected to it as an authority and CCC will follow suit later this year.

Set-up costs

- 3.10 Both authorities will incur costs associated with the establishment of a shared network for communicating and transmitting CCTV images and data between authorities, and with configuring the CCTV control room to operate as a shared service.

- 3.11 Costs associated with staff relocation and potential redundancies will also be likely in establishing a single operational base, and the business case is based on an assumption of an average level of costs for these purposes. However, on current estimates the savings from moving to a shared service, £200k, will be sufficient to pay for the set-up costs by the end of the first year of operation.
- 3.12 Transfer of Undertakings (TUPE) A shared service will require the TUPE transfer of staff from one authority to the other. Once this has been completed an exercise will be required to restructure the existing services to provide an effective operating structure. This will be subject to consultation with staff. A selection is likely to be necessary which may result in staff being at risk of redundancy. As the employer the host authority will take the lead in managing the restructure process in liaison with the partner authority. The cost of any redundancies will vary depending on which members of staff are affected, and agreement will need to be reached about the basis for apportioning such costs. For modelling purposes the business case also assumes a median position for these costs.
- 3.13 The business case is summarised in Appendix 1.

4. Out of Hours Services

- 4.1 Cambridge City Council manages an Out of Hours service for housing and emergency planning. This service handles an average of 1500 calls per month (relating mainly to emergency housing repairs) and provision will need to be made in the new structure to continue this service unless a more cost effective alternative is available.
- 4.2 HDC initially manage the out of hours calls for emergency planning until the duty emergency planning officer is able to do so, but this is a small volume of calls in comparison with Cambridge.
- 4.3 It is proposed that a new shared service would continue to manage Out of Hours calls for both councils, and would be in a stronger position as a more resilient shared service, having the capacity to extend the business and generate additional income from external customers.

5. Governance

- 5.1 A joint service that already exists between both councils is the Home Improvement Agency (HIA) and it is considered that the governance arrangements for that service would be a broadly suitable model on which to base future joint CCTV services.
- 5.2 In respect of the HIA there are three councils governed by a Management Board consisting of a senior officer from all the partners. This Board considers a number of key areas as follows:-

- Approval of an annual business plan

- An operations protocol
- Strategic matters relating to the ongoing and longer term development of the Agency

The officer management board report back to the respective decision-making processes at each of the three councils. In the case of CCC this means that decisions are made by the Executive Councillor following committee scrutiny.

6. The Choice between Huntingdon and Cambridge

- 6.1 It is clear that a shared service will deliver savings for both authorities and to do this it is necessary to locate the control room in one location. There is a small marginal saving of about 10 to 15K per annum, initially, if the chosen location is Huntingdon. There are, however, four other reasons to choose Huntingdon related to resilience, working conditions, senior management capacity and potential for letting current office space.
- 6.2 On the matter of resilience there is a risk in relation to the siting of the control room in the basement of the Guildhall. In August 2012 serious flash floods occurred in Cambridge city centre and this resulted in the flooding of the basement with the service being temporarily inoperative. Measures have been taken to minimise this risk but the location of the Huntingdon control room is not subject to the same risks.
- 6.3 Whilst the control room at the Guildhall meets all relevant workplace requirements it is nevertheless a basement environment. The control room at Huntingdon is a modern purpose built facility that provides a better working environment, including better disabled access.
- 6.4 Officers have reviewed the management capacity needed to support a shared CCTV service at HDC and concluded that there is sufficient scope to do this. It is therefore proposed to transfer the day to day operational arrangements to HDC and this will reduce the amount of senior manager time required within Cambridge City Council which in turn will provide other opportunities for the authority.
- 6.5 A further consideration is the potential for letting part of the Cambridge CCTV office space to generate an income. The facility is close to other lettings and has a separate entrance. A review of office accommodation is currently underway and further work can be done to investigate this opportunity. Letting part of the basement would be complementary to letting other parts of the ground floor of the Guildhall.
- 6.6 It is therefore proposed that the service is transferred to HDC.

7. Key Principles

- 7.1 All staff will transfer to the host authority under TUPE on their existing terms and conditions, after which a consultation and restructure exercise will be carried out to staff and organise the new shared service.

- 7.2 The staffing structure will be consistent with delivering an effective service that is resilient to the demands of a wider and more complex network than each authority currently provides on its own.
- 7.3 A shared service will observe a high ethical standard and will safeguard and maintain each authority's commitment to its statutory responsibilities with regards to data security, data protection and the Regulation of Investigatory Powers Act.
- 7.4 Core equipment and infrastructure (e.g. the control room and its equipment) will be funded and replaced by the shared service.
- 7.5 HDC will provide support services to the shared service at a fair price.
- 7.6 That subject to final negotiation and the need for an annual adjustment to take account of residual recharges, the basis for apportioning the reduced costs of operating a shared service will be 50:50.
- 7.7 Set-up costs and future external income generated by the shared service will be shared equally between CCC and HDC.
- 7.8 CCC and HDC will retain ownership and responsibility for the assets and equipment deployed in their own districts (i.e. not control room equipment), and will need to retain an annual Repairs and Renewals budget sufficient to replace their own equipment and infrastructure.
- 7.9 Governance arrangements will be implemented that make senior officers accountable for managing the shared service.
- 7.10 Subject to the considerations set out in this report the shared service will commence operation on 1 April 2014.

8. Risks

- 8.1 Key risks for both Councils from establishing a Shared CCTV Service are:
- 8.2 Political reluctance by either authority to relocate its service to the other's base. This risk can be mitigated and managed by establishing robust governance arrangements and by establishing clear operating protocols for staff that address service priorities and standards of practice.
- 8.3 Staff unwillingness to be relocated resulting in loss of experienced operators and local knowledge from the joint service. Comprehensive consultation, communication, training and induction processes can reduce these risks.
- 8.4 The technical infrastructure cannot be maintained effectively and with resilience. Proper consideration of contingency arrangements and back-up systems will need to be integral to the set-up arrangements and costings.

- 8.5 For the authority that transfers its CCTV services, support service and other overhead costs will have to be absorbed by other Council services, to the extent that they cannot be reduced in the short term, once CCTV has transferred. These costs, including the provision of a Repairs and Renewals budget, will need to be properly quantified and built in to future budget plans
- 8.6 Currently funding is received from the town councils in the Huntingdonshire district and there is a risk that at the end of the 3 year agreement the Town Councils could cease funding. It will part of the role of the new service to consolidate the partnership with the Town Councils and reviews of the contributions will be made in line with any increased budget opportunities.

9. Next Steps

- 9.1 The next step will be to conclude negotiations on the cost sharing between the two authorities, especially in relation to residual recharges so that a full business case can be presented formally to both councils. This will then allow the proposal to be progressed through the normal decision making process at both councils.
- 9.2 Staff and union representatives will be informed of the proposed merger of the services and TUPE transfer and provided with a timetable for the work.
- 9.3 There will be full consultation arrangements with staff, Employment Council, Trade Unions, Social Well Being Overview and Scrutiny Committee and other key stakeholders.

10. Implications

Financial Implications

- 10.1 Implementing the recommendations in this report will deliver sustainable reductions in the cost of providing CCTV services in the two councils of approximately £200k. Agreement will be required on the particular arrangements for dealing with support service and other on-costs once CCTV has transferred, as these costs will either have to be absorbed by other Council services, shared between each authority, or reduced. There are additional revenue implications for both authorities of transmitting CCTV data and images through the Cambridgeshire Public Service Network (CPSN). Capital costs will be incurred in new shared services and the necessary funding sources will need to be identified and factored into the Business Case dependent on the asset to be replaced. A financial summary is set out in Appendix A with a summary of the costs in Appendix 2.

Staffing Implications

- 10.2 The recommendations set out in this report have implications for staffing structures that will be subject to detailed consultation with the

Unions and the staff affected. While every effort will be made to minimise the need for redundancies, there may be a need in both authorities as a result of establishing a shared service.

Equal Opportunities Implications

- 10.3 An Equality Impact Assessment has been part completed on this strategy but cannot be completed until the final staffing structure is known.

Environmental Implications

- 10.4 In terms of the climate change impact of these proposals, there may be some limited reductions in electricity consumption from operating from a single shared location. There may conversely be environmental implications from additional fuel costs by staff travelling to their new base.

Consultation

- 10.5 There will need to be consultation with a range of key stakeholders, including the Executive member, Opposition Spokespersons, Chief Officers Management Team, service representatives in relation to Community Safety and existing CCTV services. Officers responsible for CCTV within Cambridgeshire Police will also be consulted. Views will need to be sought from commercial and retail interests in Cambridge, Huntingdon and Cambridgeshire, including those interests specifically concerned with anti-crime initiatives.

Community Safety

- 10.6 This proposal is intended to have a positive impact on Community Safety as it will increase service resilience.

11. CONCLUSIONS

- 11.1 It is clear that there is a business case for the joining up of the two services which will deliver in excess of £200k of savings once the set up costs have been met. Also the business case for basing the joint service at Huntingdon provides the highest saving dependant on which authorities staff are successful in the application process following restructuring.

12.0 RECOMMENDATIONS

- 12.1 To seek in-principle agreement for establishing a joint CCTV service with Cambridge City Council, and to delegate authority to the Head of Operations, in consultation with the Executive member for Healthy and Active Communities to establish a shared service, based in Huntingdon, on the basis of a detailed business case.

Contact Officer: Eric Kendall, Head of Operations

☎ 01480 388635

APPENDIX 1**Summary of Shared Service Costs - Cambridge City Council and Huntingdonshire District Council**

Notes	Current (Existing) Costs				Shared Service Based at:	
	<u>Cambridge</u>	<u>Huntingdon</u>	<u>Total</u>		<u>Cambridge</u>	<u>Huntingdon</u>
	£	£	£		£	£
				Expenditure		
1	263,000	181,000	444,000	Total Employee Costs	344,000	344,000
2	10,000	3,500	13,500	Total Premises Costs	9,500	9,500
	800	0	800	Total Transport Costs	500	500
3	100,000	66,000	166,000	Total Supplies & Services Costs (excluding R & R)	165,000	162,000
4	92,000	120,000	212,000	Total Recharges	212,000	212,000
	58,500	0	58,500	R&R Contributions		
	0	77,000	77,000	Total Financing Costs (Depreciation)		
5				Shared Service Capital Financing	36,000	36,000
	524,300	447,500	971,800	Total Expenditure	767,000	764,000
				Income		
	(24,000)	(78,000)	(102,000)	Total External Income	(102,000)	(102,000)
	(32,000)	0	(32,000)	Recharge to HRA	(32,000)	(32,000)
	(56,000)	(78,000)	(134,000)	Total Income	(134,000)	(134,000)
	468,300	369,500	837,800	Net cost of service	633,000	630,000
				Combined saving before Set Up costs	(204,800)	(207,800)
				Share of saving to each authority before set up costs (50:50 split)	(102,400)	(103,900)
6				Total set up costs	204,000	191,000
7				Net cost of service increase/(saving) in Year 1	(800)	(16,800)

APPENDIX 2 CCTV Cost Summary - Notes

1 Employee Costs

The employee costs represent a median position and is the average of the highest and lowest cost of the staff currently employed by the CCTV services. It is assumed that the shared service will contain a mix of staff currently employed by both authorities.

2 Premises Costs

Premises costs includes Buildings Maintenance/Electricity/Cleaning Materials & Equipment.

3 Supplies & Services

Transmission costs (new cost) - included in Supplies & Services est £16,850 per annum

Included in Supplies & Services: Purchase of Tools/Equipment; Communications; Printing/Stationery/Office Supplies/Postage/Delivery charges; Subscriptions; Telephone Costs; Training; IT Supplies & Services; Provisions/Refreshments/Subsistence; Other Supplies & Services.

4 Recharges

The total for recharges is the current cost of both Cambridge & Huntingdon and assumes that 100% of the current cost would be retained.

An exercise needs to be carried out to determine the overhead costs directly attributable to the CCTV service in order to confirm the true service cost , and to identify the residual costs that will need to be absorbed by each authority)

In the long term, it may be possible to reduce the overhead costs if the current control room space(s) can be let for external rental income.

5 Capital, Assets & R & R Funds

Each authority will retain ownership and responsibility for their own assets (excluding control room equipment) and retain a repairs & renewals budget sufficient to replace these assets. Procurement will be a shared service responsibility.

The shared service capital financing represents the shared cost of the two control rooms only.

6 Set up costs

Some of the set up costs have now been ascertained and are shown on the summary. Costs still to be identified for:

1. Bollard Control - via CPSN
2. Help point/voice control camera - via CPSN
3. Medium router
4. Retail radio link - via CPSN

7 Net cost of service increase(saving) - assumes pay back of all set up costs in year one.

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OVERVIEW AND SCRUTINY PANELS
(SOCIAL WELL-BEING)
(ECONOMIC WELL-BEING)
(ENVIRONMENTAL WELL-BEING)

2ND JULY 2013
4TH JULY 2013
9TH JULY 2013

WORK PLAN STUDIES
(Report by the Head of Legal and Democratic Services)

1. INTRODUCTION

- 1.1 The purpose of this report is to inform Members of studies being undertaken by the other Overview and Scrutiny Panels.

2. STUDIES

- 2.1 The Council has a duty to improve the social, environmental and economic well-being of the District. This gives the Overview and Scrutiny Panels a wide remit to examine any issues that affect the District by conducting in-depth studies.
- 2.2 Studies are allocated according to the Overview and Scrutiny remits. Details of ongoing studies being undertaken by the two other Panels are set out in the attached Appendix.
- 2.3 Members are reminded that if they have a specific interest in any study area which is not being considered by their Panel there are opportunities for involvement in all the studies being undertaken.

3. RECOMMENDATION

- 3.1 The Panel is requested to note the progress of the studies selected.

BACKGROUND DOCUMENTS

Minutes and Reports from previous meetings of the Overview and Scrutiny Panels.

Contact Officers: Miss H Ali, Democratic Services Officer
01480 388006

Mrs C Bulman, Democratic Services Officer
01480 388234

ONGOING STUDIES

STUDY	OBJECTIVES	PANEL	STATUS	TYPE
Social Value	To consider the development of a methodology for the quantification of Social Value.	Social Well-Being	Working Group will focus on three key areas; namely social, health and financial benefits of the Council's activities. Officers have been tasked with attaching financial values to these benefits. Meeting to be held on 18th July 2013.	Working Group
CCTV Provision within the District	To review the impact of the Council's proposal to cease the CCTV service with effect from April 2012.	Social Well-Being	A report on changes to the CCTV service in 2012/13 will be submitted to the Panel in July 2013.	Whole Panel Study.
Consultation Processes	To assist the Corporate Team with its review of the Council's Consultation and Engagement Strategy.	Social Well-Being	Strategy and Guidance being updated by the Corporate Office to incorporate comments suggested by the Working Group. Expected to be presented to the Panel and Cabinet at their October 2013 meetings. Meeting of Working Group being arranged.	Working Group.
Great Fen	To monitor the latest developments in respect of the Great Fen.	Environmental Well-Being	Site visits undertaken by the Panel in July 2010 and October 2012. A Socio-Economic Study was presented to the Panel at its	Whole Panel.

			March 2013 meeting. Further updates will continue to be provided to the Panel at appropriate times. Site visit to be held on 17th September 2013.	
Review of Neighbourhood Forums in Huntingdonshire	To undertake a review of the Neighbourhood Forums in Huntingdonshire.	Social Well-Being	At a recent meeting of ELSG, the Cabinet agreed to review their decision on Local Joint Committees (LJCs) on the understanding that they will be permissive on local communities' part and that groups of Parishes will organise, pay for and service the meetings themselves. A report to this effect will appear before the Cabinet in due course.	Working Group
Maintenance of Water Courses	To receive a presentation on the maintenance arrangements in place for Water Courses within the District.	Environmental Well-Being	Panel requested for an update on the drainage problems experienced at Yaxley. Update to be delivered to Panel in July 2013 – to be confirmed.	Working Group
District Council Support Services	To review the services provided by the District Councils Document Centre to form a view on its efficiency and cost effectiveness.	Economic Well-Being	The Panel has established a Task & Finish Group to review the progress which has been made with regard to their recommendations on the Document Centre.	Working Group

Economic Development	To be determined.	Economic Well-Being	The Huntingdonshire Economic Growth Plan 2013 to 2023 will be considered by the Panel in July 2013.	Whole Panel.
Delivery of Advisory Services Across the District	To monitor the performance of the voluntary organisations awarded grant aid by the Council in 2013-2015.	Social Well-Being	Working Group will meet with each voluntary organisation in August 2013 to review their progress with a further meeting to be arranged 6 months thereafter. Annual Report on organisations supported by grants through Service Level Agreements to be presented to Panel in November 2013.	Working Group.
Housing Benefit Changes and the Potential Impact Upon Huntingdonshire	To monitor the effect of Government changes to the Housing Benefit System arising from the Welfare Reform Act.	Social Well-Being	Quarterly reports presented to the Panel. Members of the Economic Well-Being Panel will be invited to attend. Next report expected in July 2013.	Whole Panel
Local Plan 2036 – Provision of Social, Affordable and Supported Housing and Impact Upon Homelessness	To explore how the new Local Plan would help to address housing and homelessness needs within the District.	Social Well-Being	An outline of how the new Local Plan will help to address housing and homelessness needs within the District was delivered to the Panel. Regular updates to be provided. Next update expected September 2013.	Whole Panel.

			Panel agreed in June 2013 to widen the scope of its work to include supported housing.	
Customer Services Strategy	To contribute to the production of the new Customer Services and Channel Migration Strategy.	Economic Well-Being	Meetings of the Working Group have been held on 13 th February, 26 th March and 21 st May 2013. Officers will now undertake further work and the Group will reconvene once a draft proposal has been developed prior to its consideration by Overview & Scrutiny and the Cabinet.	Working Group
Grounds Maintenance - Service Standards	To review the Council's expenditure on grounds maintenance.	Environmental Well-Being	Report submitted to the Panel at its June 2013 meeting. Further report to be submitted in the Autumn.	Whole Panel.
Review of Elderly Patient Care at Hinchingbrooke Hospital	To undertake a review of elderly patient care at Hinchingbrooke Hospital.	Social Well-Being	Working Group appointed to undertake a review which will be undertaken in conjunction with the Hospital. Chairman awaiting information from the Franchise Manager at the Hospital to determine how the study should proceed. Public views will be elicited as part of the study.	Working Group
Review of Ambulance Service Provision	To undertake a review of Ambulance Service	Social Well-Being	Background information on Ambulance Service	To be determined

	provision within the District.		provision to be submitted to the Panel at a future meeting.	
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Panel Date	Decision	Action	Response	Date for Future Action
	<u>Hinchingbrooke Hospital</u>			
5/04/11/ 2/10/12/ 5/03/13	(a) Management of the Hospital With effect from 1st February 2012, Circle took over the management of Hinchingbrooke Hospital and representatives of Circle and the Hospital have since attended the Panel's meeting on an annual basis. Agreed to come back in a year's time to provide a further update.	Invitation to be extended to the Hospital and Circle to attend the Panel's March 2014 meeting.	Invite all O&S Members and Ruth Rogers, Chair of Healthwatch Cambridgeshire when discussion on Hinchingbrooke Hospital takes place.	4/03/14
6/11/12	(b) Hinchingbrooke Hospital Joint Working Group A meeting between relevant County Members and the Panel was held on 5th November 2012 to share information and issues relating to services at Hinchingbrooke Hospital.			
4/12/12	A Joint Working Group with the County Council's Cambridgeshire Adults Wellbeing and Health Overview and Scrutiny Committee was established comprising Councillors S J Criswell, P Kadewere, M C Oliver and R J West together with Mr R Coxhead. The Working Group will receive regular updates on the Hospital.	Working Group attended a meeting of the Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee on 5th February 2013.	Working Group to meet as and when required.	
4/06/13	Councillor C R Hyams appointed to the Working Group.			

Panel Date	Decision	Action	Response	Date for Future Action
4/12/12 & 5/02/13	(c) Financial and Operational Performance Presentation received from Mrs S Shuttlewood, representative of Cambridgeshire and Peterborough Clinical Commissioning Group on the Group's role in monitoring the financial and operational performance of the Hospital. Agreed that regular reports on the financial and operational performance of Hinchingbrooke Hospital should be presented to the Panel every six months.	Reports to be presented in July and January each year.	Next update to be received in July 2013. This item appears elsewhere on the Agenda.	2/07/13
4/06/13	Given that the Panel has developed its health scrutiny role, the Panel requested a report to be submitted to a future meeting on health trends across the District.		Report to be submitted to a future Panel meeting.	TBC
4/12/12	<u>Delivery of Advisory Services Within the District</u> New voluntary sector funding arrangements came into effect on 1st April 2013. Voluntary Sector Working Group, comprising Councillors Mrs P A Jordan and R J West, together with Mrs M Nicholas, to meet with Officers in October and April each year to review the grant agreements established under the new arrangements.			
5/03/13	Meeting of the Voluntary Sector Working Group held on 4th March 2013 to respond to concerns raised by Councillor P J Downes at the February 2013 meeting of Council. The Working Group will meet with each of the voluntary organisations in July 2013 and the	Meeting of Working Group to be arranged with voluntary organisations in	Annual performance report to be presented to Panel in June 2014.	3/06/14

Panel Date	Decision	Action	Response	Date for Future Action
2/04/13	Panel will receive an annual report on performance in June 2014. Panel has suggested that the Working Group should seek the permission from the relevant Executive Councillors to have an input into their decisions relating to the Community Chest allocations for 2013/14.	August. Details circulated around to all Members on 7th June. Working Group to have an input at this stage.		
4/06/13	Councillor R C Carter appointed to the Working Group in place of Councillor R J West.			
04/09/12	<u>Grant Aid</u> Annual Report on organisations supported by grants through Service Level Agreements received and noted by the Panel.		Final monitoring report expected November 2013.	5/11/13
16/05/12	<u>Corporate Plan</u> Councillors S J Criswell and R J West appointed to Corporate Plan Working Group.			
7/06/11	The Panel expressed their wish for continued involvement by overview and scrutiny in monitoring the performance of the new Council Delivery Plan.	Meetings of the Corporate Plan Working Group held on 1st and 28th August and 12th November 2012.	The Delivery Plan was endorsed by the Executive Leaders Strategy Group on 26th March 2013. A programme of bi-monthly meetings of the Corporate Plan Working Group will be arranged over the course of	

Panel Date	Decision	Action	Response	Date for Future Action
		Draft considered by Executive Leaders Strategy Group on 10th September 2012 and 14th January and 26th March 2013.	the year with a view to holding Executive Members to account. Meeting of the Working Group held on 13th June 2013. An update on the outcome of this meeting will be delivered at the meeting. Further meeting to be held in July 2013.	2/07/13
6/03/12	<u>Consultation Processes</u> Update received on a previous study undertaken by the Panel. Panel to partake in the review of the Consultation and Engagement Strategy.			
12/06/12	Councillors Mrs P A Jordan, P Kadewere, J W G Pethard and R J West appointed on to the Consultation Processes Working Group.	Meeting of the Working Group held on 5th September 2012.	Strategy and Guidance in the process of being reviewed. Expected to be presented to the October 2013 meetings of the Panel and Cabinet. The Working Group will meet prior to this to ensure that they are satisfied with the refreshed Strategy and Guidance. Meeting to be held at end August/early September.	8/10/13
03/01/12	<u>Social Value</u> This study emerged following completion of a joint study with the Economic Well-Being Panel on One Leisure. Working Group tasked with the development of a methodology for the quantification of Social			

Panel Date	Decision	Action	Response	Date for Future Action
03/07/12	Value. Councillors S J Criswell and R J West appointed to the Social Value Sub-Group, together with Mr R Coxhead. Meetings held on 2nd August and 23rd November 2012 and 2nd April 2013.	Working Group has agreed to focus on three key areas; namely the social, health and financial benefits of social value.	Officers have been tasked with attaching financial values to these benefits and to report back thereon to the Working Group. The next step will be to produce a detailed account of the methodology used to undertake this work. Working Group meeting to be held on 18th July 2013.	TBC
1/11/11	<u>Future of the CCTV Service</u> Update received on the options for the future operation of the CCTV service. The efforts made to reduce the cost of the service to the Council was noted by the Panel.			
7/02/12	Further update delivered to the Panel following discussions with Town Councils. Panel requested for a further report on service changes in 2012/13 to be submitted to a future meeting.	Request submitted to the Head of Operations.	Report expected at Panel's July 2013 meeting. This item appears elsewhere on the Agenda.	2/07/13
03/07/12 & 04/09/12	<u>Review of Neighbourhood Forums in Huntingdonshire</u> At the request of the Cabinet, the Panel completed a study reviewing the Neighbourhood Forums in Huntingdonshire. Cabinet agreed that a pilot scheme	Deputy Leader met with the existing Neighbourhood		

Panel Date	Decision	Action	Response	Date for Future Action
	will be trialled in the Norman Cross County Division for a twelve month period with the existing Neighbourhood Forums being subject to urgent review by the Deputy Executive Leader. Panel has been requested to undertake a review of the Norman Cross Pilot during its twelve months of operation.	Forum Chairmen on 1st November 2012. Pilot meeting held on 7th November 2012. A further informal meeting is expected to be held shortly.		
8/01/13 & 5/03/13	The Panel has suggested that the Working Group should meet with the Deputy Executive Leader to discuss progress of the pilot to date and the Working Group's role in the review process.	Chairman liaised directly with the Deputy Executive Leader.		
2/04/13	Panel continues to express their disappointment that the pilot has not been effectively established in the last year and some other Members of the Council share this view. The Panel will formally request the Cabinet to reconsider its recommendation that a series of pilot Local Joint Committees (LJCs) are introduced across the District.	Informal discussion held with various Members and the Leader/Deputy Executive Leader prior to Council in April 2013.		
4/06/13	The outcome of a recent meeting of the Executive Leader's Strategy Group was reported to Members. Agreed that the Panel's former proposals relating to LJCs will be reviewed by the Cabinet. Whilst there is support for the proposals, the Executive Leader has stressed that it will be permissive on local communities' part and that it will be up to groups of Parishes to organise, pay for and service the LJCs themselves.	Chairman to meet with the Managing Director Designate when she comes in to post to discuss the way forward.	Report to be submitted to the Cabinet in due course.	TBC

Panel Date	Decision	Action	Response	Date for Future Action
	<u>Equality Framework for Local Government – Peer Assessment</u>			
12/06/12	Noted the recent accreditation achieved by the Council as an “Achieving” authority under the Equality Framework for Local Government. Councillors Mrs P A Jordan, P Kadewere and R J West appointed on to a Working Group to review the action plan arising from the assessment.	Meetings of the Working Group held on 29th August 2012 and 23rd January 2013.	Annual Equality Progress Report presented to Panel in February. The Working Group will continue to meet to monitor progress against the Action Plan on an ad hoc basis.	TBC
4/06/13	Councillor P W G Pethard appointed to the Working Group.			
	<u>Housing Benefit Changes and the Potential Impact on Huntingdonshire</u>			
7/06/11	Requested a background report to be provided on the emerging issue of homelessness arising as a result of changes to the Housing Benefit system.			2/07/13
6/12/11 & 12/06/12 & 8/01/13	Report considered by the Panel. Further report on the wider housing policy implications arising from the Government’s Welfare Reform Bill submitted to the Panel in June 2012. Quarterly updates will continue to be provided.	Request submitted to the Head of Customer Services.	Members of the Economic Well-Being Panel will be invited to attend for this item. Next report to be submitted in July 2013. This item appears elsewhere on the Agenda.	
2/04/13	Panel raised a number of questions relating to various aspects of the welfare reforms. The Head of Customer Services undertook to circulate a response to the Panel outside of the meeting.	Response circulated to Panel via email on 10th April 2013.		

Panel Date	Decision	Action	Response	Date for Future Action
8/01/13	<u>Local Plan 2036 – Provision of Social, Affordable and Supported Housing and Impact Upon Homelessness</u> An outline of how the new Local Plan would help to address housing and homelessness needs within the District was delivered by the Assistant Director, Environment, Growth and Planning. The Panel is concerned over the increasing levels of homelessness and the pressures placed upon the Housing Register for social housing.	Panel requested for 6 monthly updates to be delivered to them at future meetings.	Next update expected September 2013.	3/09/13
4/06/13	Panel agreed to widen the scope of its work to include supported housing – for example the opportunities that existed for housing developments to include bungalows for elderly residents.			
2/04/13	<u>Update on Redesign of Mental Health Services</u> Panel requested for an update on the redesign of mental health services. Suggested that the public's views should be sought prior to representatives of Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) attending the meeting.	Request submitted to C&P CCG to attend meeting.	Mrs C Hodgson, Mental Health and Commissioning Contract Manager, C&P CCG and Dr D Irwin, GP Mental Health Lead for Hunts Care Partners will be in attendance at the Panel's September meeting.	3/09/13

Panel Date	Decision	Action	Response	Date for Future Action
4/06/13	<u>Review of Elderly Patient Care at Hinchingsbrooke Hospital</u> Working Group appointed comprising Councillors S J Criswell, I C Curtis, C R Hyams, Mrs P A Jordan, P Kadewere, J W G Pethard and R J West together with Mr R Coxhead to undertake a review of elderly patient care at Hinchingsbrooke Hospital. The study will be undertaken in conjunction with the Hospital.	Chairman awaiting information from the Franchise Manager at the Hospital to determine how the study should proceed. Public views will be elicited as part of the study.	Meeting of the Working Group to be arranged pending the receipt of information from the Franchise Manager at Hinchingsbrooke Hospital.	TBC
4/06/13	<u>Ambulance Service Provision</u> Suggested by Councillor C R Hyams to include a review of Ambulance Service Provision within the Panel's work programme.	Background information on Ambulance Service provision to be submitted to the Panel at a future meeting.		TBC
04/09/12 and 6/11/12	<u>Notice of Executive Decisions</u> Huntingdonshire Town and Parish Council Charter and Voluntary Sector Compact Panel requested sight of the report prior to its submission to the Cabinet. An update on the	Request submitted to the Head of	Report presented to Panel in June 2013.	

Panel Date	Decision	Action	Response	Date for Future Action
4/06/13	Charter's development was presented to the Panel at its November 2012 meeting. Considered at Panel's June 2013 meeting. As both documents are still subject to final agreement with the Town and Parish Councils and the voluntary and community sector, the Panel has requested sight of both documents again in September prior to its submission to the Cabinet.	Environmental and Community Health Services. Healthy Communities Manager aware of Panel's request.	Report to be submitted to the Panel's September meeting.	3/09/13
03/04/11	<u>Huntingdonshire Strategic Partnership (HSP)</u> The Panel has a legal duty to scrutinise the work of the HSP, with three thematic groups of the HSP falling within its remit. Huntingdonshire Community Safety Partnership Annual review of the work of the Partnership undertaken. Members have expressed their satisfaction that appropriate accountability and reporting mechanisms are in place.			
6/11/12	Feedback received from the Partnership on the findings of a joint Member-led review on domestic abuse with the County and Fenland District Councils. Some concerns exist over the action plan developed for the Domestic Abuse Steering Group and the lack of funding currently available for the service. Panel wishes to have sight of the County Council's review		Due for consideration by the Panel in September 2013.	3/09/13

Panel Date	Decision	Action	Response	Date for Future Action
05/10/10	next year and agreed that they will revisit the matter as part of its annual scrutiny of the Partnership. Children and Young People Details of the thematic group's outcomes and objectives have been received together with the latest report of the group, outlining its terms of reference, membership and current matters being discussed.	Invitation extended to the Lead Officer of the thematic group.	Item due for consideration at Panel's November meeting.	5/11/13
7/02/12	Health and Well-Being Background information received on the thematic group's outcomes, terms of reference, membership and Action Plan.	Invitation to be extended to representatives of the Group.	Annual report produced by the Chair of this Group which went before the Cambridgeshire Health and Well-Being Board in 16th April 2013.	3/09/12

ACTION LOG
(Requests for information other than those covered within the Progress Report)

<u>Date of Request</u>	<u>Description</u>	<u>Response</u>
	<i>None at present.</i>	

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Decision Digest

Edition 135

Monthly summary of the decisions taken at meetings of the Council, Cabinet, Overview & Scrutiny and other Panels for the period 22nd May to 26th June 2013.

HUNTINGDONSHIRE TOWN AND PARISH CHARTER AND VOLUNTARY SECTOR COMPACT

A copy of the final version of the Huntingdonshire Town and Parish Charter and Voluntary Sector Compact for Huntingdonshire was presented to the Overview and Scrutiny Panel (Social Well-Being). The compact seeks to achieve the objectives of the Localism Act 2011 by providing a framework within which the County, District, Town and Parish Councils and the voluntary and community sector can work in partnership to improve the economic, social and environmental well-being of Huntingdonshire for the benefit of the local community.

Huntingdonshire currently is the only Cambridgeshire authority to have a Charter and Compact document in place. The level of engagement in drafting the documents with both the Town and Parish Councils and the voluntary and community sector has been encouraging.

As both documents are still subject to final agreement with the Town and Parish Councils and the voluntary and community sector, the Panel will have sight of them again September prior to their submission to the Cabinet.

HOME IMPROVEMENT AGENCY SHARED SERVICE REVIEW AND DISABLED FACILITIES GRANT BUDGET

The outcome of a review of the Home Improvement Agency (HIA) shared

service after its first year of operation was reported to both the Cabinet and Overview and Scrutiny Panel (Social Well-Being). Details of the ongoing demand for Disabled Facilities Grants (DFGs) were also noted by the Panel.

Despite improvements made to reduce Occupational Therapy (OT) waiting times, the Panel is keen to see further reductions in the future. The Panel is also concerned over the dissolution of Cambridgeshire Community Services and the future OT service provision. An additional Surveyor has been appointed on a temporary basis to assist with the current backlog of casework in Huntingdonshire.

The Panel has noted the HIA's work plan for 2013/14 and suggested that the option of bringing contractors in house should be explored. A number of questions were raised relating to DFGs and a response to each was given to Members. In terms of the budgetary side of DFGs, the Panel suggested that the Council should review its commitment to financing these adaptations in the future.

Having been advised of the Panel's views, the Cabinet has requested Officers to undertake additional modelling of current and future demand for DFG's to feed into the Medium Term Plan process in September 2013.

WORK PROGRAMME

The Overview and Scrutiny Panels have reviewed their work priorities for

2013/14 and the memberships of their respective Working Groups. All three Panels endorsed the content of an Overview and Scrutiny Protocol which provides a framework for the Council's Overview and Scrutiny function.

The Social Well-Being Panel has established a Working Group to undertake a review of elderly patient care at Hinchingsbrooke Hospital. The Panel also has agreed to include a review of Ambulance Service provision within its work programme. Given the Panel has developed its health scrutiny role over the previous few years, the Panel has also requested a report to be submitted to a future meeting on health trends within the District.

The Economic Well-Being Panel has identified a number of potential areas for future investigation which will be discussed further at its next meeting. These include –

- communications and marketing;
- treasury management – shared services;
- the A14;
- the Making Assets Count programme;
- estates; and
- the Local Enterprise Partnership.

The Panel has also agreed to establish a small team to follow-up on the recommendations arising from the review of the Document Centre.

The Environmental Well-Being Panel has identified the following areas as potential future study areas and will discuss how this work will proceed at its July 2013 meeting:-

- car parking management;
- the impact of large scale housing development upon the A428;
- the A14;

- local bus services within Towns; and
- recycling in flats.

OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) – PROGRESS

The outcome of a recent meeting of the Executive Leader's Strategy Group was reported to the Overview and Scrutiny Panel (Social Well-Being). The Panel's proposals relating to Local Joint Committees (LJCs) will be reviewed again by the Cabinet. Whilst there is support for the proposals, the Executive Leader has stressed that it will be permissive on local communities' part and that it will be up to groups of Parishes to organise, pay for and service the LJCs themselves. A report to this effect will be submitted to the Cabinet in due course.

The Panel has also agreed to widen its scope of work relating to the Local Plan 2036 in respect of social and affordable housing to include supported housing.

HUNTINGDONSHIRE REGULATION 123 AND INFRASTRUCTURE BUSINESS PLAN 2013/14 LIST

The outcome of the public consultation on the Draft Huntingdonshire CIL Regulation 123 List has been reported to both the Cabinet and Overview & Scrutiny Panel (Economic Well-Being). The List defines the types of infrastructure that the Council intends to fund from the Levy to ensure that there is no duplication between contributions from CIL and Section 106 Agreements.

Members have been informed that the Government continues to change the Regulations surrounding the Levy and is currently considering proposals to exempt self-build properties. The Council has responded to the consultation on this proposal on the basis that it should not be permitted

because small sites constitute a significant proportion of development within the District.

In view of the concerns which they had previously expressed the Panel has welcomed the work which has now started with town and parish councils to develop the way in which the District Council works with them on how their contributions will be spent.

In considering the contents of the report, a Panel Member has expressed concern that infrastructure previously negotiated by communities through already existing Urban Design Frameworks might not now be delivered. Whilst it is not possible to give any guarantees, the Deputy Executive Leader has explained that best endeavours will be made to meet existing commitments.

The Panel has asked a number of questions on a range of matters, which included the audit trail for the distribution of CIL monies and the publication of proposals for the new Local Plan after the consultation.

In approving the List, the Cabinet has stressed the need to work with Town and Parish Councils to identify their priorities as part of the next stage of the Business Plan process.

COMMUNICATIONS

A presentation on the Council's communications function has been given to the Overview and Scrutiny Panel (Economic Well-Being) by the Corporate Team Manager. The aim of the function is to achieve a cross Council, unified approach to communications and secure value for money.

As part of the presentation, the Panel has been advised of the work which is currently being undertaken to develop

an external communications strategy. It has been suggested that local Members could be a useful communications tool for the Council and they should be utilised more than they presently are.

The Panel has discussed the use that is made by the Council of Twitter and Facebook. Their attention having been drawn to the successful use of Twitter by Coventry City Council, Members have expressed the opinion that a more strategic approach should be adopted towards use of the facility. It has also been suggested that it may be useful to segment the twitter feeds for different groups of customers.

Members have also asked about the Council's list of Twitter followers and the ways in which the Council intends to improve on the current number of them.

Information on the budget for communications and the outcome of efforts being taken to measure the benefits of the work which the communications team does also was requested.

TREASURY MANAGEMENT ANNUAL REPORT 2012/13

The Overview & Scrutiny Panel (Economic Well-Being) has reviewed the Council's treasury management performance for the year ending 31st March 2013. Members were pleased to note that the funds had performed well, significantly exceeding both the benchmark and the budgeted investment interest figure.

The Panel has commented on a range of issues including current economic trends and the problems being experienced by the Co-Operative Bank. The Accountancy Manager has been asked to provide the Panel with further

information on the estimated credit budget for the forthcoming year.

Members have noted that the Council's liability for VAT is reviewed annually by HMRC. The Panel has discussed whether there might be a benefit for the Council of transferring the leisure centres to a trust. However given that the Council's VAT liability is not wholly attributable to the leisure centres there would not be a total saving of the VAT sum.

Subsequently, the Cabinet has noted the contents of the report and has recommended to Council that they receive the Treasury Management Annual Report 2012/13.

REVIEW OF GROUNDS MAINTENANCE SERVICE STANDARDS

The first stage of a review of grounds maintenance service standards was reported to the Overview and Scrutiny Panel (Environmental Well-Being). The Panel agrees that the standards in respect of grass cutting should be retained at the current levels. The service has already been streamlined following a review undertaken back in 2011 and it is difficult to achieve further efficiency savings. There is however an opportunity to create efficiencies in respect of litter picking. A report outlining proposals to this effect will be submitted to the Panel in the autumn. The Executive Councillor for Environment has undertaken to investigate a number of suggestions made to him by the Panel once senior management's plans for savings have been published.

MEETING OUR OBJECTIVELY ASSESSED NEED FOR HOUSING: MEMORANDUM OF COOPERATION – SUPPORTING THE SPATIAL APPROACH 2011-2031

In conjunction with the Cabinet, the Overview and Scrutiny Panel (Environmental Well-Being) has endorsed the content of a Memorandum of Co operation on the assessment of future housing needs. The Memorandum refers to the Council's joint working with partner authorities in Cambridgeshire and Peterborough and demonstrated the Council's compliance with the Duty to Co-operate as contained within the Localism Act 2011.

Huntingdonshire will be contributing 21,000 homes within the Cambridge Sub-Region Housing Market Area by 2036 and it is expected that this figure will be achieved.

Matters discussed by the Panel include the methodology employed to determine housing allocations across each local authority area and the factors likely to cause an increase in demand for housing such as fluctuations in birth rates, the ageing population and local economic pressures.

The Cabinet has stressed the need to be mindful of the plans of neighbouring authorities outside the strategic housing area which may have considerable impact on the district.

HOUSING NEEDS COMPLAINT AWARD OF COMPENSATION

The Corporate Governance Panel has approved a compensation payment of £250. The payment relates to a complaint to the Ombudsman regarding a homelessness matter and will be set against a debt owed to the Council by the complainant relating to a bond

granted under the Rent Deposit scheme.

REVIEW OF THE EFFECTIVENESS OF OVERVIEW AND SCRUTINY PANELS

All three Panels have noted the outcome of an exercise undertaken by a Working Group established to review the effectiveness of Overview and Scrutiny. The report concluded that the Panels were generally acting effectively in terms of the discharge of their responsibilities and fulfilling their terms of reference.

Concerns continue to be expressed that the North West Huntingdonshire pilot Local Joint Committee had not materialized as expected in the last year. The Social Well-Being Panel referred to the lack of any forum whereby the three tiers of local government and partners can meet to discuss issues of local concern for the benefit of the community. With this in mind, the Chairman suggested that the Deputy Executive Leader be asked to update the Panel on the progress being made with the pilot scheme.

REVIEW OF THE EFFECTIVENESS OF INTERNAL AUDIT SERVICE

In accordance with the Accounts and Audit Regulations 2011, the Corporate Governance Panel has reviewed the effectiveness of the system of internal audit and is satisfied with the Audit and Risk Manager's opinion that the areas of non-conformance were of a minor nature and not considered significant enough to warrant inclusion in the Annual Governance Statement.

FRAUD WORKING GROUP

Councillors E R Butler, K J Churchill, G J Harlock and P G Mitchell have been re appointed to the Fraud Working Group for the ensuing year.

ROLE OF THE EMPLOYMENT PANEL

Following review of the arrangements for the consideration of employment matters which were approved earlier in the year, the Employment Panel has been reminded about their new role and terms of reference.

In considering potential areas for investigation, Members have suggested a number of ideas which might form the basis of a work programme for the year. These included the culture of the organisation and the ways in which Managers managed their teams and staff grievances.

In terms of their future relationship with the Staff Council, the Panel has noted that the Chairman and Vice Chairman will continue to meet informally with employee representatives and that there would be opportunities for the Staff Council to raise issues with the Panel. Democratic Services undertook to clarify the process by which representatives could present directly to the Panel.

MANAGING EMPLOYEE PERFORMANCE

As part of LGSS' commitment to review five policies and procedures per year, the Panel has reviewed and endorsed the content of a new policy for Managing Employee Performance.

The new Policy provides guidance to managers on how to help employees achieve and maintain good performance levels and where this falls below acceptable standards ensures that any potential issue is dealt with promptly, sensitively and consistently. It also provides guidance to employees where performance standards are not reached and the potential consequences for their continued employment.

Training on the application of the new policy will be extended to all managers across the organisation.

EMPLOYMENT REPORT – QUARTER 3

The Employment Panel received a quarterly report on Human Resource matters impacting on the performance of the organisation. The report included the latest position and trends relating to:-

- employee numbers;
- salary costs;
- employee turnover;
- sickness absence reporting; and
- Human Resources caseload.

The Panel noted that the average days sickness per FTE employee had increased to 8.9 days during the last quarter, which is higher than the corresponding period in the previous year. The Panel also received information on sickness levels being experienced by other public sector organisations and noted that there was a general upward trend.

Having noted that work was being undertaken to investigate a workplace based support service for staff that were experiencing stress at work, the Panel discussed the support which was currently available to staff from First Contact and Occupational Health services. Members were assured that these proposals would provide an additional work based service and that there was no desire to change the existing arrangements. The Panel requested further information on the existing services and an update on the proposals for work based counselling at a future meeting.

QUARTERLY PERFORMANCE REPORT FOR HR, PAYROLL AND ORGANISATION AND WORKFORCE DEVELOPMENT SERVICES

The Employment Panel considered the performance of LGSS Human Resources, Payroll and Organisational Workforce Development services across the key service measures put in place at the start of the contract over the period May 2012 to end of March 2013.

Whilst general service standards had been met, the Panel noted that there was further work to be done in Organisational & Workforce Development to encourage a greater take-up of training courses (only 304 places had been delivered out of a target of 500 in an 11 month period). LGSS will be working with Managers to help address this issue.

The Panel was assured that feedback on the LGSS contract is requested from managers and staff and been reminded that the LGSS contract represented a change in culture for many Managers and an expectation that managers are required to be more self sufficient. Further work is required to help staff understand their new roles and responsibilities, and this will be addressed as part of the training on new policies. The reinvigoration of the Council's Leadership programme also would help in this respect.

PAY REVIEW PROJECT

The Employment Panel has received an update on the progress being made on the Council's Pay Review project. It was noted that Stage 1, the evaluation and moderation process was nearing conclusion and was expected to be completed by mid July. LGSS will then commence work on the next stage of the project (Stage 2), which includes:-

- pay modelling / development of a new pay & grading framework;
- benchmarking;
- pay policy review;
- the consultation process; and
- the appeals procedure.

In response to comments made by representatives of the Staff Council and Members regarding the need to improve communications on the subject and to bring the process to a close as quickly as possible, the Panel was informed that the current timetable for the remainder of the project was to be considered by the new Managing Director. In this regard, the Panel has agreed that the Chairman and Vice Chairman should meet with the new Managing Director to seek to progress the matter further and that in the interim staff should be updated as to the current position.

REPRESENTATIONS ON ORGANISATIONS

The Cabinet has appointed representatives to serve on a variety of organisations for the ensuing year. The Head of Legal and Democratic Services, after consultation with the Deputy Executive Leader, has been authorised to make any changes to the schedule that may arise throughout the year.

COMMUNITY RIGHT TO CHALLENGE

A timetable for the acceptance of expressions of interests (EOI's) under the new Community Right to Challenge Initiative has been approved by the Cabinet.

The Right to Challenge was created by the Localism Act and introduces a right

for defined organisations and persons to submit an Expression of Interest in taking over the provision of a service on behalf of the Council. Where a valid expression is received, the Council will be required to undertake a procurement exercise for that service which may lead to the authority awarding a contract for the service provision. The timetable identifies when services will be open for receiving EOI's.

LOAN TO HUNTINGDONSHIRE REGIONAL COLLEGE

The Cabinet has approved, in principle the provision of a loan to Huntingdonshire Regional College to fund the expansion of their facilities. The College will provide security in the form of a charge against an area of land, the valuation of which exceeds the value of the loan. The Assistant Director, Finance and Resources has been requested to finalise the details of the loan, after consultation with the Executive Leader and the Executive Councillor for Resources.

DEVELOPMENT APPLICATIONS

At its June meeting, the Development Management Panel considered nine development applications of which six were approved, three refused and one deferred. These included consent for a scheme of eight dwellings on a site in Holme which would provide two affordable homes via a related S106 Agreement.

Having regard to two appeals against non determination, the Panel has indicated to the Planning Inspector that it would have been minded to refuse applications for a proposed food store and residential development on Stukeley Road, Hartford and 6 wind turbines and associated infrastructure, south west of RAF Molesworth, Bythorn.

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