

A meeting of the **OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY)** will be held in the **COUNCIL CHAMBER, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, PE29 3TN** on **TUESDAY, 8TH JANUARY 2008 at 7:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact  
(01480)**

### **APOLOGIES**

**1. MINUTES (Pages 1 - 4)**

To approve as a correct record the Minutes of the meeting of the Panel held on 4th December 2007.

**A Roberts  
388009**

**2 Minutes**

**2. MEMBERS' INTERESTS**

To receive from Members declarations as to personal and/or prejudicial interests and the nature of those interests in relation to any Agenda Item. Please see Notes 1 and 2 below.

**2 Minutes**

**3. LOCAL GOVERNMENT ACT 2000 - FORWARD PLAN (Pages 5 - 10)**

A copy of the current Forward Plan, which was published on 14th December 2007, is attached. Members are invited to note the Plan and to comment as appropriate on any items contained therein.

**R Reeves  
388003**

**10 Minutes**

**4. MIGRANT WORKERS IN HUNTINGDONSHIRE (Pages 11 - 26)**

To consider a report by the Community Manager on the impact of migrant workers in Huntingdonshire and the development of a Migrant Population Strategy.

**D Smith  
388377**

**50 Minutes**

**5. EXCLUSION OF THE PUBLIC**

To resolve:-

that the public be excluded from the meeting because the business to be transacted contains exempt information relating to individuals and is subject to an obligation of confidentiality.

6. **ENHANCED CLEANSING SERVICES: PILOT STUDY** (Pages 27 - 32)

To consider a report by the Head of Operational Services on the outcome of a pilot of enhanced levels of cleansing services in St Ives.

**R Ward**  
**388635**

**20 Minutes**

7. **READMITTANCE OF THE PUBLIC**

To resolve:-

to readmit the public.

8. **DISABILITY ACCESS STUDY** (Pages 33 - 42)

To consider a report containing further analysis of responses by Town and Parish Councils to consultation on access to public areas, facilities and other places for those with disabilities and an update on progress of the study.

**A Roberts**  
**388009**  
**N Giles**  
**387049**

**30 Minutes**

9. **PATIENT AND PUBLIC INVOLVEMENT FORUMS - ANNUAL REPORT** (Pages 43 - 66)

A copy of the Patient and Public Involvement Forums' Annual Report 2006-07 is attached for information. Members are requested to consider whether the Report raises any matters that they might usually pursue in Huntingdonshire.

**10 Minutes**

10. **OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY) - PROGRESS** (Pages 67 - 76)

To consider a report by the Head of Administration on the Panel's programme of studies.

**A Roberts**  
**388009**

**10 Minutes**

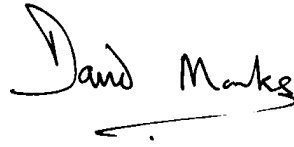
11. **SCRUTINY**

To scrutinise decisions taken since the last meeting as set out in the Decision Digest (**TO FOLLOW**) and to raise any other matters for scrutiny that fall within the remit of the Panel.

**A Roberts**  
**388009**

**10 Minutes**

Dated this 201st day of December 2007



Chief Executive

**Notes**

1. *A personal interest exists where a decision on a matter would affect to a greater extent than other people in the District –*
  - (a) *the well-being, financial position, employment or business of the Councillor, their family or any person with whom they had a close association;*
  - (b) *a body employing those persons, any firm in which they are a partner and any company of which they are directors;*
  - (c) *any corporate body in which those persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000; or*
  - (d) *the Councillor's registerable financial and other interests.*
  
2. *A personal interest becomes a prejudicial interest where a member of the public (who has knowledge of the circumstances) would reasonably regard the Member's personal interest as being so significant that it is likely to prejudice the Councillor's judgement of the public interest.*

**Please contact A Roberts, Democratic Services Officer, Tel No 01480 388009/e-mail: Anthony.Roberts@huntsdc.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](http://www.huntingdonshire.gov.uk) (under Councils and Democracy).*

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

**Emergency Procedure**

*In the event of the fire alarm being sounded and on the instruction of the Meeting Administrator, all attendees are requested to vacate the building via the closest emergency exit and to make their way to the car park adjacent to the Methodist Church on the High Street (opposite Prima's Italian Restaurant).*

## HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY) held in the Council Chamber, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 4th December 2007.

PRESENT: Councillor S J Criswell – Chairman.

Councillors Mrs M Banerjee, E R Butler,  
Mrs K E Cooper, J E Garner,  
Mrs C A Godley, D Harty, Mrs P A Jordan,  
P G Mitchell, J M Sadler, P K Ursell and  
J S Watt.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors J D Ablewhite, K J Churchill and D A Giles.

### **44. PROPOSED STUKELEY MEADOWS SKATE PARK**

The Chairman reported that, in accordance with Article 16 of the Access to Information Procedures contained in the Council's Constitution, consent had been given for the Proposed Stukeley Meadows Skate Park to be submitted as an item of urgency to the meeting of the Cabinet held on 22nd November 2007. Members were reminded that Article 16 required the Chairman to report on his action to the next ensuing meeting of the Panel.

### **45. MINUTES**

The Minutes of the meeting held on 6th November 2007 were approved as a correct record and signed by the Chairman.

### **46. MEMBERS' INTERESTS**

No declarations were received.

### **47. LOCAL GOVERNMENT ACT 2000 - FORWARD PLAN**

The Panel considered the current Forward Plan of Key Decisions (a copy of which is appended in the Minute Book) which had been prepared by the Leader for the period 1st December 2007 to 31st March 2008. Members were informed that the Chairmen of the Overview and Scrutiny Panels would determine the best way to deal with the Consultation and Engagement, Marketing and Communications and Customer Service Strategies. An item on kerbside recycling would be incorporated into the Environment Strategy for consideration at a future meeting.

### **48. DISABILITY ACCESS STUDY**

The Panel considered a report by the Head of Administration (a copy of which is appended in the Minute Book), which contained an analysis of responses received from Town and Parish Councils to a

questionnaire on access for those with disabilities to premises, facilities and other sites in the District.

Having discussed the information provided by Town and Parish Councils, the Panel decided that the precise location of defective dropped kerbs and areas where dropped kerbs should be installed and their priority should be obtained from those who had responded to the survey. Once obtained they would be forwarded to the County Council either for action or identification of those areas that did not fall within its remit. On receipt of the latter, Town and Parish Councils would be informed accordingly. It also was decided that a similar exercise should be carried out on parking practices within the District, with the findings being forwarded to the Police for comment.

With regard to a comment from Councillor P K Ursell, the Central Services Manager undertook to investigate further the existence of the Disability 'Blue' Route Scheme that was implemented by the Council in previous years.

With regard to public transport services, Members agreed to forward to bus operators, comments concerning the need for more low level buses and issues surrounding training for public transport employees on the needs of those with disabilities. In addition, it was agreed to refer to the County Council a suggestion that those who cared for individuals with disabilities should be provided with free bus travel.

To inform Members future discussions on establishing a list of individuals and bodies to consult on Council practices and services, details of potential consultees representing local disability groups were requested for consideration at a future meeting.

Finally, Members requested that a representative of Directions Plus be invited to a future meeting to assist the discussions on the study.

#### **49. STATE OF THE DISTRICT CONSULTATION WORKING GROUP**

A report on progress by the State of the District Consultation Working Group (a copy of which is appended in the Minute Book) was received and noted. Members expressed concern that significant numbers of members of the public were unlikely to attend four meetings, especially given the associated costs of advertising and hiring venues. It was felt that initially only one of the area consultation events should be held in order to determine the level of public interest in such an event. Members requested that the Working Group was informed of their views.

#### **50. PROMOTING HEALTH IN OLDER PEOPLE THROUGH PHYSICAL EXERCISE**

By means of a report by the Head of Administration (a copy of which was appended in the Minute Book) the Panel was acquainted with the Cabinet's decisions in response to recommendations following completion of the study on Promoting Better Health in Older People Through Physical Exercise. Arising from the Cabinet's request for further information, a number of anomalies in the report and the Vice-Chairman's interest in pursuing further a number of matters raised in the course of the study, the Working Group were requested to hold a

further meeting with a view to concluding the study.

**51. GROWING SUCCESS**

With the aid of a report by the Head of Administration (a copy of which is appended in the Minute Book), the Panel was informed of a decision by the Cabinet to request that the views of the Corporate Plan Working Group be incorporated into future reports on the Council's performance under Growing Success. Members concurred with a suggestion that the Panel's own comments should be forwarded to the Cabinet rather than those of the Corporate Plan Working Group.

**52. OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY) - PROGRESS**

The Panel received and noted a report by the Head of Administration (a copy of which is appended in the Minute Book) which contained details of actions taken in response to recent discussions and decisions and reviewing the programme of studies.

The Central Services Manager undertook to clarify the timetable for future consideration of the Environment Strategy. Councillor Mrs C A Godley reported that the Roads and Sewers Working Group would be meeting with the Head of Planning Services and the Principal Building Control Officer to discuss its study.

Councillor P G Mitchell informed Members that the Grants Working Group had concluded its review of the Small Scale Environmental Improvements Scheme and that information was currently being collated on other grant schemes administered by the Council.

**53. SCRUTINY**

In receiving and noting the 78th edition of the Decision Digest, Councillor P G Mitchell reported that the Development Control Panel would be considering the Core Strategy: Preferred Options at its next meeting.

Councillor Mitchell went on to outline his views on the need to match the provisions of plans for future housing and employment levels in the District. It was pointed out that there would be an opportunity to discuss this matter in more detail at a future meeting of the Panel when the Sustainable Local Economy Strategy Action Plan would be considered.

Chairman

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## FORWARD PLAN OF KEY DECISIONS

**Prepared by**  
**Date of Publication:**  
**For Period:**

**Councillor I C Bates**  
**14th December 2007**  
**1st January to 30th April 2008**

Membership of the Cabinet is as follows:-

Councillor I C Bates	- Leader of the Council	4 Church End Hilton Huntingdon PE28 9NJ  Tel: 01480 830250 E-mail: <a href="mailto:Ian.Bates@huntsdc.gov.uk">Ian.Bates@huntsdc.gov.uk</a>
Councillor L M Simpson	- Deputy Leader of the Council and Executive Councillor for Headquarters and Information Technology	45 Devoke Close Stukeley Meadows Huntingdon Cambs PE29 6XE  Tel: 01480 388946 E-mail: <a href="mailto:Mike.Simpson@huntsdc.gov.uk">Mike.Simpson@huntsdc.gov.uk</a>
Councillor P L E Bucknell	- Executive Councillor for Planning Strategy, Environment and Transport	Compass House Pathfinder Way Warboys PE28 2RD  Tel: 01487 824222 E-mail: <a href="mailto:Peter.Bucknell@huntsdc.gov.uk">Peter.Bucknell@huntsdc.gov.uk</a>
Councillor D B Dew	- Executive Councillor for Leisure Centres	4 Weir Road Hemingford Grey Huntingdon PE28 9EH  Tel: 01480 469814 E-mail: <a href="mailto:Douglas.Dew@huntsdc.gov.uk">Douglas.Dew@huntsdc.gov.uk</a>
Councillor C R Hyams	- Executive Councillor for Operations, Parks and Countryside	22 Bluegate Godmanchester Huntingdon Cambs PE29 2EZ E-mail: <a href="mailto:Colin.Hyams@huntsdc.gov.uk">Colin.Hyams@huntsdc.gov.uk</a>
Councillor A Hansard	- Executive Councillor for Resources and Policy	78 Potton Road Eynesbury St Neots PE19 2NN  Tel: 01480 388942 E-mail: <a href="mailto:Andrew.Hansard@huntsdc.gov.uk">Andrew.Hansard@huntsdc.gov.uk</a>

Councillor Mrs D C Reynolds - Executive Councillor for Housing and Health	17 Virginia Way St Ives PE27 6SQ Tel: 01480 388935 E-mail: <a href="mailto:Deborah.Reynolds@huntsdc.gov.uk">Deborah.Reynolds@huntsdc.gov.uk</a>
Councillor T V Rogers - Executive Councillor for Finance	Honeysuckle Cottage 34 Meadow Lane Earith Huntingdon PE28 3QE Tel: 01487 840477 E-mail: <a href="mailto:Terence.Rogers@huntsdc.gov.uk">Terence.Rogers@huntsdc.gov.uk</a>

Any person who wishes to make representations to the decision maker about a decision which is to be made may do so by contacting Mrs Helen Taylor, Senior Democratic Services Officer on 01480 388008 or E-mail: [Helen.Taylor@huntsdc.gov.uk](mailto:Helen.Taylor@huntsdc.gov.uk) not less than 14 days prior to the date when the decision is to be made.

The documents available may be obtained by contacting the relevant officer shown in this plan who will be responsible for preparing the final report to be submitted to the decision maker on the matter in relation to which the decision is to be made. Similarly any enquiries as to the subject or matter to be tabled for decision or on the availability of supporting information or documentation should be directed to the relevant officer.

Roy Reeves  
Head of Administration

Notes:- (i) Additions/significant changes from the previous Forward Plan are annotated \*\*\*  
 (ii) For information about how representations about the above decisions may be made please see the Council's Petitions Procedure at <http://www.huntsdc.gov.uk/NR/rdonlyres/3F6CFE28-C5F0-4BA0-9BF2-76EBAE06C89D/0/Petitionsleaflet.pdf> or telephone 01480 388006

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
St. Neots Outdoor Pool***	Cabinet	31 Jan 2008	None	Colin Meadowcroft, Head of Legal and Estates Tel No: (01480) 388021 - email - <a href="mailto:Colin.Meadowcroft@huntsdc.gov.uk">Colin.Meadowcroft@huntsdc.gov.uk</a>	N/A	A Hansard	Service Support
Public Arts Policy	Cabinet	31 Jan 2008	Public Arts Policy	Ms Viv Peters, Arts Service Manager Tel No 01480 388057 or e-mail <a href="mailto:Viv.Peters@huntsdc.gov.uk">Viv.Peters@huntsdc.gov.uk</a>		Mrs D C Reynolds	Service Delivery

<b>Subject/Matter for Decision</b>	<b>Decision/ recommendation to be made by</b>	<b>Date decision to be taken</b>	<b>Documents Available</b>	<b>How relevant Officer can be contacted</b>	<b>Consultation</b>	<b>Relevant Executive Councillor</b>	<b>Relevant Overview &amp; Scrutiny Panel</b>
Budget and MTP Recommendation to the Council	Cabinet Council	31 Jan 2008 20 Feb 2008	Draft MTP - Previous year's budget report - Various Annexes	Steve Couper, Head of Financial Services Tel No. (01480) 388103 - email - Steve.Couper@huntsdc.gov.uk	Overview and Scrutiny (CSF) – 29th January 2008	T V Rogers	Corporate Strategic Framework
To adopt Car Parking Strategy and agree Revised Parking Charges	Cabinet	31 Jan 2008	Draft Consultation Document	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 - email - Richard.Probyn@huntsdc.gov.uk	Approve changes for adoption having carried out consultation exercise  Overview and Scrutiny (Service Support) – January 2008.	P L E Bucknell	Service Support
Draft Proposals for Riverside Park, Huntingdon	Cabinet	31 Jan 2008	Riverside Park Options Study by Gillespies 2004	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 - email - Richard.Probyn@huntsdc.gov.uk	Approve for Consultation	P L E Bucknell	Service Support
Treasury Management Strategy and Prudential Indicators	Cabinet Council	31 Jan 2008 20 Feb 2008	Previous year's Strategy	Steve Couper, Head of Financial Services Tel No. 01480 388103 - email - Steve.Couper@huntsdc.gov.uk		T V Rogers	Corporate Strategic Framework
To adopt the Quality Charter for Cambridge's Growth Areas as Informal Planning Guidance	Cabinet	31 Jan 2008	Draft Consultation Document and Comments Made	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 - email - Richard.Probyn@huntsdc.gov.uk	Consultation already carried out	P L E Bucknell	Service Support

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Caxton Road Depot, St. Ives - development of new industrial/commercial units	Cabinet	21 Feb 2008	Estates File - C/165	Keith Phillips, Estates Manager and Property Manager Tel No. 01480 388260 or email - Keith.Phillips@huntsdc.gov.uk	Not applicable	A Hansard	Service Support
Consultation and Engagement Strategy, Communications and Marketing Strategy, Customer Service Strategy	Cabinet	21 Feb 2008	Strategy appendices and covering report	Ian Leatherbarrow, Head of Policy and Strategic Services Tel: 01480 388005 - email - Ian.L Leatherbarrow@huntsdc.gov.uk	Equality Steering Group, State of District Working Group.	A Hansard	Service Delivery
∞ Development Control Policies Preferred Options	Cabinet	21 Feb 2008	Issues and Options Report and Summary of Representations	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Approve for Consultation	P L E Bucknell	Service Support
Asset Management Plan	Cabinet	21 Feb 2008	None.	Keith Phillips, Estates Manager and Property Manager Tel No. 01480 388260 or email - Keith.Phillips@huntsdc.gov.uk	Approve annual report	A Hansard	Service Support
Draft Planning Contributions Supplementary Planning Document	Cabinet	21 Feb 2008	Huntingdonshire Local Plan Alteration	Richard Probyn, Planning Policy Manager Tel No: 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Approve for Consultation	P L E Bucknell	Service Support

<b>Subject/Matter for Decision</b>	<b>Decision/ recommendation to be made by</b>	<b>Date decision to be taken</b>	<b>Documents Available</b>	<b>How relevant Officer can be contacted</b>	<b>Consultation</b>	<b>Relevant Executive Councillor</b>	<b>Relevant Overview &amp; Scrutiny Panel</b>
Sustainable Community Strategy (Draft): Update	Cabinet	21 Feb 2008	None.	Ian Leatherbarrow, Head of Policy and Strategic Services Tel No. 01480 388005 - email - Ian.L Leatherbarrow@huntsdc.gov.uk	Public/Stakeholder Consultation	I C Bates	Corporate Strategic Framework
Shared Services	Cabinet	21 Feb 2008	None.	Terry Parker, Director of Commerce and Technology Tel No. (01480) 388100 - email - Terry.Parker@huntsdc.gov.uk	Overview and Scrutiny – Service Support.	T V Rogers	Service Support
Huntingdon West Area Action Plan Preferred Options	Cabinet	21 Feb 2008	Issues and options report and summary of representations	Richard Probyn, Planning Policy Manager Tel No: 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Approve for Consultation	P L E Bucknell	Service Support
Parish Plans and Local Plan Policy	Cabinet	21 Feb 2008	Previous Cabinet Report - December 2003	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Adopt process of incorporating relevant Parish Plan Policies into Planning Policies	P L E Bucknell	Service Support
To adopt Somersham Conservation Area Boundary Changes and Character Statement	Cabinet	21 Feb 2008	Draft Consultation Document	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Approve changes for adoption having followed consultation with the public and statutory bodies	P L E Bucknell	Service Support
To adopt Earith Conservation Area Boundary Changes and Character Statement	Cabinet	21 Feb 2008	Draft Consultation Document	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Approve changes for adoption having followed consultation with the public and statutory bodies	P L E Bucknell	Service Support

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Growing Success Performance Reports***	Cabinet	13 Mar 2008	Growing Success	Ian Leatherbarrow, Head of Policy and Strategic Services Tel No. 01480 388005 - or email - Ian.L Leatherbarrow@huntsdc.gov.uk	Overview and Scrutiny Panels	A Hansard	Service Delivery and Service Support
To adopt Godmanchester Conservation Area Boundary Changes and Character Statement	Cabinet	13 Mar 2008	Draft consultation document	Richard Probyn, Planning Policy Manager Tel No 01480 388430 or e-mail Richard.Probyn@huntsdc.gov.uk	Approve changes for adoption having followed consultation with the public and statutory bodies	P L E Bucknell	Service Support
To adopt Hemingford Conservation Area Boundary changes and Character Statement	Cabinet	13 Mar 2008	Draft consultation document	Richard Probyn, Planning Policy Manager Tel No 01480 388430 or e-mail Richard.Probyn@huntsdc.gov.uk	Approve changes for adoption having followed consultation with the public and statutory bodies	P L E Bucknell	Service Support
To adopt the Core Strategy for submission to the Secretary of State***	Cabinet	3 Apr 2008	None.	Richard Probyn, Planning Policy Manager Tel No. (01480) 388430 - or email - Richard.Probyn@huntsdc.gov.uk	Approve changes for adoption having followed consultation with the public and statutory bodies.	P L E Bucknell	Service Support
Environment Strategy and 2008/09 Action Plan***	Cabinet	3 Apr 2008	Environment Strategy and 2008/09 Action Plan	Chris Jablonski, Environment Team Leader Tel No. (01480) 388368 - or email - Chris.Jablonski@huntsdc.gov.uk	The Strategy and Action Plan have been developed through an extended period of discussion with partners and stakeholders and through public consultation.	P L E Bucknell	Service Support

## MIGRANT WORKERS IN HUNTINGDONSHIRE (Report by Community Manager)

### 1. Introduction

- 1.1 Chief Officers Management Team received a report from the Head of Policy and Strategic services on the 24 July 2007 that provided initial information on the impact of migrant workers in Huntingdonshire. Huntingdonshire has an increasing number of migrant workers and their families. This is in line with other cities and areas in the UK. This trend is expected to continue for the foreseeable future.
- 1.2 New migrant worker arrivals are varied and not homogenous. As well as challenges migrant workers bring skills, economic and cultural benefits to Huntingdonshire and the wider area. The increase in the migrant population has led to community tensions in other parts of the country but these have been reduced in Huntingdonshire through the work of the Council and its Partners.
- 1.3 This changing nature of Huntingdonshire's population profile has taken place within the context of a national political immigration debate, often portrayed with considerable negativity. Many people in the wider community do not have access to accurate information on local immigration facts and issues. This can be a cause of tension and misunderstanding between communities hindering integration and inclusion.
- 1.4 This strategy is about ensuring fair and equal access to services for Huntingdonshire's migrant population. It requires a commitment from service providers to assess the effectiveness of the services they deliver to an increasingly diverse community and to specifically include integration as a key issue in all mainstream service strategies, plans and services.
- 1.5. It is about improving opportunities for new communities to effectively integrate in the district, and the wider community having access to informed and accurate information on migration issues and thus the reduction of any community tensions.
- 1.6 The basic principles of the strategy are:
  - To ensure information led decision making
  - Sharing information on the changing profile of the new communities
  - Promoting community cohesion
  - Celebrating the diversity of the district
  - Improving Information and communication

It is proposed that "Thematic Action Groups" be established where required to develop and improve access to services, reducing exploitation, improving the ability to navigate organisational systems and avoiding

marginalisation. The thematic action groups will report back to the Health Housing and Social Care LSP thematic group.

- 1.7 Migrant workers and their families have formed the largest single group of new residents in Huntingdonshire over the last three years. Migration is a key theme of our age. Its role in a modern 21st century economy is likely to intensify not diminish. In 2004 the East of England Development Agency (EEDA) commissioned the first comprehensive piece of research into the number of migrant workers coming into the region and the economic contribution that they made.
- 1.8 At the same time, in some of the six counties that make up the region, multi-agency forums had been established to address the issues around migrant workers that were identified in their areas. In recognition of the range of issues confronting the migrant population Cambridgeshire County Council established the Cambridgeshire Migrant Workers Network which is made up of representatives from all the main statutory agencies and voluntary and community organisations that engage with migrant workers and their families.
- 1.14 There is no universally agreed definition of the term 'migrant worker' with different agencies, bodies and governments using their own slightly different definitions. However all the available definitions identify a migrant worker as someone who arrives in the host country to do a particular job or with the explicit objective of finding paid employment. Such a broad definition embraces a range of situations and circumstances such as the duration of stay, the validating mechanisms involved and the employment status of the migrant.

## 2. **The need for a Migrant Population Strategy**

- 2.1 The objective of developing a local strategy is to respond to the needs of vulnerable migrant workers and their families across Huntingdonshire. In doing this, the District Council is conscious that the Huntingdonshire Strategic Partnership can play in leading on this work and the strategic partnership's ability to draw together appropriate agencies in the development of strategic responses to existing and emerging needs.
- 2.2 Migrant workers are perceived to be an urban phenomenon. In reality they make a significant contribution to both the rural and urban economies, often filling posts where there is no suitable or insufficient local labour. Without this labour force, many businesses would not be able to work at full capacity and may even look at relocating to remain competitive. In the East of England alone, the revenue gains from migrant workers have been estimated by EEDA at £360 million.
- 2.3 Today, the use of migrant labour is widespread and the migrant labour force is more ethnically and culturally diverse. No-one knows exactly how many migrant workers are contributing to our economy and society. In Huntingdonshire we are looking at the changing trends in the use of migrant workers in both rural and urban areas and the types of issues which they and we as service providers face. This document will identify the challenges for the District Council and our partners in the following areas;-
  - Employment
  - Housing



- Education and training
- Community Safety
- Benefits and Entitlements
- Immigration,
- Community Cohesion and
- Public Health

2.4 This change in profile of Huntingdonshire will impact on:

Statutory service providers in terms of varied and increased demands being made on services.

The ability of Huntingdonshire to benefit from the contribution that people from new migrant communities can make to the local economy, civic, and cultural/social life

The key areas are therefore:

- To assist people from new and emerging communities to settle and integrate effectively into the district
- To enable service providers to ensure services are inclusive and responsive to increasingly diverse sectors of the community in the district
- To provide the established community with accurate information on migration issues that can promote inclusion and reduce community tensions
- To involve statutory partners, community and voluntary organisations, faith organisations and individuals in delivering the services and actions necessary to ensure inclusive communities.

2.5 The population dynamics of Huntingdonshire have changed recently because of the increasing number of economic migrants and their families who have come to work and settle in the area. It is widely recognised that the migrant population is vulnerable to social exclusion and there are many reports of exploitation and isolation. Partners such as the Citizens Advice Bureau, Police and Primary Care Trust are well placed to respond to these situations. In particular they can give visibility to the situation of the migrant population, develop good practice and models for action, lever more appropriate service provision from state agencies.

2.6 Migrants are perceived historically to work in horticulture, agriculture, food packing and processing, but they also work in many other sectors, including administration business & management, hospitality & catering, health & education, and manufacturing. Many migrant workers are professionals and have skills that are needed in other employment sectors that have shortages of skilled workers. Most migrant workers are in Britain legally and with the legal right to work.

### 3 **How many migrant workers are there in Huntingdonshire?**

3.1 Research has reaffirmed that it is difficult to estimate with any precision the number of migrants working in Huntingdonshire at any one point in time. Part of the problem derives from the difficulty in defining a migrant and especially the distinction between 'foreign born' (those born overseas but who may have UK citizenship) and 'foreign' (those who do not hold UK citizenship).

- 3.2 The difficulty in providing precise figures is the result of how the figures are categorised. Under the Worker Registration Scheme (WRS) figures provided by the Border and Immigration service show that the Anglia region for the period May 2004 to June 2007 had approximately 95,000, 15% of national total registrations. However, when considering the total provided by the Border and Immigration Service for National Insurance applications for the same period to total reduces to 61,813, 8.9% of the national total. The main reason for the difference being that under the WRS a new certificate is required for each job.
- 3.3 The Institute for Public Policy Research (IPPR) estimates that in 2003, there were some 2,875,000 foreign nationals living in the UK compared with a figure of approximately 2,001,000 in 1993. This is an increase of 43 per cent. Of these, an estimated 1,396,000 were registered workers compared with a corresponding 1993 estimate of 862,000 workers, an increase of 61 per cent. Despite the apparently large increases, foreign workers still accounted for less than five per cent of all those in employment in the UK in 2003.
- 3.4 Migration has always been part of life in the UK. Outward migration from the UK to other countries and inward migration are part of the country's history, identity and economy. In 2005 the most recent year with full data, 383,000 people left the UK and 565,000 entered the country.
- 3.5 The IPPR went on to estimate that 40 per cent of foreign workers in 2003 were residents of the [then] 15 EU Member States with a further four and a half per cent coming from Central and Eastern European Countries. This compares with approximately nine per cent from India, Pakistan and Bangladesh and six per cent from Australia and New Zealand. The East of England Development Agency (EEDA) states that East Anglia has the highest number of migrant workers in England, around 90,000.
- 3.6 Whilst we don't have any exact figures for the number of migrant workers living in Huntingdonshire at any specific point in time, the figures set out in Table 1 attached to this report provides details of the number of National Insurance Number (NINO) registrations in respect of non-UK nationals living in Huntingdonshire in each of the years 2003/4, 2004/5, 2005/6 and 2006/7. However the figures set out in the table do not show when a migrant worker leaves the area or even the country to live elsewhere or non-UK nationals that have not registered for a NINO.
- 3.7 What we can deduce from the NIMO figures is that registrations increased significantly when the ten additional countries joined the European Union on the 1<sup>st</sup> May 2004. Huntingdonshire experienced an increase from around 500 registrations in each of 2002/3 and 2003/4 to more than double this at 1,040 in 2005/6 and 1,350 in 2006/7. This rise can be attributed to A8 nationals with the level of people from these countries increasing from 10 in 2002/3 to 930 in 2006/7.

#### 4. **Future patterns of migrant labour in Huntingdonshire**

- 4.1 Patterns of labour migration are often analysed in terms of pull and push parameters. Pull parameters include factors such as wage levels and living conditions that make places particularly attractive to potential economic migrants. Increasingly, pull factors also include the policies and programmes of countries that encourage migrant labour as a means of

addressing skill shortages in the indigenous labour force that would otherwise act as a barrier to economic growth.

- 4.2 By contrast, push factors are analysed in terms of the perceived disadvantages of the migrant's home country including unemployment, low wage structures, limited opportunities for career progression etc. Push factors can also include wider considerations such as political instability, poverty and underdevelopment. In the current Huntingdonshire labour market, employers continue to identify problems in recruitment that prevent them from keeping abreast of the market and/or adapting to new technologies.
- 4.3 Whilst the most acute shortages are recorded in the skilled trades and associated professions, vacancies are not confined to high-skilled areas alone. Increasingly, vacancies are being recorded in unskilled sectors including land work, food processing, construction, and hotel and catering. Although it is unlikely that migrant labour will be capable of filling all such vacancies, in the short term, it is clear that local companies regard migrant workers as key components in their strategy for the current and future economic prosperity of Huntingdonshire.
- 4.4 The extent to which this can be sustained will invariably depend on conditions and circumstances prevailing in labour exporting countries and the objectives and aspirations of potential migrant workers. Personal aspirations, ambitions for self betterment, broadening horizons, and new challenges will remain a driving force in the decision of many individuals to migrate. In some circumstances, the decision is also influenced by enhanced earning capacity that allows remittances to be sent back to the country of origin to support a wider family network.
- 4.5 A significant determinant of future patterns of labour migration to the UK will also be the economic fortunes of labour exporting countries especially the European Economic Area countries. In this context, a major unknown is the future economic conditions that are likely to prevail in the newest EU Member States. A number of studies argue that following an early period of increased labour movement, migration from East European Member States to the UK will slow down, partly due to improving economic and social conditions in their home country.
- 4.6 On the 1 January 2007 both Romania and Bulgaria joined the EU and it is anticipated that nationals from these two countries will come to the UK to seek employment details of specific numbers and areas chosen to reside have still to be provided. Central Government has placed employment restrictions on migrants from Romania and Bulgaria up to the end of 2008.

## 5. **Employment**

- 5.1 Migrant workers range from the highly educated and skilled, to those who are highly motivated but have no formal education; from migrants who come as seasonal workers, to those recruited by overseas companies to work in international or local businesses, to others who came with their families, because there were no employment opportunities in their countries of origin.
- 5.2 The East of England Development Agency (EEDA) have conducted research into this and their survey report seeks to convey the scale and demographics of migrant workers in the East of England, their age and

gender, the workers' levels of education and skills and the transferability of these skills, issues related to language and communication, as well as a range of work related issues.

- 5.3 Some of the recent migrants to the region possess high levels of skills and qualifications but they are unable to offer these to the region's labour market, for example because the schemes under which they enter the labour market confine them to working in particular types of employment. The EEDA research in 2005 states that most migrant workers are working in the region at below their skill level even though the skills they possess can be in areas where there are major skill shortages.
- 5.4 Migrant workers bring £360m to the Region's economy (EEDA). Most are employed in food, agriculture, construction, hotels, catering, cleaning and manufacturing, making them a highly significant element within Huntingdonshire's local economy. Additionally migrant workers play a key role (as temporary or seasonal staff, skilled workers and supervisors) in parts of the food and farming supply chains. Increasingly, skilled and professional migrant workers are recruited to such sectors as health and social care
- 5.5 It is perhaps obvious that employment and employment-related issues should feature prominently on the agenda of migrant workers. Migrant workers can face a number of problems and difficulties in the labour market.
- 5.6 Problems with employment agencies and gangmasters include issues such as:
- Inaccurate representation of the nature of jobs available to the migrant worker, levels of pay the Immigration Agency in their May 2004-June 2007 A8 monitoring report state that 77% of migrant workers were earning £4.50 – £5.99 per hour, and holiday entitlements;
  - inadequate information provided on matters such as the migrant worker's rights, entitlements and obligations;
  - a lack of transparency and proportionality surrounding salary deductions made by the employment agencies and gangmasters from earned income to cover costs of housing, transport, administration etc.;
  - failure to honour commitments on matters such as skills development and training;
  - refusal to honour holiday and sickness entitlements and statutory wage rates;
  - provision of poor quality working conditions and standards;
  - refusal to recognise qualifications and work experience of migrant workers in terms of the status and wage levels of the jobs allocated;
  - unfair dismissal, and;
  - denying migrant workers the small privileges enjoyed at work by local workers.
- 5.7 It is important that new arrivals from overseas understand about life in Britain, including key aspects of the law and of the operation of public services. This is not only about the benefits the person coming to live in the UK is entitled to but their obligations to the host country. This

knowledge reduces the risk of misunderstandings that can cause problems or concerns for existing residents and migrant workers. For this reason we have begun to look at how all service providers can communicate more effectively with migrant workers. Huntingdonshire District Council is in the process of developing a welcome pack for migrant workers that sets out rights and obligations and information on support agencies.

- 5.8 The magnitude of the impact of the migrant population on the 'indigenous community' can become an issue, when existing local services may already be under pressure.

## 6. **Housing**

- 6.1 The impact of the migrant population on housing demand is cushioned by the fact that agencies and employers often arrange initial accommodation. However these practices often pose challenges and can result in substandard or even illegal provision. Housing issues figure prominently on the list of problems that migrants experience. Housing options available to migrant workers can be classified under the following headings:

- Tied housing (housing that is only provided so long as you work for
- your employer)
- Private rented/social housing
- Owner occupation.

- 6.2 The available evidence identifies a number of permutations in the tied housing arrangements experienced by migrant workers. These range from the conventional model where the employer is also the landlord through to circumstances where the landlord is an independent third party and the employer acts as a facilitator between worker and landlord. In circumstances where the migrant worker operates through an agency, the agency either provides the accommodation directly, or acts as the manager/rent collector for a property that is owned by an independent third party.

- 6.3 The problems and issues associated with tied housing are many and varied and include:

- the job/house tie means that loss of job results in loss of accommodation/ homelessness for the migrant worker
- a lack of continuous employment often leads to rent arrears and debt with associated harassment, and threat of eviction.
- accommodation provided is often poor quality, sub-standard and overcrowded
- available accommodation is most commonly suitable only for single adults and, as such, inappropriate to the needs of families
- with agency managed housing, the absence of a tenancy agreement undermines security of tenure
- rent levels are often well above the equivalent in the private rented sector and especially so in situations where rent is deducted from wages on a fixed pro rata basis. In such circumstances, rent becomes a variable which increases when the worker earns more money, e.g. because of overtime.

## 6.4 Rented Accommodation

6.4.1 Migrant workers seeking accommodation, especially the lower paid, share some of the problems experienced in the housing market by indigenous unskilled and semi-skilled workers including:

- the affordability of private sector rents, especially in relation to eligibility for or limits imposed on Housing Benefits
- the need for a deposit and the payment of rent in advance (usually one month)
- insecurity associated with tenancy agreements that usually specify one month's notice
- the quality and standard of housing being made available to migrant workers in the private rented sector
- in the social housing sector, issues surrounding eligibility for housing depending on the status of the migrant including the right to reside.

## 6.5 Houses in Multiple Occupation (HMO's)

6.5.1 HMO's have been one of the most visible features of the presence of the migrant population and one of the main flashpoints with the local population. However, while there may be causes for concern regarding the over-occupation of housing, the real issue lies in the fact that HMO's are one of the most obvious symbols of the marginalisation and exploitation of the migrant population. People occupying these properties are usually unable to engage in the local housing market on an equal footing, so they are, at best, subject to significant over-charging. At worst, their accommodation is tied to their employment, leaving them open to illegal deductions from their wage packets, immediate eviction if laid off, arbitrary demands for money and threats or actual violence.

6.5.2 This has impacted on the housing market in Huntingdonshire in the following ways:

- there are currently 10 Houses of Multiple Occupation that the Council are in the process of licensing in response to the new mandatory licensing powers which came into force in 2006, however we do not know what proportion are occupied exclusively by migrant workers
- estimates indicate that there are 50 plus houses in non-mandatory licensable HMO use with the vast majority occupied exclusively by migrant workers
- the authority are receiving reports on a regular basis of properties been converting to HMO and our experience suggests that migrant families and workers are taking up the housing
- there have been several serious fire incidents in HMOs in the eastern region over the last few years and there are on-going concerns about fire safety within this tenure
- there appears to be a landlord preference to let to migrant workers to increase profitability as it is done on a per head basis.
- there is anecdotal evidence of an increase in migrant families accessing private rented accommodation.

6.5.3 The increasing migrant population locally may be impacting on the ability of the indigenous population to find accommodation in the private rented sector. For many this is not tenure of choice but tenure of necessity whilst

waiting for affordable housing. However if the pressure for affordable housing becomes greater and if more households are living in overcrowded accommodation, as a result of reduced access to the private rented sector, there may well be an impact upon the provision and occupation of mobile homes within the district.

## 6.6 Owner occupation

6.6.1 Higher income, often professional, migrant workers wishing to enter owner occupation can face problems from banks and building societies which are reluctant to provide loans to clients on a time-limited work permit with no guarantee of extension or renewal.

## 6.7 Social housing

6.7.1 National regulations restrict access to Social Housing for migrants. If not in employment Migrant workers cannot access the housing register to be considered for affordable housing (social rented accommodation or shared ownership). To access the Housing register residents from the EU nationals from the eight (A8) East European accession countries (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovenia and Slovak Republic ) Cyprus and Malta are not included in the scheme. Need to be in continuous full time employment and presently employed, and also have a Home Office Worker Registration Scheme document. Other EU states including Portugal have less restriction to accessing the housing register.

## 7 **Education and training**

7.1 Migrant workers who are unable to speak English face significant barriers in relation to employment, accessing services and integration within local communities. There are common challenges in the provision of language (ESOL) and other courses to migrant workers. These include:

- many migrant workers work a shift pattern and return home for visits regularly. Therefore, regular attendance at courses can be difficult
- delivering courses is relatively expensive and providers are often unable to find funding to support appropriate courses that are short and non-accredited
- for some courses, students require a National Insurance number, which prevents some of them from attending classes
- in addition to adult education, there are some migrant workers who bring dependants of a school age with them. This trend is increasing. Teachers at local schools may have very little knowledge of many of their students' educational backgrounds, and many children will have a limited command of the English language.

## 8. **Community Safety**

8.1 Recent research by the Institute of Public Policy and Research into 10 rural and urban areas experiencing recent rapid arrival of significant numbers of new migrants found that "issues such as crime, anti-social behaviour and access to services were the most important issues for all communities, migrant and non-migrant alike".

- 8.2 There is evidence of racist views and hostility in some areas of the country. In some areas which have experienced a large influx of migrants, far-right groups have gained ground. Undoubtedly, migration poses challenges for community cohesion and the possibility of hate crime. Overcrowded and physically insecure shared living conditions mean that migrants can be victims of other crimes such as theft and assault.
- 8.3 Small incidents, such as tensions over other residents parking spaces if HMOs do not have adequate parking, can escalate. Cohesion and community safety cannot be taken for granted. The main issues are to:
- ensure continued engagement to build relationships with permanent and transitional migrant communities by all partner agencies. This will also give the migrant communities confidence to report any perceived hate crime to the appropriate agencies.
  - continue to improve access to information via one stop shops, police, libraries, web sites etc.

## 9 **Benefits and entitlements**

- 9.1 EU Regulations enable workers and members of their families who move within the EU to take with them their acquired rights to social security and health care. Such arrangements also apply to members of the EEA and Switzerland.
- 9.2 In the context of the current EU Member States, the Government introduced the Workers' Registration Scheme in May 2004, for EU nationals from the A 8 countries. Nationals from these eight accession countries coming to work in the UK are required to register which will prove that they have permission to reside and work in the country. Entitlement to benefits such as income support, job seeker's allowance, state pension credit, housing benefit and council tax benefit for Accession 8 Countries is governed by the need to satisfy the right to reside conditions.
- 9.3 Work permit holders and working holidaymakers are admitted to the UK on the condition that they do not have recourse to public funds. In effect, this means that they cannot claim certain benefits that include child benefit, disability living allowance, working tax credit, housing benefit, income support and allowance. Work permits for these workers are stamped 'No recourse to public funds'.
- 9.4 The issues surrounding access to and eligibility for benefits and entitlements are often a source of problems and challenges for migrant workers. These include:
- difficulties in understanding the full range of benefits and entitlements available and the eligibility criteria and procedures for accessing them
  - employers' lack of understanding/refusal to acknowledge a range of employees' rights in relation to work and related issues



## 10 **Immigration issues**

- 10.1 Given the diverse range of criteria and conditions governing the rights (or not) of migrants to work in Huntingdonshire, issues surrounding their immigration status can sometimes feature prominently on the agenda of migrant workers. Although many of the reported issues surrounding immigration status often relate to undocumented workers, a number of situations and circumstances can present problems to those who are in the country legitimately.
- 10.2 Key issues and concerns include:
- problems with getting change(s) to a work permit and associated difficulties of changing jobs
  - provision of incorrect information/advice about the immigration status of a worker
  - lack of clear and concise explanations from departments and agencies
  - communication problems due to insufficient command of English
  - insufficient understanding of procedures, practices and legalities of matters such as motor insurance and certification
  - a culture of fear which often prevents the worker from seeking help lest it results in loss of job, accommodation etc. and
  - a work-dominated existence which curtails opportunities to develop social interaction with local communities who themselves are sometimes cautious of or even hostile to any such interaction.

## 11 **Community cohesion issues**

- 11.1 Positive interaction between migrant communities and existing residents is crucial to promoting cohesion. However, a range of practical and attitudinal barriers to interaction are likely to exist. At the practical level, language is all important. Many migrants arrive with little or limited English.
- 11.2 The arrival of significant numbers of foreign language speaking migrant workers in Huntingdonshire's market towns can be a source of tension and conflict with the host community. Other practical barriers to interaction between migrants and existing residents stem from separation that comes from busy and separate working and social lives. Tensions between new and settled communities are often caused by myth and misinformation circulating and gaining currency. In the absence of any other information, media reporting can define local perceptions about migrants.
- 11.3 EEDA research in December 2005 highlights issues relating to migrant workers sense of well-being and accepted integration in the region can be affected by a number of factors;
- their financial situation, together with their ability to send remittances to their family
  - the availability for contact with family members
  - their concern at their inability to adequately provide for family members who have travelled with them
  - inadequate and expensive accommodation, which is sometimes unsafe and insecure and
  - difficulty in accessing English language courses designed to meet their needs.

## 12 **Public Health**

- 12.1 Public Health is concerned with the health of the community as a whole. It is an approach that focuses on the health and well being of a society and the most effective means of protecting and improving it. It addresses the root causes of illness and disease, including the inter-acting social, environmental, biological and psychological dimensions, as well as the provision of effective health services. Public Health is addressed through two main areas of activity: health protection and health improvement.
- 12.2 Health protection involves identifying threats to health and intervening to reduce those threats. Population movements around the world continue to increase and migration affects virtually all countries of the world. Global infectious disease epidemiology is changing as a result. Migrants arrive in the UK from a wide range of countries for a wide variety of reasons. Most are young adults and many come from countries with no higher risk of infectious disease than the UK. Some however arrive from countries which have a high burden of infectious disease compared to the UK (Migrant Health. Infectious diseases in non-UK born populations in England, Wales and Northern Ireland. A baseline report – Health Protection Agency, 2006). Statistics show the burden of certain infectious diseases now falls on particular groups of people who were not born here. Much of this disease is likely to have been acquired prior to arrival in the UK, in countries with a high incidence of disease. There is little evidence to suggest that the general population is at risk of acquiring disease from migrants, especially during normal social contact. This needs to be conveyed to the general public since the fear of a perceived health threat can lead to prejudice which increases stigma and may have untoward public health consequences.
- 12.3 Migrants have a range of health needs reflecting the diversity of the group but affected by three key determinants: their individual characteristics (e.g. age, sex, ethnicity), their country of origin and the circumstances of migration, and the socioeconomic conditions in the host country. Currently there is no single comprehensive system for collecting data on the movement of migrants into and out of the UK and the data available have limitations in the analysis of health needs.
- 12.4 For the purposes of health protection there is no evidence the existing population is at risk from acquiring disease from migrants however the health of some migrant populations may require intervention. Once migrants arrive in the destination country, their health will be determined by physical, social, economic and cultural factors in the receiving country. Ill health and disease transmission may continue to occur, and may be exacerbated by difficulties in accessing health care.
- Some migrants may suffer from malnutrition due to limited finances, language difficulties and a lack of culturally familiar and acceptable foods available locally.
  - Some migrants live in poor housing conditions and consequently may be at increased risk of infections transmitted by close association and related to deprivation such as TB, other respiratory diseases and possibly blood borne infections.
  - Some migrants work in potentially dangerous situations, they may be at greater risk of accident or occupational ill-health where language difficulties inhibit instruction or training.

12.5 Improving the health of migrants in the UK is important because they represent a small but diverse proportion of our population that contributes to our economy and culture. Some migrants may have difficulty in accessing health improvement programmes or may not be reached through standard means:

- Some of the marketing of programmes is through primary care providers. Where migrants have not registered with a GP they will not be included in this catchment.
- Some migrants may not access programmes such as healthy eating because the foods or cooking methods recommended are not culturally familiar.
- Some migrants may not be able to access services, advice and support because of language difficulties, lack of support structures, a lack of awareness of what is available or what their entitlements are.
- Some migrants may be isolated and lack social networks locally this can impact on both their mental health and well being.

### **13 Recommendations**

13.1 It is requested that a multi agency task group be convened to respond to the issues identified above and report findings and proposed actions to the LSP Health and Housing Thematic group.

13.2 A welcome pack for migrant workers setting out rights and obligations is produced (a draft outline is in hand and contact has been made with a regional information project to progress this if there is a will to proceed).

### **BACKGROUND INFORMATION**

Local Government Association/Institute of Community Cohesion November 2007 report – Estimating the scale and impacts of migration at a local level.

Home Office Border & Immigration Agency – Accession monitoring report May 2004 – September 2007.

East of England Development Agency Autumn 2005 report – Migrant workers in the East of England.

**Contact Officer: Dan Smith – Community Manager**  
 **8377**

**Table 1**

Figures from National insurance Number Regulations in respect of non-UK Nationals (2003/4, 2004/5, 2005/6 and 2006/7) by local authority area and country of origin						
<b>Country</b>	<b>2002/3</b>	<b>2003/4</b>	<b>2004/5</b>	<b>2005/6</b>	<b>2006/7</b>	<b>Total</b>
Australia	20	20	20	20	20	100
Bangladesh	10	10	10	20	10	60
Canada	0	10	10	10	10	40
China Peoples Rep	10	10	0	10	20	50
Cyprus	0	0	10	0	0	10
Czech Rep	0	0	10	20	10	40
Denmark	0	0	10	0	0	10
Finland	10	0	0	10	0	20
France	20	10	10	20	10	70
Germany	10	10	10	10	20	60
Ghana	0	10	10	10	10	40
Greece	0	10	0	0	0	10
Hungary	0	0	0	10	20	30
India	30	30	30	30	30	150
Iran	10	0	0	0	0	10
Italy	10	10	10	10	10	50
Jamaica	0	10	0	0	0	10
Malaysia	10	10	10	0	0	30
Netherlands	10	10	0	10	10	40
New Zealand	10	10	10	10	10	50
Nigeria	0	0	0	10	0	10
Pakistan	20	20	10	20	20	90
Philippines	90	60	30	40	20	240
Poland	10	20	210	370	730	1340
Portugal	40	60	50	30	20	200
Rep of Estonia	0	0	0	10	10	20
Rep of Ireland	10	10	10	10	10	50
Rep of Latvia	0	0	30	40	40	110
Rep of Lithuania	0	0	50	90	90	230
Romania	0	0	10	0	10	20
Russian Fed	10	0	0	0	10	20
Slovak rep	0	0	20	40	30	90
South Africa	40	40	20	50	30	180
Spain	10	10	10	10	10	50
Sir Lanka	0	0	10	0	0	10
Sweden	0	0	10	0	0	10
Thailand	10	10	10	10	10	50
Turkey	10	10	0	0	0	20
Uganda	10	10	0	10	0	30
USA	30	40	20	30	50	170
Zambia	10	10	0	10	0	30
Zimbabwe	10	20	20	10	10	70
<b>Total</b>	<b>510</b>	<b>500</b>	<b>720</b>	<b>1040</b>	<b>1350</b>	<b>4120</b>

These totals do not sum exactly due to rounding,

Notes:

1. Numbers are rounded to the nearest ten.
2. Totals may not sum due to rounding
3. Numbers are based on 100% data from the National Insurance Recording System (NIRS)
4. Local authority is assigned by matching postcodes against relevant postcode directory
5. Local authority counts are based on the most recently recorded address of the NINO recipient.

<b>Continent/Region</b>	<b>2002/3</b>	<b>2003/4</b>	<b>2004/5</b>	<b>2005/6</b>	<b>Total</b>
North Africa	30	60	30	40	170
Africa	70	90	50	100	310
Asia: Far East	120	90	50	60	320
Asia: South Asia	60	60	60	70	250
Asia: Middle East	10	0	0	0	10
South America	0	0	10	10	20
Oceania	30	30	30	30	120
<u>Europe:</u>	150	160	460	690	1460
• <i>Europe: A 8 Countries</i>	10	20	320	580	930
• <i>Europe: Other Accession</i>	0	0	10	0	10
• <i>Europe: other EU</i>	120	130	120	110	480
• <i>Europe: Rest</i>	20	10	10	0	40
<b>Totals</b>	<b>470</b>	<b>490</b>	<b>690</b>	<b>1000</b>	<b>2660</b>

These totals do not sum exactly due to rounding.

Note: The Accession countries joined the EU on the 1<sup>st</sup> May 2004.

Note: Romania and Bulgaria joined the EU on the 1<sup>st</sup> January 2007.

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# Agenda Item 6

By virtue of paragraph(s) 1, 7a of Part 1 of Schedule 12A of the Local Government Act 1972.

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**DISABILITY ACCESS STUDY - UPDATE  
(Report by the Head of Administration)**

**1. INTRODUCTION**

- 1.1 The purpose of this report is to provide Members with an update and further analysis of the consultation with District Council Members and Town and Parish Councils on disability access.

**2. BACKGROUND**

- 2.1 Members will recall at their meeting held on 4th December 2007, consideration was given to the results of a consultation exercise on access for those with disabilities to premises, facilities and other sites in the District, excluding those provided by the District Council. Members discussed parking on pavements, dropped kerbs and access to buses as potential areas of further investigation.
- 2.2 The Panel also referred to the benefits of introducing, for Council decisions, a dedicated group of consultees representing those with learning, physical and sensory impairments. Members went on to endorse a suggestion that those who cared for individuals with disabilities should be provided with free bus travel for work purposes. Finally, Members requested that Directions Plus (now Disability Cambridgeshire) be invited to a future meeting to discuss the study.

**3 FURTHER CONSULTATION**

**Dropped Kerbs**

- 3.1 The Panel decided that information on the precise location of defective dropped kerbs and areas where dropped kerbs should to be installed and their priority should be obtained from the Town and Parish Councils that had responded to questions on this subject. As a result, Town and Parish Councils who identified problem areas have been sent a letter requesting this information; a map that corresponds with their areas has been enclosed with each letter.
- 3.2 Once the information referred to above has been obtained, it will be forwarded to the County Council either for action or for identification of areas that fall outside its remit. Attention is drawn to the fact that those Councils that had experience of reporting defective kerbs or of requesting new ones had received a positive and expedient response from the County Council.

**Illegal Parking**

- 3.3 The Panel also asked that the Town and Parish Councils that indicated problems with illegal parking were consulted on where these problems occur. A map has been sent to those Town and Parish Councils in the same way as that reported in paragraph 3.1. This information will be forwarded to the Police for comment.

## **4 OTHER ACTION**

### **Public Transport**

- 4.1 As a result of the survey, Members asked that bus operators were informed of their views concerning the need for more low level buses and for public transport employees to be trained on the needs of those with disabilities. This request has been carried out for their consideration and responses are awaited from the bus operating companies.
- 4.2 Members also agreed to refer to the County Council a suggestion that those who cared for individuals with disabilities should be provided with free bus travel for work purposes. This request has been made to the County Council for their consideration. Carers UK recently instigated a campaign for recognised travel for carers so Members' comments also have been referred to this organisation.

## **5 QUESTIONNAIRE RESPONSES**

### **Transport**

- 5.1 As requested at the last meeting, a comprehensive list of all issues raised from the questionnaire has been compiled (see Appendix A). Further analysis now is given to the issues raised and similarities between Councils are highlighted.
- 5.2 Many authorities reported on the infrequency and irregularity of public transport services. It was noted that the type of bus provided often was ill-equipped to cater for the needs of disabled passengers. This lack of access to vehicles such as buses was mentioned by most respondents reflecting, in particular, the needs of rural parishes. It was suggested that more low level buses should be provided and that the need for appropriate dropped kerbs/pathways leading to buses should be addressed as currently they limit individuals' mobility.
- 5.3 The idea of a disabled bus pass was warmly received; however, concerns over the hours in which the holder could use the pass were raised. It was also recorded that there should be a form of carer's bus pass for those who are required to travel with disabled individuals; this has been addressed in Section 4 of the report.

### **Illegal Parking**

- 5.4 Greater penalties for anti-social parking in disabled (accessible) bays and adjustments to roads and paving were highlighted as key solutions to many parking problems. The majority of authorities reported on the inconvenience of illegal parking, in particular, outside schools at peak times and local shops and its effect on members of the public.

### **Information**

- 5.5 It was reported that the majority of information surrounding the needs and requirements of disabled people was sought directly from disabled people themselves and, in relation to friends or family with a disability, from members of the community (see Appendix B for

details). The District Council featured as a useful site for obtaining information; however, some authorities requested access to further information with regard to representation, service planning and the availability of funding. Reference also was made to the potential of a dedicated group of consultees to promote and monitor their needs and to assist with the formulation of Council policies. Furthermore, the need for education and training for Council employees and associated organisations to improve awareness of disability access was raised.

- 5.6 In response to a request by Members Appendix C contains details of advisory bodies in this area.

### **Funding**

- 5.7 Funding and financial support was a key issue. There was a lack of information and confusion regarding whom to approach to obtain funding. The need for better communication and flow of information on available funding and facilities for disabled people was a common finding throughout the study.

## **6. CONCLUSION**

- 6.1 Members are requested to note the progress of the study and to identify any issues arising from the new information presented to pursue further. The Panel are also requested to note that a representative of Directions Plus (Disability Cambridgeshire) has been invited to the meeting of the Panel on Tuesday, 5th February 2008 to assist the discussions on the study.



### **Appendices**

- Appendix A Summary of questionnaire responses on transport/transport  
Appendix B Sources of information  
Appendix C List of advisory bodies

### **BACKGROUND PAPERS**

Disability Equality Duty Research Findings

Reports and Minutes of meetings of the Overview and Scrutiny Panel (Service Delivery)

**Contact Officer:**    **A Roberts**  
                                     **01480 388009**  
                                 **N Giles**  
                                     **01480 387049**

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Parish Councils	Cllrs Responded	Public Transport Issues (Qus 5 - 8)	Parking Issues - Specifics (Qus 11)
Abbots Ripton	J. C. Leaver	Bus passes based on financial assessment, no public transport available.	n/a
Alconbury	Sue Lancy (Clerk)	Availability is not publicised.	Primary school at peak times, Rust Lane
Alwalton	D. Lowe & E. Moore	Dial-a-ride not covered in area.	Issues outside pub, North side of Royce Road.
Broughton	C. Moulton	Restriction and possible termination of bus service.	n/a
Buckden	B. Millard	Approve free bus pass and 1 for companion/ career. Need improved access. Funding issues.	n/a
<b>Buckworth</b>	H. Cooper	Need to improve drop off points, approve bus pass	Issues of road side parking.
Chesterton	J. Pither (Clerk)	n/a	Parking issues resolved with the help of a PCSO.
Farcet	J. Rickman (Clerk)	Approve of disabled bus pass, need low liner bus and easier access onto them.	n/a
Glatton	L. Prain	No pathway to bus shelter.	n/a
<b>Godmanchester</b>	C. Hyams & W. D. Butterworth	Bus passes can't be used before 9.30am	Cars parked at bus stops, insufficient residential parking, on dropped kerbs etc, enforcement is rare.
Hemingford Abbots		Steps to bus are not low enough and lack of low liner buses to compensate.	n/a
<b>Hilton</b>	J. A Thomas	Inadequate number of buses throughout day.	Church Lane, insufficient resident parking.
<b>Hollywell-Cum-Needingworth</b>	S. Mitcham	Better publicity required for disabled bus passes.	High St, Bedford Close, Spinney Way, Junction off Townsend Way/High St. PC has got grant to improve access and parking at village hall.
<b>Huntingdon</b>	J. Sadler	Approve disabled bus pass but buses not equipped for disabled passengers.	Outside supermarkets and Steve's Taxi office.
Kings Ripton	D. Jenkins (Clerk)	n/a	Parking on footpaths possible issue.
<b>Offords &amp; Gransden</b>	R. West	Approve bus pass idea, old buses not designed for disabled use.	Outside school at peak times
Perry	L. Razzell (V. Chair)	Increasing bus fare discourages use, can't use bus pass before 9.30am, need low liners.	Need disabled parking sign on road on Rose Croft Road.
<b>Ramsey</b>	E. Howard	Free travel needed for disabled travellers, careers should travel free in severe cases. need better equipped buses.	Blenheim Rd, Chilly Hut, outside schools, post office, Whyte field Rd, Palmers corner, Little Whyte, High Street.
<b>Sawtry</b>	Highway Committee	Q7- insufficient morning bus service to Cambridge.	Persistent- disabled bay outside Co-op, pavement parking.
<b>Sawtry</b>	R. G. Tuplin	Need better equipped buses, insufficient shelters.	Pavement parking is occasional.
<b>Somersham</b>		Bus pass good idea but have no public transport for it to be used.	No disabled parking facilities at village surgery, problems on High St especially at The Cross.

<b>Spaldwick</b>	F. D. Stowell	Access to bus in West Hunts is difficult (high steps).	Insufficient tenant parking on Thrapston Road, parking is impractical for volume of traffic.
<b>St. Neots Town</b>	D. E. Collins	n/a	Outside Montagn House, corner of Hardwick Rd to Gongear Park Eynesbury, Pope Rd, Washbank Rd, Hampden Way (Cromwell Rd end).
<b>Upwood &amp; The Raveleys</b>	J. T. Bell & J. Haggard	Suitable timing of bus service. No funding.	Occasional problems-have issued warnings.
<b>Warboys</b>	R. Reeves	Satisfactory.	Parking on footways/highway verges is problematic.
<b>Wistow</b>	D. Titmarsh	n/a	Church St near Flyrdelys.
<b>Woodhurst</b>	J. Nicoll	n/a	Most places have parking issues at some time.
<b>Yaxley</b>	Parish response	Disabled are disadvantaged as few low liners buses provided.	Illegal parking especially outside doctors surgery on Landesdowne Road.
<b>Yaxley</b>	Councillor J Watt	Buses don't serve village internally, need more buses to go directly to and from Peterborough More pickup points needed.	Illegal parking especially outside doctors surgery on Landesdowne Road.
<b>Yelling</b>	O. V. Ascroft (Clerk)	Inadequate transport for the disabled.	n/a
<b>Mrs Boddington</b>		Bus passes should be issued when required.	n/a

(Only inc PC that have responded with a problem) **(PCs with problems of both dropped kerbs and illegal parking)**

#### SUMMARY

Insufficient residents parking leads to illegal/inappropriate parking.  
Majority approve the need for free disabled bus passes and passes for companion/careers.  
Type of bus provided not low liner/wheelchair friendly - poor access to disabled users.  
Parking outside schools/pavements/double yellows/outside shops etc key issues.  
Lack of funding to initiate any change.

Sources of information available and where it is obtained from

Parish	Councillors Responded	Source of Career/Organisation Information (Q16,17,21-24)	CALC	HDC
Abbots Ripton	J. C. Leaver	Parish Plan	Y	
Alconbury	Sue Lancey (Clerk)	Parish Newsletter, notice boards, questioning individuals,	Y	Y
Alwalton	D. Lowe & E. Moore	HDC		Y
Broughton	C. Moulton	Discuss at Council meetings	Y	
Buckden	B. Millard	Problems notified to the PC, use internet for information		
Buckworth	H. Cooper	Deal with rising matters through PC		Y
Farcet	J. Rickman (Clerk)	Information through Chairman, Cllr F Spooner,		
Fenstanton	P. Dakers (Clerk)	Miss Allen (Learning Difficulties), 50 Headlands, Fenstanton		
Folksworth & Washingsley		Word of mouth, use PC resources		
Godmanchester	C. Hyams & W. D. Butterworth	Word of mouth, interested in info group of consultees		Y
Hemingford Abbots		Local knowledge, community feedback, request funding info		
Hilton	J. A Thomas	Strong community network,		
Hollywell-Cum-Needingworth	S. Mitcham	Consult with village groups, internet, CCC, St Ives Access Group	Y	
Houghton & Wyton	B. Kirkwood (Clerk)	Access Parish Plan,		
Huntingdon	Cllr J. Sadler	Internet, Hunts Careers		
Kings Ripton	D. Jenkins (Clerk)	Parish Council	Y	Y
Offords & Gransden	Cllr R. West	Direction Plus, Peterborough PCT, Community Nurse Team		
Perry	L. Razzell (V. Chair)	PALS, Shopmobility, Age Concern, display info on notice boards		
Sawtry	Highway Committee	Internet, Caresco		Y
Sawtry	R. G. Tuplin	Access Village Plan, Caresco		
Sibson-Cum-Stibbington	S. Kudlinski	Internet		Y
Somersham		Word of mouth, Somersham District over 60's club	Y	
Spaldwick	F. D. Stowell	Word of mouth	Y	
Toseland	P. Dillon	Word of mouth, Central Government Website		Y
Upwood & The Raveleys	J. T. Bell & J. Haggard	Village newsletter		Y
Warboys	R. Reeves	Word of mouth, internet		
Wistow	D. Titmarsh	From disabled people, internet		
Woodhurst	J. Nicoll	Word of mouth	Y	
Yaxley	Cllr J Watt	Word of mouth, surgery's		
Mrs Boddington		Internet		

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APPENDIX C

DISABILITY FORUM  
LIST OF MEMBERS

Age Concern Cambridgeshire	Linda Page	linda.page@accambs.org
Cambridgeshire Deaf Association	Jamie Billam	jamie@cambsdeaf.plus.com
Camsight		info@camsight.org
Crossroads	Linda Collumbell	Linda.Collumbell@westangliacrossroads.org.uk
Hunts Coalition of Disabled People (HCOBP)	Ruth Dunkley Lynn Wright	huntingdon.coalition@ntlworld.com
Hunts and District ADHD Support Group	Sarah Taylor	(see Hunts Parent Carer Forum))
Hunts Forum of Voluntary Organisations	Jenny Watson	jenny@huntsforum.org.uk 01480 415178
Hunts Parent Carer Forum	Sarah Taylor	huntspcf@ntlworld.com
Hunts Society for the Blind	Heike Penny Margaret Pullen	huntsblind@btconnect.com 01480 453438
Mencap	Dot Neville	dot.neville@mencap.org.uk
MS Therapy Centre	Margaret Harrison	admin@mstc.fsworld.co.uk
Our Voice	Sue Billam	ourvoice@tiscali.co.uk
Papworth Trust	Brian Calvert Heather Wood Philip Tatt Bruce Wall Amelia Hodson	Brian_Calvert@papworth.org.uk Heather_Wood@papworth.org.uk Philip_Tatt@papworth.org.uk bruce@wall45.fsnet.co.uk Amelia_Hodson@papworth.org.uk
RFET	Steve Powter	steve.powter@richmondfellowship.org.uk
RNID Employment Services	Sally Clelland	sally.clelland@rnid.org.uk
SAID (Speech and Interaction Difficulties)	Susan Green	dean_81196_sd@hotmail.com 07813 325552

**APPENDIX C**

**FOR INFORMATION**

Disability Service	Abi Ajoni	abi.ajoni@cambridgeshire.gov.uk 01480 415266
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Patient and Public Involvement Forums'  
Annual Report 2006-007

# National Summary



**Patient and Public Involvement Forums'**  
Annual Report 2006-07

# National Summary

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# Foreword

by Sharon Grant, Chair of the Commission on Patient and Public Involvement in Health

As I write this, the Local Government and Public Involvement in Health Bill has just received Royal Assent and the future of Patient and Public Involvement (PPI) in the NHS will now lie with Local Involvement Networks (LINks) as PPI Forums and CPPIH will be abolished on 31 March 2008.



These changes are happening at a time when major reforms are being rolled out throughout the NHS and true engagement with patients and the public is needed more than ever.

However, it is right then that this National Summary celebrates the commitment and hard work of thousands of volunteer PPI Forum members. Their dedication has been all the more remarkable considering the uncertainty Forums have faced over their future. Our current challenge is to ensure that the unique knowledge and experience held by Forums is not lost as a new system is planned, and to ensure that PPI Forum members can find a place within it.

Since December 2003, PPI Forums have been working across England, to bring the views and concerns of patients and communities to the forefront of local NHS decision making and, on occasions, onto the national agenda. With almost 4,500 volunteer members, PPI Forums have worked with their associated Trusts to respond to local opinion and to improve the patient experience. The PPI Forums all produce their own individual annual

reports, which are directly available from the Forums.

It is perhaps surprising that in only their third full year of operation, PPI Forums have matured and developed as well as they have. Most have developed their own local networks, others have worked jointly on common concerns and many have come together nationally on major campaigns. Between 2006-2007, PPI Forums launched three important campaigns. The first, 'Food Watch', looked at patients' experience of hospital food. The results were quite damning in places, with Trusts inconsistent in what they provided to patients, to such an extent that a high proportion of patients told us they had their meals supplemented by food brought in by their family and friends.

The second campaign, 'Care Watch', explored the true nature of dignity and care in today's NHS. While the results showed that most patients were happy and understanding about the care they received; there were still too many instances of patients needing help with eating and access to toilet facilities. The survey also highlighted that the use of mixed-sex wards is

still far too common and highly unpopular. Both campaign reports were sent to the Department of Health and the findings of Care Watch in particular are being used by the Department of Health throughout their Dignity in Care campaign work. The third and final campaign, 'Dentistry Watch', highlighted the extremes patients are faced with in their inability to access an NHS Dentist, with many forced to go private, whilst a small proportion undertook self-medication to the alarm of the national and international media and parliamentarians. The campaign received unprecedented media coverage, but more importantly has led to the instigation of a Health Select Committee Inquiry.

PPI is about people. It is about the thousands of volunteers who since December 2003 have committed their time and energy to make a difference to millions of local people. The fact that we celebrate success and not highlight disenchantment is a testament to Forum members who have continued to fulfil their responsibilities, no matter what was thrown at them, and that includes their proposed abolition announced in 2006.

The challenge for LINKs will be to harness the impressive momentum created by Forums and to ensure that the learning and skills that members both brought to and developed in Forums, is not lost. Not only do Forum members need greater clarity over the role that they can play in a LINK, but also confidence that LINKs will succeed and deliver the wider engagement that is wanted by all involved. Crucial to ensuring that these individual volunteers continue to be involved – both in their current role and as a potential LINK member – is minimising the gap between the end of PPI Forums and the beginning of LINKs.

Worryingly, the Department of Health has moved from a position where there would be no gap, to one where a gap is actively being accepted. Not only will a gap pose issues for public confidence in the NHS at large, but could lose the interest of potential LINK members. Both the Commission and

the PPI Forums will face the approach to 2008 with some degree of apprehension.

However, I am confident that whatever the future brings, PPI Forums have a solid legacy of which they can be rightly proud, made up of real successes both national and locally. The beneficiaries of this have of course been patients themselves and their carers, but also in the longer term the wider public who will in future demand a sense of ownership of their NHS, by being able to shape services and policies in health as never before.



Sharon Grant  
CHAIR



# Introduction

At the end of March 2007, there were 397 PPI Forums. This was a reduction from 572, through merging Forums, following the Department of Health initiated reconfiguration of Primary Care, Ambulance and Mental Health and Learning Disability Trusts.

This gives each Trust an independent 'critical friend' to work closely with - but a 'critical friend' with a clear responsibility to represent the views of patients and their local communities. Each PPI Forum develops their own work plan by deciding which local health issues and services need investigating and how to give local communities the chance to contribute to shaping health services. Their work includes gathering views about the quality of services, discovering any gaps and providing ideas on improving the experience of people using services. Forums produce individual annual reports for the year, which runs from April to March, which are copied to the NHS Trust concerned.

This annual summary of these individual reports provides a snapshot of the varied work undertaken by PPI Forums from Northumberland to Cornwall, Shropshire to Norfolk.

Work plans are based upon local issues and concerns that have been identified by the Forum. Some may have also have a national impact – such as hospital food and the quality of care in hospital - while others may be unique to the experiences of the community they represent.

Now in their third full year, PPI Forums have become a loud and effective voice for the people and patients they represent. The improvements that they have helped to make, despite continued uncertainty over their future, demonstrate the real progress that is being made by giving patients and local communities not only a voice, but a seat at the table when decisions are being made in health and healthcare services.

The Commission for Patient and Public Involvement in Health provides support for PPI Forums, ensuring that their voice is heard in health matters. Voluntary sector and not-for-profit organisations are contracted by the CPPIH to provide local Forum support (Forum Support Organisations) including administrative duties. The public profile of Forums has been raised through many press and broadcast media opportunities, making stakeholders aware of the benefits they bring to the people they represent.

However, the remit of PPI Forums is wider than monitoring quality and making recommendations about health services. They also look at the health impacts of social care, transport or housing. PPI Forum members have looked at a wide range of issues over the last year, with infection control, health services and facilities, GP services, transport and parking featuring in a majority of PPI Forum work plans throughout the year. Encouraging the NHS to



become a truly patient led service, PPI Forums have:

- ensured issues which really matter to patients and their communities are highlighted and changes made where necessary
- provided not only a local voice for patients and the community but a national one on key health issues
- ensured the involvement of under-represented groups in health decision making
- monitored services and ensured where there are problems these are addressed

## Key areas where Forums are making a difference

Patient Forums strive to ensure the NHS continues to deliver and improve, listening to the views of patients and their communities.

With over 300 PPI Forums working in different areas of the country, a vast amount has been achieved. Working locally, Forums are able to pick up on the issues that really matter to communities. They have brought about changes both big and small. The small changes should not be neglected as it is sometimes these, which make the biggest difference locally.

Highlighted in this publication are just snippets of some of the work PPI Forums have been carrying out for the last year on behalf of their communities.

# 1. Working with their Communities



PPI Forums work to reflect the views and represent all communities living in their local area.

To achieve this, Forums have used a wide variety of methods to meet, understand the needs and collect the views of the different communities living in their area. Over the last year Forums have come up with a number of creative initiatives to engage with their communities, also ensuring that the views of those often under represented groups are listened to and acted upon.

Below is just a small sample of some of the work being done in this area:

An innovative new Health Reference Panel established by the **PPI Forums in Manchester, Salford and Trafford** is now providing a creative, practical way of engaging with people in the local communities who are unable to commit to full-time PPI

Forum membership. The panel consists of individuals, groups and organisations with an interest in health, who are kept informed about the activities of the Forums. In return, they are periodically asked to provide their views and experiences and have input into work and discussions on health and health services.

This is proving to be an excellent way of capturing the views of the broader community. All of the feedback received is passed directly to the Forums and can be included in specific reports, although comments remain anonymous.

**South West Kent PCT and Maidstone Weald PCT Forums** piloted a suggestion box at the Kent County Show which received 300 responses from attendees about local health services. As a result of the success of the

scheme, suggestion boxes were subsequently installed in 37 surgeries across South West Kent and Maidstone and Weald. Forums have received many comments from patients and ensure that any relevant issues are taken up with the Trust.

**Dorset PPI Forum** co-ordinated a joint community engagement event with members of **Hampshire PPI Forum**. The Forums wanted to discover whether people who are living close to county borders experience problems accessing health services. It was also an opportunity for local groups and the public to provide ideas and suggestions to improve local health services.

More than 30 people from many different community groups such as Friends of Local Hospitals, Carers' Groups, Parish Councils, voluntary organisations and members of the public attended to express their opinions and feedback from the event was used to inform future Forum work plans.

## Working with Younger People

**Cornwall Partnership PPI Forum** highlighted concerns over services for children and adolescents with mental health problems. The Forum identified several issues including communication breakdown between organisations, access to services and the amount of information



holding a “Come Dancing for Health” event, in conjunction with Manchester PCT and South Manchester Healthy Living Network. It was attended by more than 70 older people also who received blood pressure checks and information on the health benefits of ballroom dancing. The event received media interest and prompted interest in the Forums.

available to young people. The Forum also held a series of workshops where partnership organisations came together. Delegates included the Children and Mental Health Service’s (CAMHS) Commissioning Manager and Cornwall Partnership Trust and Health Promotion, an organisation working solely for young people with mental health problems.

Following these workshops CAMHS submitted a proposal to review services.

**The Heart of England Foundation Trust PPI Forum** was involved in the creation of a Youth Forum at Heartlands Hospital.

The initiative was very well received and involved a number of groups and organisations including Heartlands Hospital, the Solihull Muslim Community Association and Washwood Heath Youth & Community Network. The Trust welcomed the results and subsequently agreed to take over the running an administration of the Youth Forum.

## Working with older people

**The Milton Keynes Hospital PPI Forum** in partnership with Age Concern undertook a survey of older people to discover their views on hospital treatment and after care in the community. The survey consisted of a questionnaire which was used to target patients following discharge from hospital. Age Concern hosted a lunch and invited recently discharged patients to gather their comments and views on discharge procedures.

**The Manchester Health Watchdog PPI Forum** started 2007 with a kick by

## Working for the Homeless

**The PPI Forum for Derbyshire Mental Health Services** helped set up a group to represent those involved with homeless people in the public and voluntary sectors. This followed on from the success of a Homelessness and Mental Health Conference that they held in February 2007, The Homelessness and Mental Health Group meets regularly and has developed protocols to ensure better access and service provision.

**The Northamptonshire PPI Forum** interviewed homeless people at a local





support centre in Northampton. A report was produced and the findings were highlighted in the Forum's commentary for the Healthcare Commission's Annual Health Check. From this initial piece of work, issues have been identified such as problems in accessing services when a person does not have an address, homeless people being discharged from hospital back onto the street and that, while there are individual services for homeless people, there is no overall strategy to ensure that these are 'joined up'. Further meetings have been organised to gather information and plan future work.

## Working with people who have different needs

11 Mental Health PPI Forums in London collaborated together to publish a report and best practice guide entitled "Unheard Voices – listening to the views of Asylum Seekers and Refugees". The report was supported by an All Party Parliamentary Group of MPs and

built on research and interviews with asylum seekers and refugees. It made over one hundred recommendations and concluded that poverty, housing and immigration status are the key issues impacting upon the mental health of asylum seekers and refugees.

Neil Gerrard MP, Chair of the All Party Parliamentary Group on Refugees, said:

*"I very much welcome this report and its recommendations. If we can put this best practice guide into effect it will have really positive effects."*

The PPI Forum for Mental Health in Oxfordshire and Buckinghamshire held four workshops involving people from the black and ethnic minority communities to identify their views and concerns about mental health provision.

The Forum produced a report identifying a number of key issues and forwarded this to the Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust.

The Trust looked at each of the issues raised which included some counselling services being only available in English, a lack of workers able to identify with other cultures and lack of representation from the Black

and Minority Ethnic (BME) community in the Early Intervention team. The Trust then identified an Action Programme to address those issues which were their responsibility.

The report is a standing item on the regular Forum/Trust meetings which ensures that progress is monitored regularly.

The report has also been forwarded to the Commissioners of Mental Health Services and other providers of Primary Care to enable those organisations to respond to relevant concerns and guide future commissioning decisions.

Following a presentation given by the Refugee Council on the 'First Do No Harm Report' the PPI Forum for Birmingham East & North gathered further information and formally responded to the Joint Commission of Human Rights and Refugee Council on the issues raised by the report.

The Forums highlighted their concerns about the current NHS policy to charge Refugees and Asylum Seekers for healthcare under the NHS; and refusing to treat them unless they have an immediate or life threatening condition in which instance they will be charged after treatment.

## 2. Monitoring and Reviewing NHS Services



A crucial part of the work of Forums is the ongoing review of NHS services. Forums regularly undertake consultations and survey the public and patients to ensure that services are meeting their needs. Information from this work is used to help Forums decide on areas which require attention and they report any findings or observations back to the Trust. Forums work closely with Trusts to ensure that the voice of the patient is heard and that any reviews or changes to services involve service users early on in the planning stages. Forums also actively monitor NHS service provision looking at a range of areas such as hospital food, GP services, hospital acquired infections and maternity services to name but a few.

The following are some examples of Forums' work in these areas:

### Hospital services

NHS Trust Forums work with their local hospital to ensure that they are meeting the needs of patients. Forums will

monitor services and regularly carry out patient surveys around areas such as hospital food and hygiene for example to ensure the service being offered is up to standard.

In response to hospital ward closures and delayed discharge issues, the **Brighton and Hove PPI Forum** conducted a programme of monitoring visits to local intermediate care facilities. A report with recommendations was submitted to South Downs Health NHS Trust and an action plan developed. In particular, the Forum identified that more intermediate care beds are needed urgently and have asked the PCT to provide them.

Many Forums work with their Trust to monitor hygiene and cleanliness in healthcare settings. Hygiene inspections are now a regular activity and Forums will use them to highlight to the Trust areas for improvement.

The **University Hospitals of Leicester PPI Forum** is the lead on the Leicestershire and Rutland Forums Hygiene and Infection Control Committee. It has a well established programme of inspections in the three hospitals and enjoys the understanding and support of the staff and management, which has led to many improvements. Some of these changes have included the introduction of regular changing of shower curtain, replacing shower pull cords, replacing paper notes with wipeable case notes and opening windows which had

been previously nailed down. Follow up inspections are a feature of the work programme and are seen as a stimulus to continuing improvements.

Hospital food has been an area of national concern for Forums this year and Forums conducted a national campaign, entitled 'Food Watch' to find out the views of patients. (You can find more details of this in the Forum campaigns section). Below is an example of where a Forum has taken the Food Watch initiative one step further.

**The Norfolk & Norwich University Hospital PPI Forum** was made aware of a problem concerning the quality of inpatient catering service and patient satisfaction through participation in the national 'Food Watch' survey which received over 80 respondents. Results of the local Food Watch survey were so at odds with the findings of the Trust's PEAT inspection that it obliged the Trust to set up a committee called 'Food Watch Committee' to review, agree and implement improvements in standards. Forum members were actively engaged in these committee meetings which are now an ongoing process. As a result of the survey there were monthly meetings, the first of which addressed all the issues raised from the recommendations in the Forum's report. e.g. quality of food, temperature, nutrition, lack of menus, communication & information, presentation of food, assistance with feeding etc. and an agreement to run future review surveys.

A public meeting was held and improvements to date include: a staff member promoted to oversee the delivery of food; new procedures and signs have been implemented to give feeding assistance for incapacitated patients; the Restaurant Users Group includes a Forum representative; every member of the catering staff has undergone re-training and there is an improved menu format. The Food Watch Committee became subsumed into a "Nutrition on Wards" Committee which has continued this work and whose brief is to improve hospital nutrition. The Norfolk & Norwich University Hospital is backing the Forum initiative and has been keen to implement improvements.

## GP services

PCT PPI Forums also monitor and inspect GP services to ensure they are fit for purpose. Over the last year Forums around the country have carried out surveys around GP access, communication and opening hours amongst other areas.

When patients were left without a GP after their local doctor died suddenly, members of the **South East Essex Forum** facilitated meetings with local residents to find out what services local people wanted from a new GP. One of the main findings was a keenness to retain the current premises for future GP services.

As a result of this work by the Forum, in conjunction with the local community, the PCT agreed to suspend the planned closure of the premises and to thoroughly research the needs of local people in order to devise a solution which would be acceptable to all residents.

## Out of Hours

Many Forums have been concerned with the NHS Out Of Hours service this year after receiving many complaints from patients.

The **East of England Ambulance Service PPI Forum** discovered that the North Norfolk, Southern Norfolk, Norwich and Broadland PCTs Out Of Hours (OOH) service provided by district nurses and their drivers was under threat. As a result, the Forum wrote a letter to the local press, made contact with district nurses and their drivers, Norfolk MPs were lobbied and the Forum organised a meeting, which was attended by representatives of the PCTs, local MPs, district nurses, their drivers and a representative from Anglian Medical Care (AMC) part of the Ambulance Service, running the current OOH service in Norfolk and Waveney to discuss the problem.

As a consequence the AMC agreed to employ the district nurses and their drivers to ensure that the quality of service to patients would be maintained which delighted the

Forum particularly as it showed that the AMC recognised the importance of the first class care given to patients by the OOH district nurses.

# 3. Involvement in Consultations



Additionally, members visited community groups and public events, publicising the consultation and assisted people to fill in the forms and communicate their views. The findings were fed back to the 'Making it Better' Consultation team.

The Forums received 200 completed forms and found that many of the people they spoke to were unaware of the consultation, but said that the Forum's summary documents were very useful.

Section 11 of the Health and Social Care Act places a legal duty on NHS Trusts, Primary Care Trusts and Strategic Health Authorities to involve and consult patients and the public on substantial changes to services.

This includes:

- the ongoing planning of services
- considering and developing proposals for change
- decisions that may affect the operation of services.

Many NHS Trusts ensure they consult and involve their local PPI Forum, when planning any major changes to service. In addition Forums will often seek the views of patients and the public on consultations through public meetings, media campaigns and surveys to ensure the voice of patients and the public is fed back

into the decision making process. Forums have used their links with the community to reflect people's views and make a real difference to consultations, ensuring that any changes to service reflect what local people want and need. For example:

**Salford PPI Forum** helped play a major role in encouraging responses to a major NHS consultation 'Making it Better' in North West England. The consultation was looking at changes to healthcare services for young people, parents and babies which would affect 3.1 million people across the area. A possible outcome for Salford was the withdrawal of children's, neonatal and maternity services from the local Hope Hospital.

Keen to ensure residents had their say on the consultation, the Forums developed a series of summary documents, and a questionnaire simplifying the original consultation papers.

Due to the large numbers to be affected, on March 6 it was announced that the Secretary of State for Health had asked an Independent Reconfiguration Panel (IRP) to conduct an independent review of the 'Making it Better' proposals. The reports from the IRP are expected soon.

**Milton Keynes PCT PPI Forum** helped to halt the closure of a podiatry service in Milton Keynes, after responding to the consultation initiated by the Milton Keynes Primary Care Trust. The Forum put forward the community's views and asked the Trust to look at all the financial implications of the proposed changes. As a result the PCT decided to withdraw their plans.

After the Forum received notification from the Trust that they were looking at decommissioning the local podiatry service, they set about finding out what impact this would have on patients. The Forum discussed the

issue with various local voluntary and statutory organisations and found that many felt that the Podiatry services were needed.

The Forum called in Age Concern, which offers advice on podiatry programmes around the country, to ask their opinion on how the closure of the service would affect patients. Together they met with the PCT to ask them to reconsider the steps they were taking.

The Forum made the case that the costs saved from withdrawing podiatry services were negligible but the effect on the public was huge. As a result, Milton Keynes PCT agreed to withdraw their proposals and to fill some of the existing podiatry vacancies in order to create a proper and efficiently run service.

Over 100 West London residents attended a major event at Hounslow Civic Centre to discuss the health implications of the planned Heathrow airport expansion. The meeting, organised by **Hounslow PCT PPI Forum**, gave the community an opportunity to voice their opinion on the planned expansion of Heathrow airport and how it could impact upon their health.

**The Hounslow PCT PPI Forum** also invited a range of speakers to attend the event, including specialists on the effects of air pollution on respiratory problems, transport campaigners, local councillor and Lord Soley of Hammersmith.

The event hosted a lively debate on the planned expansion. Following the event, the PPI Forum wrote to Secretary of State for Health, Alan Johnson to demand a review of the Heathrow situation.

Working closely with the County Overview and Scrutiny Committee, **West Wiltshire PCT PPI Forum** became heavily involved in the 'Pathways for Change' process. This was a major consultation run by the local NHS, which looked at the future of healthcare in the area. The Forum has invited by the Trust to attend meetings and promoted the consultation with the public. After listening to the views of the community, the Forum was asked to comment on the project's consultation document and made a number of changes to reflect the needs of the community.

**PPI Forums for Bournemouth & Poole PCT, Royal Bournemouth & Christchurch Hospitals, Poole Hospital, Dorset PCT and Dorset Healthcare** along with other stakeholders were asked to contribute to the development of a protocol for joint scrutiny around the local area.

The purpose of the protocol was to set out the principles, commitments and responsibilities of Bournemouth, Poole and Dorset Councils, local NHS bodies and PPI Forums for the conduct of effective health scrutiny. Following consultation, the draft protocol was re-written to include all

of the suggestions put forward by the PPI Forums and distributed in March 2007. The protocol is now up and running and was used in April 2007 by Dorset Healthcare NHS Foundation Trust to evaluate their Clinical Services Review. A Forum member took part in the impact assessment of the Review.

**East Riding PPI Forum** worked with the **PPI Forum for Scarborough & North East Yorkshire Healthcare** to organise a meeting in public to discuss the Acute Trust's consultation on the future role of Bridlington Hospital. After listening to concerns from the community, the Forum decided to support the 'no change' option, but with variations around community health service provision and improved Trust management. They also requested that the issue of consultant cover at the Hospital be addressed.



## 4. Working in partnership

Since 2003 PPI Forums have been working alongside their local NHS trusts and their relationships have been ever developing and strengthening. This ensures that PPI Forums are widely recognised as an important stakeholder with their input welcomed and valued.

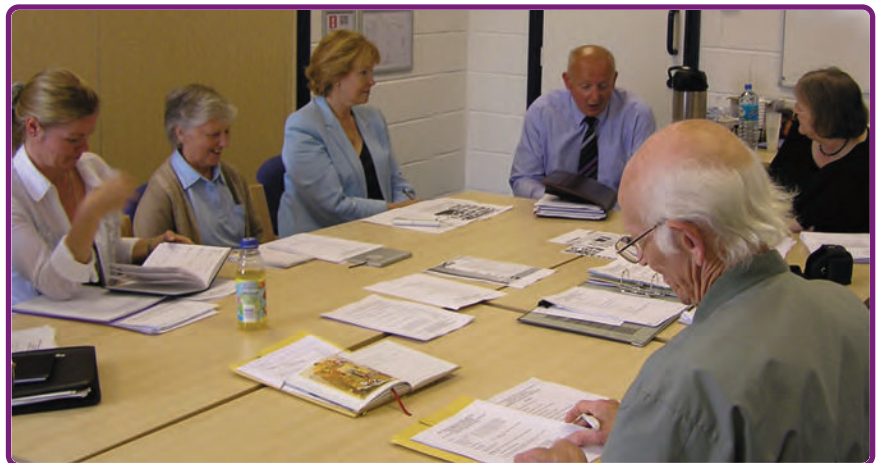
The PPI Forums also have a strong relationship with the Healthcare Commission and play a crucial role in the Healthcare Commission's Annual Health Check. Last year 485 PPI Forums took part in the Health Check, providing a declaration on how they consider their local NHS Trust is meeting core standards.

Forums also continued to develop relationships with stakeholders such as National Institute for Clinical Excellence (NICE), Overview and Scrutiny Committees (OSC), MPs, local health groups, schools and universities.

Some examples of how Forums work in partnership are:

The **PPI Forum for University Hospitals, Leicester** worked with their local NHS Trust to ensure that budget reductions imposed on the Trust had a minimal impact on patient services.

Despite previous budget reductions, there was further pressure this year on the Trust to save money and the PPI Forum felt this was threatening patient care.



Following suggestions from the PPI Forum the Trust agreed that meetings about these reductions should take place in public and involve the Forum. Through this the Forum were able to ensure that patient interests remained at the heart of the decision making process.

**Nottingham City PPI Forum** worked with Nottingham City's OSC to review the quality of service provided by the City's new NHS Walk-in Centre.

The Forum carried out a large number of patient interviews to gain an understanding of the quality of service provided by the Centre. In addition, Forum members undertook a number of visits to the site to observe the standard of the building and the facilities provided. This led to the Forum making seven recommendations to the PCT about how they might improve their services.

The work of the Forum was commended by Nancy Watson, Nottingham City Scrutiny Officer who said:

*"The PPI Forum provided invaluable support to the Health Scrutiny Panel's review of the Walk-in Centre. Their patient interviews and feedback from site visits gave the panel an insight into services from the patients' perspective."*

PPI Forums in Staffordshire worked with their local council to establish improved bus services between two major hospitals.

After receiving feedback from patients struggling to attend appointments due to a lack of adequate public transport, the **PPI Forums for Mid-Staffordshire General Hospitals and for Cannock Chase** came together to source a solution.

The Forums joined further partnerships with the local council's transport department, the Hospital Trust and the Cannock Chase Primary Care Trust.

The partnership proved highly successful. The Council agreed to invest £166,000 so as to introduce a new bus service providing regular transport between Staffordshire General and Cannock Chase Hospitals.

Staffordshire County Council also agreed to allocate £600,000 to provide five drop floor entranced buses for the route, to ensure that the bus service is easily accessible to wheelchair users or anyone with mobility problems.

The success of this service has also helped to alleviate car parking problems at the hospital and reduce car usage.

As part of the ongoing campaign to reduce the risk of transmitting infections the PPI Forum members joined forces with the **George Eliot Hospital's** Infection Control Team and ran a 'hand hygiene' awareness event.

Visitors and patients at the George Eliot Hospital are being urged to play their part in the fight against infection by following simple but effective measures such as thoroughly washing their hands as they enter ward environments.

As part of this campaign the PPI Forum promoted the importance of good hand

hygiene and visitors were given the opportunity to check how clean their hands were with a 'glow box'.

**The PPI Forum South Tyneside** is just one PPI Forum that has established monthly meetings with its Trust's patient involvement officers.

These offer an opportunity to pre-empt or quickly resolve issues. For example; there had been ongoing problems with the South Tyne PALS service regarding staffing within the service. These issues were raised with the Trust which worked with the Forum to look at ways to resolve the concerns.

**Milton Keynes Hospital PPI Forum** carried out an evaluation of the Imaging Department, in partnership with Milton Keynes General Hospital.

The aim was to obtain patients' views on the imaging service in Milton Keynes Hospital and communicate these to health professionals and services users to assist in developing the service. In total there were 1,230 surveys issued over the two weeks. The resulting recommendations were forwarded to the Hospital and action plans were then put together to implement them.

## Communication

Many NHS Trusts seek the advice of PPI Forums on the design of information materials aimed at the

public. Forums help to make sure that trusts communicate to service users in a way which will be understood by service users.

A **Kettering General Hospital Forum** member sat on the Patient Information Committee for the new Treatment Centre and contributed to the information leaflets provided for the Centre, making sure the information could be understood and was relevant to all patients and members of the public.

**The East of England Ambulance Service Forum** worked with the Trust to design and implement a number of patient information and aftercare leaflets to be carried on ambulances in Essex. One leaflet focussed on unexpected deaths, as a result of a suggestion from the Forum which had received information highlighting misunderstanding around the process that needs to be followed after an unexpected death.

Following lengthy negotiations between the Trust and the Forum, the Trust agreed that all patient aftercare and information leaflets will be carried on ambulance vehicles. The system was instigated in liaison with the **Essex PPI Forum** and has now been adopted throughout the rest of the eastern region. This includes a diabetes aftercare leaflet produced by Forum members in East Anglia.

## 5. Forum Campaigns



In the past year, PPI Forums across England have joined forces to deliver a number of health campaigns around areas of national concern. Forum members throughout England have identified key issues which would benefit from their national scrutiny and following up on complaints from patients and the public, Forums set about asking users of the NHS for their opinion on a number of services. Issues they have looked at this year include Hospital Food and Dignity and Care within the NHS.

These campaigns have succeeded in bringing the opinions of patients and the public to the forefront of health decision-making as well as stimulating national debate around areas that matter to NHS users.

In addition to the CPPIH led national campaigns, for the past two years

Forums have also been invited to submit an independent commentary on their trust's performance as part of the Healthcare Commission's Annual Health Check process. The Healthcare Commission use the annual health check to measure how well NHS trusts are performing against the Government's Standards for Better Health.

As part of the Annual Health Check, every NHS trust publishes a self-declaration, signed-off by the trust's board, on the extent to which they are meeting the standards. The Healthcare Commission then uses a range of publicly available information, and feedback from patients and the public, to cross-check the trusts' declarations. The commentary provided by Forums is part of the feedback from patients and the public that helps the Healthcare Commission satisfy itself

about trusts' performance throughout the year. In the 2006/2007, all 394 Forums submitted a commentary, or informed their trust why they couldn't.

PPI Forums will once again be submitting commentaries as part of the annual health check in 2007/2008.

### Food Watch

In Autumn 2006, PPI Forums asked patients and their visitors for their opinions on the cost, quality and availability of hospital food. More than 2,240 people were surveyed at 97 hospitals across England.

The survey found that a number of hospitals were providing patients with what they wanted and needed, but in many hospitals patients were still being provided with food that was not what they wanted and served at the wrong temperature. Patients left it because it was unappetising and the hospital food was being supplemented by food brought in by family and friends.

40 MPs put forward an Early Day Motion requesting Government action to improve the quality of hospital food and the campaign prompted widespread national debate on hospital food.



Sharon Grant, Chair of the Commission for Patient and Public Involvement in Health (CPPIH) commented:

*"These findings are disappointing. Patients have every right to expect food that is nutritious, served at the appropriate temperature, meets their dietary needs and help to eat if they need it. Proper nutrition is essential to recovery both physically and psychologically. An additional concern is the strain and cost for relatives who feel obliged to bring in substitute meals".*

Alison McCree, Chairman of the Hospital Caterers Association (HCA) commented:

*"Despite the negative findings, the HCA applauds the PPI Forums for conducting the survey. By ensuring that hospital food and catering services stay in the public and media spotlight, then there is even greater pressure for them to be treated as priority issues by NHS trust boards".*

Forums were surprised by the response from the Department of Health which reported that they thought hospital food was much better than it used to be. Andy Burnham, Health minister, said

"Last year, the independent Patient Environment Action Teams found that 90% of hospitals were rated 'good' or 'excellent' for food standards, compared with 17% in 2002. But we recognise that more needs to be done."

## Care Watch

Throughout February and early March 2007, members of PPI Forums asked 2,462 patients across the country for their views on crucial issues which could affect a patient's dignity, such as privacy, communication and assistance with eating.

Results of the survey found that contrary to popular belief, patients believe that the NHS is generally getting patient dignity right. However, the results also showed that as the NHS changes then so do patients' expectations, with many anticipating less personal care than they have had in the past

Following the Care Watch survey, a number of NHS Trusts have taken steps to address the issue of dignity in care and mixed sex wards with the support of their local PPI Forum. Findings were shared with decision-makers at the Department of Health (DH) and Forums were congratulated for their work on the survey. The DH reiterated the importance of patient surveys and announced that the Forums' findings would form part of the Government's 'Dignity in Care' Campaign.

# 6. Forum Recruitment and Promotion

The impact of Forums' work on healthcare provision is regularly publicised in the local and national media and to stakeholders. Forums work locally and collaborate on a national level across the country to bring health issues of national public concern to the fore. The publication of such success stories has helped build the reputation of PPI Forums as a force to convey the voice of the public in healthcare decision-making.

Forums have continued to undertake activity as indicated in their workplans, even under the shadow of threat of abolition shortly after Forums began and the proposed abolition which was announced in July 2006. They have actively engaged in their own recruitment and staged community events to raise awareness of their work and to recruit new members from a variety of backgrounds to existing Forums. Some of the activity that they have undertaken to promote their work is summarised below:

**Members of Derbyshire Mental Health Services Forum** and the Forum Support Organisation attended the Derbyshire Mental Health Awareness Day in October which provided a good opportunity to meet members of the public and raise awareness of the PPI Forum. Information packs and leaflets were given out and many local mental health and statutory organisations attended with information displays.

**The Bristol Patients' Forum** found it difficult to attract members of the public and local organisations to their meetings. To address this, a launch event (Open Meeting) was organised following the merger of the Bristol PCTs. This one-off event in November was funded by the CPPIH and was publicised through e-mail, posters and local group newsletters. The Locum Director of Public Health for Bristol PCT and Bristol City Council gave a presentation on the department's work across the city which was followed by a question and answer session and a chance to 'network' over lunch. The event was well attended by representatives from local community groups including Avon Somerset and Wiltshire Cancer Services, Princess Royal Trust for Carers and Hartcliffe and Withywood Partnership.

The **Devon Partnership NHS Trust (DPT) PPI Forum** successfully raised its profile during the last year through its work within local communities. The Forum has undertaken a great deal of high profile work which has included projects on South Devon mental health rehabilitation and recovery services, a potential ward closure in Mid-Devon and the provision of care and support for people with learning disabilities and their carers.

Well attended public meetings were held which attracted press, radio and TV coverage. The Forum has varied



the locations of their meetings around the county to give communities in different areas the opportunity to attend. It also distributed a second wave of pre-paid feedback postcards, along with information posters and leaflets clarifying the Forum's aims. The Forum worked closely with the Forum link person at the Trust to publicise the distribution of the cards via the Trust's internal online news bulletin.

The Forum is using the views and feedback gained to further inform their workplan and to ensure that they are addressing the issues that are most important to the local communities. The **Joint Milton Keynes Primary Care**

and Milton Keynes General Hospital PPI Forums organised a Shaping Local Health Event which brought together over 65 organisations and groups.

The event, the largest of its kind held in Milton Keynes, was hailed a success and

- raised awareness of the existence and the role of the PPI Forums
- raised awareness of the wide range of support available to the public and patients through voluntary groups
- made the voluntary groups aware of the range and diversity of the voluntary sector in Milton Keynes and
- raised awareness of the role of the Milton Keynes Acute and Primary Care Trust in delivering services in the community.

At the beginning of the year the **Ealing Hospital PPI Forum** had very low membership, so they decided to raise awareness of the Forum in the local area via the local media, seminars, awareness events and word of mouth. The Forum now has 14 members and has become more involved in a wider range of key health activities.

**The Hereford Hospitals PPI Forum** used

the Hereford Times to ask members of the public to contact the Forum if they had experiences of MRSA, C. Difficile or other Hospital Acquired Infections contracted by themselves, relatives or friends, whilst an in-patient at Hereford Hospital Trust. Over 30 letters, emails and telephone calls from members of the public were received and those who responded were invited to a public meeting to share their experiences. Twenty seven members of the public attended the meeting and shared their stories with the Forum. Six of these attended the next Forum meeting and raised issues which arose from their experiences at Hereford Hospital. The Forum wrote to the Trust to highlight these concerns and the Trust responded addressing all the issues raised.

#### **The Medway Community Health**

**(MCH) PPI Forum** Chair speaks to a local press contact following every Forum meeting to highlight any issues that the Forum is working on. As a result, regular articles appear in the press promoting the PPI Forum and its work. In addition, the local Forums have their own leaflet, and bookmarks which have been distributed to GP surgeries, libraries, council offices, pharmacies and other appropriate venues. During January and February 2007 Forum members made formal visits to two new PCT Local Improvement Finance Trust (LIFT) projects, Lordswood and Rochester Health Living Centres, taking the

opportunity to promote PPI when talking to patients, public and staff.

**West Kent PPI Forum** provided suggestion boxes to gather information from patients and the public via post-card type cards that are posted back into the box and collected by members. Emerging trends are analysed and concerns are passed onto the PCT PALS or to GP surgeries to resolve or answer. PPI promotional material is always left with the boxes which are located in most GP surgery waiting rooms in the area and have also been placed in local shopping malls

West Kent members promote the work of the Forum by speaking at local Focus and Community Groups taking a suggestion box with them to promote the scheme and often returning with an issue that needs to be taken to the PCT. Members of the Forum were also asked to look at GP patients' surveys under the Quality Outcome Framework, (QOF) which is a national audit of GP Practices. GPs are required to have a lay person look at the results with them to identify improvements and the Forum completed this work by speaking with many GP practices during February and March 2007.

# 7. Other areas of Forum work

Forums work on a wide range of areas, many of which are specific and important to the communities they serve. Two examples of this type of work are:

## Stroke Services

Stroke services is an area in which many Forums have been concerned. The example below shows how one Forum manages to help improve stroke services in their area.

**The Heatherwood and Wrexham PPI Forum** planned a series of projects to both improve the standard of stroke services and raise the profile of the importance of a comprehensive stroke service within the Trust. The Forum developed an ongoing dialogue with the Trust which contributed to improvements in the Stroke Unit and diagnostic service and kept this service high on the agenda of the Trust. As a result of this work

- Brain scans are at 73% compliance compared to 43% two years ago
- A Care Pathway has been implemented
- Documentation on stroke patients has improved considerably & multi-professional documentation for stroke patients has been developed

- Specialist equipment has been purchased including specialist scales which are very important to a stroke unit
- Rehabilitation goals have significantly improved from 37% two years ago
- They now admit patients directly from A&E
- Speech therapy and physiotherapy has improved.

## Mental Health

Mental health has always been an area of high interest to Forums. Forums have worked with a number of different mental health associated groups and a national event for mental health PPI Forums was led by the CPPIH this year. The example below shows how meetings with the Trust have helped one Forum to influence the planning and improvement of services.

Since the appointment in October 2005 of the Director of Families and Children's Services, the Lincolnshire Partnership Forum has met with the Director nine times. These bi-monthly meetings, which have been attended by one of the Forum's sub-groups, have allowed the Forum to become involved in proposed improvements to the Child and Adolescent Mental Health Services

(CAMHS) service. The Director of Families and Children's Services continues to seek the opinions of the Forum, which has been able to influence the planning and improvement of services, particularly in regard to access and treatment.

## 8. Skills & Support for Forums

The CPPIH undertakes the following activity to support Forums

- Sets up, funds, staffs and performance manages all PPI Forums
- Sets quality standards for, and issues guidance to PPI Forums
- Appoints all members to PPI Forums
- Submits reports to the Secretary of State for Health on how the whole system of PPI is working and advises them about it
- Supports Forums in carrying out national reviews of services from the patient's perspective – collating data from PPI Forums and making recommendations to the Secretary of State and to other bodies and persons it considers appropriate

### Forum Support Organisations

Forum Support Organisations (FSOs) are not-for-profit organisations that have been contracted by the CPPIH through a competitive tendering process to provide staff support to PPI Forums. These organisations, independent of the NHS, use their knowledge, experience and existing contacts within local communities to support PPI Forums.

They are single organisations or consortia that play a vital role in helping to shape the future of health provision throughout England.

They are managed on a geographical basis by nine regional centres.

Specifically FSOs support two or more PPI Forums and:

- Help the CPPIH by supporting the recruitment and training of PPI Forums
- Help PPI Forums communicate with each other, the CPPIH and other external networks and organisations
- Arrange for information and guidance provided by the CPPIH to be available to the PPI Forums
- Help PPI Forums to monitor NHS services
- Help PPI Forums play an active role in health-related decision making
- Provide administrative support to PPI Forums

Where the CPPIH is not able to contract with an FSO, an In-House support system for PPI Forums has been developed and implemented.

Additional support is provided to PPI Forums through the CPPIH's offices and staff including communications, training, PPI governance, networking events, and the award winning Knowledge Management System (KMS). The KMS enables Forums, FSOs, the CPPIH, members of the

public and other stakeholders to report on their activities, share information and develop knowledge and best practice.

### Training

The CPPIH also runs a comprehensive range of training courses to enable the volunteers who make up the PPI Forums to carry out their roles effectively.

In 2006/07 1760 Forum members attended 220 courses run by the CPPIH.

These training courses cover such topics as monitoring and visits, media awareness, meeting and chairing skills, Practice Based Commissioning and equality and diversity.

Full induction training is also provided for new volunteers, so that anyone from any background or walk of life has the opportunity to play a full role with their local PPI Forum.



## 9. PPI Forums - facts and figures

When PPI Forums launched in December 2003, there were 4,000 volunteer members.

- Currently we have over 4,250 Forum members
- More than 2,500 of our volunteers have been Forum members for two years or more
- We have enabled an additional 5,000 people to contribute to PPI through Forums
- 52% of PPI Forum members are female, and 48% male
- 84% of Forum members class themselves as white, 6% class themselves as Asian, 4% class themselves as black/or African, 3% other white,
- Initially some members left because was a new system and people didn't know quite what to expect
- Others joined to address a specific concern for a period of time,
- Currently the most common reason for resignation is a change in personal circumstances – usually changes in family, employment or personal health.

## 10. Future plans 2007/2008

The CPPIH and PPI Forums are working towards abolition at the end of March 2008 following Royal Assent of the Local Government and Public Involvement in Health Bill, the legislation which confirms the abolition, and creation of Local Involvement Networks (LINks) in the place of PPI Forums.

In the meantime, Forums are still actively working according to their

agreed workplans to ensure patients and the public have their say in healthcare decision-making.

Some Forum members have contributed to the transition process by supporting the seven Early Adopter Projects that the CPPIH has been managing on behalf of the Department of Health and attending 'Getting ready for LINks' workshops. They have shared their expertise and given valuable insight

into the current workings of PPI. Additionally some Forum members also contributed to the Health Select Committee's Enquiry into Patient and Public Involvement in the NHS.

Despite the planned abolition, Forum members are still a force to be reckoned with, bringing health decision makers to account to ensure health services are fit for the public and patients.



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Panel Date	Decision	Action	Response	Date for Future Action
<b>4/07/06</b>	<p><b><u>The Health Implications of the Council's Activities.</u></b></p> <p>Final report of the Working Group considered. Recommendations endorsed for submission to the Cabinet. Reports requested on the Cabinet's decision and progress with the implementation of measures contained in the report.</p>	<p>Further meeting to be arranged.</p> <p>Further reports to be submitted.</p>	<p>Meeting held.</p> <p>The Cabinet noted the report and asked for further information on the operational and financial implications of the recommendations before coming to a decision.</p>	
<b>3/10/06</b>	<p>Working Group requested to meet to discuss the submission of further information to the Cabinet.</p>	<p>Meeting held on 8th November 2006.</p> <p>Further meeting scheduled for 27th November 2006.</p>	<p>Costing of the proposals in relation to the leisure centres requested. Further meeting arranged to discuss the next report with appropriate Heads of Service.</p> <p>Report to be submitted to the Cabinet on 4/10/07 to include appendices by the Heads of Administration and of Environmental and Community Health Services on the financial implications of the Panel's recommendations.</p> <p>Subject to clarification of the Council's financial commitment for the pilot programme of exercise for older people the Cabinet approved the Panel's recommendations.</p>	

Panel Date	Decision	Action	Response	Date for Future Action
6/11/07	<u>The Health Implications of the Council's Activities (Contd).</u> Details of the Cabinet's decision requested.			
4/12/07	Working Group asked to meet to discuss the Cabinet's request and other matters raised in the course of the study.			
1/11/05	<u>Town Centre Cleaning Regimes</u> Cleaning regimes in town centres added to the programme of studies.	Scoping report requested.		
3/10/06	Presentation by Head of Operations. Working group formed to look at Sunday cleaning and enforcement.	Meeting of Working group held on 13th November 2006. Further meeting to be held to consider a possible pilot of new cleaning arrangements in St Ives.		
3/07/07	Update received from Head of Operations.			
6/11/07	Further update requested.	Report requested.	See report elsewhere on the Agenda.	

Panel Date	Decision	Action	Response	Date for Future Action
7/03/06	<p><b><u>Recycling Credits – Payments to Other Organisations</u></b></p> <p>Recommendations made on the content of a future report to the Cabinet. Sight of the report requested prior to its submission to the Cabinet.</p>	Report requested.		
4/12/07	<p>Report not scheduled to be submitted to the Cabinet. The possibility of introducing a kerbside class collection service will be considered as part of the Environment Strategy.</p>	Information requested to be submitted to a future meeting.		
7/11/06	<p><b><u>Disability Access.</u></b></p> <p>Preliminary report considered. Further information requested on the Council's existing policies in relation to disability equality and access and on research carried out in this area.</p>	Further reports submitted.		
5/12/06	<p>Disability Equality Scheme and Action Plan endorsed. Further research to be undertaken within Members' wards and officers of the County Council and of the Police requested to attend future meetings to discuss the study.</p>	Representatives of the County Council and of the Police invited to future meetings.		

Panel Date	Decision	Action	Response	Date for Future Action
6/02/07	<p><b><u>Disability Access (Contd.)</u></b></p> <p>Panel met with representatives of Speaking Up and G Morris. A number of matters were identified for further consideration. – improved enforcement of disabled parking bays, extending bus pass hours for disabled users, Council paperwork, advertising of disabled facilities at leisure centres and advocacy services at Council offices.</p>			
5/06/07	<p>Meeting attended by County Council's Access Officer. A number of avenues identified for further investigation. Cabinet to be requested to consider providing high dependency toilets.</p>	<p>Report submitted to the Cabinet on high dependency toilets on 28/06/07.</p> <p>Survey sent to Town and Parish Councils and District Councillors. Returns received.</p>	<p>The Cabinet decided to approach Papworth Trust for their advice on the need for high dependency facilities for people whose disabilities are so severe as to prevent them from using conventional toilets designed for the disabled and in particular on the possibility of extending the availability of facilities at Saxongate, Huntingdon for such use.</p>	

Panel Date	Decision	Action	Response	Date for Future Action
4/12/07	<p><b><u>Disability Access (Contd.)</u></b></p> <p>Findings of survey considered. The Panel requested:</p> <ul style="list-style-type: none"> <li>• further consultation with Town and Parish Councils on dropped kerbs and parking, the findings of which will be forwarded to the County Council and police respectively for action/comment;</li> <li>• that views on the need for more low liner buses and training for employees on the needs of those with disabilities be forwarded to bus operators;</li> <li>• that a suggestion that carers be provided with free bus passes be forwarded to the County Council;</li> <li>• details of potential consultees on Council policies and services representing local disability groups.</li> </ul>			

Panel Date	Decision	Action	Response	Date for Future Action
	<p><u>Disability Access (Contd.)</u></p> <ul style="list-style-type: none"> <li>• that a representative of Directions Plus be invited to a future meeting to discuss the study; and</li> <li>• further investigation of the existence of the Disability 'Blue' Route scheme implemented by the Council.</li> </ul>		See report elsewhere on the Agenda	8/01/08
5/12/06	<p><u>Adoption of Roads and Sewers</u></p> <p>Study to be undertaken into the processes and procedures involved with the adoption of roads and sewers.</p>	Information requested.	Scoping report to be submitted to a future meeting. Representative of the Anglian Water to be invited to attend a future meeting to discuss the study.	
5/06/07	Report deferred to next meeting.	Meeting to be arranged.	First meeting held on 22/10/07.	



Panel Date	Decision	Action	Response	Date for Future Action
3/07/07	<p><b><u>Adoption of Roads and Sewers (Contd).</u></b></p> <p>Working Group established comprising Councillors J D Ablewhite, D A Giles, Mrs C A Godley and P K Ursell, to undertake a review on the process of adopting estate roads and sewers with an aim to put measures in place that will streamline the process and make the procedures more transparent, initially by an investigation of introducing a District-wide register of un-adopted roads and sewers.</p>			
4/12/07	<p>Working Group requested a meeting with the Head of Planning Services and Principal Building Control Officer.</p> <p><b><u>Grant Aid</u></b></p>			
5/12/06	<p>Study to be undertaken into the processes in applying for grant aid and the effectiveness of grant schemes.</p> <p>Details of all grant schemes requested.</p>	Information requested.		

Panel Date	Decision	Action	Response	Date for Future Action
3/14/07	<p><b><u>Grant Aid (Contd).</u></b></p> <p>Review of Small Scale Environmental Improvement schemes to be undertaken.</p> <p>Details of all grant schemes considered. With the exception of Shopmobility, the Working Group undertaking the review of the Small Scale Environmental Improvements scheme was requested to examine the schemes' criteria, publicity, application process, officer involvement and approval process.</p>	Meeting arranged.	Meeting held on 24/10/07 to plan further study work.	
4/12/07	Renew of Small Scale Environmental Improvements Scheme completed. Working Group awaiting further information on other grant schemes administered by the Council.			

Panel Date	Decision	Action	Response	Date for Future Action
<b>5/06/07</b>	<u>Huntingdonshire Partnership</u> Study to be undertaken on the role and achievements of the Strategic Partnership.			
<b>6/11/07</b>	Scoping report considered. Corporate Plan Working Group to monitor LSP's progress. Panel to receive reports on future allocation of funding.			
<b>3/07/07</b>	<u>State of the District Conference</u> Working Group established comprising Councillors K J Churchill, P J Downes and Mrs M Banerjee to discuss the concept of local area forums, together with potential subject areas, for discussion at a future meeting of the Panel.	Meeting arranged.	Meeting held on 18/10/07. Further meeting held on 12/11/07.	
<b>6/11/07</b>	Suggestion made that a number of consultation methods should be used during the consultation trial.			

Panel Date	Decision	Action	Response	Date for Future Action
4/12/07	<u>State of the District Conference (Contd)</u> The Panel requested that the Working Group consider the provision of one area consultation event rather than four events.			