

A meeting of the **OVERVIEW AND SCRUTINY PANEL (COMMUNITIES AND ENVIRONMENT)** will be held in **CIVIC SUITE 0.1A, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, PE29 3TN** on **TUESDAY, 3RD OCTOBER 2017** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact
(01480)**

APOLOGIES

1. MINUTES (Pages 5 - 10)

To approve as a correct record the Minutes of the meeting held on 5th September 2017.

**A Green
388008**

2. MEMBERS' INTERESTS

To receive from Members declarations as to disclosable pecuniary and other interests in relation to any Agenda item.

3. NOTICE OF KEY EXECUTIVE DECISIONS (Pages 11 - 14)

A copy of the current Notice of Key Executive Decisions is attached. Members are invited to note the Plan and to comment as appropriate on any items contained therein.

**B Buddle
388007**

4. NORTH WEST ANGLIA NHS FOUNDATION TRUST (Pages 15 - 24)

Mr Stephen Graves, Chief Executive Officer of the North West Anglia NHS Foundation Trust will be in attendance to discuss the latest developments of the Trust.

**K Pryor (External)
442869**

5. CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) UPDATE (Pages 25 - 32)

The Panel are to receive an update from the Children and Adolescent Mental Health Service (CAMHS).

**CCG (External)
01223 725317**

6. SUSTAINABILITY TRANSFORMATION PROGRAMME (Pages 33 - 48)

Mr Aidan Fallon, Head of Communications and Engagement, Sustainability and Transformation Programme – System Delivery Unit will be in attendance to update Members on the Sustainability and Transformation Programme.

**A Fallon (External)
07970 195351**

7. HOMELESSNESS STRATEGY (Pages 49 - 70)

The Homelessness Strategy is to be presented to the Panel.

J Taylor

8. ANNUAL REVIEW OF GREEN SPACE AND PLAY PROVISION

The Panel are to receive the Annual Review of Green Space and Play Provision. **(Report To Follow)**

N Sloper
388635

9. WASTE ROUND RECONFIGURATION UPDATE

The Head of Operations is to provide a verbal update on the Waste Round Reconfiguration.

N Sloper
388635

10. OVERVIEW AND SCRUTINY PROGRESS (Pages 71 - 80)

Members are to receive the work programmes for all Overview and Scrutiny Panels.

A Green
388008

Dated this 25th day of September
2017



Head of Paid Service

Notes**1. 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.*

Non-Statutory Disclosable Interests

- (4) *If a Member has a non-statutory disclosable interest then you are required to declare that interest, but may remain to discuss and vote providing you do not breach the overall Nolan principles.*
- (5) *A Member has a non-statutory disclosable 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 a disclosable pecuniary interest, 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, or*
 - (c) it relates to or is likely to affect any body –*
 - (i) exercising functions of a public nature; or*
 - (ii) directed to charitable purposes; or*
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a Member or in a position of control or management.*

and that interest is not a disclosable pecuniary interest.

2. Filming, Photography and Recording at Council Meetings

The District Council supports the principles of openness and transparency in its decision making and permits filming, recording and the taking of photographs at its meetings that are open to the public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening at meetings. Arrangements for these activities should operate in accordance with guidelines agreed by the Council and available via the following link [filming, photography-and-recording-at-council-meetings.pdf](#) or on request from the Democratic Services Team. The Council understands that some members of the public attending its meetings may not wish to be filmed. The Chairman of the meeting will facilitate this preference by ensuring that any such request not to be recorded is respected.

Please contact Mr Adam Green, Democratic Services Officer (Scrutiny), Tel No. 01480 388008/e-mail Adam.Green@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 Committee/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 Elections & 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 (COMMUNITIES AND ENVIRONMENT) held in Hinchingsbrooke Country Park, Brampton Road, Huntingdon, Cambridgeshire, PE29 6DB on Tuesday, 5th September 2017.

PRESENT: Councillor T D Alban – Chairman.

Councillors P L E Bucknell, B S Chapman, S J Criswell, J W Davies, Mrs P A Jordan, P Kadewere, L R Swain and Mrs J Tavener.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors Mrs A Donaldson, D A Giles and D Watt.

IN ATTENDANCE: Councillors Mrs A Dickinson, R Fuller and T Hayward.

25. MINUTES

The Minutes of the meetings held on 4th July 2017 and 13th July 2017 were approved as a correct record and signed by the Chairman.

26. MEMBERS' INTERESTS

Councillor S Criswell declared a non-statutory disclosable interest in respect to Minute Number 32 due to his role as a Cambridgeshire County Councillor.

Councillor T D Alban declared a non-statutory disclosable interest in respect to Minute Number 31 as his employer does business with North West Anglia NHS Foundation Trust.

27. NOTICE OF KEY EXECUTIVE DECISIONS

The Panel received and noted the current Notice of Key Executive Decisions (a copy of which is appended in the Minute Book) which has been prepared by the Executive Leader for the period 1st September 2017 to 31st December 2017.

28. HINCHINGBROOKE COUNTRY PARK

Mr David Thorogood, Chairman of the Friends of Hinchingsbrooke Country Park (FHCP) was in attendance. Mr Thorogood explained that the FHCP has a membership of 150 and that the primary aim of FHCP is to assist in the maintenance of the Park. Other aims include promoting access to the Park and applying for funds to finance the maintenance works. Mr Thorogood added that the FHCP applies to a number of organisations for funds.

The FHCP have donated funds for a variety of projects around the park including the erection of the shelters and a fence around the play

area.

In response to the question, what maintenance priorities the FHCP have, Mr Thorogood stated that the FHCP have completed most of them however they continue to maintain the park and the next priority would be maintenance of the paths.

Following a question regarding the number of complaints received, the Panel was informed that the FHCP redirect any complaints received to the Senior Ranger at Hinchingsbrooke Country Park.

29. TREE STRATEGY

Councillor T Hayward introduced the item and explained the concerns of Members in regards to the Tree Strategy. The Panel was informed that a group of Members had previously reviewed the Tree Strategy for Huntingdonshire. A concern was raised that, although the Strategy is a very good document and was adopted, there is not the adequate staff or resources to carry out the aims of the Strategy or the associated Action Plan. In particular, Members were concerned that the Council is to lose the role of the Tree Warden Co-ordinator, whom Members believe is crucial to the co-ordination of the Tree Warden Scheme as well as the fulfilment of the actions in the Action Plan and the aims of the Tree Strategy.

Before the Executive Councillor for Housing and Planning responded, the Panel stated that they would like the Tree Strategy reaffirmed. In addition, if the Tree Warden Co-ordinator post is abolished, the Panel would hope that one of the main aims of the new post to support the Landscape Officer is to focus on coordinating the Tree Warden Scheme.

The Executive Councillor for Housing and Planning informed the Panel that the Council had agreed to removal of the Tree Warden Co-ordinator post. It was confirmed that the Council still has the expertise to monitor the Tree Warden Scheme. The Executive Councillor suggested that the Panel carries out a piece of work to analyse the Action Plan.

In addition, Members were informed that there are 29 actions in the Action Plan and that the Tree Warden Co-ordinator leads on 2 actions.

Members expressed their wish that the Tree Strategy should continue to promote the planting of trees, that the Parish Tree Wardens know which Officer to contact when they require assistance from the Council and that the strategy is re-affirmed/re-adopted.

The Panel,

RESOLVED

- 1) to establish a Task and Finish Group to refresh the Tree Strategy and scrutinise the Action Plan.
- 2) to co-opt a Parish Council representative on to the Task and Finish Group.

- 3) to co-opt a Town Council representative with an expertise in trees on to the Task and Finish Group.

30. CAMBRIDGESHIRE HOME IMPROVEMENT AGENCY ANNUAL PERFORMANCE REPORT

With the aid of a report by the Housing Strategy Manager (a copy of which is appended in the Minute Book) the Cambridgeshire Home Improvement Agency (CHIA) Annual Performance Report was presented to the Panel.

In introducing the report the Executive Councillor for Housing and Planning informed Members that CHIA was a shared service managed by Cambridge City Council. Recently CHIA appointed a new manager with a shared service background. The CHIA are reviewing the revenue structure as Cambridgeshire County Council and the Clinical Commissioning Group are due to withdraw all funding from 1st April 2018. Members stated that the CCG's decision to withdraw funding was questionable.

Members asked for reassurance that the CHIA are thoroughly reviewing the budget in order to account for the withdrawal of funding from the County Council and the CCG. The Executive Councillor assured the Panel that work on the budget is being progressed and there is an ongoing review of the charges.

When asked what is the impact on the shared service as a result of the ceasing of funding by the County Council and the CCG, Members were informed that the funding provided is currently £40,000 however the shortfall has been mitigated by fee increases.

In response to the question, does the CHIA maintain a handyman service and if so are they maximising the use of the service, Members were not explicitly told that there is a handyman service however they were informed that the service is trying to separate the jobs that won't take too long from the jobs that will.

Following a comment from a Member that they couldn't understand the demographics and the reason why people in some areas were applying for DFGs, the Panel was informed that the majority of people who apply for a DFG are living in properties run by Registered Providers and this was to be expected as DFGs are means tested.

Concern was expressed in regards to the responses to the question 'work fully met your expectations' which showed that 46.8% of residents in the District had their expectations met compared to 100% in Cambridge City Council area and 94.5% in South Cambridgeshire District Council area. It was noted that there is more demand in Huntingdonshire and that delays in delivering the adaptations does have an impact on the expectations.

During a discussion on the development of more bungalows, the Panel was informed that the current Government thinking is that there should be more homes that are accessible for life and not necessarily more bungalows.

In response to the question could care homes and bungalows be delivered using exception sites, the Panel was informed that exception sites are designed to meet the needs of the community that otherwise would not be met so if bungalows are needed then exception sites can be used for that purposed. In regards to care homes, exception sites would not be used because they are commercially viable.

The Panel recognises that the areas for improvement have been recognised and suggests that the Portfolio Holder and Head of Service keeps an eye on buildings for life and the benefits it could provide for Huntingdonshire.

31. HINCHINGBROOKE HOSPITAL MEETING UPDATE

Councillor T Hayward introduced the item by informing Members that he was asked by the Chairman of the Overview and Scrutiny Panel (Communities and Environment) to attend the Annual Public Meeting for Hinchingsbrooke Health Care NHS Trust, on his behalf, on 13th July 2017. The Panel was informed that whatever the Trust was reporting at the meeting may be different now as there is a new management team in place.

Councillor Hayward highlighted to Members that one of the issues that worried him was that if there was a crisis then the Trust's expertise would focus on Peterborough and Stamford at the expense of Hinchingsbrooke. In addition, it was not written into the contracts of staff that they might be required to work at Hinchingsbrooke.

There are no developments planned for Hinchingsbrooke Hospital whereas there are developments planned for Peterborough and Stamford. Councillor Hayward added that Hinchingsbrooke is short staffed and morale is low. Another concern expressed by Councillor Hayward is that the Council of Governors is biased in favour of the north of the Trust.

A Member noted that all the points Councillor Hayward have raised were raised by the public and the Panel previously at the Special Meetings on the issue of the Trust merger in 2016.

The Panel thanked Councillor Hayward for the report and resolved to take forward the concerns to the next meeting when the Chief Executive of the Trust would be in attendance.

(At 8.44pm, during the discussion of this item, Councillor R Fuller left the meeting and did not return.)

(At 8.47pm, during the discussion of this item, Councillor P L E Bucknell left the meeting.)

(At 8.49pm, during the discussion of the item, Councillor P L E Bucknell returned to the meeting.)

(At 8.53pm, on the conclusion of this item, Councillor T Hayward left the meeting and did not return.)

32. AIR QUALITY IN HUNTINGDONSHIRE

With the aid of a report by Iain Green, Senior Public Health Manager Environmental and Planning at Cambridgeshire County Council (a copy of which is appended in the Minute Book) the Air Quality in Huntingdonshire was discussed by the Panel.

Members were informed that the report was presented to the Cambridgeshire County Council Health Committee in March 2017 following concerns over the air quality across Cambridgeshire. It was confirmed that the Council's air quality officer had input into the report before publication.

A pollution hotspot was defined as a concentration of pollution. In Huntingdonshire there are pollution hotspots on the A14 Viaduct, Huntingdon ring road and High Street, St Neots. In regards to High Street, St Neots the issue is the narrow streets which funnel the pollution. Mr Green informed Members that Huntingdonshire is not different to any other District in the country.

Members were informed that the responsibility for tackling the pollution hotspots lies with the County Council as the transport and planning authority. The public could be encouraged to use public transport, cycle or walk instead of using their vehicles, especially for short journeys.

In response to the question, what options are there to reduce pollution, Mr Green stated that there are few options available other than encouraging people to change their travel behaviour either by incentivising or discouraging them.

Following a question in regards to traffic calming measures, Members were informed that in terms of pollution the better traffic calming measures are those that encourage the traffic to slow down but not stop completely.

When asked about pollution in rural areas, Mr Green informed the Panel that there is much less chance that the pollution reaches a harmful level.

The Panel expressed concern that the buses in Huntingdonshire are heavy pollutants, Mr Green did not comment specifically on buses running in the District but did state there have been issues with the European Union Standards used for buses as the standard on paper does not always match the standard in practice.

The Panel thanked Mr Green for the report and attending the meeting and resolved to revisit the issue of air quality at a future meeting.

33. ONE LEISURE ACTIVE LIFESTYLES ANNUAL REPORT 2016/17

With the aid of a report by the Sports Development Manager and the Active Lifestyles and Health Manager (a copy of which is appended in the Minute Book) the One Leisure Lifestyles Annual Report 2016/17 was presented to the Panel.

After a brief introduction of the report a Member asked about the high turnover of staff. In response, the Panel was informed that a high number of the jobs are entry points for people, they then leave and go elsewhere. What is hoped is that there are opportunities for those people to re-join the Council at a later date.

In response to a question regarding collaboration with Parish and Town Councils, the Panel was informed that in regards to sports activities the team works with Parish and Town Councils to offer a variety of activities.

Following a question on Health Walks, Members were informed that the Council aims to have a Health Walk with the average participation of around 15 to 20 people. However the problem for the Council is not the number of participants but the number of walk leaders and there is currently a recruitment drive for more walk leaders. Some of the walks are under threat as a result of a decrease in the number of walk leaders.

Members were informed that the service has adopted a new business model to generate additional income streams and support the financial sustainability of the service.

34. OVERVIEW AND SCRUTINY PROGRESS

With the aid of a report by the Democratic Services Officer (Scrutiny) (a copy of which is appended in the Minute Book), the Panel reviewed all the Panel's work programmes since the last meeting.

The Panel noted their decision to establish a task and finish group to refresh and review the Tree Strategy and the associated Action Plan and requested more work on the issue of Air Quality in Huntingdonshire.

Chairman

NOTICE OF EXECUTIVE KEY DECISIONS INCLUDING THOSE TO BE CONSIDERED IN PRIVATE

Prepared by Councillor G J Bull, Executive Leader of the Council
Date of Publication: 12th September 2017
For Period: 1st October 2017 to 31st January 2018

Membership of the Cabinet is as follows:-

Councillor G J Bull	Executive Leader of the Council	Councillor R Fuller	Deputy Executive Leader and Executive Councillor for Housing and Planning
Councillor D Brown	Executive Councillor for Commercial and Shared Services	Councillor J A Gray	Executive Councillor for Strategic Resources
Councillor S Cawley	Executive Councillor for Transformation and Customers	Councillor R Howe	Executive Councillor for Devolution and Growth
Councillor Mrs A Dickinson	Executive Councillor for Community Resilience, Well-Being, and Regulatory Services	Councillor J White	Executive Councillor for Operations

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 the Democratic Services Team on 01480 388169 or E-mail Democratic.Services@huntingdonshire.gov.uk.

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

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 Democratic.Services@huntingdonshire.gov.uk or by contacting the Democratic Services Team. 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.

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	Reasons for the report to be considered in private.	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Annual Review Green Space and Play Provision	Cabinet	12 Oct 2017		Neil Sloper, Head of Operations Tel No. 01480 388635 or email: neil.sloper@huntingdonshire.gov.uk		J White	Communities and Environment
Car Parking Strategy Task and Finish Group - Vision	Cabinet	12 Oct 2017		Neil Sloper, Head of Operations Tel No. 01480 388635 or email: neil.sloper@huntingdonshire.gov.uk		J White	Economy and Growth
Memoranda of Understanding with the Local Enterprise Partnership	Cabinet	12 Oct 2017		Andy Moffat, Head of Development Tel No. 01480 388400 or email: andy.moffat@huntingdonshire.gov.uk		R Howe	Economy and Growth

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Home Improvement Agency Annual Report and Review/Disabled Facilities Grant budget	Cabinet	12 Oct 2017		Caroline Hannon, Housing Strategy Manager 01480 388203 or email: caroline.hannon@huntingdonshire.gov.uk		R Fuller	Communities and Environment
Business Rates - Discretionary Revaluation Relief Policy	Cabinet	12 Oct 2017		John Taylor, Head of Customer Services Tel No. 01480 388119 or email john.taylor@huntingdonshire.gov.uk		J A Gray	Economy and Growth
Homelessness Strategy	Cabinet	12 Oct 2017		John Taylor, Head of Customer Services Tel No. 01480 388119 or email: john.taylor@huntingdonshire.gov.uk		R Fuller	Communities and Environment
Site Disposal - A##	Cabinet	12 Oct 2017		Frank Mastrandrea, Policy and Enabling Officer Tel No. 01480 388208 or email: frank.mastrandrea@huntingdonshire.gov.uk		J A Gray	Performance and Customers
Godmanchester Neighbourhood Plan Examination Outcome and Progression to Referendum	Cabinet	12 Oct 2017		Jacob Jaarsma, Planning Services Manager (Development Management) Tel. No. 01480 388432 or email: james.campbell@huntingdonshire.gov.uk		R Fuller	Economy and Growth
Site Disposal - B###**	Cabinet	12 Oct 2017		Colin Luscombe, Estates Strategic Assessment Tel No. 01480 388728 or email: colin.luscombe@huntingdonshire.gov.uk		J A Gray	Performance and Customers
Small Land Sales Policy***	Cabinet	12 Oct 2017		Clive Mason, Head of Resources Tel No. 01480 388157 or email: clive.mason@huntingdonshire.gov.uk		J A Gray	Performance and Customers

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Commercial Investment Strategy: Business Plan Review***	Cabinet	16 Nov 2017		Clive Mason, Head of Resources Tel No. 01480 388157 or email: clive.mason@huntingdonshire.gov.uk		J A Gray	Performance and Customers
Treasury Management 6 Month Performance Review	Cabinet	16 Nov 2017		Clive Mason, Head of Resources Tel No. 01480 388157 or email: clive.mason@huntingdonshire.gov.uk		J A Gray	Performance and Customers
Asset Disposals##	Cabinet	16 Nov 2017		Clive Mason, Head of Resources Tel No 01480 388157 or email clive.mason@huntingdonshire.gov.uk		J A Gray	Performance and Customers
Growth and Infrastructure Group Terms of Reference	Cabinet	16 Nov 2017		Clara Kerr, Planning Services Manager Tel No. 01480 388430 or email: clara.kerr@huntingdonshire.gov.uk		R Fuller	Economy and Growth
Approval of Council Tax Base 2017/18	Section 151 Officer	1 Dec 2017		Clive Mason, Head of Resources Tel No. 01480 388157 or email: clive.mason@huntingdonshire.gov.uk		J A Gray	Performance and Customers
Corporate Enforcement Policy	Cabinet	14 Dec 2017		Chris Stopford, Head of Community Tel No. 01480 388280 or email: chris.stopford@huntingdonshire.gov.uk		A Dickinson	Communities and Environment
Local Plan: Proposed Submission Consultation	Cabinet	14 Dec 2017		Clara Kerr, Planning Services Manager Tel No. 01480 388430 or email: clara.kerr@hutingdonshire.gov.uk		R Fuller	Economy and Growth
Review of Fees and Charges***	Cabinet	14 Dec 2017		Adrian Forth, Finance Manager Tel No. 01480 388605 or email: adrian.forth@huntingdonshire.gov.uk		J A Gray	Performance and Customers
Business Case for CCTV Commercialisation##* **	Cabinet	18 Jan 2018		Chris Stopford, Head of Community Tel No. 01480 388280 or email: chris.stopford@huntingdonshire.gov.uk		D Brown	Performance and Customers

Overview and Scrutiny Panel (Communities and Environment)	
3 October 2017	PUBLIC REPORT

Report of:	North West Anglia NHS Foundation Trust	
Contact Officer(s):	Stephen Graves, Chief Executive Officer	Tel. 01733 677953

UPDATE ON THE HINCHINGBROOKE HEALTH CARE NHS TRUST AND PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST MERGER

R E C O M M E N D A T I O N S	
FROM: North West Anglia NHS Foundation Trust	Deadline date: not applicable
It is recommended that the Overview & Scrutiny Panel (Communities and Environment) 1. Note the progress with the formation of North West Anglia NHS Foundation Trust 2. Note those services identified during the merger as fragile and needing support 3. Support the resolution of these services for the local population	

1.	ORIGIN OF REPORT							
1.1	This report is submitted to the Board following their request for an update on the merger.							
2.	PURPOSE AND REASON FOR REPORT							
2.1	The purpose of this report is to brief the Board on (a) the outcome of the merger and current responsibilities; (b) key issues identified in the approved business case for the merger in terms of services and supporting requirements; (c) current key operational issues.							
2.2	This report is for the Board to consider.							
3.	TIMESCALES							
	<table><tr><td>Is this a Major Policy Item/Statutory Plan?</td><td>NO</td><td>If yes, date for Cabinet meeting</td><td></td></tr></table>				Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting						
4.	BACKGROUND AND KEY ISSUES							
4.1	<u>Merger Outcome</u> As the Overview and Scrutiny Panel will be aware following consultation on the business case to merge Hinchingsbrooke Health Care NHS Trust and Peterborough and Stamford Hospitals							

	NHS Foundation Trust, formal approval was granted and North West Anglia NHS Foundation Trust was formed on the 1 April 2017. Due to Hinchingsbrooke's status as an NHS Trust, the merger took the form of an acquisition and all staff from Hinchingsbrooke were transferred to the new organisation to join those from Peterborough and Stamford Hospitals. The Board of Directors including two of the four non-executive directors from Hinchingsbrooke Health Care NHS Trust has been formed with monthly public meetings in place. These rotate across the trust's three main sites (Hinchingsbrooke, Peterborough and Stamford). Elections to the Council of Governors were held prior to the merger and has membership to represent the areas of Huntingdon, Peterborough and Stamford as well as the three sites above. Corporate service structures were consulted on with affected staff prior to the merger, with these structures in place on 1 April 2017. There are plans to achieve £9m savings from the back office functions of which £4m have been achieved to date against a plan of £9m. Whilst 81 posts have been removed, only 14 redundancies have occurred to date. Consultation and final structures for the clinical services were delayed to ensure that these could be safely managed within appropriate timescales rather than happen on the actual merger date. Three new clinical divisions came into operation on 3 July 2017 replacing the 2 divisions at Hinchingsbrooke and the 4 clinical directorates at Peterborough and Stamford. Appointments were made to the Divisional Director, Divisional General Manager and Divisional Head of Nursing for each division – Emergency & Medicine; Surgery; Family and Integrated Support Services. The consultation for the structures supporting these key appointments commenced on 15 August 2017. This affects approximately 30 posts although it is worth noting there are more posts available than staff members currently part of the consultation as a result of some vacant positions being held open.. The importance of strong clinical leadership has also been recognised with Dr Suzanne Hamilton appointed as Deputy Medical Director and Mr Mike Lumb appointed to the role of Chief Clinical Information Officer – which will help to ensure our IT developments support our clinicians in performing their roles in treating patients. In addition, two associate medical directors have been appointed – one to oversee clinical effectiveness and the other to focus on Human Factors, which is a ground breaking role that will study patient safety and quality improvements. Dr Rege (Medical Director) has also asked a number of consultants to expand their existing roles to take on responsibility, part-time, as leads for trauma, organ donation, education and medical appraisals. Finally, Professor Rupert Bourne, a consultant ophthalmologist at Hinchingsbrooke Hospital, has been appointed to the new role of Research and Development Director. These structures are shown in the attached annex 1. The Trust runs an Implementation Board with representation from NHS Improvement and the local CCG to ensure that delivery against the following work streams continues: ■ clinical integration ■ organisation integration ■ estates ■ ICT ■ finance These are addressed below.
4.2	<u>Clinical integration</u> Services are being maintained on the sites as they were prior to the merger; however work is

being undertaken to ensure that the clinical teams across the Trust work to the same pathways and adopt best practice. In addition clinical leadership arrangements are being enhanced so that there will be a single cross-site clinical leadership structure. This will be implemented over the autumn. Specific attention is being given to the six priority services that were identified in the Full Business Case:

- stroke
- emergency department
- diagnostic imaging
- cardiology
- respiratory medicine
- clinical haematology

Stroke: Agreement has been reached through the STP which confirms Peterborough City Hospital's status as a hyper acute stroke unit. The Trust is now working through options to enhance Hinchingbrooke's stroke rehabilitation services to ensure that they are consistent across the Trust catchment and link well with the community early supported discharge service to be introduced for stroke patients.

Emergency Department: Specific operational support is being provided to Hinchingbrooke Hospital to ensure improvement in delivery – this is also being reviewed with NHS Improvement and the local A&E Delivery Board. In particular, the Trust has introduced the role of Advanced Care Practitioners at Hinchingbrooke to support the A&E department since their advanced clinical skills have proven to be effective at Peterborough City Hospital. As well as providing local services for well-functioning ED at Hinchingbrooke, this also relieves the pressure on the PCH ED. More work is required to develop a sustainable clinical model as set out in the STP.

Diagnostic Imaging: The merger of the two organisations means that plans have been agreed for the phased introduction of the same PACS (Picture Archive and Communication System) for images across the Trust. This will be rolled out to Peterborough and Stamford in the autumn of 2017 and to Hinchingbrooke in 2018 – the timescale has been aligned to correspond with the replacement of the Patient Administration System at each hospital site. The clinical departments have moved under a single management arrangement.

Cardiology: Services provided to the local population are not the full range of local cardiology sub-specialities due to the proximity of Papworth Hospital. However this impacts on the ability to recruit cardiologists to provide support to the range of our fragile patients who need specific cardiology input as well as non-provision of standard DGH interventional procedures such as PCIs. The move of Papworth to the Cambridge University Hospitals NHS FT site means that patients will have to travel even further for treatment and the need to ensure sustainable services for the population of Peterborough and South Lincolnshire is becoming more urgent.

Respiratory Medicine: We will review pathways with primary care and the community provider to provide more sustainable services for patients in the Peterborough areas with long term respiratory conditions e.g. COPD. This will be developed in line with the system-wide Sustainability and Transformation Programme strategy.

Clinical Haematology: The issue of coverage was resolved by the adoption of a shared rota across both sites prior to the final approval of the merger. An additional consultant appointment has been made, which was made possible by creating the opportunity to work for a single, larger, organisation.

There is still work to be done to recruit fully to these challenged areas but there is encouraging early progress, not just in these areas but in other specialties, such as anaesthesia and critical care.

4.3 Organisation Integration

As noted above the development of our workforce to support our services and patients is key.

	There is a specific medical recruitment board that has been set up on a short term basis to improve and enhance recruitment processes to ensure that staff are attracted to apply and are appointed. In addition a specific focus is being placed on staff grade posts which fall outside the standard consultant career path. Nurse recruitment and retention is also a key element with focus on attracting nurses as they are on their pathway to graduation as well as consideration of overseas recruitment and the development of nursing associate posts. In addition there have been management changes at the Hinchingsbrooke site. However, the importance of consistent and accountable leadership on a daily basis is recognised and Site Manager Nikki Leighton-Davies has moved from her role as general manager at Peterborough City Hospital to manage the daily activity on the Hinchingsbrooke site. In addition, the executive team base themselves at Hinchingsbrooke at least twice a week. As well as recruitment, the Trust also needs to ensure that staff are retained and developed. As part of this work the Trust has recently developed and launched a new set of values based on work previously undertaken across all three sites which links to a new behavioural framework. It is important that all staff are seen to act consistently, equitably and to high standards with patients, the public and each other. It has been shown by research that staff who are able to work well in teams will also work effectively with patients and improve care. This provision of a set of common values is part of the Trust's overall organisational development plan.
4.4	<u>Estates</u> It is important to manage the estate infrastructure well, and there have been developments on all three sites. The planned Strategic Estates Partnership at Hinchingsbrooke has been paused. The first stage was to sell the staff car park at the front of the site for housing and replace the car parking elsewhere. However a bespoke review on behalf of our regulator NHS Improvement and the Trust noted that this was not value for money and the whole site needs to be considered in the context of future health and care services prior to proceeding with any initial developments. In the meantime we have improved the way we use our current estate by redeploying merged teams within corporate services to be based at either at Hinchingsbrooke or Peterborough City Hospitals. Whilst not part of the merger, the Stamford Hospital site redevelopment has been completed with new clinic, phlebotomy and pain management services together with the new MRI facility.
4.5	<u>ICT</u> A significant part of the merger is to ensure that all staff have access to common systems across the Trust. This will mean that a clinician working at Hinchingsbrooke would be able to see details of patients that they had seen on the other sites in the same format and to common standards. Initial phases of this work are: ■ the adoption of a single email system - nhs.net - across the Trust ■ implementation of a new patient administration system ■ adoption at Peterborough of the Symphony system used in the emergency department at Hinchingsbrooke ■ adoption at Hinchingsbrooke of the Theatreman system used at Peterborough ■ implementation of a single (PACS) radiology system across both sites. This is supported by a 10GB data line, now in place between Peterborough City and Hinchingsbrooke Hospitals, which is facilitating the secure sharing of information between sites.

	This extensive programme of change will take two years to complete. In time single electronic document management for health records is expected.
4.6	<u>Finance</u> Whilst these changes are being implemented the Trust also needs to ensure that it continues to deliver its financial duties within its control total. Negotiations with NHS improvement have secured some adjustments to the combined control totals of the two predecessor organisations to take into account an increasing deficit at Hinchingsbrooke, the delay of any benefits from the Strategic Estates Partnership and the need to fund the above programmes of work. However the Trust remains committed to securing the £9m saving benefit of the merger, as well as securing the planned £17m cost improvement requirement.
4.7	<u>Other Service Changes</u> Whilst not related to the merger the Trust has agreed a number of service changes to support the provision of services in agreement with the Cambridgeshire and Peterborough CCG. These are included for completeness: ■ From 1 August 2017 the Trust took responsibility for the management of the pathology laboratory at Hinchingsbrooke which has previously been part of tPP (the Pathology Partnership run by Cambridge University Hospitals NHS FT). This has included the TUPE transfer of 36 staff to the Trust. ■ From 4 September the Trust is taking responsibility for the service delivery of dermatology service at the City Care Centre, outpatient services at Doddington Hospital, the Princess of Wales Hospital in Ely and the radiology services at north Cambridgeshire Hospital in Wisbech. These services were previously provided by Cambridgeshire Community Services and Cambridgeshire and Peterborough FT.
5.	CONSULTATION
5.1	This report provides progress post-merger. A full consultation was undertaken with the public and staff prior to approval.
5.2	In terms of future service changes, if there is the potential to move these between sites this would only be undertaken after consultation and is statutorily led by the CCG. However, service improvements would proceed without consultation to ensure that local patients gain increased benefit, as has been the case with Haematology.
6.	ANTICIPATED OUTCOMES OR IMPACT
6.1	This report has been provided for information
7.	REASON FOR THE RECOMMENDATION
7.1	This report has been provided for information
8.	ALTERNATIVE OPTIONS CONSIDERED
8.1	N/A
9.	IMPLICATIONS
	Financial Implications
9.1	N/A
	Legal Implications

9.2	N/A
	Equalities Implications
9.3	The Board is asked to note that the full business case was subject to equality impact assessment and quality impact assessment processes to ensure that there were no adverse impacts on patients or services.
	System Transformation Plan Implications
9.4	The Board should note that it is expected that service changes will be managed in line with the STP plans to ensure that this aligns with the strategy for health services across Cambridgeshire and Peterborough. For the Trust this is complicated by patients being treated from South Lincolnshire who are part of the Lincolnshire STP.
10.	BACKGROUND DOCUMENTS Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985
10.1	Merger of Hinchingsbrooke Health Care NHS trust and Peterborough and Stamford Hospitals NHS Foundation Trust – Full Business Case. - https://www.nwangliaft.nhs.uk/about-us/trust-publications/
11.	APPENDICES
11.1	<i>Annex 1 – structures</i> The Executive Team  Stephen Graves Chief Executive Caroline Walker Finance Director & Deputy Chief Executive Dr Kanchan Rege Medical Director Jo Bennis Chief Nurse Neil Doverty Chief Operating Officer Joanna Bainbridge Acting Director of Workforce & Organisational Development Jane Pigg Company Secretary The Non-Executive Team



The Council of Governors

Public governors elected in three constituencies:

6 Governors representing Greater Peterborough

Annette Beeton; Dr Robert Wordsworth; Trish Mason; Michael Simmonds; Nicola Hampshaw; Michael Greenhalgh

6 Governors representing Huntingdonshire

Dr Nik Johnson; Dr Jill Challener; Amanda Buckenham; David Marshall; Alan Crouch; Sandy Ferrelly

5 Governors representing South Lincolnshire

Christopher Chew; David Bryars; Sue Prior; Duncan Lawson; David Cooke

Staff governors elected by colleagues to represent staff groups at each of our hospitals:

3 Staff Governors at Peterborough City Hospital

Moira Johnston; John Ellington; Asif Mahmood

3 Staff Governors at Hinchingsbrooke Hospital

Dr Tarang Majmudar; Lorraine Tosh; Kim Graves

1 Staff Governor at Stamford Hospital

Dr Jennine Ratcliffe

Structure for operational divisions

Operational Divisions



Medical Director,
Dr Kanchan Rege to
oversee professional
accountability of
Divisional Directors



Neil Doherty, Chief Operating Officer

Chief Nurse, **Jo Bennis**
to oversee professional
accountability of
Divisional Heads of
Nursing



Division of Emergency & Medicine



Dr Callum Gardner,
Divisional Director

Kay Ruggiero,
Divisional General
Manager



Sue Fenson,
Divisional Head
of Nursing

Departments

Ambulatory Care (ACU)
Cardiology
Diabetes/Endocrinology
Emergency Departments (ED)
Endoscopy / bowel screening
Gastroenterology
Medical Assessment (MAU)
Medicine for older people
Minor Injury Unit (MIU)
Neurology
Renal
Respiratory
Stroke

Division of Surgery



Mr Filippo Difrancia,
Divisional Director

Sarah Noonan,
Divisional General
Manager



Janet Driver,
Divisional Head
of Nursing

Departments

Day Treatment Unit (DTU)
Ear, Nose and Throat (ENT)
General Surgery
Maxillo-facial
MSK, Trauma & Rheumatology
Oncology, Radiotherapy &
Haematology
Ophthalmology
Plastics/Dermatology
Palliative Care
Sterile Services
Surgical Assessment (SAU)
Theatres, Anaesthetics,
Pain & Critical Care
Urology
Vascular

Division of Family & Integrated Support Services



Dr David Woolf,
Divisional Director

Di Lynch,
Divisional General
Manager



Fran Stephens,
Divisional Head
of Nursing/Midwifery

Departments

Breast Services
Children's safeguarding
Gynaecology
Midwives
Obstetrics
Paediatrics & Neonatal Intensive
Care Unit (NICU) (PCH)
Diagnostic Imaging
General Outpatients
Health Records
Pathology
Patient Transport
Pharmacy
Rehabilitation & Therapy Services
Site Management
Transfer of Care

Living Our Values: Our Personal Responsibility Framework (Everyone)

North West Anglia
NHS Foundation Trust

We put patients first	We are caring and compassionate	We work positively together	We are actively respectful	We seek to improve and develop
I demonstrate behaviours that support our values				
I am aware of the impact my role has on patient care	I communicate respectfully, openly and professionally, discussing any issues privately and sensitively	I focus on achievements, strengths and what we can do together to promote a positive and energetic culture	I am patient and considerate of other's needs. I accept diversity and difference	I strive to make a difference, improving myself and the service I provide
I always introduce myself using 'Hello my name is....'	I am kind, treating others in a manner that I would like to be treated	I have the courage to speak up and escalate concerns appropriately	I acknowledge others, make eye contact and smile	I reflect on my work, actively seek feedback from others and learn from my experience
I understand how I contribute to patient safety	I actively listen and seek to understand; accepting the need for different communication styles	I am a team player; interacting, co-operating and willingly offering help. I show appreciation for the contribution of others	I am aware of my impact on others and act on feedback	I suggest improvements, support others ideas and I am open to new ways or working
I ensure that patients are central to care decisions	I try to see things from the perspective of others	I promote success stories. I take pride and speak highly of who we are, and what we do	I ask patients and colleagues how they would like to be addressed	I demonstrate a can do attitude and proactively look for solutions
I treat patients as individuals	I am approachable and make myself available for patients and colleagues	I am professional and competent in my approach, and act as a role model	I have the courage to challenge and question inappropriate behaviours	I am open, honest, admit my mistakes and say sorry when appropriate
I work in partnership with our wider community for the benefit of our patients	I treat people as though they matter	I use our resources responsibly, minimising waste and duplication wherever possible	I do what I say I'm going to do	I am flexible and willing to adapt or change my ways of working when needed
I treat patients with respect and protect their dignity	I show compassion for others	I am committed; managing my own attitude and behaviour	I am aware of my body language	I view our services through the eyes of our patients

Living Our Values: Our Personal Responsibility Framework (Team Leaders/Managers/Specialists)

We put patients first	We are caring and compassionate	We work positively together	We are actively respectful	We seek to improve and develop
I lead others through my specialist knowledge or by supervising/managing a team and role model behaviours that support our values				
I ensure that every member of my team is aware of the impact their role has on patient care	I consistently act in a positive inclusive manner and value all staff as individuals	I listen to others views and consider these when making decisions	I see all team members as individuals and seek to treat them all fairly	I value team members development, I seek to understand their aspirations, needs and limitations
I encourage others to prioritise patients' needs	I address and manage behaviours that do not value others	I trust others expertise and experience to be able to fulfil their job role	I thank staff for their efforts, show appreciation and use positive language	I explain and involve staff in changes that affect them
I use patient feedback to improve our services	I notice negative or unsettling emotions in the team and act to put the situation right	I seek feedback to ensure my communication demonstrates respect	I actively listen and seek to understand views which are different to mine	I foster an environment where people can learn from their mistakes, identify and seek development
I make sure I am visible and available to patients, visitors and my staff	I demonstrate that the health and wellbeing of my team are important to me	I display open, honest and transparent behaviour	I communicate openly, respectfully and professionally	I will give staff the space and freedom to be creative
I ensure all safety and quality procedures are understood and followed	I 'read' others, and act with appropriate empathy, especially when they are different from me	I acknowledge skills and previous experience that may be valuable for the team	I foster an environment where staff can express their opinions and feel these are considered	I feedback regularly to allow staff to see their part in the organisations success

Living Our Values – Our Personal Responsibility Framework (Expert/Department Lead/Strategic Leader)

 We put patients first	 We are caring and compassionate	 We work positively together	 We are actively respectful	 We seek to improve and develop
I lead others at a dept/service or organisational level through expert knowledge and role model behaviours that support our values				
I ensure patients are central to every decision made at all levels, and support colleagues to see the wider meaning in what they do	As a senior staff member, I act as an exemplary role model behaving in manner that consistently values others	I support a culture where others expertise and experience are valued and trusted	I consistently display open, honest and transparent behaviour	I seek and share knowledge to advise the organisation on best practice, and promote the learning of new approaches and techniques
I help create a culture where concerns can be raised without fear of reprisals	I help create a working environment where people feel cared for and supported	I create a common purpose to unite my team and enable them to work seamlessly together to deliver it	I am approachable and address everyone with courtesy	I actively encourage and support a learning environment
I create a safe environment by allocating the right resources in the right places	I care for my own physical and mental wellbeing so that I create a positive atmosphere for my team and service users	I do not shy away from doing what I know is right "What I allow, I promote"	I champion diversity and seek to ensure all staff are fairly represented	I develop others through succession planning and talent management
I inspire others in tough times by helping them to focus on the value of their contribution	I take positive action for the physical and mental wellbeing of my colleagues	I stand up and support my staff and colleagues in difficult situations	I address long standing issues even if this may be controversial	I listen to patients, visitors and staff in order to understand the impact our decisions have on them

MEETING: HUNTS SCRUTINY COMMITTEE

AGENDA ITEM:

DATE: 3 OCTOBER 2017

TITLE: CHILDREN AND YOUNG PEOPLE EMOTIONAL HEALTH AND WELLBEING

**FROM: LEE MILLER
HEAD OF TRANSFORMATION AND COMMISSIONING (CHILDREN AND MATERNITY)**

1 ISSUE

This paper is for information and discussion. It outlines the current services and issues in Child and Adolescent Mental Health Services (CAMHS), identifies what has already taken place to address the issues, and highlights future plans.

2 KEY POINTS

The report outlines the progress on a wide range of projects which have come from our Local CAMHS Transformation Plan. There has been considerable progress and work will continue over the next three years to continue to meet the challenges ahead.

3 RECOMMENDATION

The Committee is asked to note the report.

4 REASON FOR RECOMMENDATION

CAMHS is a high profile area because of recent concerns and additional funding for Emotional Health and Wellbeing Services. It is important that Committee members are fully up to date on the issues and how they are being dealt with in Cambridgeshire and Peterborough.

5 BACKGROUND INFORMATION

- Waiting times in specialist Child and Adolescent Mental Health Services (CAMHS) have been up to one year.
- Waiting lists were closed temporarily for Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals where there are no associated urgent mental health needs.
- CAMHS emergency assessments in Emergency Department settings have increased significantly in recent years.
- Additional funding is now available to increase access to CAMHS.

6 KEY DEVELOPMENTS AND PROGRESS

Commissioning

For the past two years, commissioning for Children and Young People's Emotional Health and Wellbeing has been the responsibility of the Joint Commissioning Unit covering Peterborough City Council, Cambridgeshire County Council, and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and led by Wendi Ogle-Welbourn. This has meant that the three organisations have been able to use their resources flexibly to meet the needs of children and young people.

The key principles underpinning recent work are:

- Integration of NHS and local authority services
- Shift of resource from specialist to early intervention
- Increase in numbers accessing services
- Effective use of resources.

Prevention

Mental Health Awareness and Training in Schools

1. Mental health awareness workshops in schools

So far mental health awareness sessions have taken place in 11 schools and are booked for seven other schools. Across the 11 schools a total of 821 students have engaged in the workshops to date. These sessions aim to challenge stigma and build understanding of mental health

2. Training for teachers enabling them to deliver Stress LESS lessons to pupils

The Stress LESS workshops for teachers include training school staff to deliver the 'Stress LESS' early intervention/prevention programme and also equipping them to respond appropriately to students in mental distress (including self-harm and suicide prevention). Six workshops are being delivered across Cambridgeshire and Peterborough and this equates to 90 staff trained. Starter packs and resources are made available to schools as well as an innovation fund for students to develop and produce bespoke resources for their school where they have identified that there is a prevalent issue that needs to be addressed amongst their peers.

3. Mental health training for teaching staff and other professionals

Mental health training is available for free for all teaching staff and other professionals working with young people. This training ranges from specific workshops and e-learning for schools to an 11-day CAMH foundation course, as well as more specific short courses on e.g. self-harm. As of December 2016 one-hour mental health briefings, building a basic awareness and understanding of mental health, had been delivered in 27 schools. This is a rolling programme that has been delivered over several years. A further two schools have undertaken a new one-day Youth Mental Health Awareness course. This equated to 920 people receiving training.

No additional update, although there is funding available for which schools can bid and we are working closely with them to ensure their proposals fit with other developments and services. Cambridge United Football Club has also identified funds to undertake preventative work in the community. We are ensuring that they are linked with key professionals who can help them with their planning.

Preventative work in schools

Every school will deal with mental health differently in terms of the support they choose to put in place and what they include in their overarching Personal, Social, and Health Education

(PSHE) programme. However, it should be noted that at the current time, PSHE is not a statutory requirement so is not always delivered at specifically allocated times.

Information provided by schools indicates that an increasing number of secondary schools are providing counselling sessions. Some are purchased externally and some delivered internally by school based trained staff. Some examples of good practice include the following; the names of the schools have been removed:

- The school holds a weekly 'pre-early help' meeting to identify any students who may be heading towards needing additional support.
- Provision of regular sessions for young people around body image/healthy eating, using resources from 'Dove' Self-Esteem project - quite a number of schools utilise these resources. One school feels the work has been so successful that it is looking at developing a peer education programme to support this.
- Individual staff in one school have been trained in mental health support for children with Special Educational Needs and Disability (SEND).
- Provision of the 'Be Kind' programme: to promote kindness, reduce bullying, and increase positivity thus aiming to improve the overall mental health and wellbeing of students.
- Primary schools are encouraged to adopt the Cambridgeshire Personal Development programme, with the majority buying into this. There are units of work linked to all areas of health and wellbeing in its broadest sense. This includes some particularly good information around understanding and managing emotions and around coping with loss and change.

Communication/information

CAMHS transformation funding has also been invested in a local website: www.keep-your-head.com

The website is intended to be used as the local 'go to' site for all matters regarding emotional health and wellbeing for children and young people. There are tabs for professionals, young people, and parents, with links to information from self-help to specialist services.

The website was very well received at a recent GP training event led by the CCG Clinical Lead for CAMHS, Dr Becky Jones, and its success has led to plans to develop a similar site for adult mental health services.

Parent Support

Pinpoint (Cambridgeshire) and Family Voice (Peterborough) have been funded to deliver parent support sessions and groups to provide additional support for parents of children with emotional wellbeing needs. Sessions are on different themes, such as ADHD, and often involve input from specialist clinicians able to answer questions to help parents understand how best to support their children

Young people engagement

Healthwatch (Peterborough and Cambridgeshire) have been funded over the past two years to employ a young people's engagement worker to enable input in all areas of service development and ensure that all new priority areas can benefit from the input of children and young people

Working collaboratively with Peterborough Regional College, Healthwatch Peterborough developed a range of questions to gain an insight into a local young person's perspective on mental health. They were also keen to understand those who work closely with young people and as part of the work asked the college staff a range of questions. The survey was promoted from March to May 2015.

A total of 584 students and 265 staff participated in the study. The report covers young people between the ages of 16-25 years.

Published in 2016 after consultation with the college, the report highlighted key areas young people found to affect their mental health, such as money, exam stress, and sleep. This intelligence can provide a foundation for future work to ensure there is adequate support in these areas. The college has reviewed the report and will use the findings to identify where they can use it to build recommendations into their Equality, Diversity, and Inclusion action plan. It has also been shared with Cambridgeshire and Peterborough CCG to be used in developing the children's Emotional Wellbeing Service redesign.

A copy of the report is available on Healthwatch Peterborough's website at www.healthwatchpeterborough.co.uk

The report found that depression was noted as the most common condition relating to mental health, by both the students and staff.

In addition through 2016-17, Healthwatch Peterborough and Healthwatch Cambridgeshire worked together on 'Being Happy Being Me', a report into young people's mental health. In it, young people told them what they thought about the language that is used to describe mental health, what their experiences of services had been, and how they would like to get help if they need it.

The project was funded by Peterborough City Council, Cambridgeshire County Council, and Cambridgeshire and Peterborough CCG.

A copy of the 'Being Happy Being Me' report is also available to download from Healthwatch Peterborough website.

Early intervention

A range of services is commissioned by Peterborough City Council and the CCG through the Joint Commissioning Unit to provide early help for children and families:

1. 3Ts and 3Ts Plus provided by Drinksense - commissioned by the local authority. Trust, Talk, Take Action counselling service for young people aged 11-17 years. 3Ts is a talking therapies project to help and support young people to deal with, and cope with, issues that are having a negative impact on their emotional health and wellbeing. 3Ts Plus offers support for parents to help them understand and deal with their child(ren) if they are experiencing mental health and emotional wellbeing issues. 3Ts Plus is available to parents whose child is receiving support separately through 3Ts and provides support through 1:1 support, telephone support, group sessions with other parents who are facing similar experiences, and whole family support when needed.
2. YMCA - provides a range of services including counselling and play therapy. Not commissioned through the local authority but packages of support are available for schools to purchase independently.
3. Through CAMHS Vanguard funding, two drop in services have been set up in Huntingdon and Peterborough to work with Young People in Mental Health crisis, linking closely to the First Response Service. Funding has now been extended for a further six months. Information on the Peterborough service is provided at Appendix 1.
4. Xenzone has been commissioned to provide online counselling in Cambridgeshire and Peterborough via www.kooth.com. This is an open access service, which offers one off consultations, a series of online counselling sessions, and moderated forums on specific topics to any person aged 11-25 years in Peterborough or Cambridgeshire. The service offers an alternative option for those young people who feel more able to access help online rather than via face-to-face services. A locally based worker is currently visiting schools and GP practices to publicise the work of Kooth and a publicity campaign is underway. The service will be evaluated for effectiveness and value for

money in late 2017. Numbers of registrations for Kooth rose significantly in the first quarter of 2017 (April–June), with an average of 150 new registrations per month, mainly as a result of increased publicity. Most popular elements of the service used are ‘Message and chat counselling’ and ‘Self-help’ resources. There has been good anecdotal feedback from professionals, particularly schools, about the service. Keep Your Head Website: provides up-to-date information on emotional health and wellbeing. The website is funded through Cambridgeshire and Peterborough CCG and is maintained by Public Health.

5. School nurse: screening and health promotion service. Drop-in sessions to discuss physical and mental health. Short interventions with young people when capacity allows.
6. Project for Schools (currently primary schools only). Three community psychiatric nurses who can be contacted directly by schools for information and advice. Commissioned by the local authority. Will conduct an observation on a student and follow up with report and recommended actions for the school. Also provide training to school staff to increase knowledge, understanding, and skill set of school based staff.
7. Firebreak: targeted programme for identified groups of students to improve self-esteem. Intensive week-long programme promoting safety, teamwork, citizenship, and life skills whilst undertaking the various disciplines of the fire service. Delivered by the fire service. A set number of programmes have been purchased by the local authority.
8. Targeted girls and targeted boys group. Eight-week programme, meeting once per week. Young people invited to attend, with the aim to build confidence, self-esteem, safety awareness, resilience, and engagement in positive activities. Provided by the Peterborough City Council Youth In Localities team.
9. Targeted summer programme: two programmes, each two weeks long, delivered over the school summer holiday for targeted adolescents in the Troubled Families Cohort. Particular emphasis placed on continuing engagement with education and reduction in anti-social behaviour/criminality. Provided by the Peterborough City Council Youth In Localities team.
10. Adolescent Intervention Service (AIS): dedicated 1:1 worker funded by the local authority to provide support to a young person and family in a variety of settings and situations. The planned intervention is time limited and progressive. AIS worker will attend and give a steer to TAC’s to ensure SMART actions are agreed and delivered.
11. School based youth worker: one-to-one sessions. Sessions usually held in school between youth worker and young person. Sessions will use teen star to determine wishes and feelings and establish what, if any, support is needed. One-to-one sessions may be provided for a short period of planned intervention to build confidence and self-esteem and resilience. Funded by the local authority.
12. Change, Grow, Live (CGL) - POW (Possibilities, Opportunities, Without taking risk): young people’s drug and alcohol service offering advice and support as well as tailor-made treatment. Support and treatment for families and children affected by parental substance misuse.
13. Froglife: Green Pathways project for 5-18 year olds. Usually 10 sessions. Supports youngsters with difficulties working towards six outcomes: 1. increase confidence; 2. improve social skills; 3. increase positive behaviour; 4. improve knowledge of the environment; 5. increase enjoyment of the outdoors; 6. improve transferrable conservation skills

Emotional health and Wellbeing Workers

Specialist CAMH workers – one per local authority district and two in Peterborough - will be employed to work with local services, such as schools and primary care services, to provide advice, consultation, training, and support in order to build skills and confidence in those working with children and young people with mental health problems. They will work closely with the Local Authority Early Help teams and be based in the districts. Recruitment for these posts has been problematic, but Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS), who provide the

service, now have the majority of posts filled and are looking to begin the new service in the autumn term.

Eating disorders

- A new specialist community based intensive intervention team has been in place from January 2017.
- The service is based in Huntingdon but will cover the whole CCG area.
- The service will work with up to 100 young people and families per year.
- Waiting time targets are four weeks (routine) and one week (urgent).

ASD/ADHD

- New service commissioned from CPFT for ASD (11-17 year olds in Cambridgeshire), where previously there was a gap, and for additional ADHD resource in Peterborough.
- Parent training programmes have been commissioned in Peterborough as part of the pathway to ensure that there is adequate capacity to support parents at an early stage.
- Waiting times for specialist assessments are largely below 18 weeks. Additional staffing will be in post in September, when it is expected that 18 week targets will be met.
- Total numbers across Cambridgeshire and Peterborough waiting for assessment have been reduced from 242 in April to 176 in June.

Core CAMHS

Core CAMHS waiting times remain below 18 weeks despite numbers of referrals increasing in recent months, with less than 10% waiting for more than 12 weeks. The Choice and Partnership Approach (CAPA), which is a demand and capacity approach, has been implemented in Peterborough with positive effects and is now being rolled out across Huntingdon and Cambridge.

Crisis assessment/support

A temporary model to support young people in mental health crisis has now been agreed. This focuses on having CAMHS professionals embedded within the First Response Service, which is accessed via NHS 111 option 2, to cover emergency assessments during evening times and also to provide specialist telephone triage. CPFT is leading on developing longer term sustainable plans for crisis and emergency services. Two new crisis staff have been employed, on six month contracts initially, to increase capacity to enable evening assessments to take place. They will work closely with the First Response Service. A proposed new model has been drafted but is unlikely to be in place before January 2018 as it will involve staff consultation and additional recruitment.

Transitions from Children's to Adult Mental health services

A review of services highlighted that there were gaps in provision for 17 year olds, with CAMHS finishing at the seventeenth birthday and adult services thresholds being considerably higher. There was a lack of continuity in provision. Parents and young people described how they felt that the difference in levels of service provision was like 'falling off a cliff' on moving from children's to adult services.

Additional resource has been allocated for this group and additional provision will be in place in autumn 2017.

Under new arrangements, both adult services and CAMHS will work with 17 year olds and use the whole year for 'transition' to adult services. To enable this, a number of transition workers will be employed by CPFT alongside peer support workers who will take on a more informal support role with 17 year olds.

Workforce

Recruitment and retention of staff is a significant issue both nationally and locally. We have allocated some resource for 2017/18 to develop our local workforce. An implementation plan is currently in development, but is likely to include conversion of existing 'children's' staff and specific training

Access targets

NHS England has confirmed specific targets in relation to our CAMHS transformation funding. CCG funded services are expected to provide treatment to 35% of all children with a mental health disorder by 2020. Our baseline shows that we have significant improvement to make to achieve that target. Work is underway with providers to agree trajectories to meet our interim targets.

Targets have now been agreed with the majority of providers for 2017. We have a 2017/18 interim target of 19%

THRIVE

Cambridgeshire and Peterborough continues to be an NHS accelerator site for THRIVE: <http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/>

We are using the framework to help shape our redesign of children's services across local authority and CCG commissioned services.

Work continues to embed the THRIVE principles in our work across all stakeholders and in particular to develop a common framework and language to build integrated children's services.

7 FUTURE PRIORITIES AND PLANS

Work is underway on a number of priorities:

- **Developing a single front door for emotional wellbeing services.** Local authority support is ongoing. This work aims to ensure that referrals do not have to be made separately to individual services but referrals will go through a central route, which means that they can be considered for a wide range of NHS, local authority, and third sector provision dependent on need. This will remove the need for multiple referrals and make the journey through the system much easier to navigate for both referrers and families.
- **Refresh of Local CAMHS Transformation Plan.** This is due to be completed in October 2017 and will detail our plans for the forthcoming year.
- **Looked after children.** A working group is in place to develop proposals for provision to best support looked after children with emotional health needs. This group will report back in October 2017.
- **Counselling.** A joint procurement of youth counselling services, by Peterborough City Council, Cambridgeshire County Council, and Cambridgeshire and Peterborough CCG, is underway, with a single lead provider due to be in place from January 2018. The procurement is being led by Peterborough City Council and aims to provide increased consistency, improved efficiency, and effectiveness across Cambridgeshire and Peterborough. Increased funding has been invested in current providers and will continue as part of the newly procured service.

Measuring impact

All commissioned services are measured through regular contract monitoring conducted by staff in the commissioning service. This will be through regular reports and contractor

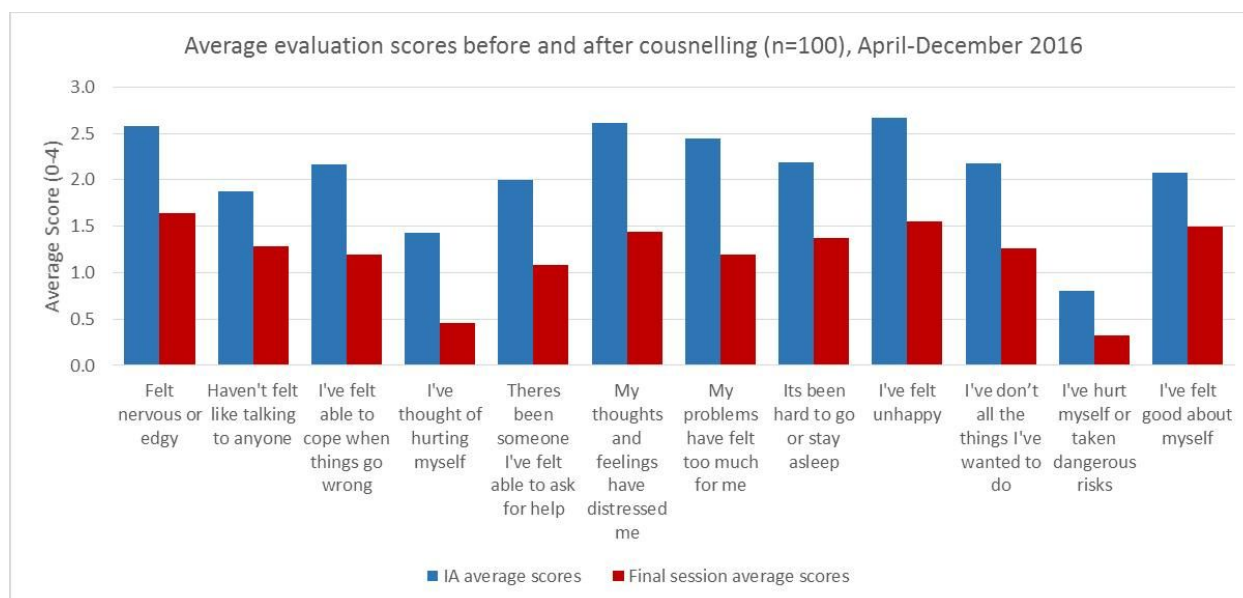
meetings. There will also be an expectation that provider reports include evidence of feedback from young people/family.

Commissioned services accessed through one of the three Multi-Agency Support Group (MASG) panels will also be monitored by that group of multi-agency professionals throughout the time the case is being supported by the panel.

The use of Outcome Star is actively promoted in Peterborough as a distance measured and change management tool. Both local authority employed staff and commissioned services are encouraged to use this or similar tools to measure and monitor impact.

All young people experiencing mental health issues on whom an Early Help Assessment has been opened will be tracked and monitored for significant and sustained progress through the Peterborough City Council Early Help Service as part of our Connecting Families programme - the local name for delivery of the national Troubled Families agenda.

Outcomes from current providers of counselling services are provided below. The results are ranked in such a way that the highest scores indicate greatest risk or distress levels, and the lowest scores indicate no risk or distress level, therefore a lower score at the last session is a positive outcome.



8 CONCLUSION

There has been a considerable amount of progress in improving services for children and young people with mental health problems, but there is still much work to do. This report highlights the areas of progress, but also the challenges still to face.

Author **Lee Miller**
Head of Transformation and Commissioning (Children and maternity)
1 September 2017

Agenda Item 6

Agenda Item No: xx

To: **Huntingdonshire District Council Overview & Scrutiny Panel (Communities & Environment)**

Meeting Date: **04 July 2017**

From: **Sustainability & Transformation Plan (STP) Update Report**

Presented By:

Joel Harrison, Finance, Analytics & Evaluation Director
Cambridgeshire & Peterborough System Delivery Unit

Aidan Fallon, Head of Communication & Engagement
Cambridgeshire & Peterborough System Delivery Unit

On behalf of:

Scott Haldane, Interim Executive Programme Director,
Cambridgeshire & Peterborough System Delivery Unit

Recommendations: **The Overview & Scrutiny Panel is asked to comment upon and note this update report**

<i>Officer contact:</i>	
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1. PURPOSE

- 1.1 The purpose of this report is to update the Overview & Scrutiny Panel on progress relating to the Cambridgeshire & Peterborough Sustainability and Transformation Plan (STP).

2 BACKGROUND

- 2.1 The Cambridgeshire and Peterborough health system faces significant challenges due to:

- the health and care needs of our rapidly growing, increasingly elderly population;
- significant health inequalities, including the health and wellbeing challenges of diverse ethnic communities;
- workforce shortages including recruitment and retention in general practice;
- quality shortcomings and inconsistent operational performance; and
- financial challenges which exceed those of any other STP area in England on a per capita basis, such that by 2021 we expect our collective NHS deficit, if we do nothing, to be £504m.

- 2.2 In order to address these challenges, the NHS (including general practice) and local government came together in 2016 to develop a five-year Sustainability and Transformation Plan (STP) to improve the health and care of our local population and bring the system back into financial balance. The STP can be found at [Cambridgeshire & Peterborough STP](#) and, in essence, seeks to do the following:

- deliver a shift from reactive to proactive care, with a holistic approach to care planning, coordination, and delivery that empowers people to take as much control of their care as possible. This approach aims to manage the growth in demand for services through better prevention, self-management, re-enablement and intensive management of rising risk and high risk people;
- deliver care pathway changes, standardised care and reduced variation to maximise quality and minimise unit costs through, for example, improved clinical networks, reduced Length of Stay in hospital and staff skill mix;
- deliver knowledge sharing, breaking down organisational and setting boundaries;
- close the under-funding gap as quickly as possible and maximising income growth;
- reduce overheads within and across the health and care system by, for example, managing our Estate more effectively, maximising joint procurement across health and other public sector organisations, and integrating organisations and functions;
- use technology to improve modes of interaction/intervention; and
- mobilise collective efforts across the County's NHS and public sector bodies to leverage the 'Cambridge research' brand and the Cambridgeshire and Peterborough-wide education and business offer to attract investment and make new partnerships, in line with on-going devolution.

- 2.3 To enable us to deliver the best care we can, we have agreed a unifying ambition for health and care in Cambridgeshire and Peterborough. This is to develop the beneficial behaviours of an 'Accountable Care System' by acting as one system, jointly accountable for improving our population's health and wellbeing, outcomes, and experience, within a defined financial envelope.
- 2.4 Through discussion with our staff, patients, carers, and partners, we have articulated four priorities for change and we have also developed a 10-point plan to deliver these priorities, as set out below and illustrated at Annex 1.

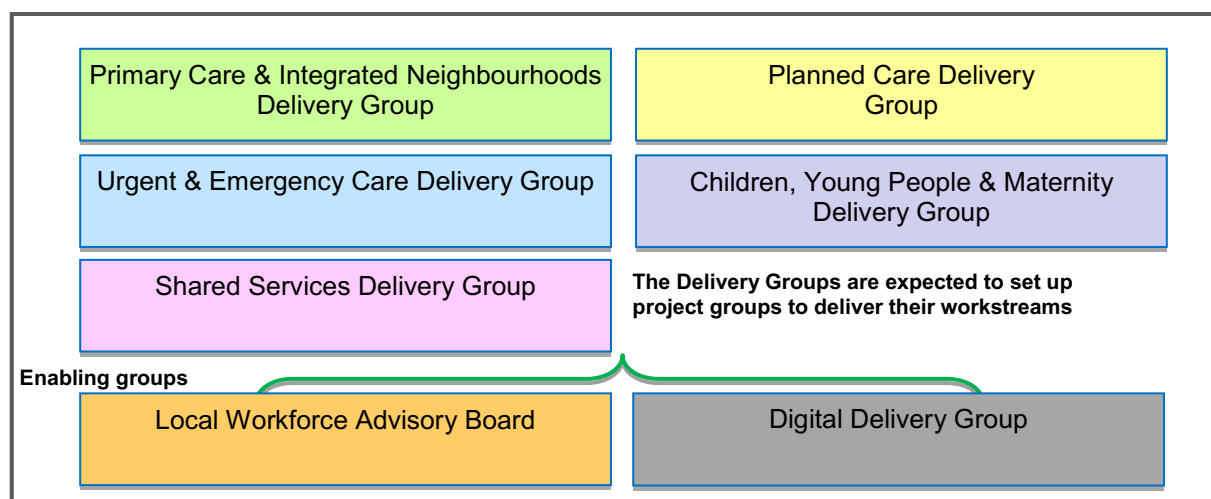
Priorities for change	10-point plan
At home is best	1. People powered health and wellbeing 2. Neighbourhood care hubs
Safe and effective hospital care, when needed	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
We're only sustainable together	6. Partnership working
Supported delivery	7. A culture of learning as a system 8. Workforce: growing our own 9. Using our land and buildings better 10. Using technology to modernise health

- 2.5 The STP also addresses the system-wide financial challenge of £504m over the next four years. It estimates the need to invest £43m to improve services over these four years, which increases the total system-wide financial challenge to £547m.

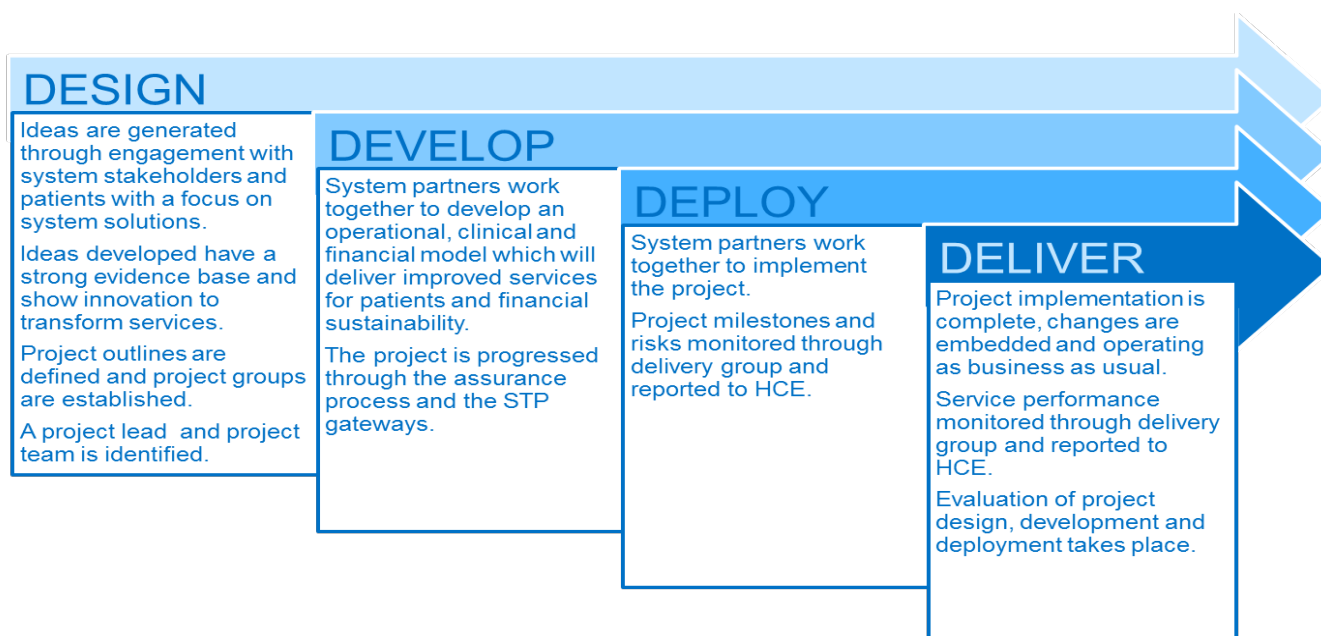
3.0 STP DELIVERY PROGRAMME

- 3.1 We have moved from STP development to delivery. We have put in place *Fit for the Future* (STP) programme arrangements, with a delivery governance structure to ensure effective implementation and this is illustrated at Annex 2, with an explanation of the purpose of each Group provided at Annex 3.
- 3.2 The Panel is asked to note that the Programmes governance arrangements have undergone a recent review to ensure that they continue to be fit for purpose and a number of changes have been agreed but are still to be implemented, including the establishment of an STP Board and Stakeholder Group.
- 3.3 The programme has, at its core, seven Delivery Groups, each one responsible to Accountable Officers who are Chief Executive Officers from across the health and social care system, as set out below.

Fit for the Future (STP) Delivery Groups



- 3.4 The Delivery Groups cover clinical services, workforce and support services and are designed to encourage system-wide working and to allow for patient-led care to be at the forefront of everything we do. Membership includes clinicians from organisations across the system as well as patient and public representation.
- 3.5 Improvement Project Groups have been established within each Delivery Group to take forward specific aspects of work and, again, these groups include/will include clinical membership and patient and public representation.
- 3.6 We have established a clear and consistent structure to frame the various processes across the STP to ensure appropriate accountability across the 'lifecycle' of each STP Improvement Project, as set out below. Over 30 projects are currently 'live' across one or other of the four stages of the STP programme cycle.



- 3.7 It is important to bear in mind that STP delivery will take place over several years and we are seeking to ensure a good balance of pace that will deliver

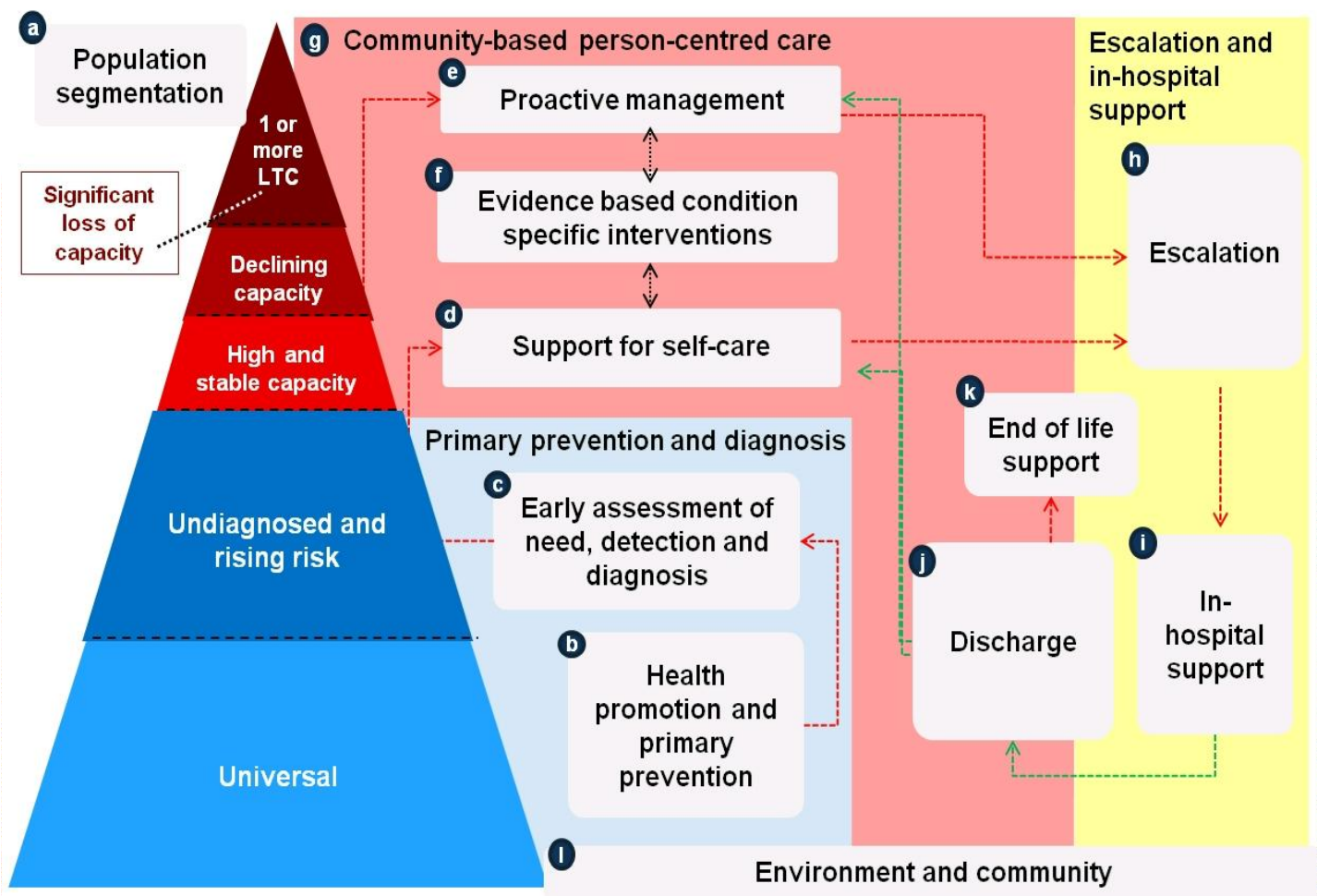
real changes for people as quickly as possible but without overwhelming the health and care system's ability to process the changes.

4. MAIN ISSUES

4.1 This section summarises the current focus for implementation across the seven Delivery Groups within *Fit for the Future*.

4.2 Primary Care and Integrated Neighbourhoods

4.2.1 The purpose of this Delivery Group is to implement integrated health and care neighbourhood teams providing proactive care stratified by different levels of need, as determined by peoples medical and psychosocial conditions, and as illustrated in the diagram below. We have brought together previously disparate work on healthy ageing, long-term conditions management, and mental health for the first time in this delivery programme.



Key 2017/18 Interventions

- More specialist support for people with long term conditions such as **diabetes, lung problems and heart disease**.
- Extra help for **people who are at risk of falls** by strengthening existing services. This will mean more staff in the community to help to prevent falls and help people recover if they do get injured.
- More case managers to identify patients who need the most **support to remain at home** and to ensure they get the help they need (this will be piloted in four neighbourhoods in the first instance and then expanded to other areas on the basis of the evidence from these pilots).
- Improving the **prevention of stroke** by identifying more patients with atrial fibrillation, a heart problem which is a significant risk factor, by giving them medication that will help earlier
- More support for **people with dementia** at all stages of the disease.
-

Key Achievements in 2017/18 to date

- £1m invested in respiratory, stroke prevention and falls prevention services
- £1.6m Diabetes funding awarded from national bid

4.3 Urgent and Emergency Care

- 4.3.1 This Delivery Group is seeking to manage demand for urgent and emergency care services which have seen significant increases over recent years resulting in clinical and financial challenges for the system. The increase in demand in Cambridgeshire & Peterborough is driven mainly by population growth and, in particular, by growth in the older frail population, as well as a lack of community based services to support vulnerable people.

Key 2017/18 Interventions

- **Extended Joint Emergency Team (JET):** This team intervenes to support vulnerable patients in their homes and/or the community. We will be expanding and enhancing this service to enable it to care for more patients.
- **Stroke Early Supported Discharge (ESD):** Establishing a service which will provide both intensive stroke discharge support and home based neuro rehabilitation.
- **Discharge to Assess**
- Develop and deliver a **mental health first response service** to enable 24/7 access to mental health

Key Achievements in 2017/18 to date

- £1.9m invested in expanding the Joint Emergency Team with recruitment of additional staff and service expansion underway
- £0.5m invested in early supported discharge of Stroke patients
- £1.1m Psychiatric Liaison funding awarded from national bid for 2018/19

4.4 Planned Care

- 4.4.1 The focus for Planned Care is to define, design and implement shorter, faster, better and more cost-effective pathways of care for patients needing planned (or sometimes known as 'elective') care. This involves looking at every stage of the patient 'journey' from GP referral, outpatient appointment, procedure to follow up, ensuring that we are making the most effective use of clinical and financial resources.

Key 2017/18 Interventions

- Improve referral management
- Standardise high volume treatment pathways (orthopaedics, ophthalmology, ENT, cardiology)
- Reduced variation in diagnostic testing
- Improved cancer services

Key Achievements in 2017/18 to date

- Pathway reviews and re-design underway across several specialties.
- East of England Cancer Alliance awarded £9m national funding and Cambridgeshire & Peterborough awaiting confirmation of % share of this funding
- Appointed a Cancer Programme Manager for two years – by securing funding through the Cancer Alliance National Business Case. The role will be key in the overall delivery of the Cancer Priorities for 2017/18 and ensure they create sustainability for the future.

4.5 Children, Young People & Maternity Delivery Group

- 4.5.1 The Children, Young People and Maternity Services STP Delivery Group is leading seven projects over the next five years to improve services and outcomes for women and children.

Key Interventions

- Introducing 7-day-a-week paediatric community nursing
- Maternity developments such as implementing the national Better Births vision
- Improving the care models for children with asthma and children's continence services
- Developing an integrated children and family health and wellbeing service for 0-19 year olds
- Improving the emotional, mental health & wellbeing and specialist disabilities support for children and young people

4.6 Shared Services

- 4.6.1 This Delivery Group is focussed on ensuring that we optimise the use of our resources, assets and potential. This includes, for example, making best use of NHS buildings and land, sharing 'back office' functions such as Human Resources, and streamlining our procurement and purchasing processes.

Key 2017/18 Interventions

- Merger of Hinchingsbrooke and Peterborough to enable shared service savings
- Explore back office consolidation across primary care
- Implement a single approach to procurement
- Develop a strategic estate plan - making best use of NHS buildings and land

Key Achievements in 2017/18 to date

- The merger of Hinchingsbrooke Healthcare NHS Trust and Peterborough & Stamford Hospitals NHS Foundation Trust will ultimately make a significant contribution to shared service savings.

4.7 Local Workforce Advisory Board

- 4.7.1 In order to maximise the impact of new care models, the Local Workforce Advisory Board is working closely with clinical leads to ensure that workforce requirements can be met. Care models must take into account current workforce capacity and capability, and consider the change required to develop a workforce which is capable, competent, motivated, and supported to provide the best care for the population in future.

Key Interventions

- System-wide long-term workforce plan
- System-wide Organisational Development Plan
- Develop a system-wide Workforce Investment Plan, in which all providers commit to investment priorities in relation to Apprenticeships, Pre-Registration, Continued Professional Development (CPD) and wider workforce transformation

4.8 Digital Delivery

- 4.8.1 This Delivery Group is concerned with how best we can meet the opportunities and challenges of providing healthcare in a digital world where making the best use of technology is fundamental to supporting good care in areas such as tele-medicine, tele-monitoring, remote monitoring and paper free care delivery.

Key Interventions

- Deliver the Local Digital Roadmap
- Digital opportunities: tele-medicine, tele-monitoring, GS1, remote monitoring, internet of things, Paper-free care delivery

5 WORKING COLLABORATIVELY

- 5.1 The local NHS, Cambridgeshire County Council and Peterborough City Council partners are working within the framework of the Memorandum of Understanding, agreed in 2016 to promote better joint accountability.
- 5.2 The STP Health and Care Executive also meets quarterly with the Cambridgeshire Public Services Board and has agreed a number of priority areas for collaborative action, including:
- Maximising the potential of **devolution**
 - **Workforce** availability and development
 - Better joint **procurement** practices
 - Making best use of digital **technology**
 - Maximising use of the public sector **estate**
 - **Planning policy**

6 ENSURING EFFECTIVE PATIENT & OTHER STAKEHOLDER INVOLVEMENT IN STP IMPLEMENTATION

- 6.1 We are committed to ensuring that we effectively involve patients, service users and the public at every stage of STP implementation. To this end, we are taking the following steps in the short term:
- Establishing a Stakeholder Group (See section 3.2 above) to represent the views of the range of key stakeholders and advise the newly established STP Board. Although the membership has yet to be agreed, it is anticipated that the Stakeholder Group will include, for example, local government representation, NHS Governors, patient, carer and voluntary sector representation;

- Ensuring that there is patient, service user or voluntary sector representation on every *Fit for the Future* Delivery Group and 'live' Improvement Area Group;
- Putting in place training, guidance and support tools for colleagues involved in implementation;
- Ensuring that there is a communications specialist on every *Fit for the Future* Delivery Group and 'live' Improvement Area Group to advise and support best involvement practice as well as ensure that a Communication & Engagement Plan is developed and deployed;
- Working with Healthwatch who can advise on effective involvement and, in particular, facilitate access to specific and seldom heard groups; and
- When a Delivery Group/Improvement Area reaches a stage where PPI activity is required, ensuring that there is access to the extensive existing 'pools' of patients, service users and third/voluntary sector organisations who can be involved.

6.2 We recognise that we need to engage more widely than we have traditionally done and reach audiences that have not been heard to date. We will do this in a variety of ways, including:

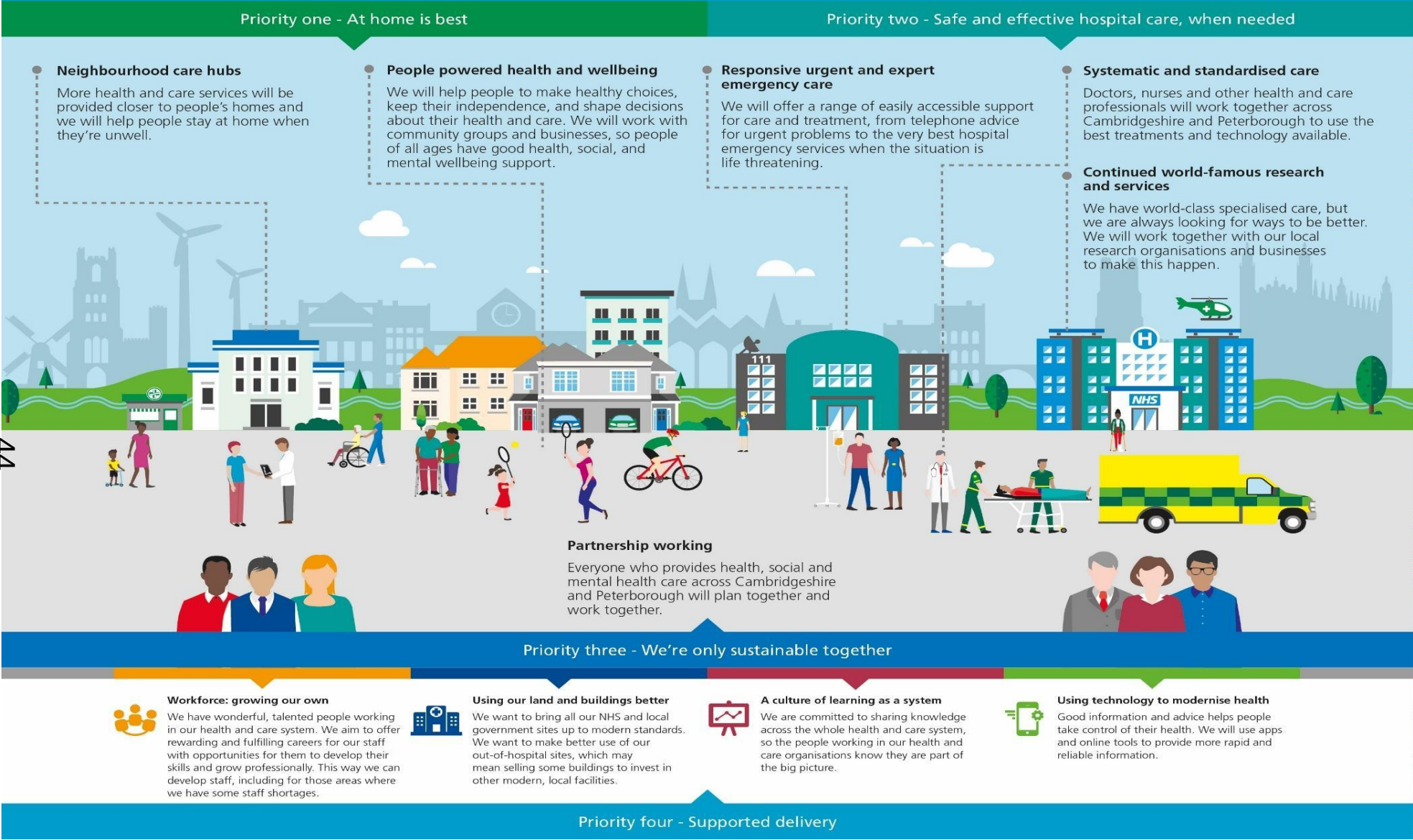
- Exploiting the potential of social media to establish an on-going two-way dialogue with audiences that we would not routinely access e.g. teenagers and women aged between 30- 50;
- Use the facilitative input of organisations and groups that understand how to engage effectively with seldom heard groups e.g. Healthwatch and mental health charities;
- Promote the *Fit for the Future* website as the central point of contact with up-to-date information on activity and progress;
- Advertise opportunities for people to be involved; and
- Develop opportunities for individuals and groups to improve their involvement skills e.g. quality events, conference or guides.

7 SOURCES

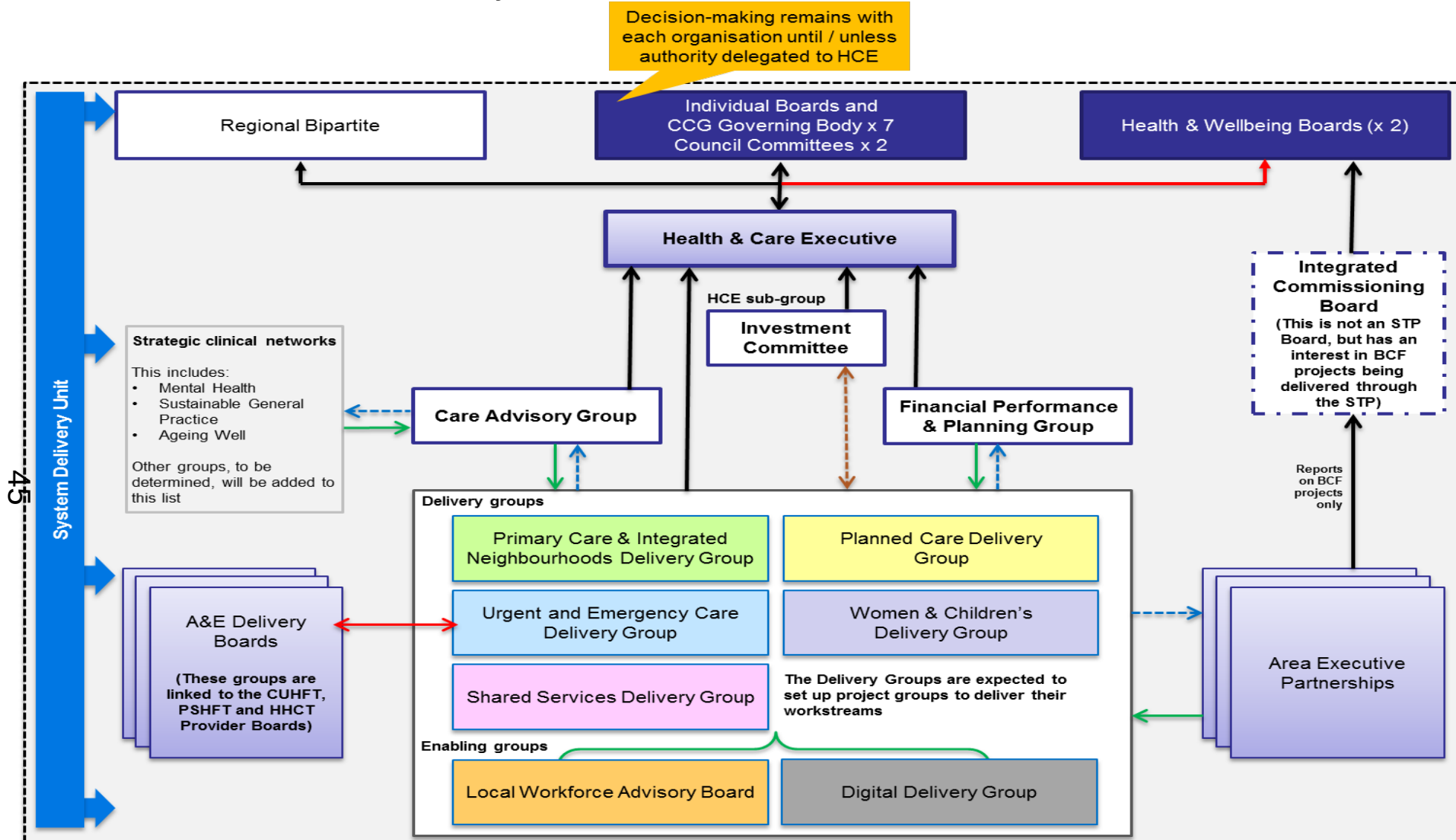
Source Documents	Location
Cambridgeshire & Peterborough STP	http://www.fitforfuture.org.uk/documents/cambridgeshire-peterborough-sustainability-transformation-plan-october-2016/
Cambridgeshire & Peterborough Local Digital Roadmap	http://www.fitforfuture.org.uk/documents/cambrid

	<u>geshire-peterborough-local-digital-roadmap-january-2017/</u>
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ANNEX 1: Cambridgeshire & Peterborough *Fit for the Future* Priorities



ANNEX 2: Fit for the Future Delivery Governance Structure



ANNEX 3: Purpose of each Group within the *Fit for the Future* Delivery Governance structure

1. Health and Care Executive (HCE)

Organisations from across the system have agreed to work together, taking joint responsibility for improving the population's health and wellbeing within a defined financial envelope. The Health and Care Executive (HCE) exists to provide strong, visible and collective leadership to this process.

The HCE's main purpose is to commission and oversee a programme of work that will deliver the *Fit for the Future* priorities:

Priorities for change	10 point plan
At home is best	People powered health and wellbeing Neighbourhood care hubs
Safe and effective hospital care, when needed	Responsive urgent and expert emergency care Systematic and standardised care Continued world-famous research and services
We're only sustainable together	Partnership working
Supported delivery	A culture of learning as a system Workforce: growing our own Using our land and buildings better Using technology to modernise health

2. Care Advisory Group (CAG)

The main purpose of the Care Advisory Group (CAG) is to contribute to the overall delivery of *Fit for the Future* objectives by reviewing care model design proposals, horizon scan for innovations, ensure that there is a robust evidence base behind decisions, and making recommendations to the HCE. Expertise and opinion will be represented and sought from the public, from health and care providers and from clinical experts. The CAG will prioritise clinical issues to be considered by HCE and make recommendations for their consideration.

3. Financial Performance and Planning Group (FPPG)

The main purpose of the FPPG is to contribute to the overall delivery of *Fit for the Future* objectives by promoting financial sustainability of health and care provision within the Cambridgeshire and Peterborough footprint.

The responsibilities of the FPPG are as follows:

- To ensure that proposals are affordable, efficient, and represent value for money;
- To ensure that investments reduce health inequalities;
- To ensure that financial incentives are aligned around minimising system costs; and
- To ensure that patient benefit is maximised.

4. Investment Committee (IC)

Organisations from across the system have agreed to work together, taking joint responsibility for improving the population's health and wellbeing within a defined financial envelope. In order to deliver this aim, a number of organisations in the system have committed to the creation and funding of an investment pot to fund some of the initiatives necessary to deliver the required change. The main purpose of the Investment Committee is to assess and evaluate Business Cases submitted for funding from this investment pot and, where supported, to recommend to the HCE for approval.

5. Delivery Groups

The structure includes the following Delivery Groups:

- Primary Care & Integrated Neighbourhoods;
- Urgent and Emergency Care;
- Planned Care;
- Women & Children's;
- Shared Services;
- Digital; and
- Local Workforce Advisory Board

The role of the Delivery Groups is to contribute to the overall delivery of *Fit for the Future* objectives by ensuring that the quality improvements and financial opportunities identified are realised. In particular, the delivery groups will be responsible for ensuring implementation (including savings realisation) of design projects, and delivery projects where implementation needs to happen consistently across the system.

6. Local Workforce Advisory Board (LWAB)

Critical to the successful delivery of *Fit for the Future* is the creation of an enabling workforce strategy for health and care. The Cambridgeshire and Peterborough Local Workforce Advisory Board (LWAB) has been established to create this strategy which will align and develop the local workforce to meet the priorities set out in *Fit for the Future*. The LWAB brings together health and care organisations and key stakeholders across a broad range of workforce issues, current and future, and its purpose is to ensure that the people elements of the 5 year service strategy can be identified and delivered.

7. Area Executive Partnerships (AEP)

Three Area Executive Partnerships have been established around the following areas: (1) Cambridge and Ely, (2) Huntingdon and Fenland and (3) Greater Peterborough. Their role is to contribute to the overall delivery of *Fit for the Future* objectives by providing strategic advice and local knowledge and expertise to the Delivery Groups within the structure. They have a key role to play in ensuring that the local context is factored into project design as well as a role to assist delivery by providing links to local groups, unblocking any issues related to the local context and helping the Delivery Groups to address local barriers to change. *[It should be noted that the role of AEPs and how they relate to District Council Local Health Partnerships has been reviewed to ensure that work is aligned and not duplicated]*

Each Area Executive Partnership:

- works with local communities (residents, patient groups, voluntary sector) and staff (primary care, NHS and local authorities) and develops an understanding of how to build capacity for proactively keeping people independent, well, and at home;
- provides a vehicle for strong and visible front-line clinical leadership and resident/ patient involvement; and
- promotes a culture of continuous quality improvement.

8. A&E Delivery Boards

Each A&E Delivery Board's main purpose is to:

- ensure urgent care needs are dealt with in the most appropriate setting by the most appropriate services (which in many cases should not be in A&E departments or acute hospital beds);
- provide a vehicle for strong and visible front-line clinical leadership and resident/ patient involvement; and
- promote a culture of continuous quality improvement

The A&E Delivery Boards are expected to oversee improvement projects that require locality tailoring for successful implementation. The over-arching guiding principle is that 'the same things are done differently' rather than 'different things are done' across Cambridgeshire and Peterborough.

Public
Key Decision - Yes

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Homelessness Strategy

Meeting/Date: Overview & Scrutiny Panel (Communities & Environment)
- 3rd October 2017

Executive Portfolio: Cllr Ryan Fuller - Deputy Leader and Executive Councillor
for Housing and Planning

Report by: Head of Customer Services

Ward(s) affected: All

RECOMMENDATION

The Overview and Scrutiny Panel is invited to consider and comment on the Homelessness Strategy included in the Cabinet report attached at Appendix A, prior to consideration and adoption by the Cabinet.

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter:	Homelessness Strategy
Meeting/Date:	Cabinet – 12th October 2017
Executive Portfolio:	Cllr Ryan Fuller - Deputy Leader and Executive Councillor for Housing and Planning
Report by:	Head of Customer Services
Ward(s) affected:	All

Executive Summary:

The Huntingdonshire Homelessness Strategy is a key document setting out how the Council intends to address homelessness issues within the district. It is a sub-strategy to the wider Housing Strategy that was refreshed earlier this year and it is a statutory requirement that the Council has a homelessness strategy.

The Strategy has four main purposes:

- To address the causes of homelessness in the area;
- To introduce initiatives to prevent homelessness wherever possible;
- To ensure that the Council provides sufficient temporary accommodation for those households that are or may become homeless; and
- To ensure that appropriate support is available for people who have previously experienced homelessness in order to prevent it happening again.

The Strategy gives a national and local context to homelessness, explaining the main trends, in particular the growth of homelessness primarily as a result of evictions from private rented sector tenancies.

It also explains of the new legislative framework that will be introduced in 2018 when the Homelessness Reduction Act comes into forces together with the Trailblazer initiatives being piloted with other agencies. The Trailblazer initiatives aim to re-focus prevention measures in an attempt to stem the flow of homelessness by earlier interventions through a range of agencies working with families.

The Homelessness Strategy, together with the Housing Strategy, explains the options that the Council will follow to deliver an adequate supply of housing providing a range of affordable tenures, to help meet local needs – another key component in the prevention of homelessness by helping households into new homes.

Recommendation:

That Cabinet adopts the Homelessness Strategy 2017

1. PURPOSE OF THE REPORT

- 1.1 The Homelessness Strategy is a major policy item for the Council. The Strategy sets out the key role that the Council plays in preventing homelessness, assisting households where homelessness cannot be prevented and how homelessness can be resolved, primarily by ensuring that there are sufficient options within the private or social rented sectors to provide new homes. The Strategy includes a plan of the actions that the Council will deliver on to help achieve these aims.

2. WHY IS THIS REPORT NECESSARY

- 2.1 There is a statutory requirement for all housing authorities to publish a Homelessness Strategy every 5 years. The refresh of this Strategy was due in 2016 but was held over pending the implementation of the new homelessness statutory framework, contained within the Homelessness Reduction Act 2017. The new legislation is due to come into force in April 2018 and much of the action plan focuses on what is required to prepare for the new Act.

3. COMMENTS OF OVERVIEW & SCRUTINY

- 3.1 The comments of the relevant Overview and Scrutiny Panel will be included in this section prior to its consideration by the Cabinet.

4. KEY IMPACTS / RISKS

- 4.1 Homelessness has a devastating effect on households and delivering on the actions contained within the Strategy will help to prevent homelessness and mitigate against its causes. The potential risks are that prevention measures are not successful and that the Council delivers insufficient numbers of affordable housing solutions for households requiring new homes. The Housing Strategy focuses on the delivery of affordable housing, amongst other things, and ensuring that the objectives of that Strategy together with the new Homelessness Strategy are met, will help contribute to the health and wellbeing of our residents, especially those faced with the threat of homelessness.
- 4.2 As highlighted within the Strategy, the welfare reform programme has been attributed to having an impact on rates of homelessness, particularly where households have been evicted from the private rented sector. With further welfare reforms due, in particular the roll out of Universal Credit, there is a risk that this will further impact homelessness. The full impact of future welfare reforms will need to be assessed as they emerge so that appropriate prevention measures can be investigated and implemented.

5. WHAT ACTIONS WILL BE TAKEN/TIMETABLE FOR IMPLEMENTATION

- 5.1 Should the Homelessness Strategy be adopted by Cabinet, it will be effective immediately. A great deal of work has already begun as part of the Homelessness Trailblazer project to pilot new ways of working preventatively, and this work will continue to ensure that the Council is prepared for the implementation of the new legislative framework in 2018. The Action Plan will remain a 'live' document with further areas of work evolving from the pilot initiatives contained within the Trailblazer programme, ensuring that the Council focuses on delivering the most successful prevention activities and initiatives.

- 5.2 Providing appropriate levels of affordable housing, another key component to the prevention of homelessness, will be monitored through the actions contained within the Housing Strategy Action Plan.

6. LINK TO THE CORPORATE PLAN, STRATEGIC PRIORITIES AND / OR CORPORATE OBJECTIVES

- 6.1 The Homelessness Strategy links to specific actions within the Corporate Plan:
- Prevent homelessness where possible by helping households to remain in their current home or find alternative housing (within the Enabling Communities Strategic priority); and
 - Ensuring an adequate supply of housing to meet objectively assessed needs (within the Delivering Sustainable Growth Strategic Priority)

7. RESOURCE IMPLICATIONS

- 7.1 Preparation of the Homelessness Strategy involves staffing resource that is met within existing budgets. However the Action Plan commits the Council to exploring various activities that will have resource implications, should the Council decide to pursue any of these options. These resource implications will be explored as part of the delivery against the Action Plan.
- 7.2 The cost of providing temporary accommodation for households that become homeless is a significant one. As homelessness has risen the Council has incurred increasing costs as more households have been accommodated in temporary housing. However the most significant resource implications are likely to be associated with the delivery of adequate numbers of affordable housing solutions through the Council's Housing Strategy Action Plan. The cost of providing successful prevention measures, together with these affordable housing solutions will need to be considered as proposals are brought forwards.

8. REASONS FOR THE RECOMMENDED DECISIONS

- 8.1 The Council is required to publish a Homelessness Strategy every 5 years to review homelessness in the area and produce a strategy to say how it will prevent homelessness and fulfil its wider duties under the homelessness legislation.

9. LIST OF APPENDICES INCLUDED

Appendix 1 – Homelessness Review & Strategy – September 2017

BACKGROUND PAPERS

None

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Huntingdonshire District Council

HOMELESSNESS REVIEW & STRATEGY

September 2017

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Introduction

The Council is required to review homelessness within the district and update its Homelessness Strategy every five years. This strategy comes at a time of increasing rates of homelessness both locally and nationally as well as the introduction of a new legislative homelessness framework due in April 2018.

In preparation for the implementation of the Homelessness Reduction Act the Council, together with our Cambridgeshire local authority partners, have successfully bid for funding to trial new ways of working across a range of organisations, to try and provide earlier assistance for households that may face the risk of homelessness. This strategy highlights our work as part of this Trailblazer project and underlines the Council's commitment to try innovative ways of working to find the best solutions to help prevent homelessness wherever possible.

The legal framework that we must consider when preparing this strategy is contained within the Homelessness Act 2002. The Act requires all Councils to formulate a Homelessness Strategy and in preparing this they must carry out a review of homelessness in their area. The strategy must then:

- address the causes of homelessness in the area;
- introduce initiatives to prevent homelessness wherever possible;
- provide sufficient temporary accommodation for those households that are or may become homeless; and
- ensure that appropriate support is available for people who have previously experienced homelessness in order to prevent it happening again.

The Council recognises the devastating effect that homelessness can have on households and that good quality housing providing a stable and secure home environment contributes to the health and wellbeing of our residents. The Council has included within its strategic priorities, contained within the Corporate Plan 2017-18, objectives and key actions that support the work that will flow from this strategy to help address homelessness:

Corporate Plan 2017-18:

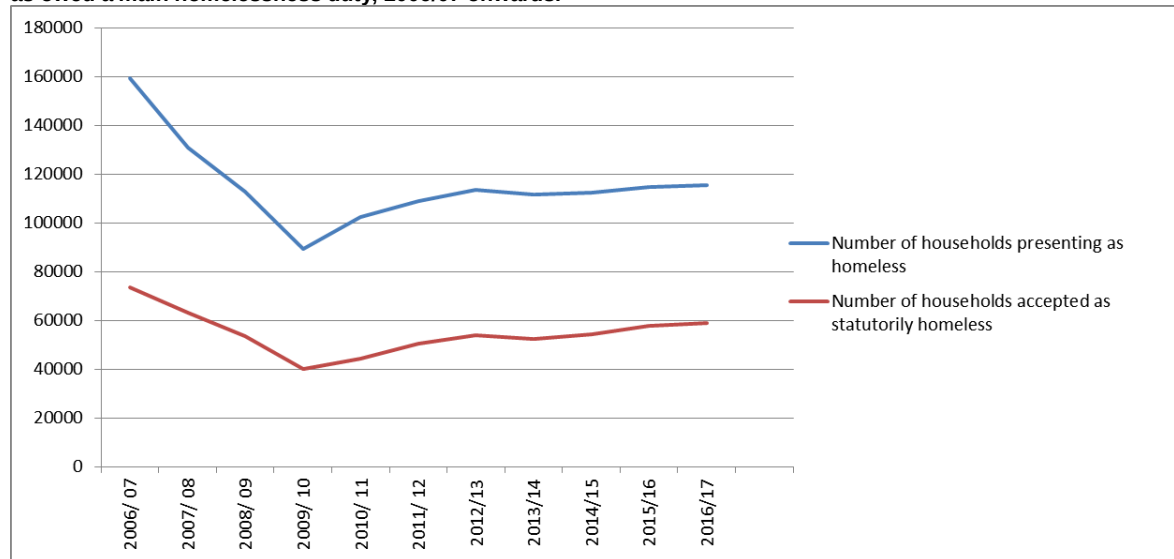
<i>Strategic Priority:</i>	<i>Enabling Communities</i>	<i>Delivering Sustainable Growth</i>
<i>Objective:</i>	<i>Support people to improve health and well-being</i>	<i>Improve the supply of new and affordable housing, jobs and community facilities to meet current and future need</i>
<i>Key Action:</i>	<i>Prevent homelessness where possible by helping households to remain in their current home or find alternative housing</i>	<i>Ensuring an adequate supply of housing to meet objectively assessed needs</i>

Homelessness in Context - The National Picture

The number of households approaching local authorities for assistance as homeless has increased from a low point in 2009/10, with councils in England accepting 40,200 households as statutorily homeless that year compared to 59,090 in 2016/17. This represents a 48% increase over a seven year period.

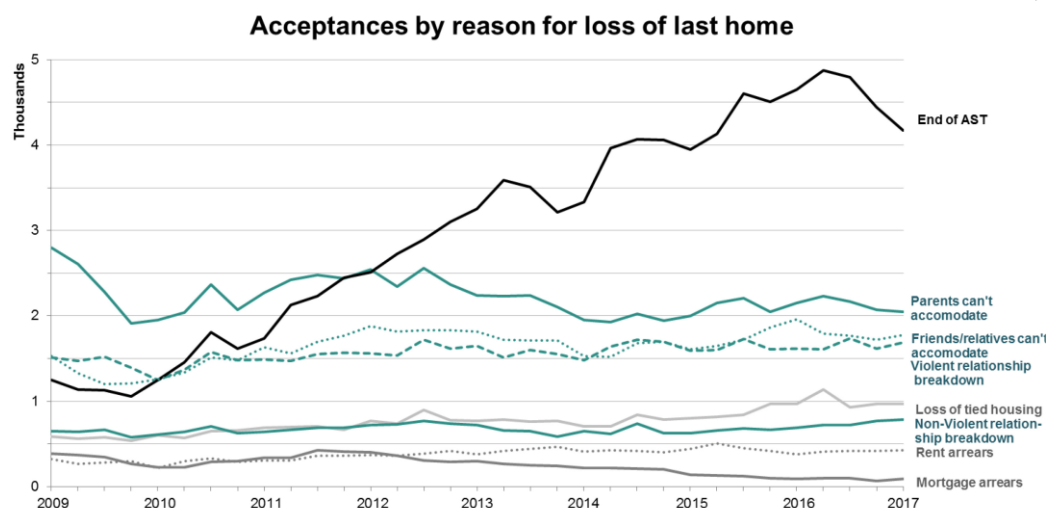
Although the growth of homelessness has been seen to be most significant in London, with a 92% growth in this period, the rest of England experienced a 34% increase in the number of households accepted as homeless over the same time period.

Graph 1: Number of Households presenting to Councils in England as homeless and the number then accepted as owed a main homelessness duty, 2006/07 onwards.



The most significant factor contributing to this trend is the number of households being evicted from private sector tenancies through no fault of their own. The last six years prior to the first quarter of 2017 has seen this becoming the cause of homelessness in 29% of cases whereas in 2009 it contributed to 11% of households accepted as homeless.

Graph 2: Households accepted as statutorily homeless by reason for loss of last home - for England between 2008/09 - 2016/17



The doubling of the size of the private rented sector between 2002 and 2015/16 may be a contributing factor to this becoming a greater cause of homelessness. However, during the early years of this growth homelessness continued to decline as local authorities managed to successfully prevent homelessness by assisting households into private sector tenancies. The growth of homelessness from private sector tenancies correlates to the introduction of the welfare reform programme, in particular changes to the Housing Benefit system. The indication is that this has led to affordability becoming an increasingly significant issue, as more households facing the end of a private tenancy are unable to find an alternative without assistance of local authorities.

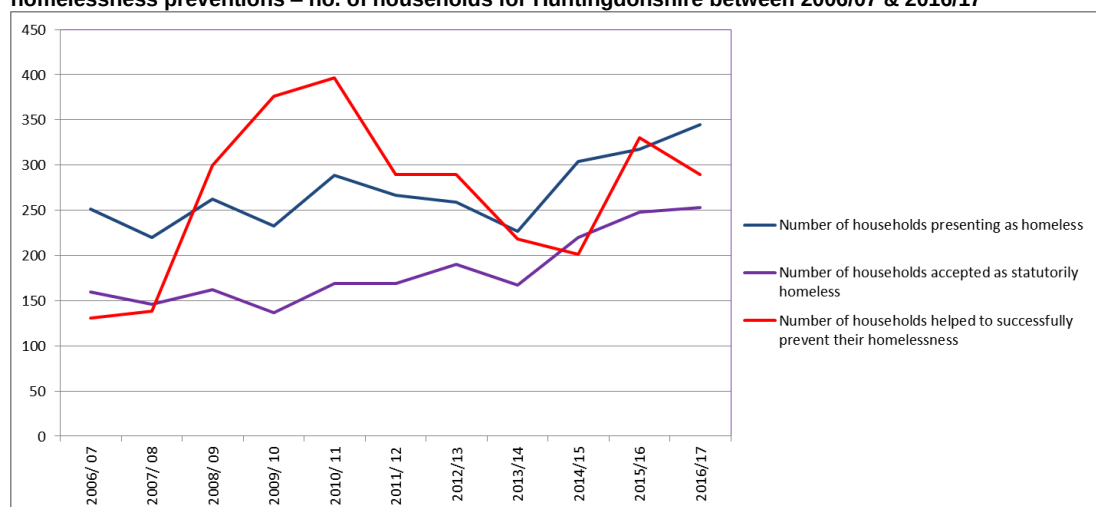
The Local Picture – a review of homelessness in Huntingdonshire

The trend in homelessness in the district has been similar to national trends, showing an increase in the number of statutory acceptances by the Council. The number of households accepted as homelessness increased from 169 in 2010/11 to 253 in 2016/17, a 50% increase.

As with the national picture, homelessness as a result of households being evicted from the private rented sector through no fault of their own is now the single biggest cause of homelessness and this has contributed to increasing rates of homelessness.

The welfare reform programme and continued increases in the cost of privately renting in the district has meant that more households see social/affordable rented housing as their only realistic option. This has undoubtedly contributed to the number of households applying to the housing register and approaching the Council for assistance when faced with homelessness. The lack of properties available within Local Housing Allowance rates in the private rented sector has meant that the opportunities to help households into this sector as a successful homelessness prevention strategy has reduced (see graph 3 below). This has affected households on low incomes as well as those not currently in employment.

Graph 3: Total homelessness decisions, those that were accepted as statutorily homeless and successful homelessness preventions – no. of households for Huntingdonshire between 2006/07 & 2016/17



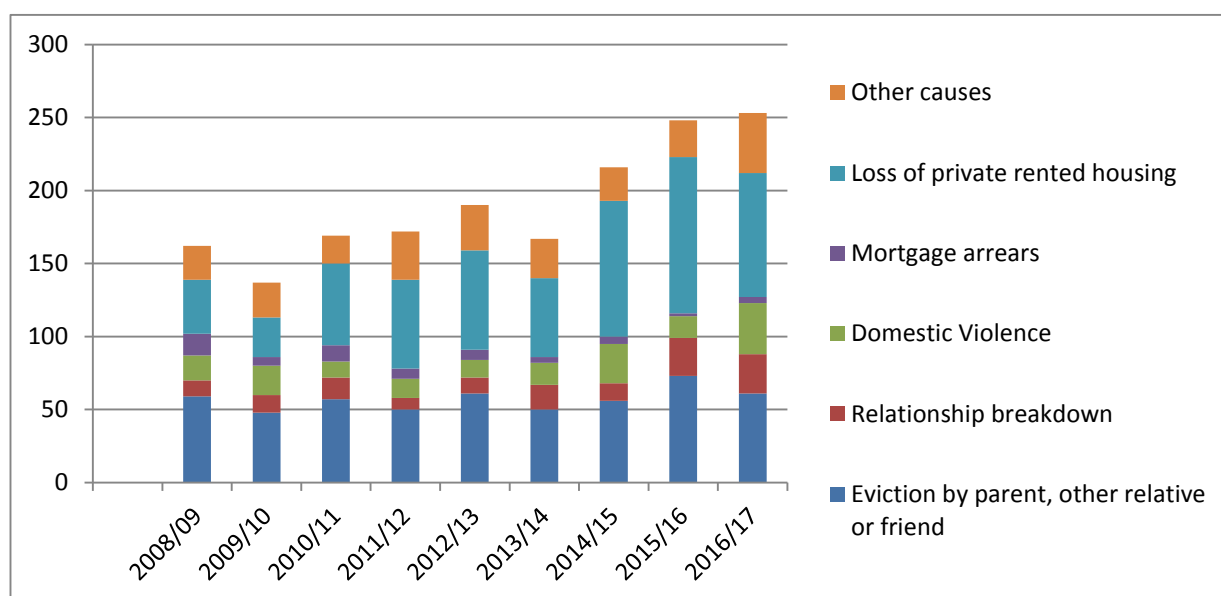
The wider impact of the welfare reform programme will potentially continue with the roll out of Universal Credit likely to be the next major event that may impact on housing implications for households in receipt of the benefit. Evidence considered by the Parliamentary Work and Pensions Committee suggests that where roll out has already taken place claimants are facing problems with increasing debt and a rise in rent arrears. This in turn has led to the threat of possession action by landlords as households struggle to make their rent payments due to delays in the receipt of their Universal Credit.

The Residential Landlords Association (RLA) has also reported issues with their recent survey of members showing that a third of private landlords with tenants receiving Universal Credit say they are owed rent. This is an increase of over 10% since last year and has the potential to further add to the growth in homelessness.

Significantly the RLA has highlighted to Government that these problems do not encourage landlords to house people needing to claim benefit – at a time when local authorities are working hard to encourage the private rented sector to work with them to help address increasing rates in homelessness.

The main causes of homelessness within the district are consistent with the national picture: eviction by parents, other relatives and friends and relationship breakdown (violent and non-violent) continue to be significant causes but as at the national level the end of private sector tenancies is now the single largest cause of homelessness and has been since 2010/11.

Graph 4: Households accepted as statutorily homeless by reason for loss of last home - for Huntingdonshire between 2008/09 - 2016/17



In terms of the type of households faced with homelessness, both nationally and locally approximately 70% are families either with children or where they are expecting their first child. This may lead to family upheaval with children being placed into temporary accommodation a distance from schools and families being moved away from their support networks.

Single people with mental health issues make up on average 8 to 10% of the households accepted as homeless, with people with a physical disability also making up approximately 8% of homeless households. There are no discernible trends with homelessness amongst differing household types and this picture is mirrored nationally. However, anecdotal evidence locally suggests that there are an increasing number of young people facing the threat of homelessness but successful prevention work with them, for example helping them into a placement in an appropriate supported housing scheme means that they may not appear in the homelessness statistics mentioned above.

New Ways of Preventative Working – The Homelessness Reduction Act

The Homelessness Reduction Act attracted Government and cross-Party support and gained Royal Assent in April 2017. The Act's main thrust is to refocus local authorities' efforts to prevent homelessness. The Act has amended Part 7 of the Housing Act 1996 and its measures include:

- An extension of the period during which an authority should treat someone as threatened with homelessness from 28 to 56 days.
- Clarification of the action an authority should take when someone applies for assistance having been served with a section 21 notice of intention to seek possession from an assured shorthold tenancy.
- A new duty to prevent homelessness for all eligible applicants threatened with homelessness.
- A new duty to relieve homelessness for all eligible homeless applicants.
- A new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless.

The Council fully supports this refocus on preventative measures and is preparing for the new duties that the Act will create when it comes fully into force, expected to be in April 2018. In preparation for this the Council, in partnership with the other Cambridgeshire local authorities, has created a Trailblazer programme looking at the best ways to re-define our prevention activities bringing these in line with the Act's new duties.

The Homelessness Trailblazer Project

Partners from Cambridgeshire and Peterborough prepared a bid for funding through the Government's Trailblazer scheme in September 2016. The vision of the partnership is that *"by empowering all public facing staff to identify the risk of homelessness and work together to prevent it, we make homelessness the 'unacceptable outcome'".*

The partnership was awarded £736,400 of funding early in 2017 to cover a two year pilot which will deliver four distinct strands of work to improve homelessness prevention. These are:

1. A new homelessness prevention network that will:

- prevent homelessness upstream, including people who are not in 'priority need'.
- cement collaboration between all public sector agencies and partners to prevent homelessness.
- help staff identify early warning signs of homelessness and find new ways to prevent it.
- make sure every interaction counts.

2. A landlord rent solutions service.

As the loss of private rented accommodation is the single largest cause of homelessness this service will:

- provide a 'rent solution' service to help landlords maintain tenancies, resolve tenancy problems and reduce evictions which are leading to homeless acceptances.
- aim to attract landlords to use our trailblazer delivery vehicle through these interactions (see the business development service below).

3. A Business development service.

As securing private rented accommodation is one of the main ways to prevent homelessness locally the new Business Development Service aims to:

- help bring more good quality, affordable and suitable private rented homes into our housing market and help bring any less popular housing into better use, working in harmony with social lettings agencies and private sector leasing schemes.
- increase the supply of affordable housing options for households in need, co-operating with existing offers and exploring making furnished lets available.
- analyse existing data on rents, local housing allowance rates and housing turnaround times to identify any target areas.

4. Expanded web resources.

Through this we aim to:

- expand our web resource to help residents and partner agencies.
- introduce a new integrated budgeting application for the Building Better Opportunities website.
- help people avoid homelessness using web resources and by building better inter-agency knowledge, referrals and links.

The purpose of the Trailblazer is to test new, innovative approaches to prevent homelessness and to help build Government's evidence on what works, in particular testing the effects of these approaches in different areas. The work programme is being monitored through the Cambridgeshire Regional Housing Board as well as through update returns to Government and will feed into an evaluation of the different ways of working and the successes they deliver.

The Prevention Toolkit

The Council recognises that the prevention of homelessness by either assisting to keep a household in their current home, or helping them find a new home before homelessness occurs, provides the best outcome. These prevention principles have been applied for many years and have provided many successful outcomes. The challenge is to review, refine and where necessary reinvent prevention options to continue to provide successful outcomes and the Trailblazer project will help with this process.

The Council already has a number of prevention measures within its 'toolkit' and these are still relevant given the main causes of homelessness. They include:

- **A Court Advocacy service** – to help households defend possession claims, for example on grounds of mortgage arrears and rent arrears. The purpose of the service is to ensure that all steps are taken to try and resolve the issues so that the household can remain in their home and that eviction and repossession are the very last resort.
- **Homelessness Prevention Grants and Loans** - the Council considers making these types of payments through its Homelessness Prevention Budget where homelessness can be prevented and this provides the best outcome for the family, providing a longer term, affordable solution. It can be used in a number of different situations, for example, to help clear small amounts of arrears to stave off Court possession action, or to help a homeless household with some of the upfront costs of securing a tenancy if this is preventing them from taking up an offer that prevents or resolves their homelessness.

The use of preventative payments from a variety of public sector bodies is something that the Trailblazer project will look at developing, to supplement the use of Homelessness Prevention Grants. For example, where homelessness would result in a higher cost to the public purse compared to the imaginative use of prevention payments.

- **Discretionary Housing Payments** – helping clients apply for 'top up' payments where they may have a shortfall between their Housing Benefit entitlement and their rent. Use of these payments may make a property more affordable to a household in the longer term or be used as a short term payment to meet costs to give the household time to find a more affordable home.
- **Access to debt management/budgeting services** – the affordability of your home and managing your household budget so that you are able to meet the priority outgoings of your rent or mortgage is often one of the biggest challenges faced by many households. Many of our customers often face affordability problems when it comes to their housing and this is often linked to wider debt problems. Although the Council does not provide budgeting or debt management advice it is able to refer to other specialist agencies that can work with households on these issues. This includes

organisations such as the CAB who are co-located in the Council's main building. The Trailblazer programme will look at how access to these types of services may be increased given the relevance to helping meet the prevention agenda. This will be particularly important given the potential increase in problems faced by our customers as a result of the roll out of Universal Credit.

- **Negotiation and mediation with family and friends** – although evictions by family and friends is no longer the largest cause of homelessness in the district it is still a significant cause. Where there are issues that have led to a breakdown in relationships resulting in potential homelessness, the Council will negotiate with the family or friends to try and come to a 'managed' move on and try and alleviate the homelessness crisis. The Trailblazer programme and wider working with other agencies that are engaged with families will help identify where these types of relationship breakdowns may occur – allowing earlier interventions across a range of agencies to try and prevent a homelessness situation developing.
- **Rent Deposit & Rent In Advance Scheme** – the Council is able to provide a loan or bond to households threatened with homelessness to help with the up-front costs that may be preventing them from taking on a private sector tenancy. The Council has assisted significant numbers of households with this scheme over a number of years but the affordability issues for many households on low incomes, together with increasing landlords' reluctance to take on tenants that may be claiming Housing Benefit, means that the scheme is not helping as many households as previously. The scheme, together with the wider 'offer' of support or services that the Council may provide to private landlords and agents, will be reviewed as part of the Trailblazer programme.

The examples above are not an exhaustive list of the prevention measures and we will review these to ensure that they are relevant to the changing homelessness situations that households face. A further challenge is to highlight earlier 'warning signs' of potential homelessness, particularly with improved partnership working with other organisations, and this forms a major part of our Trailblazer programme.

Earlier interventions, rather than attempting these at the point of crisis, will help increase the chances of a successful outcome. The commitment from our Trailblazer partners to recognise that homelessness is the unacceptable outcome for all our customers is key to this success.

To help embed this with all partners the Trailblazer programme will use the tried and tested social care principles of forming a 'team around the family'. This will involve a team of professionals coming together to problem solve the issues that the household faces and produce a prevention plan ensuring that the right professionals are engaged with distinct pieces of work with the family at the right time. Having well defined pathways and referral mechanisms between all professionals working with households will help us achieve this.

Helping People Find A New Home

Where it is inevitable that someone will lose their current home and all appropriate prevention measures have been exhausted then it is important to consider what options are available to help that household find a new home. Ideally, if time allows this should be in advance of actual homelessness so that a crisis situation can be avoided. This should include all tenure options from privately renting, to home ownership options, to social renting.

Realistically, especially for many households on low incomes or not currently in employment, housing options are limited because of affordability problems. Social rented housing or the least expensive end of the privately rented market are the only options. It is essential that our housing market provides for these needs and the Council's Housing Strategy sets out the need for housing growth together with a high level of need for new affordable housing. The Housing Strategy commits the Council to exploring how to achieve this including whether new affordable housing can be provided on sites which the Council owns and/or whether the Council should create a private housing company or joint venture to facilitate the delivery of new affordable homes.

Accessing the Private Rented Sector

As outlined earlier, the Council's Rent Deposit and Rent In Advance scheme can assist homeless households with some of the up-front costs associated with taking on a private sector tenancy. The Council is committed to funding this scheme into the future as helping households into this tenure is still seen as one of the main options that help meet the housing needs of the district. This in conjunction with the delivery of greater numbers of genuinely affordable properties of this tenure, possibly through Council interventions in the market, will be key to providing realistic housing solutions for homeless households.

Partner local authorities within the Trailblazer partnership are moving towards a range of housing options provided through Council owned housing companies and social lettings agencies. The Council has access to accommodation provided through Cambridge City Council's Single Homelessness Service, into accommodation managed under their social lettings agency, Town Hall Lettings. The effectiveness of this option in meeting the needs of our single homeless customers will be reviewed as under the new Homelessness Reduction Act the provision of options for single people with no priority need under the legislation will be just as important as meeting the needs of those households that do have a defined priority need.

Access to low cost home ownership options (LCHO)

Low cost homeownership options will be considered as part of the full range of housing options for households threatened with homelessness. The available LCHO products are marketed and publicised through the zone agent, Help to Buy East, and are considered as part of a household's options list if appropriate. Although LCHO properties offer limited opportunities to homeless households in terms of helping with preventions, mainly due to affordability problems, they are delivered as part of the affordable housing element on new build sites and form

part of the Council's overall Housing Strategy to deliver increased numbers of affordable housing properties.

Access to social rented housing via the Home-Link scheme

Given the affordability problems of privately renting and home ownership, many households faced with homelessness see the social rented sector as the only remaining realistic option. Households that are under the threat of homelessness and those where the Council then accepts a duty to help with settled housing are prioritised for housing under the Council's Lettings Policy. This leads to an offer of social rented housing in order to help the household into a more settled property, thereby resolving their homelessness.

The availability of suitable numbers of social rented properties through our housing association partners plays a vital role in helping households accepted as homelessness into settled homes. The number of social rented properties fluctuates from year to year and depends upon vacancies arising within the existing social rented stock in the district together with the number of new build rented properties being delivered.

Over the life of the previous strategy the number of new build social rented properties built each year varied from in excess of 300 new build completions in 2009-10 and 2010-11 to 60 or less in three out of the following four years. This reduction in the rate of new build properties was as a result of the economic down turn with developers not bringing new sites forward for delivery. It had a significant impact on the Council's ability to help homeless households by reducing our opportunities to make offers of accommodation in advance of homelessness and leading to increased numbers of households in temporary accommodation staying there for longer.

The Council's Housing Strategy prioritises the delivery of larger numbers of new affordable properties with the recognition that a significant proportion of these must deliver rented accommodation in order to meet the needs of households on the housing register including those that are homeless.

Temporary Accommodation

The Council has a duty to provide certain homeless households with temporary housing whilst it attempts to help them resolve their housing difficulties. As with many high demand areas, the limited number of social rented properties available for letting and the increasing demands on these properties leads to homeless households having to spend longer than would be hoped for in temporary accommodation. Reducing the use of temporary accommodation and minimising the length of time households have to stay in this accommodation will remain a key priority for the Council in this Strategy.

The previous Homelessness Strategy recognised the early signs of increasing rates of homelessness together with a reduction in the number of social rented properties becoming available and that these factors would potentially lead to higher numbers of households staying in temporary accommodation for longer periods. Unfortunately, these trends continued to develop and as a result the

Council, as with many of local authorities across the country, has had to increase the number of temporary properties available to it in order to accommodate the homeless households seeking assistance.

As at the beginning of 2011-12 there were 76 households placed in temporary accommodation by the Council under a homelessness duty, with 20 of these being in bed and breakfast (B&B). At the beginning of 2017-18 this had increased to 129 households with 30 of these being in B&B and a further 7 in nightly paid self-contained accommodation. Over this period the Council has brought on line a number of alternative temporary accommodation units with our housing association partners to cope with this increasing demand.

The Council is committed to increasing the supply of new affordable housing and will also consider that a proportion of these units may need to be designated as temporary accommodation. A balance will, however, need to be reached between delivering sufficient numbers of settled homes to allow households to move on from temporary accommodation whilst at the same time ensuring that sufficient numbers of temporary units are provided to meet the increasing rates of homeless households that may have to be provided with this type of accommodation.

Of the Council's current supply of temporary accommodation, the Metropolitan Housing Association owned scheme at Coneygear Court provides the largest number of units at one location – 30 units with a mix of self-contained flats together with a main block of studio apartments with shared facilities. Metropolitan and the Council are considering the long term future of this scheme and have begun a project to consider options for its refurbishment, redevelopment, or re-provision elsewhere. This project, together with commitment to increase the number of temporary accommodation properties through the new affordable housing programme, will play an important part in making sure that the Council provides sufficient numbers of temporary properties, thereby reducing its reliance on the use B&B and nightly paid accommodation.

Risks/Barriers to Success

The Council's Housing Strategy identifies certain risks or barriers to successfully delivering on our priorities, particularly delivering new housing growth which in turn will deliver higher rates of affordable housing. As highlighted in this Homelessness Strategy, although it is not the only solution to homelessness prevention, delivering sufficient levels of affordable rented housing is one of the key ingredients to helping resolve the needs of many households faced with homelessness. Therefore not delivering new affordable rented housing at appropriate rates will impact our ability to assist those households threatened with homelessness.

The Government's welfare reform programme has also been attributed to having an impact on rates of homelessness, particularly the increase in homelessness as a result of private sector tenancies being brought to an end. A succession of reforms to the Housing Benefit (HB) system, including the reductions in the amount of Local Housing Allowance payable since April 2011 have affected the affordability of this sector for households reliant on the assistance of HB. This has

added to the number of households approaching Council's for assistance as social rented housing is seen as the only affordable tenure available to them.

Further welfare reforms, including the roll out Universal Credit and restrictions to the amount of HB for single people below the age of 35 years may potentially lead to higher levels of homelessness due to affordability issues and problems with arrears. The reform affecting HB claimants below the age of 35 years may also limit the Council's ability to assist with an offer of affordable rented housing. The rate of their HB entitlement will be below the rent levels of many social rented properties that they would otherwise be eligible for. This may mean that even the most affordable of tenures would be beyond the financial reach of certain single people if they are reliant on Universal Credit or the HB system to help them pay their rent.

Government policies aimed at helping people into work so that they are not as reliant on the benefit system will be key in helping them address their housing needs. The risk is that households are not able to find employment at a level that helps them afford housing in the area. We will, however, explore opportunities to work closely with the Job Centre Plus, which is due to be located in the Council's main building, to promote work opportunities for our customers which in turn may increase their options for accessing housing that they are able to afford.

The full impact of future welfare reforms will need to be assessed as they emerge so that appropriate prevention measures can be investigated.

Homelessness Strategy Action Plan 2017

Strategic Priority – Enabling Communities			
Key Action - Prevent homelessness where possible by helping households to remain in their current home or find alternative housing			
	Action	Lead Team	Timescale
1	Implement the new regulations arising from the Homelessness Reduction Act 2017.	Housing Needs	By April 2018
2	Review the existing prevention toolkit options to ensure that relevant and effective in context of homelessness causes.	Housing Needs	By June 2018
3	Agree defined pathways and referral mechanisms between key partners to ensure multi agency working towards homelessness prevention.	Housing Needs and Trailblazer Project	By December 2017
4	Increase the provision of temporary accommodation by providing an additional 10 units per year to help meet the needs of homeless households.	Strategic Housing and Housing Needs	March 2018
5	Review, with registered providers, the long term viability of temporary housing schemes within the district and prepare an options report for Scrutiny Panel examining the implications of rent caps on social tenancies and Housing Benefit subsidy changes.	Strategic Housing and Housing Needs	Options report prepared by March 2018
6	Review the effectiveness of the Single Homelessness Service in meeting the needs of non-priority need individuals to determine future funding levels.	Housing Needs	February 2018
7	Review the Council's Lettings Policy in light of the implementation of the Homelessness Reduction Act.	Housing Needs Home-Link Partnership	By March 2018
8	Prevent homelessness where possible by helping households to remain in their current home or find alternative housing. Target of 220 successful preventions.	Housing Needs	Annual target for 2017/18
9	Average length of stay of all households placed in B&B accommodation to be kept below 6 weeks.	Housing Needs	Annual target for 2017/18

Strategic Priority - Delivering Sustainable Growth Key Action - ensuring an adequate supply of housing to meet objectively assessed needs			
	Action	Lead Team	Timescale for completion
10	Prepare an options paper on different models of housing companies and joint ventures to enable the council to explore the value of creating a Housing Company or entering into a joint venture to facilitate the delivery of affordable housing.	Transformation Project	End of December 2017
11	Work in partnership with the developers and housing associations to positively influence the development of the large strategic sites at Alconbury Weald and St Neots.	Planning Policy, Strategic Developments and Strategic Housing	Ongoing

Panel	Study	Date	Status	Action	Date for Future Action
71 Communities & Environment	Forward Programme October (3rd) 2017		Below are a list of reports to be presented at future Panel meetings:		
			North West Anglia NHS Foundation Trust	Stephen Graves – Chief Executive, North West Anglia NHS Foundation Trust	03/10/17
			Children and Adolescent Mental Health Service (CAMHS)	CCG	"
			Sustainability Transformation Programme	Aidan Fallon – CCG	"
			Homelessness Strategy	J Taylor – Head of Customer Services	"
	October (31st) 2017		Annual Review of Green Space and Play Provision	N Sloper – Head of Operations	"
			Luminus Update	Luminus	31/10/17
			Grounds Maintenance Update	N Sloper – Head of Operations	"
	December 2017		Taxi and Hackney Carriage Policies	C Allison – Licensing Manager	"
			Corporate Enforcement Policy	C Stopford – Head of Community	05/12/17
			Representatives on External Organisations	A Green – Democratic Services Officer (Scrutiny)	"
			Community Resilience Plan Update	Councillor Mrs A Dickinson, Executive Councillor	09/01/18

Panel	Study	Date	Status	Action	Date for Future Action
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	February 2018		Twelve Month Review of Bearscroft Farm Local Lettings Plan	for Community Resilience, Well-Being and Regulatory Services J Collen – Housing Needs and Resource Manager	06/02/18
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Communities & Environment 72	Future of Hinchingsbrooke Country Park, Paxton Pits, Godmanchester Nursery and Public Rights of Way	01/11/16	The Panel received an exempt report on the contractual arrangements and potential improvement programme of Hinchingsbrooke Country Park. The Cabinet received the same report but including the Panel's comments at its meeting in November 2016.	The Cabinet made a decision on the report. The decision remains confidential whilst negotiations are taking place.	
		07/03/17	Cambridgeshire County Council's Highways Maintenance Manager, Mr Jonathan Clarke, was in attendance to update Members on the maintenance of Huntingdonshire's Public Rights of Way.	A report on Hinchingsbrooke Country Park is expected at the Panel meeting in April 2018.	03/04/18
				A report on Paxton Pits is expected at the Panel meeting in April 2018.	03/04/18
				A report on Godmanchester Nursery is expected at the Panel meeting in June 2018.	June 2018

Communities & Environment	Community Resilience Plan including relationships with Parish and Town Councils and the	04/07/17	The Executive Councillor for Community Resilience and Well-Being gave Members an update on the Community Resilience Plan and encouraging Members to become ambassadors for the Council.	The Portfolio Holder has agreed to attend the Panel meeting in January to update Members on the work carried out.	09/01/18
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Panel	Study	Date	Status	Action	Date for Future Action
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73	Communities & Environment	Reports Due and Regular Items			
		Representatives on External Organisations	Annual	Selected Members represent the Council on various External Organisations. The Panel received updates at its meetings in November 2016 and March 2017.	Next report is due at the Panel meeting in December 2017. 05/12/17
		Huntingdonshire Community Safety Partnership	04/10/16	Annual review of the work of the Partnership. The 2016/17 report is scheduled to be presented to the Panel in June 2018.	A six month update report is due at a future meeting of the Panel. June 2018
		Corporate Enforcement Policy including Graffiti/Fly Tipping Policy	06/12/16		The Panel are to consider a report at its meeting in December. 06/12/17
		Cambridgeshire and Peterborough Clinical Commissioning Group	04/07/17	Members received an update on the Urgent and Emergency Care Vanguard Programme.	The Sustainability and Transformation Programme (STP) is to be presented to a future meeting of the Panel. 05/09/17
		Redesign of Mental Health Services	07/07/15	The Panel received an update report on the Children and Adolescent Mental Health Service (CAMHS).	The Panel requested an update at a future meeting. 05/09/17

Panel	Study	Date	Status	Action	Date for Future Action
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74	Economy & Growth		Below are a list of reports to be presented at future Panel meetings:		
	Forward Programme				
	October 2017		Business Rates – Discretionary Revaluation Relief Policy	J Taylor – Head of Customer Services	05/10/17
			Local Plan Update and Infrastructure Planning Update	C Kerr – Planning Service Manager (Policy)	"
			Car Parking Strategy Task and Finish Group – Vision	N Sloper – Head of Operations	"
			Godmanchester Neighbourhood Plan Examination Outcome and Progression to Referendum	J Campbell – Senior Planning Policy Officer	"
			Memoranda of Understanding with the Local Enterprise Partnership	A Moffat – Head of Development	"
	November 2017		Growth and Infrastructure Group Terms of Reference	C Kerr – Planning Service Manager (Policy)	02/11/17
	December 2017		Local Plan Update and Infrastructure Planning	C Kerr – Planning Service Manager (Policy)	06/12/17
			Local Plan: Proposed Submission consultation	C Kerr – Planning Service Manager (Policy)	"
			Representatives on External Organisations	A Green – Democratic Services Officer (Scrutiny)	"
	February 2018		Car Parking Strategy Task and Finish Group – Strategy	N Sloper – Head of Operations	08/02/18

Panel	Study	Date	Status	Action	Date for Future Action
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	March 2018		Local Plan Update and Infrastructure Planning Endorsement of the Local Plan	C Kerr – Planning Service Manager (Policy) C Kerr – Planning Service Manager (Policy)	" 08/03/18
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75	Economy & Growth	Strategic Review of Car Parking	03/11/16	Following Cabinet's agreement to set up a Strategic Task and Finish Group, the Panel discussed the Strategic Review of Car Parking. The Panel appointed Councillors D B Dew, R Fuller, I D Gardener and T D Sanderson to the group.	It was agreed that the Task and Finish Group will not be led by Overview and Scrutiny; however the Panel will be responsible for the scrutiny of the Task and Finish Group's work.	05/10/17
			06/04/17	A project overview and scoping document was presented to the Overview and Scrutiny Panel.		
			30/05/17	A meeting of the Task and Finish Group was held. Members agreed the future meeting dates, discussed the reporting dates, carried out a stakeholder analysis and discussed in what form public participation should take. In addition the Group reviewed the scoping document.		
			08/08/17	A second meeting of the Task and Finish Group was held.		

Panel	Study	Date	Status	Action	Date for Future Action
Economy & Growth	Local Plan To 2036	06/10/16	Members agreed to keep the Local Plan to 2036 on the work programme. A task and finish group has not be established however the Panel have agreed that the Chairman should become the Panel expert on the topic.	The Panel is to receive a Local Plan and Infrastructure Planning update.	05/10/17
		15/06/17	The Panel received and discussed the Huntingdonshire Local Plan to 2036.		
Economy & Growth 76	Devolution	06/10/16	Members agreed to keep Devolution on the work programme however before appointing a Panel expert, Members would like to invite the relevant Executive Councillor responsible to a future Panel meeting to update the Panel on what work has been done so far.	The Panel agreed to invite the Executive Leader to update Members after the election of the Combined Authority Mayor.	
		03/11/16	The Panel received an update on Devolution from the Executive Leader.		
Economy & Growth	Reports Due and Regular Items		Below are a list of reports to be presented at future Panel meetings:	Next report is due at the Panel meeting in December 2017.	07/12/17
	Representatives on External Organisations	Annual	Selected Members represent the Council on various External Organisations. The Panel received updates at its meetings in November 2016 and February 2017.		

Panel	Study	Date	Status	Action	Date for Future Action
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	Marketing Strategy Work Programme	Annual	The Panel have requested annual updates on the work programme.	Report was presented in July 2016 and the next one is due at the Panel meeting in September.	07/09/17
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Performance & Customers 77	Forward Programme				
	October 2017		Site Disposal B (Exempt Report)	C Luscombe	04/10/17
	November 2017		Integrated Performance Report – Quarter 2	D Buckridge – Policy, Performance and Transformation Manager (Scrutiny)	01/11/17
			Treasury Management 6 Month Review	A Forth – Finance Manager	"
			Commercial Investment Strategy: Business Plan Phase 1 Review	C Mason – Head of Resources	"
			Assets Disposals (Exempt Report)	C Mason – Head of Resources	"
	December 2017		Representatives on External Organisations	A Green – Democratic Services Officer (Scrutiny)	06/12/17
			Review of Fees and Charges	A Forth – Finance Manager	"
	January (10th) 2018		Business Case for CCTV Commercialisation (Exempt Report)	C Stopford – Head of Community	10/01/18
			Draft Revenue Budget 2018/19 and Medium Term	C Mason – Head of Resources	"

Panel	Study	Date	Status	Action	Date for Future Action
	January (31st) 2018		Financial Strategy 2019/20 to 2022/23 Integrated Performance Report 2017/18 – Quarter 3 Final Revenue Budget 2018/19 and Medium Term Financial Strategy 2019/20 to 2022/23 Treasury Management Strategy 2018/19 Corporate Risk Register	D Buckridge – Policy, Performance and Transformation Manager (Scrutiny) C Mason – Head of Resources A Forth – Finance Manager D Harwood – Audit and Risk Manager	31/01/18 " " "
Performance & Customers	One Leisure Value For Money	05/07/17	The Panel agreed to create the Task and Finish Group. The following are Members of the Group: Councillors R C Carter, D B Dew, Mrs L A Duffy, M Francis, Mrs D C Reynolds and R J West.	A scoping document has been drafted. Meeting dates are yet to be decided.	
Performance & Customers	Cambridgeshire County Council Budget Scrutiny	05/12/16	Representatives from Cambridgeshire County Council were in attendance to present the County Council's Budget for 2017-22 and answer Members' questions.	Democratic Services Officer (Scrutiny) drafted a response to the budget proposals based on the points raised by Members at the budget scrutiny. The response to the budget proposals has been approved by the Chairman and was sent to Cambridgeshire County Council in December 2016.	

Panel	Study	Date	Status	Action	Date for Future Action
Performance & Customers	Social Value In Procurement	01/02/17	The Chairman informed the Panel that there will be a task and finish group investigating social value in procurement.	Officers are working on a scoping document.	

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