

A meeting of the **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)** will be held in the **WREN ROOM, COUNTRYSIDE CENTRE, HINCHINGBROOKE COUNTRY PARK, BRAMPTON ROAD, HUNTINGDON, PE29 6DB** on **TUESDAY, 1 DECEMBER 2009** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact  
(01480)**

### **APOLOGIES**

**1. MINUTES (Pages 1 - 6)**

To approve as a correct record the Minutes of the meeting of the Panel held on 3<sup>rd</sup> November 2009.

**Miss H Ali  
388006**

**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 overleaf.

**2 Minutes.**

**3. LOCAL GOVERNMENT ACT 2000: FORWARD PLAN (Pages 7 - 12)**

A copy of the current Forward Plan, which was published on 16th November 2009, is attached. Members are invited to note the Plan and to comment as appropriate on any items contained therein.

**Mrs H Taylor  
388008**

**10 Minutes.**

**4. AGEING WELL IN HUNTINGDONSHIRE - OLDER PEOPLES' HOUSING STRATEGY (Pages 13 - 68)**

To receive a report from the Head of Housing Services providing an update on the Older Peoples' Housing Strategy.

**Mrs J Emmerton  
388203**

**20 Minutes.**

**5. PERFORMANCE MONITORING (Pages 69 - 76)**

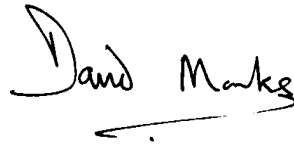
To consider a report by the Head of People, Performance and Partnerships containing details of the Council's performance against its priority objectives.

**D Buckridge  
388065**

**20 Minutes.**

6. **NHS CONSULTATION: THE FUTURE OF PRIMARY CARE OUT-OF-HOURS SERVICES FOR RESIDENTS IN CAMBRIDGESHIRE**  
(Pages 77 - 94)
- To formulate a response to the NHS consultation on the future of primary care out of hours services for residents in Cambridgeshire.
- Miss H Ali  
388006**
- 15 Minutes.**
7. **FUTURE GOVERNANCE OF HINCHINGBROOKE HOSPITAL**  
(Pages 95 - 108)
- To receive the first edition of the "Next Steps News" and to comment, as appropriate, on the proposals for the future management of Hinchingsbrooke Hospital.
- Miss H Ali  
388006**
- 15 Minutes.**
8. **CAMBRIDGESHIRE HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE**
- To receive an update from Councillor R J West on the outcome of recent meetings of the Cambridgeshire Health and Adult Social Care Scrutiny Committee.
- 5 Minutes.**
9. **WORKPLAN STUDIES** (Pages 109 - 126)
- To consider, with the aid of a report by the Head of Democratic and Central Services, the current programme of Overview and Scrutiny studies.
- Miss H Ali  
388006**
- 10 Minutes.**
10. **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS** (Pages 127 - 136)
- To consider a report by the Head of Democratic and Central Services on the Panel's programme of studies.
- Miss H Ali  
388006**
- 15 Minutes.**
11. **SCRUTINY** (Pages 137 - 144)
- To scrutinise decisions 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.
- 5 Minutes.**

Dated this 26 day of November 2009



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 Miss H Ali, Democratic Services Officer, Tel No: (01480) 388006 / email: [Habbiba.Ali@huntsdc.gov.uk](mailto:Habbiba.Ali@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 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.*

# Agenda Item 1

## HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in the Wren Room, Countryside Centre, Hinchingsbrooke Country Park, Brampton Road, Huntingdon, PE29 6DB on Tuesday, 3 November 2009.

PRESENT: Councillor S J Criswell – Chairman.

Councillors Mrs K E Cooper, S J Criswell, P H Dakers, J W Davies, J E Garner, Mrs P A Jordan, P G Mitchell and R J West.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors A Monk and J M Sadler.

### **50. MINUTES**

The Minutes of the meeting of the Panel held on 6th October 2009 were approved as a correct record and signed by the Chairman.

### **51. MEMBERS' INTERESTS**

Councillor Mrs P A Jordan declared a personal interest in Minute No. 53 by virtue of her employment in the NHS.

Councillor P G Mitchell declared a personal interest in Minute No. 54 by virtue of his involvement with the Stilton Skate Park project, which had received grant funding.

### **52. LOCAL GOVERNMENT ACT 2000: FORWARD PLAN**

The Panel considered and noted the current Forward Plan of Key Decisions (a copy of which is appended in the Minute Book) which had been prepared by the Leader of the Council for the period 1st November 2009 to 28th February 2010.

### **53. STUDY - PARKING AT HINCHINGBROOKE HOSPITAL**

The Panel welcomed Mrs R Clapham, Chairman of Cambridgeshire Link's Hinchingsbrooke Hospital Working Group and Ms E Stubbs, Cambridgeshire Link Co-ordinator, who had been invited to the meeting to discuss the study on parking at Hinchingsbrooke Hospital. Having been reminded of progress of the study to date and in receiving a report by the Head of Democratic and Central Services (a copy of which is appended in the Minute Book), the Panel's attention was drawn to responses which had been received from Hinchingsbrooke Hospital to questions raised by the Panel on the Hospital's Green Transport Plan. Members were advised that information on the car park management contract were currently being awaited.

Having provided an introduction on the range of work undertaken by

Cambridgeshire Link, Mrs Clapham and Ms Stubbs welcomed the opportunity to work with the Panel on its study. Cambridgeshire Link had already received comments by users of the Hospital on its car parks, mainly relating to the level of charges being levied for parking at the Hospital and the perceived lack of flexibility afforded to those visiting the Hospital who required emergency treatment.

Mrs Clapham suggested that consideration should be given to ways of making charging for parking fairer, perhaps by introducing a "pay on exit" system for users of the Hospital. Members then discussed the future management of the car parks in the context of changes to the Hospital's governance arrangements, which were currently subject to consultation with stakeholders. It was concluded that the Stakeholder Panel established by the East of England Strategic Health Authority to oversee the consultation, should be informed of the need for the specification for franchise bids to include details of the Hospital's car park management arrangements.

Councillor Mrs P A Jordan drew attention to the parking provisions that were in place across the different Hospital wards. Parents and carers of children admitted to Holly Ward, the Hospital's Children's Ward, automatically received a free parking permit for the duration of their visit. There also existed the opportunity for car park users to purchase weekly permits. Councillor Mrs Jordan also commented on the parking problems experienced by staff who worked on the site and the fact that they too were subject to penalties if they failed to comply with the specified terms for using the car parks.

Members discussed the way forward and agreed that a representative of the Hospital should be invited to attend a future meeting to present information on the Hospital's current car parking management contract and to discuss matters raised in the course of the study to date. It was further agreed that, owing to their interests in the study, Cambridgeshire Link would be invited to the meeting.

On behalf of the Panel, the Chairman thanked Mrs Clapham and Ms Stubbs for their attendance and contributions at the meeting.

**54. DISABILITY ACCESS - JOINT ADVOCACY AND ADVICE SERVICES**

*(Councillor K J Churchill, Executive Councillor for Housing and Public Health, was in attendance for this Item).*

With the assistance of a report by the Community Manager (a copy of which is appended in the Minute Book) the Panel were acquainted with the background to the support provided by the Council to community and charitable organisations operating in the District. The report had been submitted to the Panel because it contained matters covered in a previous Overview and Scrutiny study on disability access, which related to the provision of joint advocacy and advice services and the identification of other opportunities for joint working between organisations supporting those with disabilities.

The Executive Councillor for Housing and Public Health reported that the Council had entered into joint commissioning arrangements with various voluntary sector providers in 2008 and a four year agreement

with Disability Information Services Huntingdonshire (DISH) in April 2009. Members' attention was drawn to the terms of the service level agreement, which had been introduced, including the performance expected and mandatory organisational criteria. The Panel were advised that the performance of the commissioned organisations was monitored by Officers and Members on a quarterly and bi-annual basis respectively.

The Community Manager drew the Panel's attention to a number of achievements by DISH in the previous six months period and reported on the range of work being undertaken by other agencies and specialist services in assisting those with disabilities. Specific reference was made to the fact that the internet now made advice and support available to individuals at a time and place, which was convenient for them.

In response to a question on whether there existed any needs that were not being met, the Community Manager commented that a range of services was currently available across the District and that, at present, he was not aware of any deficiencies in the current level of service. However, this did not mean that other unique service requirements would not arise in the future. Having acknowledged the difficulties faced by a number of smaller voluntary organisations in conducting day to day back office functions, it was reported that the Cambridgeshire Funders Group were currently considering ways of supporting these functions and that this had also been identified as an action within Cambridgeshire County Council's Community Engagement Strategy.

**55. PETITION - HILL RISE PARK, ST IVES**

The Panel gave consideration to a report by the Head of Democratic and Central Services (a copy of which is appended in the Minute Book) providing details of a petition, which had been received from residents living within the Hill Rise area of St Ives. The Panel noted that the petition had been signed by 16 persons and requested the Council to erect an automatic barrier across the entrance to Hill Rise Park to prevent nuisance caused by drivers entering the park late at night. The petition organiser, Mr M Rigby, would formally present the petition to Members at the Panel's meeting in January 2010. To facilitate discussion at that meeting Members requested information on the actions considered by Officers and the police to address the issue that had been raised.

The Panel's attention was drawn to a similar problem previously encountered at The Riverside Park in St Neots, which had resulted in the installation of a manual barrier at the entrance to the site. Members requested further information on the arrangements in place at St Neots, in order that a similar solution could be considered at Hill Rise Park.

**56. CAMBRIDGESHIRE HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE**

**(a) Update**

As the District Council representative on Cambridgeshire

County Council's Health and Adult Social Care Scrutiny Committee, Councillor R J West provided Members with an update on matters discussed at a recent meeting of the Health and Adult Social Care Scrutiny Committee. Members noted concerns raised relating to a projected overspend in Adult Support Services and that a Special Meeting of the Committee would be held on 11th September 2009 to consider this issue. Attention was also drawn to the current NHS consultation on the Future of Primary Care Out of Hours Services in Cambridgeshire. The consultation would be considered by the Panel in December.

Discussion also took place on the future governance of Hinchingsbrooke Hospital. Attention was drawn to the fact that franchise bids would be required to provide the same level of services as at 2007 and to indicate what level of contribution would be made towards paying off the Hospital's existing debt. Councillor West informed the Panel that under the new arrangements all assets would either be leased or licensed and would remain the property of the NHS. Members expressed concern that the Strategic Health Authority might select the franchisee that undertook to pay off the largest proportion of the Hospital's debt. Instead, they should be assessed on the quality of services that would be provided. As the District Council representative on the Stakeholder Panel, the Chairman reported that it was not currently intended to provide the Stakeholder Panel with details of the franchise bids or release them into the public domain. Members concurred with a suggestion that the Chairman should approach the Council's Chief Executive and Chairman of the Stakeholder Panel, to request an opportunity to consider the franchisee bids in a private session.

**(b) Appointment of Substitute**

RESOLVED

that Councillor J W Davies be appointed as substitute Member on the Cambridgeshire Health and Adult Social Care Scrutiny Committee.

**57. WORKPLAN STUDIES**

The Panel considered and noted a report by the Head of Democratic and Central Services (a copy of which is appended in the Minute Book) reviewing the Panel's programme of studies and informing Members of studies being undertaken by the other Overview and Scrutiny Panels.

**58. OVERVIEW AND SCRUTINY (SOCIAL WELL-BEING) - PROGRESS**

The Panel received and noted a report by the Head of Democratic and Central Services (a copy of which is appended in the Minute Book) which contained details of actions taken in response to recent discussions and decisions. Members were advised that Councillor R J



West would be meeting with the Regional Manager of the local branch of the Care Quality Commission on 20th November 2009 and that the Corporate Plan Working Group's next meeting would be on 19th November 2009.

Councillor P G Mitchell delivered an update on the outcome of discussions with the Executive Councillor for Operational and Countryside Services on the study into play facilities in the District. Consensus had been reached that the Working Group should investigate the possibility of offering Town and Parish Councils the opportunity to enter into an agreement with the District Council for the inspection and maintenance of play facilities. Under the agreement, costs would be split three ways between the District Council (40%), the Town/Parish Council (40%) and users of facilities (20%). Officers were currently investigating the cost implications of this proposal.

As the maintenance of a number of play facilities was linked to Section 106 schemes, Councillor Mitchell drew attention to a report, which had recently been considered by the Development Management Panel on the Monitoring of Section 106 Agreements. He proposed that the Social Well-Being Panel should monitor schemes which had already been allocated to new developments and those where funding had been received for the future maintenance of facilities. It was argued that Operations and Leisure Services were responsible for these schemes and the Panel should monitor and scrutinise them as they fell within its remit. Subject to the Development Management Panel approving the proposal, Members agreed that the monitoring of these schemes should be included within their work programme.

In respect of The Place Survey, it was reported that further work by focus groups would not have been completed in time for the Panel's January meeting but that the results of this work should be available for the Panel's meeting in February/March 2010.

## **59. SCRUTINY**

In scrutinising the 98th Edition of the Digest of Decisions taken by the Cabinet and the other Panels, etc. Members raised the following queries:-

**Huntingdon Town Hall - The Way Forward** - Councillor J E Garner expressed his support for the proposal to investigate the feasibility of transferring the freehold of the building to Huntingdon Town Council in exchange for land currently owned by them.

**Local Procurement** - The Chairman, together with Councillor R J West, expressed support for the decision of the Economic Well-Being Panel to refer the subject of local procurement to the Local Strategic Partnership's Economic Prosperity and Skills Thematic Group.

Chairman

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### FORWARD PLAN OF KEY DECISIONS

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

**Councillor I C Bates** Miss Effe Chrisostomou  
**16 November 2009**  
**1 December 2009 to 31 March 2010**

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 with Special Responsibility for HQ/Accommodation	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 K J Churchill	- Executive Councillor for Housing and Public Health	51 Gordon Road Little Paxton St Neots PE19 6NJ  Tel: 01480 352040 E-mail: <a href="mailto:Ken.Churchill@huntsdc.gov.uk">Ken.Churchill@huntsdc.gov.uk</a>
Councillor D B Dew	- Executive Councillor for Planning Strategy and Transport	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 J A Gray	- Executive Councillor for Environment and Information Technology	Shufflewick Cottage Station Row Tilbrook PE28 OJY  Tel: 01480 861941 E-mail: <a href="mailto:JG@novae.com">JG@novae.com</a>

Councillor C R Hyams	- Executive Councillor for Operational and Countryside Services	22 Bluegate Godmanchester Huntingdon Cambs PE29 2EZ  Tel: 01480 388968      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 Leisure	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 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
Development Brief Old Fire Station, St. Neots	Cabinet	17 Dec 2009	Previous urban design framework	Richard Probyn, Planning Service Manager (Policy) Tel No 01480 388430 or e-mail Richard.Probyn@huntsdc.gov.uk	Adopt as interim Guidance	D B Dew	Environmental Well-Being
Development Brief Chequers Court, Huntingdon	Cabinet	17 Dec 2009	Previous urban design framework	Richard Probyn, Planning Service Manager (Policy) Tel No 01480 388430 or e-mail Richard.Probyn@huntsdc.gov.uk	Adopt as Interim Guidance	D B Dew	Environmental Well-Being
St. Neots Health Check (Final)	Cabinet	17 Dec 2009	Reports from workshops undertaken	Richard Probyn, Planning Service Manager (Policy) Tel No 01480 388430 or e-mail Richard.Probyn@huntsdc.gov.uk	None - to note	D B Dew	Environmental Well-Being
Asset Management Plan	Cabinet	17 Dec 2009	Previous Cabinet Reports	Keith Phillips, Estates and Property Manager Tel No. 01480 388260 or e-mail - Keith.Phillips@huntsdc.gov.uk		A Hansard	Economic Well-being
Older Persons Housing Strategy Update	Cabinet	17 Dec 2009	Housing Strategy 2006-11. Ageing Well, Housing, Health and Social Care Strategy for Older People. Lifetime Homes, Lifetime Neighbourhoods, A National Strategy for Housing in an Ageing Society, CLG, DWP, and DH, March 2008	Jo Emmerton, Housing Strategy Manager Tel No. 01480 388203 or e-mail - Jo.Emmerton@huntsdc.gov.uk		K J Churchill	Social Well-Being
A14 Statutory Orders Consultations	Cabinet	19 Dec 2009	None.	Richard Probyn, Planning Service Manager (Policy) Tel No 01480 388430 or e-mail Richard.Probyn@huntsdc.gov.uk	Endorse HDC's position on the orders	D B Dew	Environmental Well-being

Subject/Matter for Decision	Decision/recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Improvements to Kerb Side Collection***	Cabinet	21 Jan 2010	None.	Robert Ward, Head of Operations Tel No 01480 388635 or e-mail Robert.Ward@huntsdc.gov.uk		C R Hyams	Social Well-Being
Development Management Submission Document	Cabinet	21 Jan 2010	Preferred Option Document	Richard Probyn, Planning Service Manager (Policy) Tel No. 01480 388430 or e-mail Richard.Probyn@huntsdc.gov.uk	Approve for public consultation	D B Dew	Environmental Well-being
Covert Surveillance Policy Review	Cabinet	21 Jan 2010	Existing Policy Legislation	Wayland Smalley, Solicitor Tel No 01480 388022 or e-mail Wayland.Smalley@huntsdc.gov.uk	Internal Steering Group	A Hansard	Economic Well-being
Draft Planning Contributions Supplementary Planning Document	Cabinet	21 Jan 2010	Huntingdonshire Development Plans	Richard Probyn, Planning Service Manager (Policy) Tel No 01480 388430 or e-mail Richard.Probyn@huntsdc.gov.uk	Approve for Consultation	D B Dew	Environmental Well-being
Strategic Housing Land Availability Assessment (SHLAA)	Cabinet	21 Jan 2010	Previous SHLAA	Richard Probyn, Planning Service Manager (Policy) Tel No 01480 388430 or e-mail Richard.Probyn@huntsdc.gov.uk	Approve findings for consultations as preferred options	D B Dew	Environmental Well-Being
Former Fire Station and Waste Recycling Site, Huntingdon Street, St. Neots	Cabinet	21 Jan 2010	Development Brief and Marketing Information (in preparation)	Keith Phillips, Estates and Property Manager Tel No. 01480 388260 or e-mail Keith.Phillips@huntsdc.gov.uk	Ward Councillors.	A Hansard	Economic Well-Being

Subject/Matter for Decision	Decision/recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Preferred Site Options Gypsy and Travellers Development Plan Document	Cabinet	21 Jan 2010	Issues and Options Paper	Richard Probyn, Planning Service Manager (Policy) Tel No. 01480 388430 or e-mail Richard.Probyn@huntsdc.gov.uk	Approve for public consultation	D B Dew	Environmental Well-being
Review of Discretionary Rate Reliefs***	Cabinet	11 Feb 2010	None.	Julia Barber, Head of Revenue Services Tel No 01480 388105 or e-mail Julia.Barber@huntsdc.gov.uk		T V Rogers	Economic Well-Being
Budget and MTP	Cabinet	11 Feb 2010	Draft MTP - Previous Year's Budget Report - Various Annexes	Steve Couper, Head of Financial Services Tel No 01480 388103 or e-mail Steve.Couper@huntsdc.gov.uk	Overview and Scrutiny (Economic Well-Being) 4/02/10	T V Rogers	Economic Well-Being
St. Ivo Leisure Centre - Proposal for Development	Cabinet	11 Feb 2010	None	Simon Bell, General Manager, Leisure Centres Tel No. 01480 388049 or e-mail Simon.Bell@huntsdc.gov.uk		Mrs D C Reynolds	Social Well-being
Treasury Management Strategy and Prudential Indicators	Cabinet	11 Feb 2010	Previous Year's Strategy	Steve Couper, Head of Financial Services Tel No 01480 388103 or e-mail Steve.Couper@huntsdc.gov.uk	Overview and Scrutiny (Economic Well-Being) 4/02/10	T V Rogers	Economic Well-Being

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OVERVIEW AND SCRUTINY

1 December 2009

CABINET

17 December 2009

**AGEING WELL IN HUNTINGDONSHIRE –  
OLDER PEOPLES’ HOUSING STRATEGY  
(Report by the Head of Housing Services)**

**1. PURPOSE OF REPORT**

- 1.1 To consider the draft Older Peoples’ Housing Strategy titled ‘Ageing Well in Huntingdonshire: Housing and Healthy Ageing for Older People’.

**2. BACKGROUND INFORMATION**

- 2.1 Huntingdonshire has an ageing population. The 65+ age group in Huntingdonshire is due to increase by 59% (13,700 people) between 2007 and 2021 – higher than the county average (58%) and higher than the national average (33%)<sup>1</sup>. People are living for longer and are getting frailer. Rates of dementia are on the increase. Half of people aged over 65 live alone and this increases in later age groups. The ratio of people aged 65+ to those aged 0-64 is due to increase. This presents challenges for future workforce planning as there will be less people of employment age available to care for, and pay the taxes to support the ageing population. This is a sector that already struggles to recruit and retain staff.
- 2.2 This demographic profile has long-term planning and resource implications for the Council, in its role as the strategic and enabling housing authority, and the Primary Care Trust (PCT) in their provision of health and social care services. A joint strategy has been prepared that examines the issues and sets out the housing and related services that Huntingdonshire District Council and partners can deliver to support NHS Cambridgeshire in promoting healthy ageing and improving the quality of life for older people.
- 2.3 The draft Strategy has been the subject of extensive consultation with partners. A copy was placed on the front of the Council’s web site and press releases were issued to alert the public to the opportunity to contribute to the strategy process. A double-page article featured in the local paper, the Hunts Post on 12 August 2009. The consultation was open for 12 weeks in line with the Compact Agreement for working with Voluntary Organisations in Cambridgeshire. A questionnaire asking for people’s feedback and views on specific areas of the strategy was sent out with a pre-paid reply envelope to encourage feedback. 37 questionnaires were

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<sup>1</sup> Cambridgeshire County Council Research Group website  
<http://www.cambridgeshire.gov.uk/community/population/population/Researchgrouppopulationestimates.htm>

received by post. A further 5 responses were received via the web site; 1 phone call; and a further 3 written responses were received (no questionnaire).

- 98% of respondents agreed that the priorities set out in this document are the correct ones.
- 92% agreed that extra care should take priority over the development of sheltered housing.
- 94% of respondents think that extra care should be focussed on the larger settlements.
- 89% of respondents agreed that extra care should include a % of leasehold to enable home ownership.
- 95% of respondents thought that this document is either acceptable, good or excellent.

### **3. IMPLICATIONS**

- 3.1 There is an action plan at the end of the Strategy. Some of the actions are straight forward, others will have their own SMART action plan.
- 3.2 Most of the actions can be funded by existing resources. Any actions which require a new funding commitment will be subject to separate bids. Approval of the action plan does not commit the Council to identifying new resources for implementation.

### **4. CONCLUSIONS**

- 4.1 The ageing population provides the Council, the PCT and partners with future challenges. The Strategy sets out the key issues that need to be addressed.

### **5. RECOMMENDATION**

- 5.1 It is recommended that Cabinet:
- a) approve the Strategy and action plan

### **BACKGROUND INFORMATION**

- Putting people first, transforming social care, making a strategic shift towards prevention and early intervention, key messages for decision makers (DoH, October 2008)
- Living well with dementia: a national dementia strategy (DoH, Feb 2009)
- Homes for the future: more affordable, more sustainable (DCLG, July 2007)
- The White Paper, Our health, our care, our say,(DoH, Jan 2006) High quality care for all: NHS next stage review final report (Darzi review of NHS, DoH, 2008)

- Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society (joint publication from DCLG; DoH; and DWP 25 Feb 2008).

**Contact  
Officer:**

**Jo Emmerton Housing Strategy Manager**

**☎ (01480) 388203**

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**Huntingdonshire District Council**  
**&**  
**NHS Cambridgeshire**

**Ageing Well in Huntingdonshire:**  
**Housing and Healthy Ageing for Older People**

**2009-2014**

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## Contents Page

	Page Number
Foreword	4
Glossary and Abbreviations	5
Summary	8
Introduction	10
Consultation: What older people, our partners and customers think....	11
Our Vision Principles and Objectives	14
Main Achievements since the Previous Strategy (2005):	17
Future Workplan	19
A Few Facts about Older People in Huntingdonshire	21
Best Value Review of Sheltered Housing in Cambridgeshire	23
Resources to Deliver this Strategy	26
National Policy Drivers	28
Local Policy Context	30
Needs Analysis: the Statistical Appendix	34
Action Plan	

## Foreword

Huntingdonshire is changing. Our population is growing and people are getting older and living for longer. Over recent years we have worked in partnership with our Primary Care Trust (PCT); Cambridgeshire County Council; housing associations and other partners on a number of initiatives to improve the quality of life for older people. More community alarms; the provision of much needed adaptations; and a new project to improve the thermal efficiency of vulnerable people's homes are among our achievements.

There is more to do. Over the lifetime of this Strategy, our biggest ambition is to increase the provision of extra care housing for frail older people. The Council is working with Luminus on a scheme in Huntingdon and we want to build up a development pipeline of more schemes. Helping to develop a Handyperson service; increasing services to help people remain in their own homes; and implementing the Government's 'Lifetime Homes Lifetime Neighbourhoods' strategy are also important objectives.

We have prepared this document because we recognise the important role that housing plays in people's lives. Good quality, affordable and accessible housing is important to people's health and well-being and this becomes critical as people get older. We are committed to playing our part in helping to promote independence and reduce the reliance on more expensive, institutional forms of care.

Many organisations including housing associations; care and support providers; builders; developers and the third sector all play an important role in helping to achieve the direction set out in this Strategy. We are grateful for their valuable input. Staff and Members remain committed to working in partnership to implement this strategy and to maximising the quality of life for older people. We are proud of our achievements so far and look forward to more successes in coming years.



Cllr Ken Churchill  
Executive Councillor for Housing

*signature*

Someone from  
NHS Cambridgeshire



## Glossary and Abbreviations

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Term	Explanation
Assistive technology	Assistive Technology is any product or service designed to enable independence for disabled and older people. It refers to <i>'any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed'</i> (Royal Commission on Long Term Care 1999) for example, community alarm, heat / movement sensors, reminder devices.
BVR	Best value review
Community alarms	People who live alone, and/or are at risk from falls or sudden attacks of illness, can arrange to wear an alarm on their person so that they can summon help in an emergency.
Cambridgeshire LAA	Local Area Agreement (LAA) is a way for local authorities and partner agencies to work together to improve services in the area.
Choice based lettings (CBL)	A method of allocating affordable housing based on people bidding for vacant properties
Decent Homes	A government-set minimum housing standard which all council housing and housing association-owned housing must meet.
Disabled Facilities Grant (DFG)	A grant to help towards the cost of providing adaptations and facilities, so that a disabled person can continue to live at home.
Extra care housing	It is defined as specialist accommodation designed to maximise the independence of older people by providing a safe, secure and stimulating environment. Residents retain the independence of having their own home and at the same time benefit from the availability of around the clock social care and housing support.
Floating support	A support service that is made available to people in their own homes, rather than people needing to move to specific accommodation to receive the service.
Handyperson scheme	A scheme to holistically assess an older person's needs including the need for advice, signposting, minor property repairs and adaptations, for example grab rails and half steps. The scheme aims to promote people's

	independence and prevent falls.
HIA	Home improvement agency. Home improvement agencies are locally based, not-for-profit organisations. They help older, disabled and vulnerable homeowners or private tenants to repair, improve, maintain or adapt their homes.
Intermediate Care	Intermediate Care is a generic term that covers a wide range of services that help prevent unnecessary admission to hospital, or help facilitate early discharge.  Intermediate care is a short period (normally no longer than 6 weeks) of intensive rehabilitation and treatment or intensive care.
JSNA	Joint Strategic Needs Assessment - A document setting out Cambridgeshire's current and future health and wellbeing needs. This means councils and PCTs can pinpoint their commissioning priorities to improve outcomes and reduce health inequalities.
Lifetime homes	A physical standard to which properties are to be built including 16 criteria which aim to enable the property to be adapted as the occupant's needs may change over time e.g. wider doorways, electrical sockets at height etc.
LPSA	Local public service agreement The Local PSA is a voluntary contract negotiated between Cambridgeshire County Council and the Government to deliver improved public services locally with the County Council as the legal contracted party.
PCT	Primary Care Trust consists of NHS Cambridgeshire – Commissioners ; and Cambridgeshire Community Services – Providers of Health & Social Care Services.
Re-ablement	Re-ablement is the active process of helping an individual to regain skills, confidence and independence, often following a specific period of illness or injury. Re-ablement services are usually provided as a short-term, intensive alternative to home care.
Repairs Assistance	Is a way that HDC can offer home-owners financial assistance for essential work to keep their home weather-proof and water-tight.
Residential Care/Care homes	Provide living accommodation, meals, help with personal care such as dressing, supervision of medication, companionship and someone on call at

	night.
RSL	Registered Social Landlord also known as a housing association
Supporting People (S.P)	Government funded housing related support
Warm Front	This is a grant to assist with paying for improvements to the heating system or the insulation of a home.

## Summary

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Older people make a significant contribution to society. For many older people, later life is a time to enjoy the rewards of years spent contributing to the growth and well-being of their families, their communities and their workplaces. Older people remain partners, parents, friends, daughters and sons, often caring for grandchildren or parents, and sometimes both. They are volunteers, employees, chief executives and board members. A recent study has estimated that the total economic value of the contributions of older people aged 50 and over to the economy is £200 billion per annum<sup>1</sup>.

This Strategy identifies the housing and related services that Huntingdonshire District Council and partners can deliver to work with NHS Cambridgeshire in promoting healthy ageing and improving the quality of life for older people. Healthy ageing is defined by the World Health Organisation as ‘the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life’.<sup>2</sup>

Since the previous document in 2005, we have achieved a range of things that improve the quality of life for older people. A few highlights include an increase in the number of community alarms; a new scheme to improve thermal efficiency and achieve Decent Homes for vulnerable people housed in the private sector; and development of plans for a new extra care scheme in Huntingdon which will be built over the next few years.

Our partners play an important role in helping to achieving the strategic direction that is set out in this document. Our strategic objectives are to:

- Meet the needs of people in their own home
- Make better use of sheltered housing, rationalise provision and enable a strategic shift from residential to extra care housing
- Work in Partnership and Involve Users
- Provide information, empowerment and choice
- Promote healthy ageing
- Be effective at resourcing and commissioning

There are a number of challenges for the Council and partners to work together on. The 65+ age group in Huntingdonshire is due to increase by 59% (13,700) between 2007 and 2021 – higher than the county average (58%) and higher than the national average (33%)<sup>3</sup>. People are living for longer and are getting frailer. Rates of dementia are on the increase. Half of people aged over 65 live alone and this increases in later age groups. The ratio of people aged 65+ to those aged 0-64 is due to increase. This presents challenges for future workforce

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<sup>1</sup> Cambridgeshire Older Persons’ Joint Strategic Needs Assessment, 2008

<sup>2</sup> World Health Organisation. (2007) *Healthy Ageing: a challenge for Europe*. 5.2007:01. Sweden. The Swedish National Institute for Public Health

<sup>3</sup> Cambridgeshire County Council Research Group website

<http://www.cambridgeshire.gov.uk/community/population/population/Researchgrouppopulationestimates.htm>

planning as there will be less people of employment age available to care for, and pay the taxes to support the ageing population. This is a sector that already struggles to recruit and retain staff.

The majority of older people are owner occupiers (72.9%)<sup>4</sup>. Given that the built environment is a long-term resource, the planning system has a vital role to play in ensuring that new homes are suitable for people as they get older and frailer. The Government's recent Strategy 'Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society'<sup>5</sup> sets some challenging targets, among other things to ensure that all public housing is built to Lifetime Homes standards by 2011 with all private housing being built to the standard by 2013.

This is not the only area in which the private sector has an important role to play. The Best Value Review (BVR) of sheltered housing sets out plans to enable a strategic shift from residential care towards extra care with a levelling up of provision within Cambridgeshire. There are targets to achieve an increase in extra care units of accommodation in this district, and RSL partners are planning to develop schemes which will make a valuable contribution to this target. It is important that new schemes acknowledge the tenure balance in the district and that opportunities for home ownership within extra care are enabled. Likewise the increase in dementia needs to be considered in the design of housing and services and the role of Assistive Technology in supporting people needs to be facilitated. Some of the sheltered housing schemes in the district do not meet modern day standards and will need to be remodelled. The Council is keen to work with providers on their plans to improve existing stock. Encouraging the private sector to make provision on new sites and to remodel outdated residential care are also opportunities that we need to explore. The current economic downturn challenges these ambitions and we will work with partners to appraise options as opportunities arise.

People's expectations are increasing. The population as a whole is more IT-literate and remote access to services and incorporating IT access into new homes are all issues to consider in the future design of services.

This Strategy sets out the future challenges which include: developing extra care; increasing services to help people remain in their own home; improving housing conditions and energy efficiency; in partnership, commissioning a Handyperson scheme; and supporting the development of self directed support; and a countywide re-ablement service as they relate to housing.

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<sup>4</sup> ONS Census, 2001

<sup>5</sup> <http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods>

## Introduction

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Older people make a significant contribution to society. Huntingdonshire has a growing and ageing population. The 65+ age group in Huntingdonshire is due to increase by 59% between 2007 and 2021 – higher than the county average (58%), and higher than the national average (33%).

This significant demographic shift places pressure on local services and requires a joined up approach to help people to remain independent for as long as possible thereby maintaining or improving their quality of life and reducing the reliance on more intensive, more expensive and sometimes more institutional forms of care.

In partnership, we developed a joint Housing, Health and Social Care Strategy for Older People in September 2005. Since then, Huntingdonshire District Council and Cambridgeshire NHS, the local PCT, have worked closely together with other partners to improve the quality of life for older people and increase the range of services that are available.

There have been significant changes since the previous document was written. The five PCTs in Cambridgeshire have been merged to form one countywide organisation. The new organisation has now split into ‘commissioner’ or ‘provider’ roles.

This Strategy sets out what we have achieved since 2005 and identifies the housing and related services that Huntingdonshire District Council and partners can deliver to support NHS Cambridgeshire in improving the quality of life for older people. It sets the direction for the next 5 years.

The Strategy draws on information set out in the countywide Best Value Review (BVR) of Sheltered Housing; the Strategic Housing Market Assessment; stock condition survey; the Joint Strategic Needs Assessment of Older People; and the census and related statistics.

## **Consultation: What older people, our partners and customers think....**

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### **Consultation on this document**

A copy of this strategy was sent out to all partners including housing associations, support providers, registered care homes, voluntary sector organisations, social services, PCT, Parish Councils and District Councillors.

A copy was placed on the front of the Council's web site and press releases were issued to alert the public to the opportunity to contribute to the strategy. A double-page article featured in the Hunts Post on 12 August 2009.

The consultation was open for 12 weeks in line with the Compact Agreement for working with Voluntary Organisations in Cambridgeshire. A questionnaire asking for people's feedback and views on specific areas of the strategy was sent out with a pre-paid reply envelope to encourage feedback.

37 questionnaires were received by post. A further 5 responses were received via the web site; 1 phone call; and a further 3 written responses were received (no questionnaire).

- 98% of respondents agreed that the priorities set out in this document are the correct ones.
- 92% agreed that extra care should take priority over the development of sheltered housing.
- 94% of respondents think that extra care should be focussed on the larger settlements.
- 89% of respondents agreed that extra care should include a % of leasehold to enable home ownership.
- 95% of respondents thought that this document is either acceptable, good or excellent.

A number of helpful comments have been made and this document has been amended in line with some of the suggestions.

### **Cambridgeshire Together's Consultation with Older People (Oct 2008)**

Cambridgeshire County Council commissioned mruk research, an independent market research organisation, to consult with residents and organisations in Cambridgeshire about their Older People Strategy.

Out of seven options, irrespective of age, gender and disability, 'home and housing' was the most important aspect for all respondents and 'information' and 'neighbourhood' were the least important aspects. 'Income' is the second most important aspect for those aged 60-69 years which may indicate changes after retirement. 'Social activities and getting out' and about are considered more important for respondents aged 80 years and over.

In July 2007 a Quality of Life survey was posted out to older people registered with a sample of GP surgeries in the Cambridgeshire PCT. Four questions were asked:

- 1) Do you feel secure?

- 2) Do you feel in control?
- 3) Do you feel isolated?
- 4) Is there anything else you would like to tell us about your quality of life?

The survey achieved 1,034 valid responses.

- Their responses indicated that:
- 96.7% felt secure (always and usually) in their home
- 96.2% did not feel isolated (never or rarely)
- 98.3% felt in control of their daily life (always and usually)
- 79.7% had a good quality of life

### **Age Concern Best Value research 2007**

In 2007 Age Concern published a report entitled *Achieving quality of life when "No-one trains us to be old"* which was based on the output of discussions with two focus groups.

The findings included the following:

- Some people felt strongly that being independent was about doing everything for oneself. Others felt that making full use of available services and support helped to maintain independence.
- More attention should be given to what older people believe will make a difference in their lives. Such as 'I don't want someone to come and put my sock on for me – although I might need it – I want someone to come and do my cleaning'.
- It is crucial that services are consistent, for example 'kneeling buses' need to operate on both out and return journeys.
- Local services are very important and include Post Offices, clubs and groups and affordable, accessible transport.
- Suitable accommodation could make a significant difference to quality of life.
- There was huge reliance on the GP as the 'first point of contact'. There was a general feeling that older people benefited from winter fuel allowance, free TV licence and bus passes.
- There is not just one way of getting your voice heard.
- Above everything else, social contact and being able to get out and about are felt to be crucial to health and well-being.

### **Best Value Review (BVR) Sheltered Housing Consultation 2004**

As part of the Best Value Review of sheltered housing in Cambridgeshire<sup>6</sup>, focus groups were held with residents living in nine sheltered schemes and older people living in non sheltered accommodation. The residents living in sheltered housing lived in both rural and urban locations and two groups were held with participants living in non-sheltered accommodation.

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<sup>6</sup> BVR Sheltered Housing in Cambridgeshire was concluded in 2004. It was carried out by consultants, Peter Fletcher Associates.



### **Age Concern Consultation**

Leading up to the integration of older people's services in Cambridgeshire, Age Concern completed a consultation exercise with older people in Huntingdonshire. The results show the following issues are important to older people:

- Social contact / getting out and about;
- Transport;
- Feeling safe at home;
- Help at home – especially with household chores;
- Information – and help with form filling;
- Simple assessment processes;
- Adequate income; and
- Dignity and respect.

The findings set out in this chapter have shaped the vision for this Strategy and have informed both strategic objectives and the action plan. More detail is available about each of these consultations on request.

## Our Vision, principles and objectives

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We will work with Older People to improve their Quality of Life by:

- Listening to what older people have to say and involving them in the development of services as far as is practicable
- Challenging and addressing ageism whilst promoting positive views of older people
- Working with others to promote well-being for older people
- Promoting independent living
- Designing and delivering services around individual needs with a view to enabling older people to live in a safe home and environment
  - Tailored to meet their needs
  - In an active community
  - In a secure environment

Our objectives (in no order of priority) are:

### **1. Meet the needs of people in their own home**

- Maximise people's independence through flexible support including Assistive Technology as needs change
- Deliver appropriate housing, support and repair solutions in partnership with others to enable people to remain safe, warm and secure in their own home.
- Work in partnership with the private sector and housing associations to provide additional affordable and private sector housing that is suitable for people as they get older.
- Recognise that the majority of people (76%) are owner occupiers and therefore, the Council's intervention in the private sector is equally as important as the provision of new affordable homes.
- Acknowledge that the built environment is a very long-term resource and the planning system plays an essential role in influencing the sustainability of new developments for older people
- Recognise the impact that poor quality housing can have on people's health and general quality of life and that some of the poorest conditions can be found in the private rented sector.
- Respond quickly and flexibly to provide housing solutions to frail older people following hospital admission

### **2. Make better use of sheltered housing and rationalise provision and enable a Strategic shift from residential to extra care**

- Work with partners to implement the findings of the Best Value Review of Sheltered Housing.
- Work in partnership to:
  - enable a shift from residential care homes to extra care housing
  - enable the increase in the provision of care for older people with mental disorder and / or dementia

- enable the provision of intermediate care to enable timely hospital discharge and avoid unnecessary or inappropriate hospital admission promoting enablement
- Facilitate the use of Assistive Technology in helping to keep people safe and secure in their homes.

### **3. Work in Partnership and Involve Users**

- Continue to involve customers in the design, monitoring and review of services
- Support and encourage the statutory and voluntary sectors in their preventative work and to adopt a whole systems approach to the provision of services
- Develop joint commissioning where appropriate and achieve a greater sharing of ideas and initiatives across local strategists and service providers to encourage new service models and provision
- Work in partnership to achieve the aims of this strategy and to ensure that other strategies take due account of the needs of older people.
- Implement this Strategy and develop new services in collaboration with the Huntingdonshire Strategic Partnership
- Recognise the important role that housing plays on the health and well being of the occupant

### **4. Empowerment Information Assessment and Choice**

- Enable older people to make informed choices by ensuring that they can access the information they need to understand their housing and care options
- Support practitioners and professionals from all agencies in their work
- Support the identification of older people at risk
- Maximise people's income

### **5. Promote healthy ageing**

The Huntingdonshire Health & Well-Being Group has strategic responsibility for identifying priorities for promoting health and well-being in Huntingdonshire. Priorities relate to both children and adults; aims include to enable people to prepare for a healthier later life. The following strategic health and well-being priorities are outlined in the Huntingdonshire Sustainable Community Strategy (2008-2028):

- Provision of culture and leisure opportunities
- A reduction in health inequalities
- Support to individuals who wish to adopt a healthier lifestyle
- A reduction in accidents
- Increased opportunities for vulnerable people to live independently

Examples of specific programmes for 2009-10 outlined in the Huntingdonshire Health & Well-Being Delivery Plan are to:

- Increase adult participation in sport
- Deliver an 'Active at 50' project to encourage older people to be more active

- Support vulnerable people to be more active through the targeted cardiac rehabilitation programme
- Introduce 'easy' green walks into the existing Health Walks scheme
- Provide Stop Smoking Services to people in Huntingdonshire who wish to quit
- Deliver a Community Health Improvement Programme in the community, and a Fit for the Future programme in Primary Care to people who are obese
- Reduce the death rate from suicide and undetermined injury
- Develop a comprehensive Falls Prevention Service
- Establish a Handyperson scheme
- Promote mental well-being and the inclusion of older people by implementing programmes such as Cambridgeshire Celebrates Age
- Increase the provision of extra sheltered frail elderly housing

The Huntingdonshire Health & Well-Being Delivery Plan will continue to be informed by the:

- Joint Strategic Needs Assessment – Older People
- Cambridgeshire Long Term Conditions Strategy
- Cambridgeshire Older People Strategy

#### **6. Effective Resourcing and Commissioning**

- Work in partnership to implement this Strategy
- Jointly commission services where appropriate
- Strategically plan to meet the needs of a growing population of older people
- Draw in external resources where possible and make best use of existing resources to implement this Strategy

## **Main Achievements since the Previous Strategy (2005):**

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- ✓ Developed a Choice Based Lettings project in partnership which enables greater choice and mobility in housing across the Cambridge sub-region and a full housing advice and options service
- ✓ Worked with Age Concern to start up a community warden scheme in Ramsey currently supporting 13 older people
- ✓ Increased the provision of community alarms by using the Local Public Service Agreement pump priming money to purchase the alarms and targeted these at vulnerable older people on low incomes, increasing availability from 615 in April 2006 to 703 in April 2008
- ✓ Established the baseline for the numbers of vulnerable people living in non-decent homes in the private sector; and brought 129 homes of people who are older or otherwise vulnerable, up to the Decent Homes standard
- ✓ Commenced a project to improve the thermal efficiency of vulnerable people's homes using specific grant awarded by Government
- ✓ Implemented the core specification for HIA services in Cambridgeshire and undertaken a strategic review of the service
- ✓ Maximised new affordable housing development opportunities and worked with housing associations to develop 45 bungalows in 8 locations since Sept 2005
- ✓ Supported 930 people to remain independent in their own homes through Disabled Facilities works between 2005/6-2008/9 via the multi agency funded Home Improvement Agency
- ✓ Improved the homes of 123 older people through Repairs Assistance between 2005/6-2008/9
- ✓ Over 4000 households have been referred to Warm Front for energy efficiency improvements to their homes since April 05. This helps reduce running costs of the home; and promote health and well being, preventing excess winter deaths from cold homes. A large proportion of the Households assisted were pensioner households.
- ✓ Contributed to the development of the Supporting People programme including a 'white paper' setting out minimum standards for sheltered housing
- ✓ Supported Luminus in their plans to develop extra care in Huntingdon (yet to be built but will provide circa 35 units of accommodation)

- ✓ Raised awareness of the implications of the ageing population through the Strategic Partnership; public and private sector providers; and locality practitioner and voluntary / faith based organisations
- ✓ Developed the information available to older people on their housing options including a directory and web-site development and the Healthy Homes Healthy Ageing project aiming to improve the information available to support housing / health / social care practitioners in their work
- ✓ Bid for resources to help achieve the aims of this Strategy, drawing in funds from LPSA; Housing Corporation; Supporting People; HDC; PCT and County Council
- ✓ Awarded greater priority in housing allocations to people who are under occupying existing accommodation but want to downsize to housing that is more appropriate for their needs (via the Choice Based Lettings policy)
- ✓ Together with NHS Cambridgeshire, we have enabled more people to be supported to live at home resulting in a reduction in the number of people entering residential care.

## Future Workplan

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To further achieve our objectives, over the next five years we want to:

- Enable, where appropriate, the development of a range of housing provision including forms of home ownership which offers choice and independence
- Work with providers to remodel existing schemes to meet the new standards where possible and investigate other solutions where remodelling is not possible / viable
- Encourage providers to develop the use of sheltered housing as a community hub from which a range of flexible services can be provided
- Plan for an increase in extra care housing schemes, taking the increase in dementia into account in the design of the building and planning of services
- Increase the services available to help people remain in their own home e.g. Assistive Technology; community alarms; floating support; income maximisation; Disabled adaptations
- Commission a new house condition survey to produce a comprehensive review of current housing conditions and improve housing to the Decent Homes standard for vulnerable people living in the private sector
- Raise awareness of affordable warmth grant opportunities to reduce fuel poverty and prevent winter deaths.
- Implement the findings of the Home Improvement Agency Review
- Following the successful bid for funds to start a Handyperson scheme, establish the project with partners
- Implement the recommendations in the Government's paper 'Lifetime Homes Lifetime Neighbourhoods' including the target to achieve Lifetime Home standard in all new affordable housing from 2011 and in all housing from 2013
- Encourage the development of new neighbourhoods which are appropriate for people as they age e.g. including safe walking routes to shops etc
- Implement the Supporting People strategy for Cambridgeshire including commissioning floating support, and new extra care schemes
- Ensure older and vulnerable people get assistance with bidding for housing in the Choice Based Lettings programme, where appropriate

- Raise the profile of the needs data and the strategic shift away from residential care and towards extra care housing, as set out in this document, with private sector providers
- Support the development of self directed support as it may impact on housing and related services in the future (increasing choice and control)
- Support the introduction of a countywide re-enablement service as it relates to housing (e.g. adaptations, support, Assistive Technology; intermediate care)



## A Few Facts about Older People in Huntingdonshire....

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The following key conclusions can be drawn from the statistical appendix at Appendix 1. The information sources for these conclusions include the Joint Strategic Needs Assessment; the BVR sheltered housing; the Strategic Housing Market Assessment and the Census and related projections.

- Older people make a significant contribution to society. For many older people, later life is a time to enjoy the rewards of years contributing to the growth and well-being of their families, their communities and their workplaces. Older people remain partners, parents, friends, daughters and sons, often caring for grandchildren or parents, and sometimes both. They are volunteers, employees, chief executives and board members. A recent study has estimated that the total economic value of the contributions of older people aged 50 and over to the economy is £200 billion per annum<sup>7</sup>
- Huntingdonshire has a growing and ageing population. The 65+ age group in Huntingdonshire is due to increase by 59% (13,700) between 2007 and 2021 – higher than the county average (58%) and than the national average (33%)<sup>8</sup>.
- The wards with the highest 65+ population are Huntingdon East, Ramsey, The Hemingfords, and St Ives South, all with over 1,300 65+ residents<sup>9</sup>. Projecting forward to 2021, Yaxley & Farcet, St Ives South, Ramsey, The Hemingfords and Huntingdon East contain the most people over 65<sup>10</sup>, all with over 65 populations of 2,000 or over.
- People are living for longer and are getting frailer. Rates of dementia are on the increase. Half of people aged over 65 live alone and this increases in later age groups. Women outnumber men from 65 onwards and the 50+ population is considerably less diverse than that under 50, with only 0.5% non-White UK. Whilst services need to be flexible, it should be recognised that the majority of service users will be women who live alone. This is particularly true in the 85+ age group.

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<sup>7</sup> Cambridgeshire Older Persons' Joint Strategic Needs Assessment, 2008

<sup>8</sup> Cambridgeshire County Council Research Group website

<http://www.cambridgeshire.gov.uk/community/population/population/Researchgrouppopulationestimates.htm>

<sup>9</sup> ONS Census, 2001

<sup>10</sup> Cambridgeshire County Council Population Projections,

<http://www.cambridgeshire.gov.uk/NR/rdonlyres/BC5713AD-FD97-4E14-81DB-77B3218A6036/0/LApopbyward1008nopet.xls>

- The ratio of people aged 65+ to those aged 0-64 is due to increase bringing challenges for future workforce planning given that there will be less people of employment age available to care for and pay the taxes to support the ageing population, a sector that already struggles to recruit and retain staff.
- The majority of pensioners are owner occupiers (72.9%)<sup>11</sup>. Given that the built environment is a long-term resource, the planning system has a vital role to play in ensuring that new homes are suitable for people, as they get older and frailer. A significant percentage of older people (28.1%)<sup>12</sup> currently rent their home from housing associations or private landlords. Older people are also more likely to live in park homes than the general population.
- There will be a growing need for decent affordable homes that are suitable for older people in addition to other publicly funded housing related services like the provision of Disabled Facilities Grants.
- When compared to the national average, Huntingdonshire residents claim one third less Attendance Allowance. This could reflect better health than the national population or mask problems with benefit take up. Likewise, take up of Pension Credit varies throughout the district which is more likely to reflect pockets of wealth / poverty. The demand for some public services depends upon an individual's ability to pay, for example, housing benefit or disabled facilities grants. Therefore future demand for some public services will depend upon trends in projected income. There is no data readily available which projects the future income levels of the over 65 population. We do not know if future generations of over 65s will be richer or poorer than they are today, but we know that final salary schemes are ending, and there remain a significant number of older people on very limited incomes. If income levels of tomorrows' over 65s are the same as they are today, and the over 65 population increases by 59% (over the next 10 years) then you might broadly predict the demand for public services to increase by 59%.
- People's expectations are increasing. The population as a whole is more IT-literate and remote access to services along with incorporating IT access into new homes are all issues to consider in the future design of services.

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<sup>11</sup> ONS Census, 2001

<sup>12</sup> Ibid

## **Best Value Review (BVR) of Sheltered Housing in Cambridgeshire**

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Although completed in 2005, the county-wide BVR of sheltered housing remains an important policy document that sets the direction for the future of sheltered and extra care housing in Cambridgeshire.

All providers of sheltered and extra sheltered housing were invited to join in this cross boundary review. The providers of approximately 50% of schemes in Huntingdonshire took part. The remainder were subject to the usual Quality Assessment Framework (QAF) for Supporting People purposes.

The BVR aimed to:

- evaluate the effectiveness of existing services for current and future residents of the sheltered housing service across Cambridgeshire
- assess fitness for purpose under the Best Value and the Supporting People Quality Assessment Framework
- draw conclusions on the way forward for sheltered housing in Cambridgeshire.

The BVR considered the provision of sheltered housing and extra sheltered housing across the County. It concluded that, when compared to other districts in Cambridgeshire, there was a shortfall of both types of provision in Huntingdonshire. The BVR concluded that a 'levelling up' of provision in Cambridgeshire is required to deliver equity of service.

Cambridgeshire County Council and the PCT, in line with national objectives, aim to decrease dependence on residential care and increase the provision of extra sheltered housing. This strategic shift will enable people to maximise their independence. It is also a more cost effective model of provision.

The BVR was agreed by the Commissioning Body following consultation with providers. This set out management and scheme standards that schemes in receipt of Supporting People revenue should meet to continue to be eligible for funding.

In Huntingdonshire, the aim is to achieve an increase in extra care. This increase is reliant upon a commensurate shift in Supporting People and adult social care revenue resources into extra care. Therefore the pace of change is not entirely within the Council's control, it does depend on effective partnership working. The task for the Council is to plan where future services might be needed and how these might be delivered in partnership. The timescale within which these can be achieved will have to be considered separately, in conjunction with the BVR Project Group.

### **Prioritising Models of Provision**

Given the resource requirements of the targets, it is necessary to prioritise whether sheltered or extra sheltered forms the highest local priority.

Given that there are only 49 bedspaces of extra sheltered housing, the growing and ageing population, increasing rates of frailty and dementia, the development of additional extra sheltered housing schemes should take priority over sheltered housing schemes.

Other drivers for this decision include the fact that people want to remain in their own home for longer and other peripatetic services like floating support and community alarms along side physical adaptations to the property can be made available to support people in their homes. Extending provision of sheltered housing could be achieved through increasing the capacity of existing scheme managers to provide wider neighbourhood services and extending floating support.

That said, we should recognise that sheltered and extra sheltered provision is closely linked and flexible models of service provision can enable the 'step up' from sheltered to extra sheltered housing.

### **Location of New Extra Care Schemes**

The decision on the location of new extra sheltered housing needs to take account of two variables:

1. Area where it is most needed
  - where older people currently live;
  - where existing services are located; and
  - where the PCT, as commissioner of care, perceives the highest level of need.
  
2. Where it can realistically be provided
  - new development sites;
  - location of sheltered housing that could be remodelled (but acknowledging that this will result in a further shortfall of sheltered housing);
  - location of residential care that could be remodelled i.e. response from private sector residential care providers that may wish to remodel accommodation into extra care.

It should be noted that extra care schemes will house older people living at home, who meet the adult social care eligibility criteria (Fair Access to Care).

In considering proposals for either new build or remodelled services for extra care, the following criteria needs to be considered:

1. The population of likely residents for such a scheme
2. The population likely to provide the staff resources for the scheme
3. The services in the surrounding area available to support continued independence

It is therefore likely that provision will be in the main towns and larger villages.

### **Tenure of Extra Care**

An appropriate tenure balance needs to be achieved. This should be considered on a scheme by scheme basis bearing in mind the following:

- in responding to private sector provision, s106 policies should be applied to achieve a mix of tenure
- 72% of older people are currently owner occupiers and this % is due to increase so enabling owner occupation in extra sheltered housing is important
- owner occupiers' assets may be insufficient to enable full purchase and therefore models of low cost home ownership should be included in addition to social rent
- when remodelling existing, or building new schemes, owner occupier's capital will help to make the overall scheme more affordable to the provider and therefore more attractive to the Homes and Communities Agency
- in all cases the level of charge for care / support / housing / other charges should be considered and benchmarked against others.

The Council is mindful that the current economic downturn (in 2009) may impact on this strategic direction and opportunities will need to be appraised on their merits.

### **Remodelling outdated sheltered housing**

A number of sheltered housing schemes in the district do not meet modern day scheme standards. Providers of schemes have been consulted and asked for their response on how improvements can be made. The Council is keen to work with providers on developing robust plans where schemes have to be remodelled or improved.

## **Resources to Deliver this Strategy**

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### **Home Improvement Agency (HIA)**

The HIA is a joint project funded by Huntingdonshire District Council; Cambridgeshire County Council; PCT; Supporting People and the HIA also generate fee income based on the grant work they complete.

### **Disabled Facilities Grant**

The Council receives £300-400k from Government towards the cost of DFGs. The budget is set at £1.2m per year. The Council is supportive of the provision of DFGs and where increases in demand are experienced, Cabinet have given a commitment to fund DFG applications as expeditiously as possible.

### **Repairs Assistance**

The Council funds £200k per year for Repairs Assistance to help people on low incomes to repair or maintain their homes. Owner occupiers generally receive a loan for this work.

### **Energy efficiency projects to help eradicate fuel poverty, reduce winter deaths and keep homes warm and healthy**

The Council support and promote Warm Front, a Government funded scheme that helps vulnerable people on low incomes to improve the thermal efficiency / heating system of their home. This reduces running costs and improves health and well being, reducing the occurrence of winter deaths as a result of living in a cold home. Where there is a shortfall in the cost of work compared to the available grant, the Council has a top-up grant system.

The Carbon Emission Reduction Target (CERT) funding provides insulation to people over 65 who do not qualify for welfare benefits.

The Pensioner Home Insulation Scheme (PHIS) has just started in Huntingdonshire, funded by a one-off regional grant of £100k. Funding is available for people in receipt of state pension to pay for loft or cavity wall insulation.

### **Decent Homes for Vulnerable People in the Private Sector**

The Government has given an allocation for the Council to improve the numbers of vulnerable people that occupy decent homes in the private sector. This money funds the Warmer Homes for Life scheme and can be used to tackle category 1 hazards in the homes of vulnerable people where these are detected in the post-work inspection.

### **Floating support**

The Council makes a contribution to the Ramsey Warden scheme supporting vulnerable people in their own homes. The scheme currently supports 13 older people.

### **Community Alarms**

In 2006/7 the Council bid for money (from the LPSA) to purchase community alarms to support older and vulnerable people in their own homes.

### **New Extra Care Housing**

There are significant resource requirements to achieve the targets set out in the BVR. These include the availability of

- land to build new schemes;
- revenue for the support and care elements of the service; and
- capital to fund any new build or remodelling works.

The Council will continue to maximise land for new affordable housing by using its planning powers effectively.

### **Supporting People**

Revenue to pay for the support and care service would come from Supporting People and the PCT and is subject to strategic commissioning. A countywide approach to commissioning extra care recognising the commensurate shift from residential care is due to be developed and we will play an active role in developing and implementing this approach over the coming years.

### **Handyperson**

A successful bid has been made for resources to kick-start a Handyperson scheme in Huntingdonshire. £50k has been allocated to start the scheme in 2009/10 and the future funding of this service needs to be considered.

### **Homes and Communities Agency Capital**

The Council has a good track record of supporting RSL partners to secure Homes and Communities Agency (HCA) capital for new affordable housing. The Council will continue to support RSL partners in securing HCA to fund new opportunities in the district.

### **Council Capital**

The Council has a budget of £500k for new affordable homes each year.

### **NHS Cambridgeshire Resources**

Cambridgeshire County Council and NHS Cambridgeshire commit £90m per year to a pooled service budget for older people across Cambridgeshire. Approximately £27m is currently spent on services in Huntingdonshire

## National Policy Drivers

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Since the previous document, Government has launched more policy papers that inform the direction to be taken locally. These include:

**Putting people first, transforming social care, making a strategic shift towards prevention and early intervention, key messages for decision makers (DoH, October 2008).** At its heart are four main themes:

1. Facilitating access to universal services
2. Building social capital within local communities
3. Making a strategic shift to prevention and early intervention
4. Ensuring people have greater choice and control over meeting needs

**Living well with dementia: a national dementia strategy (DoH, Feb 2009)** The national dementia strategy is backed by £150 million over the first two years. It will increase awareness of dementia, ensure early diagnosis and intervention and radically improve the quality of care that people with the condition receive. Proposals include the introduction of a dementia specialist into every general hospital and care home and for mental health teams to assess people with dementia.

**High quality care for all: NHS next stage review final report (Darzi review of NHS, DoH, 2008)** The final report of Lord Darzi's NHS Next Stage Review. It sets out a vision for an NHS with quality at its heart.

**The White Paper, Our health, our care, our say, (DoH, Jan 2006)** sets out a vision for the future of health and social care and is driving improvements in services for older people across four areas:

1. better prevention and early intervention;
2. choice and involvement in services;
3. tackling inequality and improved access to community services;  
and
4. providing more support to people with long term needs.

**Homes for the future: more affordable, more sustainable (DCLG, July 2007)** This green paper announces the Government's ambitions for more homes, more affordable homes and greener homes. It recognises that older people make up 48% of all new growth in households up to 2024 and that new housing design needs to be appropriate for people as they age. Lifetime Home standards and the Code for Sustainable Homes will all encourage more sensitive housing design in the future.



**Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society (joint publication from DCLG; DoH; and DWP 25 Feb 2008).** This document sets out plans to:

- build more housing;
- strengthen local information services;
- launch a new rapid repairs and adaptations service to support handyperson schemes;
- increase funding for Disabled Facilities Grants (DFGs) and simplify the process;
- continued support for extra care;
- ensure that all public housing is built to Lifetime Homes standards by 2011 with all private housing being built to the standard by 2013;
- launch a new Beacon Council theme on inclusive planning recognising the role of the built environment in helping people to age healthily and to remain independent;
- joined up assessment, services and commissioning across the housing / health / social care spectrum;
- greater emphasis on prevention, choice and personal budgets; and
- embed priorities in Local Public Agreements.

**Towards lifetime neighbourhoods – designing sustainable communities for all - a discussion paper (DCLG, 19 Nov 2007).** Whilst lifetime neighbourhoods is not a new concept, it is yet to feature meaningfully in the design of new housing. This paper promotes consideration of the elements that would make up a lifetime neighbourhood. One where a high quality home environment promotes people to stay at home, independently for as long as possible with the best chances of health, well being and social inclusion.

#### **Rugg review of private rented sector**

In January 2008 the Minister of Housing commissioned an independent review of the private rented sector (PRS). In October 2008 the final report was published, known as the 'Rugg Review'. The report acknowledges the general decline in the number of older people housed within the PRS but that those who live in this sector are likely to be among the most vulnerable and on low incomes. Given that privately rented homes have a higher incidence of fuel poverty than in other sectors, it is appropriate for the Council to continue to support measures that help improve conditions.

#### **Other relevant documents include:**

- Opportunity age, (DWP March 2005)
- Independent living strategy (cross-dept, 2006)
- All party parliamentary local Government group inquiry into services for older people
- Getting on well together – new good practice publication, LGA, 6 May 2009).

## Local Policy Context

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### **Cambridgeshire Local Area Agreement (LAA) 2008-11**

The multi agency group responsible for the LAA, Cambridgeshire Together, has set five key goals, each with priorities to achieve for Cambridgeshire. These are:

- Growth
- Economic Prosperity
- Environmental Sustainability
- Equality and Inclusion
- Safer and Stronger Communities

The Cambridgeshire LAA has a delivery plan lasting three years and a number of targets relate to services for older people:

- NI 125 – Achieving independence for older people through rehabilitation / intermediate care
- NI 131 – Delayed transfers of care from hospital
- (per 100,000
- NI 135 – Carers receiving needs assessment or review & a specific carers service, or advice and information
- NI 136 – People supported to live independently through social services
- NI 141 – Number of vulnerable people achieving independent living
- NI155 – Affordable homes delivered.

With the exception of NI 155, none of the Council's services directly report on these indicators but we influence and support them through the provision of preventative services. For example, sheltered housing and the provision of intermediate care in sheltered housing can facilitate early hospital discharge or prevent emergency admission; and DFGs, energy efficiency measures, Decent Homes etc can help to enable people to remain living in their own homes.

### **Cambridgeshire Together's older people strategy 2008-11**

The Cambridgeshire Together partnership (LAA) have produced a joint strategy which aims to address opportunities, services and support for people over 55 years in the county. The strategy has an overall vision:

*To enable older people to remain healthy, happy and active and to continue to make a positive contribution to society for as long as possible.*

The document is structured around seven themes:

- Housing and the home
- Neighbourhood
- Social activities, social networks, and keeping busy
- Getting out and about
- Income
- Information
- Health and healthy living

The document sets out the strategic shift needed within the county to enable the move from residential care towards extra care and the geographic redistribution of resources.

### **The Joint Commissioning Strategy (NHS Cambridgeshire and Cambridgeshire County Council 2008)**

This sets out the vision for Older People:

“Our vision is to develop communities in which older people are truly engaged, exercising choice and control over their lives”

“Our focus is on independence, empowerment, respect, dignity, the promotion of wellbeing through the prevention of illness and social breakdown”

The priorities are:

- Support more people to live at home to maximise independence
- Reduce the number of older people living in residential care
- Ensure that older people and their families / carers have as much choice as possible in their care, support and treatment options as part of a person-centred approach
- Develop alternatives to residential living e.g. extra care schemes
- Develop community based services which respond to older people's needs and prevent unnecessary admissions to hospital
- Provide more responsive and integrated services for older people
- Encourage older people to directly buy services to suit their needs through self-directed support

### **Huntingdonshire sustainable community strategy**

The Council is responsible for promoting the economic, social and environmental wellbeing of our communities, so that we can all enjoy a good quality of life. To do this we must work with and bring together a variety of partners from the public, private and voluntary sectors.

The Huntingdonshire Strategic Partnership is responsible for the Huntingdonshire sustainable community strategy. This sets out how, by working together, we can meet local and national priorities.

The community strategy's long term vision is based on what local people have told us is important for them now and in the future, which is:

Huntingdonshire is a place where current and future generations have a good quality of life and can –

- Make the most of opportunities that come from living in a growing and developing district;
- Enjoy the benefits of continued economic success;
- Access suitable homes, jobs, services, shops, culture and leisure opportunities;
- Realise their full potential;
- Maintain the special character of our market towns, villages and countryside; and

- Live in an environment that is safe and protected from the effects of climate change and where valuable natural resources are used wisely.

The **Health and Well-Being Thematic Group** has an action plan that is a driver for this strategy. Reducing health inequalities; promoting mental health and well being; preventing falls in older people through development of a Handyperson service and prompt delivery of disabled adaptations are all priority objectives. Increasing the opportunities for vulnerable people to live independently by increasing the provision of extra care housing are objectives in the action plan and are also reflected in this strategy.

**Growing Success**, the Council's Corporate Plan sets out how we will achieve our part of the sustainable community strategy. It is based on detailed research and importantly what our communities have told us. The Council needs to balance and reconcile many competing demands and this plan will be used to help us prioritise and allocate resources.

The community aims that this strategy relates to are:

- Housing that meets individual needs
- Safe, active and inclusive communities
- Developing communities sustainably
- Healthy living

### **Cambridgeshire Supporting People Strategy 2008-2010**

The vision for Cambridgeshire is:

*'To improve quality of life and well-being by ensuring housing and housing support is available that reduces risk and enables vulnerable people to live as full a life as possible'*

Underlying the vision is the following commitment and principle:

*'The vision will require all partners to work together, and with communities, to develop preventative services, anticipate and avert crises, and support people to maintain or regain their independence in those ways that best meet needs'*

The Supporting People programme in Cambridgeshire is committed to the following priorities:

1. Prevention
2. Community Development
3. Social inclusion
4. Promoting independence
5. User control

These priorities are closely aligned to wider priorities for the health, housing and social care partners. The Supporting People programme is seen as a mechanism for ensuring these priorities are delivered. Expansion of floating support and extra care and the need to achieve equity in sheltered housing are priorities in the strategy.

### **Supporting People Review of Home Improvement Agencies (HIA)**

The Supporting People review of HIAs, undertaken in 2008 found that HIAs play a key role in promoting independence and contribute to targets on prevention and the LAA. However, they are vulnerable to fluctuations in workload arising from variable OT referrals. Whilst similarly staffed, they offer slightly different approaches to the service and have very different funding arrangements in place. Workload and value for money varies throughout the HIAs and the report has a presumption that *'unless an exemption is granted from the County Council's procurement Contract Regulations, the service will be re-commissioned (put out to tender) when steady state contracts are renewed. Contracts are due for renewal on 1 April 2010.'* Market testing of the Cambridgeshire HIAs is under consideration and may form a work stream over the next few years.

## **Needs Analysis: the Statistical Appendix**

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This section sets out the intelligence driving this Strategy. The four main sources of this information are:

### **1. Joint Strategic Needs Assessment**

In Jan 2008, Cambs County Council and PCT produced a JSNA for older people. The document includes a wealth of information about older people in Cambridgeshire including population projections, frailty, income and deprivation, health inequalities and illness, demand for services, user views and service developments.

### **2. Strategic Housing Market Assessment**

Published in 2008, the SHMA provides a great deal of information about housing and related issues in the Cambridge sub-region. The SHMA details population, health, frailty, the need for sheltered, extra care and nursing care for older people alongside community based services like community alarms. Much of the information is taken from the strategic direction first set out in the BVR sheltered housing.

### **3. Demographic Information**

Mostly taken from the 2001 census and the Cambridgeshire County Council Research Group; the latter have been updated with new population projections since the last Older Persons' Housing Strategy was written, which have altered the statistics. Similarly, updated statistics from the Department of Work & Pensions (DWP) have been interpolated in the report.

### **4. Best Value Review of sheltered housing in Cambridgeshire**

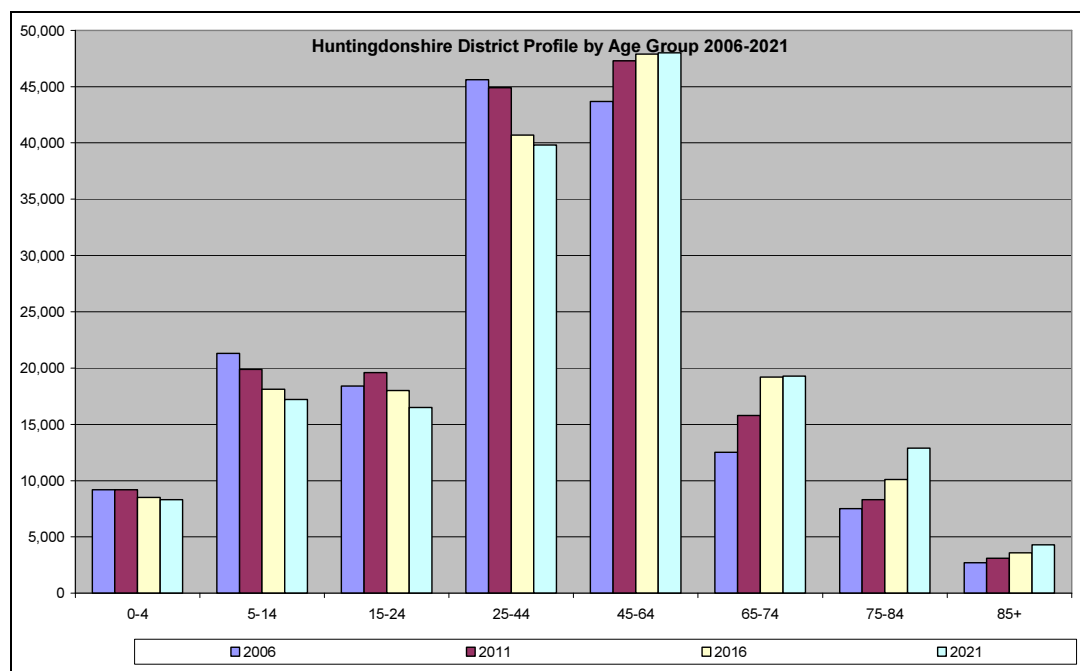
The BVR Sheltered Housing was carried out in 2005 and is the master document suggesting the way forward for housing and related services for older people in Cambridgeshire. The JSNA; Cambs County Council and PCT Older People Strategy; and SHMA all reiterate this direction of travel.

## **Population Projections**

Population projections for Huntingdonshire from the time of the 2001 Census to the year 2021 are given below.

Of particular note is the fact that the 65+ age group in Huntingdonshire is due to increase by 59% (13,700) between 2007 and 2021 – this is higher than the county average (+58%) and than the national average (+33%)<sup>13</sup>.

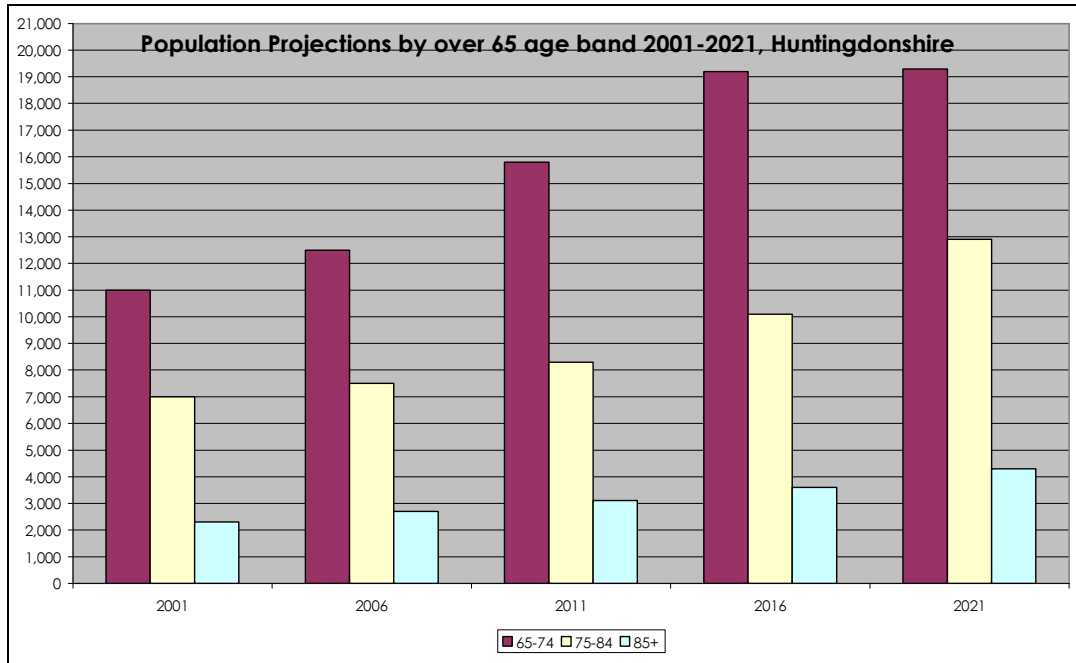
There is a projected 51.5% increase in the 65-74 years age group age groups during this period (2007-2021); 72% increase in the 75-84 age range and 60% projected increase in the 85+ age groups<sup>14</sup>. This means that people are getting older and frailer and there are likely to be more higher end service users in the future.



The over 65 age groups are shown overleaf in greater detail.

<sup>13</sup> Cambridgeshire County Council Research Group website  
<http://www.cambridgeshire.gov.uk/community/population/population/Researchgrouppopulationestimates.htm>

<sup>14</sup> Cambridgeshire County Council Research Group Population Projections 2007  
<http://www.cambridgeshire.gov.uk/NR/rdonlyres/302EDC28-D859-475D-83FD-394531319A61/0/HunpopLA1008.xls>



### Over 65 Population Projections by District - Cambridgeshire

Over 65 population by District and year						
Authority	2001	2007	2011	2016	2021	Increase 2001-2021
Cambridge City	14,400	13,700	15,100	17,600	20,100	<b>5,800</b>
East Cambs	11,500	13,000	14,600	17,500	19,700	<b>7,900</b>
Fenland	16,100	17,600	19,200	22,200	24,900	<b>8,500</b>
Huntingdonshire	20,300	23,200	27,200	32,800	36,900	<b>16,200</b>
South Cambs	19,200	22,100	26,700	34,400	40,500	<b>20,900</b>
<b>Cambridgeshire</b>	<b>81,500</b>	<b>89,600</b>	<b>102,800</b>	<b>124,500</b>	<b>142,100</b>	<b>59,300</b>

Source: Cambridge County Council Research Group Projections<sup>15</sup>

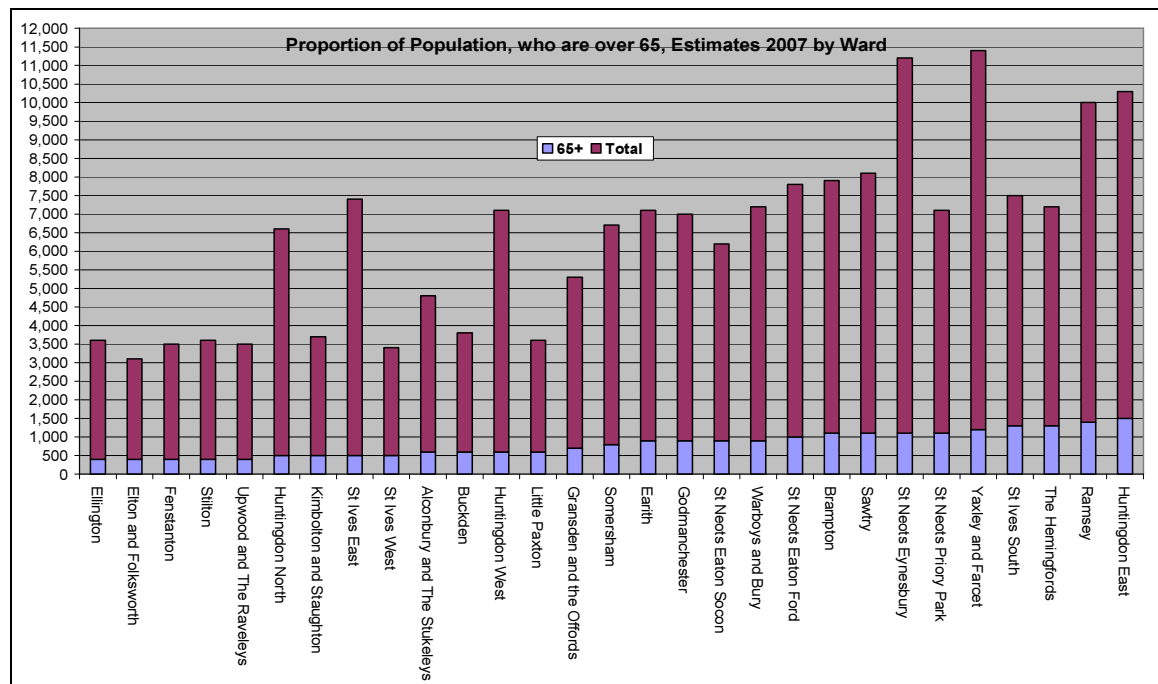
After South Cambridgeshire, Huntingdonshire expects the largest increase in older people between 2001 and 2021.

According to the JSNA, 'between 2001 and 2007, the registered population of Cambridgeshire has grown by around 8,100 people aged over 65 (an increase of 9.9%). This represents 12% of the overall population growth in Cambridgeshire since 2001. For Huntingdonshire, this figure is an increase of 2,900 (an increase of 14.3%). Huntingdonshire is experiencing the highest growth in the older population – 60% of all the overall population growth from 2001-2007 was generated by people aged 65 and over.

<sup>15</sup> <http://www.cambridgeshire.gov.uk/NR/rdonlyres/302EDC28-D859-475D-83FD-394531319A61/0/HunpopLA1008.xls>



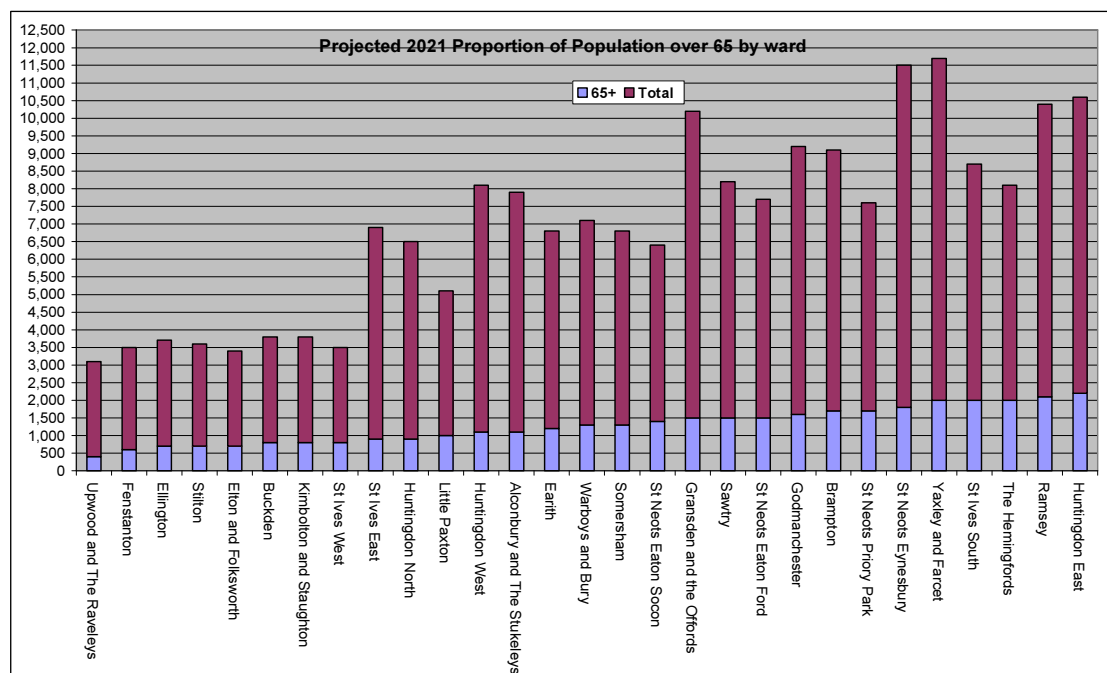
## Population Estimates by Ward 2006



Source: Cambridge County Council Research Group Projections 2007

The wards with the highest 65+ population are Huntingdon East (1,500), Ramsey (1,400), The Hemingfords and St Ives South (both 1,300). As a proportion of population, the highest percentage of 65+ residents live in the Hemingfords (22% of the population are over 65), St Ives South (21%), and Little Paxton (20.0%)

Projecting forward to 2021, St Ives South, The Hemingfords, Yaxley & Farcet, Ramsey, and Huntingdon East will all have 65+ ward populations of over 2,000 residents. Proportionally, in 2021 St Neots Priory Park, St Ives West, St Ives South, and the Hemingfords wards will all have in excess of 29% of their population over 65 years of age, with the Hemingfords at 33%.



Source: Cambridge County Council Research Group Projections, 2007

### **Household composition**

Figures for household composition have not been revised by County or the Office for National Statistics (ONS) since 2001.

Based on the 2001 figures, almost a fifth of all Huntingdonshire households are aged 65+<sup>16</sup>. About half of these households consist of over 65s living alone, which is significantly lower than the national average.

### **Ethnicity**

ONS have now provided statistics for ethnicity by broad age groups at Census time. This shows that the 50+ population is considerably less diverse than that under 50<sup>17</sup>.

All Ages	Non- White UK	<b>1.7%</b>
Aged 50+		<b>0.5%</b>

### **Life Expectancy**

<b>Life Expectancy at Birth</b>	<b>Males</b>	<b>Females</b>
Huntingdonshire	79.3	82.6
Cambridge City	78.7	82.6
East Cambridgeshire	80.8	84.0
South Cambridgeshire	80.9	84.4
Fenland	78.1	80.9
Cambridgeshire	79.0	83.0
<b>East of England</b>	<b>78.3</b>	<b>82.6</b>
<b>United Kingdom</b>	<b>77.2</b>	<b>81.5</b>

Source: ONS Statistics website, November 2008<sup>18</sup>

Life expectancy in the District Council area is above the regional and national average for males, and around the same or slightly below or above for females.

See overleaf for a graphical representation of the above

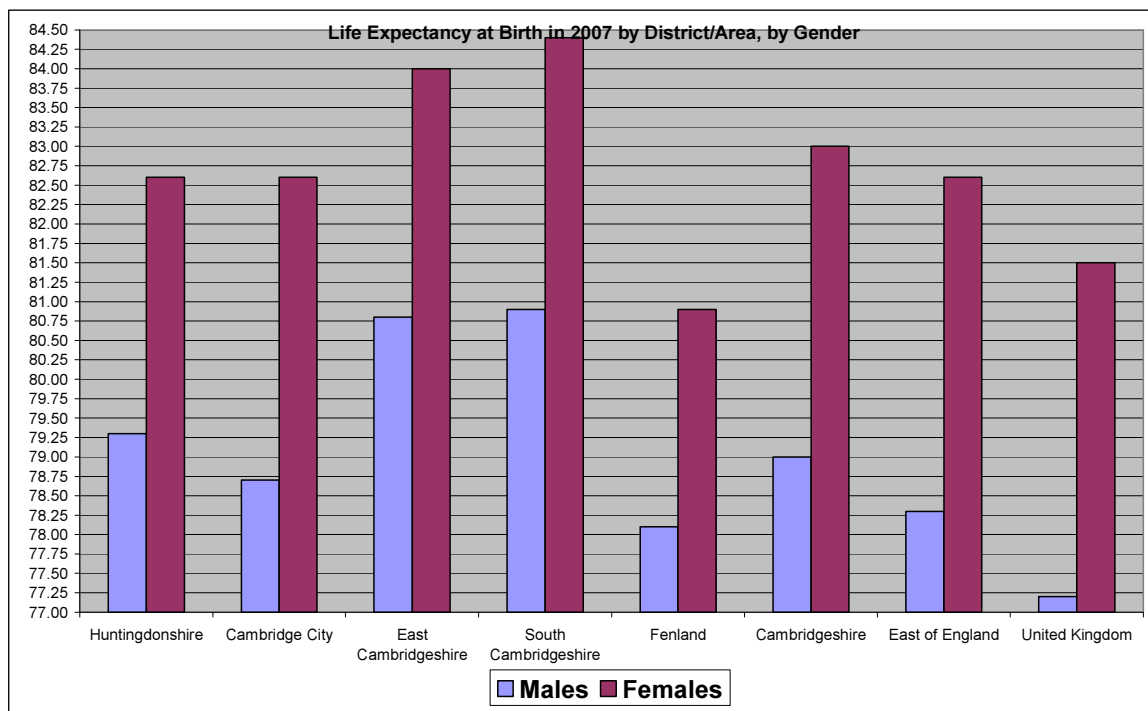
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<sup>16</sup> ONS Census, 2001

<sup>17</sup> Ibid

<sup>18</sup> ONS Life Expectancy Tables

[http://www.statistics.gov.uk/downloads/theme\\_population/LE\\_EW\\_2008.xls](http://www.statistics.gov.uk/downloads/theme_population/LE_EW_2008.xls)



Source: ONS Statistics website, November 2008<sup>19</sup>

### **Frailty Estimates**

Across Cambridgeshire, the number of physically frail older people is projected to rise by 53% by 2021. The number of cognitively impaired older people is projected to increase by 59% and the number of people who are both physically and cognitively frail is projected to increase by 54%.

Frailty is broken down into three elements: physical, cognitive and combined. The projected increases for Huntingdonshire are given below:

#### **(d) Huntingdonshire**

	Age	2006	2011	2016	2021	% change
Physical	65-74	550	700	850	860	56%
	75-84	870	960	1,170	1,440	66%
	85+	740	850	970	1,160	57%
	Total	2,170	2,510	3,000	3,460	59%
Cognitive	65-74	180	230	280	280	56%
	75-84	260	290	360	460	77%
	85+	230	260	300	360	57%
	Total	670	780	940	1,100	64%
Combined	65-74	80	100	120	120	50%
	75-84	210	240	290	360	71%
	85+	340	390	450	540	59%
	Total	630	730	860	1,030	63%
All disabled	Total	3,470	4,020	4,800	5,590	61%

<sup>19</sup> ONS Life Expectancy Tables

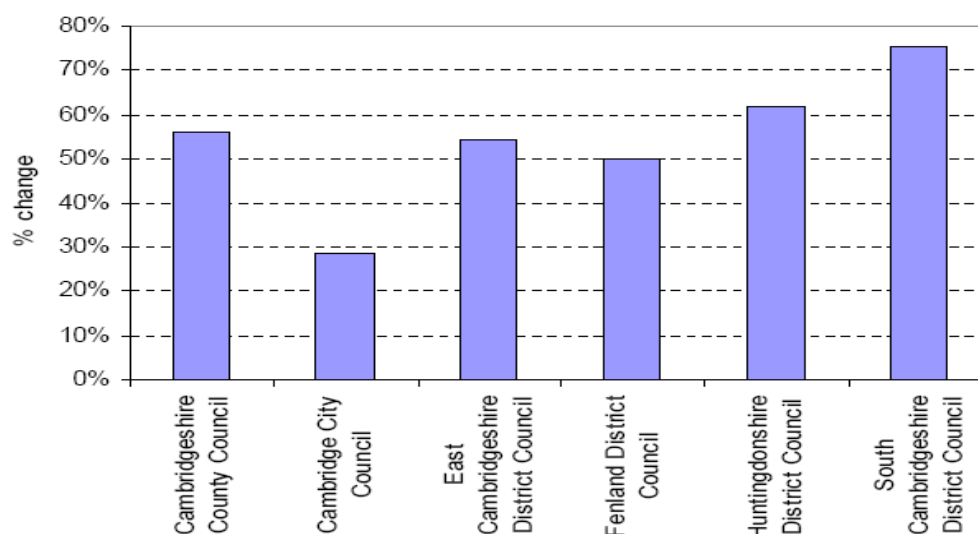
[http://www.statistics.gov.uk/downloads/theme\\_population/LE\\_EW\\_2008.xls](http://www.statistics.gov.uk/downloads/theme_population/LE_EW_2008.xls)

Source: Cambridgeshire Older Persons' Joint Strategic Needs Assessment<sup>20</sup>

## **Dementia**

Prevalence estimates suggest that, in 2006, there are around 6,600 older people with dementia in Cambridgeshire. By 2021 this is forecast to rise by 56% to 10,200. The figure below shows how the population with dementia is forecast to change by age between 2006 and 2021. This means that services need to be appropriately resourced to support people with dementia and needs to be considered in housing design and service configuration. (Source: JSNA)

**Figure 18:** Proportional change in new dementia cases, by PCT, 2003-2021



## **Aged Dependency Ratio**

The ratio of people aged 65+ to those aged 0-64 is due to increase. This decreases the proportion of people likely to be economically active and available to care for and pay the taxes to support older people. The number of people aged 15 to 64 per person aged over 65 is forecast to drop by between 16% in Cambridge City to 41% in Huntingdonshire and in South Cambridgeshire<sup>21</sup>.

District	Ratio of working age population to those between 0-14 and over 65					2001-2021	2007-2021
	2001	2007	2011	2016	2021	Change	Change
Cambridge	2.73	2.91	2.91	2.69	2.34	14.3%	19.5%
East Cambridgeshire	1.84	1.85	1.79	1.58	1.47	20.1%	20.9%
Fenland	1.65	1.70	1.69	1.59	1.47	11.1%	13.8%
Huntingdonshire	2.01	2.05	1.98	1.78	1.66	17.4%	19.0%

<sup>20</sup> [http://www.cambridgeshirepct.nhs.uk/documents/About%20Us/Public%20Health/Older\\_Peoples\\_JSNA - January 2008.pdf?preventCache=20%2F06%2F2008+09%3A49](http://www.cambridgeshirepct.nhs.uk/documents/About%20Us/Public%20Health/Older_Peoples_JSNA_-_January_2008.pdf?preventCache=20%2F06%2F2008+09%3A49)

<sup>21</sup> Cambridgeshire County Council Research Group Estimates for 2007, November 2008

South Cambridgeshire	1.97	1.93	1.75	1.53	1.44	26.7%	25.1%
Cambridgeshire	2.03	1.76	2.00	1.83	1.69	16.8%	4.0%

Ratio of people aged 15-64 to those aged 65 or over						2001- 2021	2007- 2021
District	2001	2007	2011	2016	2021	Change	Change
Cambridge	5.59	6.26	6.48	6.12	5.27	5.8%	15.8%
East Cambridgeshire	3.99	3.89	3.53	2.85	2.41	39.6%	38.1%
Fenland	3.24	3.27	3.09	2.72	2.37	26.7%	27.4%
Huntingdonshire	5.17	4.69	4.11	3.20	2.78	46.2%	40.7%
South Cambridgeshire	4.51	4.19	3.49	2.76	2.48	45.1%	40.8%
Cambridgeshire	4.54	4.41	4.04	3.38	2.97	34.7%	32.8%

### Fuel Poverty

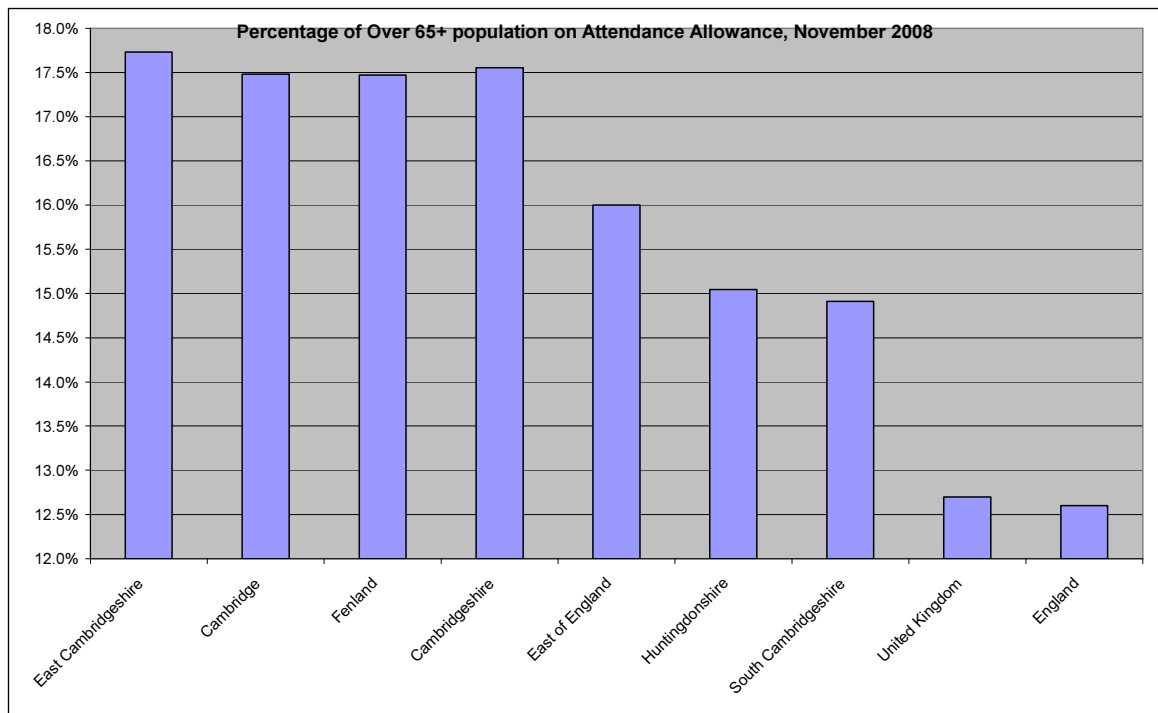
There are over 13,000 households in Cambridgeshire in fuel poverty. Five areas in Cambridge City, two in Huntingdonshire and one in Fenland are in the worst 10% in England. Older people are more likely to be in fuel poverty as they are on lower incomes.

### Attendance Allowance

Attendance allowance is a payment made in the UK to people who are over 65 who have long term health problems, mental or physical, that present a care or supervisory need. It is not means tested and therefore is an indicator of the health and well being of the over 65 population.

District	65+ Population	AA Claimants	% over 65 on AA
Cambridge	13,700	2,395	17.5%
East Cambridgeshire	13,000	2,305	17.7%
Fenland	17,600	3,075	17.5%
Huntingdonshire	23,200	3,490	15.0%
South Cambridgeshire	22,100	3,295	14.9%
<b>Cambridgeshire</b>	<b>89,600</b>	<b>14,560</b>	<b>16.3%</b>
United Kingdom			12.7%
England			12.6%
East of England			16.0%

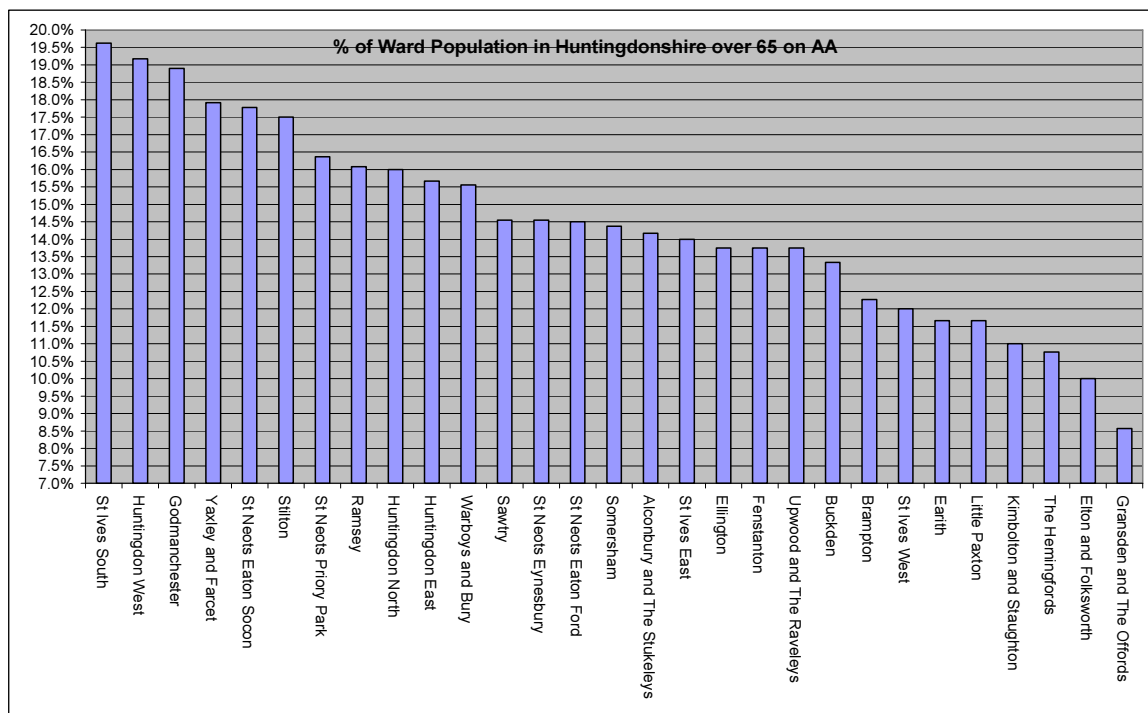
DWP & GAD Data, November 2008



Source: DWP Website, November 2008

In Huntingdonshire 15% of older people claim Attendance Allowance. This is 1.3% less than the Cambridgeshire average but a third more than the UK average (12.7%).

This does mask some considerable variations within the district:



Source: DWP Website, November 2008

For instance, St Ives South has 19.6% of the over 65 population claiming Attendance Allowance, Huntingdon West (19.2%), Godmanchester (18.9%), Yaxley & Farcet (17.9%), and St Neots Eaton Socon (17.8%) are all above the national, regional, county and district averages.

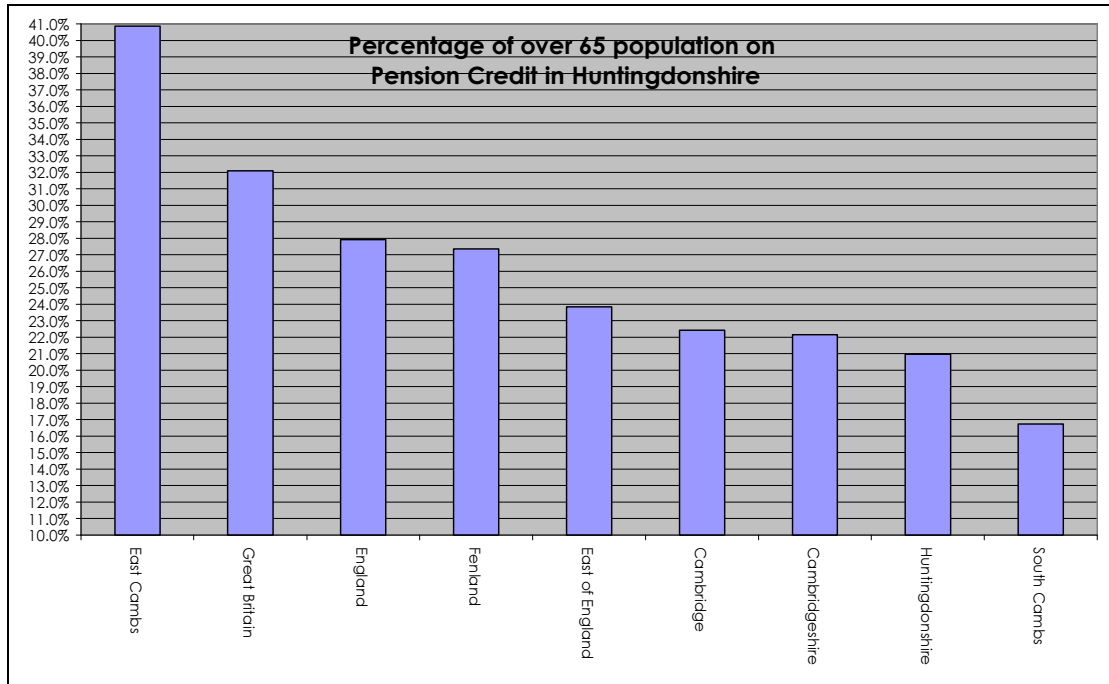
At the other end of the spectrum, Gransden & the Offords (8.6%), and Elton & Folksworth (10.0%) wards have between half and a third less than the average district percentage of Attendance Allowance claimants aged over 65.

Of course people in some areas will enjoy better health than others but benefit take up and awareness raising remains an issue for this Council.

### **Pension Credit**

Reforms were introduced in 2003 to lift a large number of the poorest retired people out of poverty - the 'Pension Credit'. Pension Credit has two elements: 'Guarantee Credit' is a "means tested" benefit which is paid if the income of the claimant and partner is below a certain level (£124.05 for a single person in 2008/9). It is payable from age 60. In effect, this is Income Support for the over 60's.

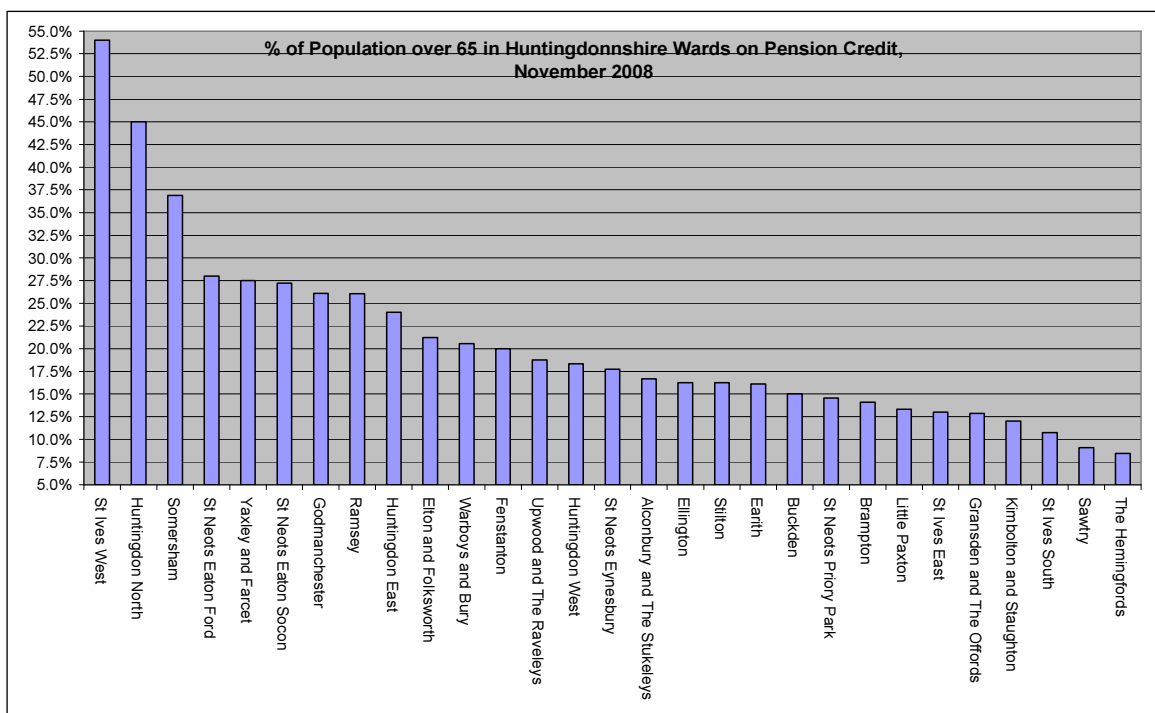
When the claimant or partner reaches 65 then the second element, Savings Credit, is also payable. Savings Credit is designed to "reward" people who saved for their pension during their working life. It therefore provides additional benefit to retired people who are not well off, but do have savings or a personal pension.



Source: DWP Website, November 2008

The District Council area has a relatively low number (4,760) and percentage of over 65s on Pension Credit compared to other districts in Cambridgeshire, and regional/national averages – the district figure is 20.8% of the over 65 population, around 5% less than the County average, and around 8% less than the national average.

As with Attendance Allowance, this masks a *considerable* variation within the district at ward level





Source: DWP Website, November 2008

As can be seen, 54% of the residents of St Ives West ward over 65 claim Pension Credit, around double the national average, and nearly two and a half times the district council and county average. Huntingdon North has a similarly high percentage (45.0%) of over 65s on Pension Credit. At the other end of the scale, in the Hemingfords ward, only 8.5% of over 65s claim Pension Credit.

As this is a means tested benefit, it could indicate ineligibility because people have higher incomes than the Pension Credit threshold. Alternatively there could be issues with a lack of take up.

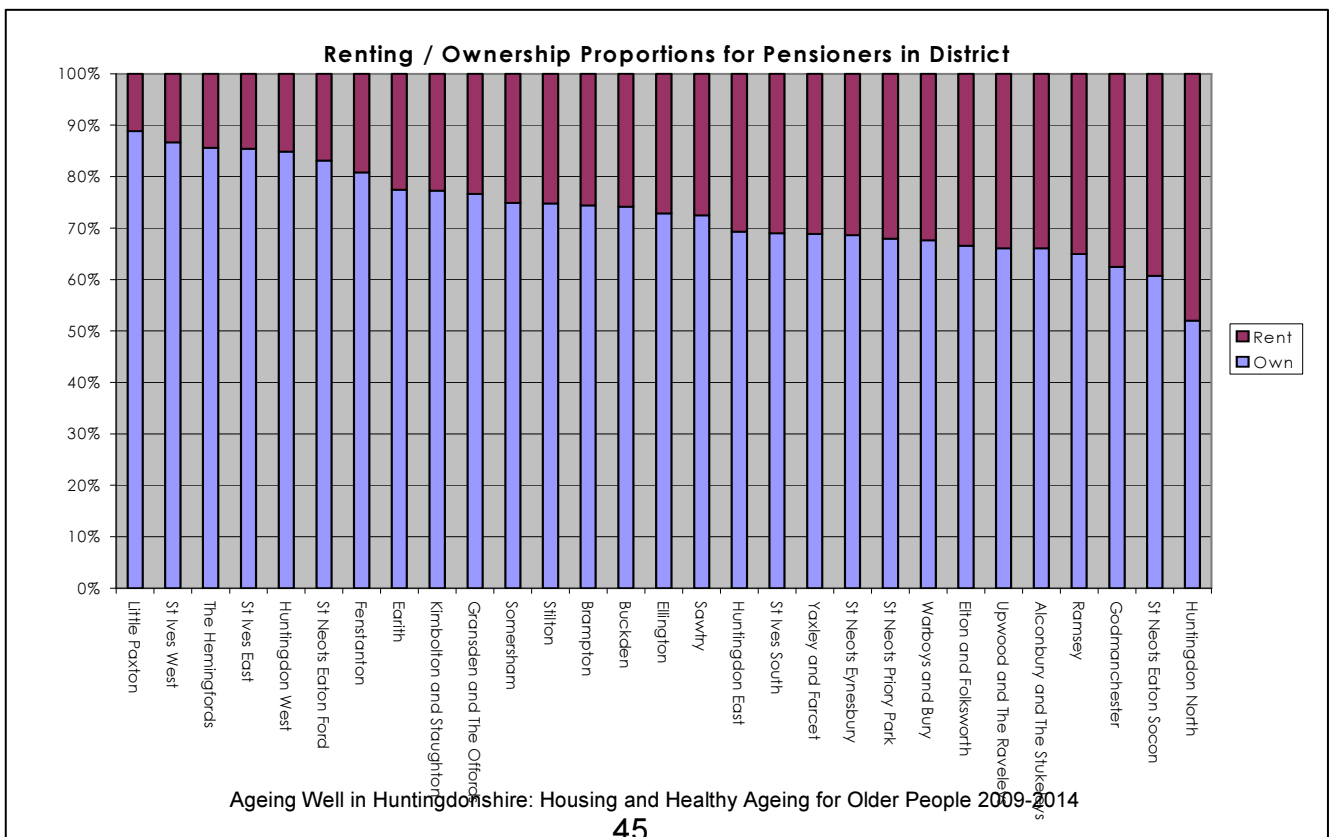
### Housing Tenure

These figures have not been extensively revised since 2001. Overall figures for tenure (regardless of age) were produced in 2006, and showed the percentage of RSL rented properties had decreased from Census time (13.0%) to 2006 (12.4%). It is however not possible to comment or impute figures for the over 65s.

Based on the 2001 figures, slightly less older people than the district average are owner-occupiers at 72.9% whilst 28.1% of older people rent their homes. Of those renting (4,096 households), a very high proportion – over 90% - receive an amount of Housing Benefit.

There are, however, great variations within these figures; 48.0% of over 65s in Huntingdon North rent, compared to 11.1% of over 65s in Little Paxton.

See below for a ward-by-ward analysis of the tenures of the residents of the wards in Huntingdonshire.



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**Action Plan**  
**Older People Strategy 2009-14**

**LAA Indicators**

<b>Key National Indicators</b>	<b>How this Strategy supports the NI</b>
154 Net additional homes provided	Development of housing for older people will contribute to overall growth in housing numbers.
155 Number of affordable homes delivered (gross)	Development of housing specifically for older people will add to the number of affordable homes
141 Percentage of vulnerable people achieving independent living	Provision of housing related services (community alarms, DFG, support, sheltered housing, extra care) can all add to the infrastructure that supports older people to live independently
136 People supported to live independently through social services (all adults)	
131 Delayed transfers of care	Where intermediate care is provided in a housing setting this can prevent emergency admissions or enable speedy hospital discharge.
186 Per capita reduction in CO2 emissions in LA area	CERT, Warmer Homes for Life, Warm Front schemes to help older people to improve the thermal efficiency and running costs of their homes, helping to prevent winter deaths, all contribute towards this NI.

<b>Non-Key National Indicators</b>	
142 Percentage of vulnerable people who are supported to maintain independent living	Provision of housing related services (community alarms, DFG, support, sheltered housing, extra care, Decent Homes standard) can all add to the infrastructure that supports older people to live independently
139 The extent to which older people receive the support they need to live independently at home	
137 Healthy living at age 65	
187 Tackling fuel poverty - % of people receiving income based benefits living in homes with a low energy efficiency rating	CERT, Warmer Homes for Life, Warm Front schemes to help older people to improve the thermal efficiency and running costs of their homes all contribute towards this NI.

Where fields are shaded this means that the action is an ambition that could be implemented subject to resources being available

<b>Outcome</b>	<b>Action</b>	<b>Target</b>	<b>Resources</b>	<b>Link to NI</b>	<b>Notes</b>
1. Meet the needs of people in their own home	Improve housing to the Decent Homes standard for vulnerable people living in the private sector	30 homes improved through Repairs Assistance per year	HDC Repairs Assistance Budget £200k pa	141 136 142 239	Interventions will contribute towards meeting the Decent Homes standard for vulnerable people.
		150 homes improved through Warm front per year	Warm Front Government funded scheme	137	
		100 homes improved through warmer homes for life scheme per year	Warmer Homes for Life Budget		
		250 homes receiving insulation measures funded by PHIS scheme	PHIS £100k one-off regional grant  Enforcement action following Housing Health and Safety Rating Scheme assessment		
	Raise awareness of affordable warmth grant opportunities to reduce fuel poverty, reduce running costs of the home, and reduce winter deaths.	Ongoing	Internal  Government warm front budget  Warmer homes for life / PHIS scheme	141 136 142 239 137	
	Following the successful bid for funds to start a Handyperson scheme, establish the project with	2009/10 scheme operational	CLG kick-start funding	141 136 142	On going revenue to support the

Outcome	Action	Target	Resources	Link to NI	Notes
	partners		Luminus Age Concern	239 137	scheme yet to be identified
	Enable, where appropriate, the development of a range of housing provision including forms of home ownership which offers choice and independence	On going	S106 HCA HDC enabling budget RSL resources	154 155	Given the tenure balance in the district it is appropriate to enable forms of home ownership as well as social rented housing. Economic conditions will impact upon this target
	Implement the recommendations in the Government's paper 'Lifetime Homes Lifetime Neighbourhoods' including the target to achieve Lifetime Home standard in all new affordable housing from 2011 and in all housing from 2013	2011 - affordable homes  2013 - private sector homes	RSLs  Private builders  Planning department	141 136 142 239 137 154 155	
	Increase the services available to help people remain in their own home e.g. community alarms; floating support; income maximisation; disabled adaptations	200 DFGs per year	CLG grant towards DFG Council DFG budget	141 136 142 139	As funding opportunities arise

Outcome	Action	Target	Resources	Link to NI	Notes
	Encourage the development of new neighbourhoods which are appropriate for people as they age e.g. including safe walking routes to shops etc	ongoing	Planning department	137	As appropriate
	Work with providers to remodel existing (where needed and possible). Investigate other solutions where remodelling is not possible / viable	Action plan by 2010	RSLs Supporting People	155 154	Although we can influence this work programme, outcomes are dependent on effective partnership working.
	Encourage providers to develop the use of sheltered housing as a community hub from which a range of flexible services can be provided	On going	RSL NHS Cambs	137	Although we can influence this work programme outcomes are dependent on effective partnership working.
<b>2. Make better use of sheltered housing and rationalise provision and enable a Strategic shift from</b>	Plan for an increase in extra care, supporting Luminus to develop a scheme in Huntingdon	370 new units by 2016  Huntingdon – 30 units to open in 2011	Capital: RSL HCA  Revenue: NHS Cambridgeshire	155 154 131 141 136 142 139	Other development opportunities will be appraised as they come forward.

Outcome	Action	Target	Resources	Link to NI	Notes
residential to extra care			Supporting People		
	Engage the private sector in the issues by raising the profile of the needs data and the strategic shift away from residential care and towards extra care housing, as set out in this document	2009/10 – document to be sent to private sector providers	HDC – existing resources	154 141 136 142 139	Extra care commissioning group to consider role of private sector at countywide level in implementing extra care strategy
<b>3. Work in Partnership and Involve Users</b>	Implement the Supporting People strategy for Cambridgeshire including commissioning floating support, implementing the BVR sheltered and commissioning extra care	ongoing	Supporting People partners	155 141 136 142 139 137	Although we can influence this work programme we are not solely responsible for driving it forward
<b>4. Empowerment Information Assessment and Choice</b>	Support the development of self directed support as it may impact on housing and related services in the future (increasing choice and control)	Contribute as appropriate in timescale set by County Council	Self directed support budget	141 136 142 139	Some housing related services will at some stage in the future be impacted by self directed support. These could include DFG and possibly,

Outcome	Action	Target	Resources	Link to NI	Notes
					Supporting People.
	Ensure older and vulnerable people get assistance with bidding for housing in the Choice Based Lettings programme where appropriate	ongoing	HDC Housing Services – existing resources	141 136 142 139	As appropriate
<b>5. Promote healthy ageing</b>	Support the introduction of a countywide reablement service as it relates to housing (e.g. adaptations, support, intermediate care)			131	All aspects of this plan impact on healthy ageing
<b>6. Effective Resourcing and Commissioning</b>	Implement the findings of the Home Improvement Agency Review	2009-11	Supporting People	141 136 131 142 139 137	Supporting People are leading on a retendering process for HIAs in Cambs



## OVERVIEW & SCRUTINY SOCIAL WELL-BEING

1st December 2009

### PERFORMANCE MONITORING (Report by the Head of People, Performance & Partnerships )

#### 1. INTRODUCTION

- 1.1 The purpose of this report is to present to Members performance management information on “Growing Success” – the Council’s Corporate Plan.

#### 2. BACKGROUND INFORMATION

- 2.1 In September 2008 the Council adopted an updated Plan which includes 37 short, medium and long term objectives to help achieve aims and ambitions for Huntingdonshire’s communities and the Council itself. In addition the Council identified eight of these objectives which were considered to be a priority for the immediate future.

#### 3. PERFORMANCE MANAGEMENT

- 3.1 Progress against all 37 objectives is reported to Chief Officers Management Team quarterly on a service basis. A progress report from each Division includes performance data in the form of achievement against a target for each of the objectives that those services contribute towards. This is supported by narrative on achievements, other issues or risks and budgeting information. In addition, a working group jointly appointed by the Panels continues to meet quarterly to monitor progress in the achievement of the Plan and to consider development issues.
- 3.2 Members of the Overview & Scrutiny Panels have an important role in the Council’s Performance Management Framework and the process of regular review of performance data has been established. In adopting the updated version of Growing Success, and in particular in prioritising objectives, it was intended that Members should concentrate their monitoring on a small number of objectives to enable them to adopt a strategic overview while building confidence that the Council priorities are being achieved.
- 3.3 Members of the Panels will also find broader performance information of help to them in undertaking their review and scrutiny functions. This information can be provided on a regular or ad-hoc basis.
- 3.4 The priority objectives have been allocated between Panels as follows:

SOCIAL WELL-BEING	ENVIRONMENTAL WELL-BEING	ECONOMIC WELL-BEING
To enable the provision of affordable housing	To help mitigate and adapt to climate change	Effective Partnership
To achieve a low level of homelessness	To promote development opportunities in and around the market towns	To be an employer people want to work for
To promote active lifestyles		Maximise business and income opportunities including external funding and grants

#### 4. PERFORMANCE MONITORING

4.1 The following performance data is appended for consideration:

**Annex A** - Performance data from services which contribute to the Council objectives. For each measure there is a target, actual performance against target, forecast performance for the next period and a comments field. The data is colour coded as follows:

- green – achieving target or above;
- amber – between target and an “intervention level (the level at which performance is considered to be unacceptable and action is required);
- red – the intervention level or below; and
- grey – data not available.

**Annex B** - a summary of the achievements, issues and risks relating to the objectives, as identified by the Heads of Service.

#### 5. RECOMMENDATION

5.1 Members are recommended to;

Consider the results of performance for priority objectives and to comment to Cabinet as appropriate.

#### BACKGROUND INFORMATION

Performance Management reports produced from the Council’s CPMF software system

Growing Success: Corporate Plan

**Contact Officer: Howard Thackray, Policy & Research Manager**  
 **01480 388035**

I can confirm the accuracy of the data in the attached reports and that its compilation is in accordance with the appropriate Divisions’ data measure templates.

**Community/Council Aim: Healthy Living**  
**Objective: To promote active lifestyles**

**Division: Leisure**

**Divisional Objective: To increase participation in healthy physical activities**

Key Activity(s) only to deliver service objective: Key Measure:

Key Activity(s)	Target:	Actual:	Forecast:	DoT*:	Comment:
Maintain and improve standard of facilities & match facility provision with usage demand (SCS measure)	846,408	820,352 (R)	1.75m	↑	Our target is to continue to grow admissions each year. Admissions relating to our latest investment in Huntingdon, particularly the Funzone have been above expectations. Impressions have also continued to grow. However pool closures in Ramsey & Huntingdon reduced admissions in the early part of the year and the economic recession has also reduced bookings for synthetic pitches.
Promotion and marketing of available activities	19,700	19,667 (A)	20,250	↓	On target for end of year forecast

71

**Division: Lifestyles**

**Divisional Objective: To promote healthy lifestyle choices**

Key Activity(s) only to deliver service objective: Key Measure:

Key Activity(s)	Target:	Actual:	Forecast:	DoT*:	Comment:
Provide a range of accessible leisure opportunities such as: a Holiday Activity Programme for <17 yrs (SCS measure)	2,000	2,567 (G)		↔	
Provide and facilitate arts activities directly and in partnership	4,250	14,827 (G)		↔	
Provide targeted schemes to enable vulnerable people to participate in physical leisure activities (inc Exercise Referral, Community Sports and Recreation Project, Community Sports Network and Active Life scheme) (SCS measure 2.1.5)	5,650	9,744 (G)		↔	Problem with reporting on MRM Plus 2 meant under reporting in Q1. Issue now identified and resolved.
Provide under-represented groups with the opportunity to participate in sport and active recreation (SCS measure)	500	1,017 (G)		↔	

\* Direction of Travel - shows change in performance since last quarter, where applicable

Support vulnerable people to be more active, Cardiac Rehabilitation programme and Health Walks	Total throughput of the Cardiac Rehabilitation programme and Health Walks in Huntingdonshire (cumulative quarterly target)	3,780	5,225 (G)	↑		QRT
<b>Community/Council Aim: Housing that meets individuals needs</b>						
<b>Objective: To achieve a low level of homelessness</b>						
<b>Division: Housing</b>						
<b>Divisional Objective: To achieve a low level of homelessness</b>						
Key Activity(s) only to deliver service objective: Key Measure:						
By helping to prevent people from becoming homeless by housing homeless people, where appropriate	(NI 156) No. of households living in temporary accommodation	45	55 (A)	↑	Number has been reducing steadily; credit crunch has been a driving factor in increased demand for Housing Advice and Homelessness services. 45 is a government target set for the District by the DCLG.	QRT
	The number of households prevented from becoming homeless in the year (cumulative quarterly measure)	130	182 (G)	↑	Annual target is 260. On track to achieve this.	QRT
<b>Community/Council Aim: Developing communities sustainably</b>						
<b>Objective: To enable the provision of affordable housing</b>						
<b>Division: Housing</b>						
<b>Divisional Objective: To enable the provision of affordable housing</b>						
Key Activity(s) only to deliver service objective: Key Measure:						
By maximising the land available for new affordable housing. By working in partnership with Housing Associations to bid for external funding. By making a financial contribution to pay for affordable homes to be built	(NI 155) Number of new affordable homes built by March 2010 (cumulative quarterly target) (local target)	144	145 (G)	↓	Most completions occur in Q4.	QRT
<b>Division: Planning</b>						
<b>Divisional Objective: Maximise provision of affordable housing on relevant development sites</b>						
Key Activity(s) only to deliver service objective: Key Measure:						
Develop Core Strategy and Development Control Policies DPD (to set policy framework)/Adopt Planning Obligations SPD (to set specific targets and thresholds)/Negotiate S106 Agreements (to deliver required amounts of affordable housing)	% of affordable housing (commitments) on qualifying sites (cumulative) % of housing completions on qualifying sites that are affordable in market towns and key settlements % of housing completions on qualifying sites that are affordable in smaller settlements	35 40 29	60.40 (G)	↔ N/A N/A	Cumulative figure from April 09. Annual measure, data to follow Annual measure, data to follow	QRT YRL YRL

\* Direction of Travel - shows change in performance since last quarter, where applicable

<p><b>Objective</b> To promote active lifestyles</p>	<p>Achievements:</p>	<p><b>Comments from appropriate Head of Service</b> <b>Leisure Centres:</b> 24,000 additional visits (14%) have been recorded at Huntingdon LC (despite pool closure) where investment and new facilities have been introduced and at St Neots (1.6% increase). Key area, Impressions, has continued to grow at 4,455 up (3.3%). Funzone at Huntingdon had nearly 10,000 visitors in the first half year and aerobics classes continue to thrive. 19,667 customers have an active leisure card out of a total card holder population of 73,758 (27%). 60+ active users now number over 2,000 compared with 1,300 last year. 24,000 under 18's now hold a card, with a quarter in the 13-17 age category. <b>Environmental and Community Health Services:</b> The summer sports road-shows had the best attendances for 10 years.</p>
<p>Issues or actions for next quarter:</p>	<p><b>Leisure Centres:</b> A shortfall in admissions in quarter one was unlikely to be recovered in quarter two with the closure of two pools over the summer (Ramsey and Huntingdon) – both for essential repairs – and the deficit is now 3% down on target and 1.5% down on last year's half year total. Last year's figures included erroneous admissions for the Burgess Hall (some 40,000) and this has now been taken into account with both target for 2009-10 and actual for 2008-09. In the current economic climate this decrease is unsurprising. Re-branding of Leisure Centres – "One Leisure" will be launched from November 2009 to go live in January 2010. Staff, member and public awareness programme continues apace. <b>Environmental and Community Health Services:</b> Community Sports Network funding bid part of bid to Sport England's Ruralthemed pot. Successfully through 1st round selection, second-stage outcome due February 2010. £150M worth of bids for £10M funding in first round. HDC bid currently ranked amongst the highest and survived stringent bid-thinning in 1st round; odds have improved significantly.</p>	<p><b>Leisure Centres:</b> A shortfall in admissions in quarter one was unlikely to be recovered in quarter two with the closure of two pools over the summer (Ramsey and Huntingdon) – both for essential repairs – and the deficit is now 3% down on target and 1.5% down on last year's half year total. Last year's figures included erroneous admissions for the Burgess Hall (some 40,000) and this has now been taken into account with both target for 2009-10 and actual for 2008-09. In the current economic climate this decrease is unsurprising. Re-branding of Leisure Centres – "One Leisure" will be launched from November 2009 to go live in January 2010. Staff, member and public awareness programme continues apace. <b>Environmental and Community Health Services:</b> Community Sports Network funding bid part of bid to Sport England's Ruralthemed pot. Successfully through 1st round selection, second-stage outcome due February 2010. £150M worth of bids for £10M funding in first round. HDC bid currently ranked amongst the highest and survived stringent bid-thinning in 1st round; odds have improved significantly.</p>
<p>To achieve a low level of homelessness</p>	<p>Risks: Achievements:</p>	<p><b>Housing Services:</b> 107 households were prevented from becoming homeless in Q2, compared to 75 in Q2 last year (total of 182 in Q1 &amp; Q2 compared to 139 for same period last year). 61 decisions were reached on homeless applications in Q2 compared to 83 in the same period last year. Of these, 39 households were accepted as homeless compared to 55 in the same period last year. A decrease in the number of households in temporary accommodation, from 66 households at the start of the quarter to 54 at the end. The emergency crash beds provision for young people at Paines Mill Foyer (as an alternative to placing homeless young people into B&amp;B accommodation) has become established and successful at reducing the use of bed and breakfast for young people.</p>

<p><b>Objective</b></p>	<p>Issues or actions for next quarter:</p>	<p><b>Comments from appropriate Head of Service</b></p> <p><b><u>Housing Services:</u></b>                      Progress the work plan that has come out of the Home-Link review. This will continue throughout the financial year and incorporate the Home-Link brand into a wider Enhanced Housing Options Service.                      The proposed extension to Kings Ripton Court young persons supported housing scheme (providing additional training facilities and 4 emergency crash beds) has received planning approval. The project will start on site late Q3 or early Q4.                      The multi agency Joint Strategic Needs Assessment on homelessness and the Supporting People needs assessment are progressing and the outcomes will feed into the review of the Homelessness Strategy.                      Progress the development of a county-wide supported lodgings scheme for young people threatened with homelessness.                      Participate in the Supporting Review of the remodelling of floating support services.</p>
<p>To enable the provision of affordable housing</p>	<p>Risks:</p>	<p><b><u>Housing Services:</u></b>                      Reduced provision within the private rented sector if house prices and sales increase, with more owners looking to sell rather than rent properties out. This will reduce the council's ability to prevent homelessness by helping households into private sector tenancies.                      National and/or local economic factors have increased demand but demand may increase further.                      Not delivering increased emergency accommodation facilities at Kings Ripton Court in accordance with LAA reward grant.</p>
<p>To enable the provision of affordable housing</p>	<p>Achievements:</p>	<p><b><u>Housing Services:</u></b>                      Mayfield Road Huntingdon (exemplar scheme) now on site. Completed 113 affordable homes, bringing the cumulative total to 164.                      Supported bids totalling £17.75m to the HCA. Of those bids, we know that Brookside Extra Care and The Grand in Ramsey have definitely been funded. We await the other funding decision.</p>
<p>To enable the provision of affordable housing</p>	<p>Issues or actions for next quarter:</p>	<p><b><u>Housing Services:</u></b>                      Work in partnership with Cambs Horizons and other Cambridgeshire councils on the HCA 'Single Conversation' (their new investment process). An internal working group has been formed to consider our response.                      Prepare response to the planning appeal on RAF Upwood.</p>
<p>To enable the provision of affordable housing</p>	<p>Risks:</p>	<p><b><u>Housing Services:</u></b>                      RSLs and developers not performing to timescales.                      Availability of Homes and Communities Agency funding via the bidding process.</p>

<b>Objective</b>		<b>Comments from appropriate Head of Service</b>
		<p><b><u>Planning Services:</u></b></p> <p>As stated previously the most obvious continuing current risk is the potential impacts of a prolonged downturn in the housing/development market. The nature of that risk is that a longer term downturn will impact upon the local property market knocking back householder and developer confidence and thereby undermining the delivery of new homes, new employment opportunities and community facilities. Potential impacts could be upon planning fee income, housing delivery related grant awards and the scale, content and the potential viability and delivery of S106 contributions.</p>

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

**1<sup>ST</sup> DECEMBER 2009**

**NHS CONSULTATION: THE FUTURE OF PRIMARY CARE OUT-OF-HOURS  
SERVICES FOR RESIDENTS IN CAMBRIDGESHIRE  
(Report by the Head of Democratic & Central Services)**

**1. INTRODUCTION**

- 1.1 As the Panel's remit includes health matters, the purpose of this report is to provide Members with an opportunity to consider consultation currently being undertaken by NHS Cambridgeshire on the future of primary care Out-of-Hours services for residents in Cambridgeshire.

**2. THE FUTURE OF PRIMARY CARE OUT-OF-HOURS SERVICES FOR RESIDENTS IN CAMBRIDGESHIRE**

- 2.1 NHS Cambridgeshire will be tendering for Out-of-Hours GP services for Cambridgeshire residents, with the new contract(s) taking effect from April 2010. The purpose of the consultation is to identify how well the service operates currently and how it could be improved, with a view to informing the service specification for the new contract(s). A copy of the full consultation document is appended hereto as an Appendix. The consultation period runs from 28<sup>th</sup> September to 21<sup>st</sup> December 2009.
- 2.2 A Huntingdon Consultation Event hosted by NHS Cambridgeshire was organised for 30<sup>th</sup> November 2009 at St Mary's Parish Hall, Huntingdon from 6:00pm until 9:00pm. Details of the event were circulated to all Members of the Panel.

**3. RECOMMENDATION**

- 3.1 The Panel is

**RECOMMENDED**

to consider a response to NHS Cambridgeshire's consultation on the future of primary care Out-of-Hours services for residents in Cambridgeshire.

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

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# The future of Primary Care Out-of-Hours services for residents in Cambridgeshire



**Consultation: 9.00 am 28 September to 5.00 pm 21 December 2009**

# About this consultation

NHS Cambridgeshire - which spends over £750 million every year buying healthcare on behalf of the 600,000 residents of Cambridgeshire - wants to make sure that all Out of Hours GP services provided by clinicians are safe, effective and respond to your needs. We also want to make sure that the standard and quality of Out of Hours services are the same for everyone – wherever you may live in Cambridgeshire.

We constantly review all our contracts and we are now focusing on improving and simplifying the way we organise our Out of Hours providers.

## What do we mean by Out of Hours?

Out of Hours services are available when your doctor's surgery is closed. Typically, Out of Hours services operate during the following times:

- Monday to Friday 18:30 to 08:00
- 24 hours a day on Saturdays and Sundays
- 24 hours a day during Bank Holiday periods

## Why do we need to change?

NHS Cambridgeshire believes that the current services across the county could be improved. Residents need to know that they can access the right NHS care when they are ill. We know that there are improvements that can be made to the Out of Hours service. NHS Cambridgeshire wants a safe and accessible service that directs you quickly to the right care.

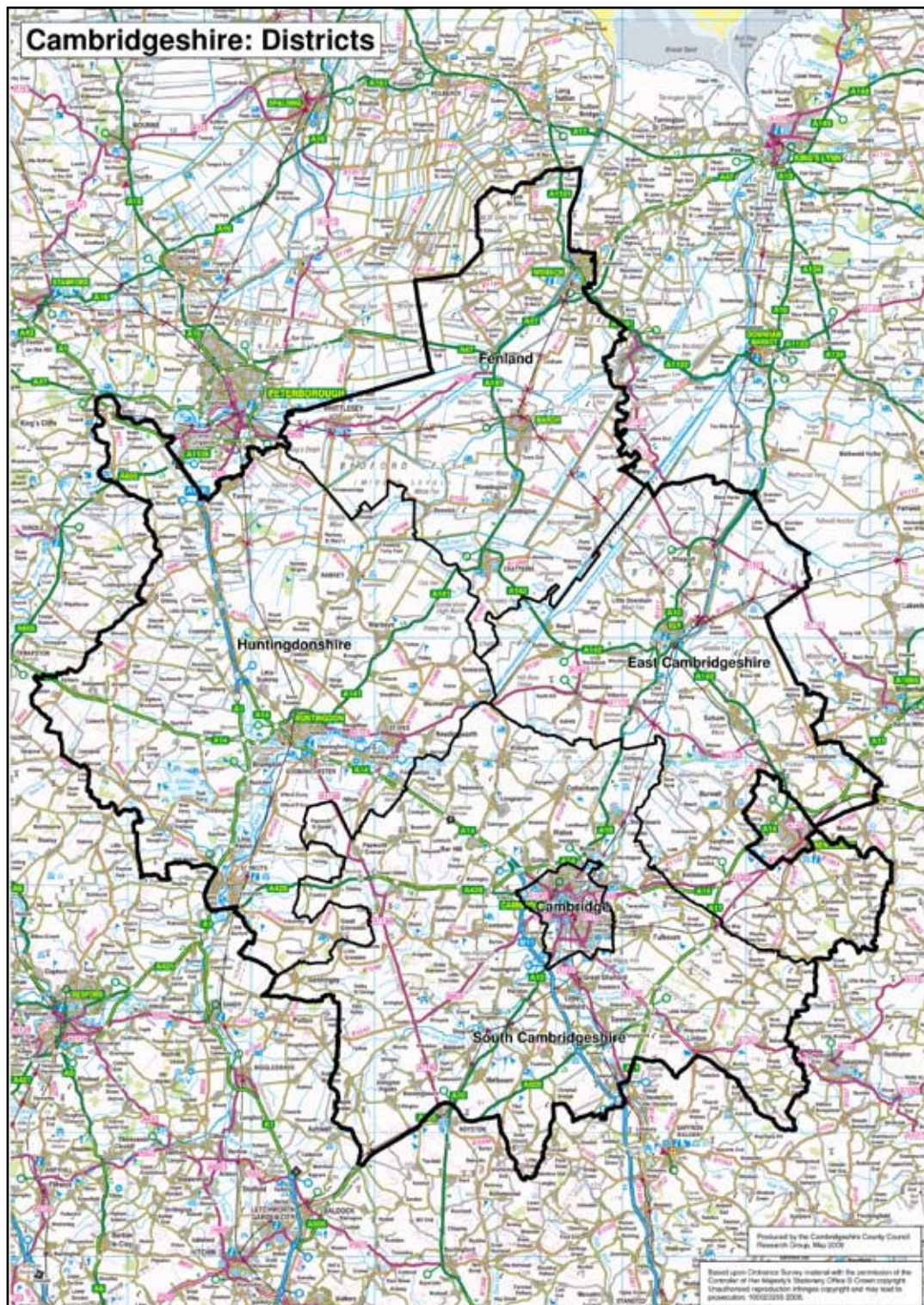
## Why is NHS Cambridgeshire consulting - why is it important?

We have a legal duty to consult with our residents. More importantly, NHS Cambridgeshire wants to understand your views of the current service and what could make a better service. It is also important for you to understand how your views can influence the service provided.

# The situation today

Today NHS Cambridgeshire commissions (or buys) emergency GP services to cover the times when your normal GP practice is closed. We also set the standards of care that determine how the service is delivered to ensure high quality NHS standards of care.

Currently Out of Hours primary care services are provided by four different organisations: TCN (Take Care Now) Ltd covering East Cambs & Fenland Districts, HuntsDoc covering Huntingdonshire, CAMDOC serving Cambridge City and South Cambs District and PDOC which serves Whittlesey and Yaxley.



# Why change now?

NHS Cambridgeshire has been reviewing all its contracts since it became a new organisation in late 2006. This gives NHS Cambridgeshire the opportunity to make significant improvements to Out of Hours care. We propose to strengthen the service requirements to ensure that you receive the same high standards wherever you live.

## How can we do this?

NHS Cambridgeshire believes this service could be better provided by fewer organisations i.e. having just one or at most two providers across the county to ensure consistent high quality care across Cambridgeshire.

## Your views on the services

This consultation also gives us the opportunity to find out whether the way the service is currently delivered could be improved, for example: waiting times, transport, etc. Your views are important to us and will be used to inform the new contract for the Out of Hours service.

## What we have been told so far

NHS Cambridgeshire is already aware that feedback from patients and professionals at local and national level has identified that access to Out of Hours care can be confusing. People can get confused about the different services, what they provide and where to find them. Patients tell us they get passed from unit to unit, team to team and location to location with little or no communication between the services.

NHS Cambridgeshire wants a service that provides advice and support from an experienced clinician by phone or face-to-face, and where patients are then directed to the right service. We believe that services should connect so that patients do not have to repeat information and are not passed around unnecessarily.

NHS Cambridgeshire suggests that the pilot scheme called a Single Point of Access, is one of the ways that could help prevent this from happening.

## What is a Single Point of Access?

NHS Cambridgeshire has agreed to participate in a national scheme putting a single access telephone number in place. The benefits include increasing the choices available to clinicians when considering urgent admissions, and creating one point of contact for patients.

We believe a one point of telephone access for Out of Hours care means not having to make any more than one telephone call which could be better for patients.

## Safer and closer to home

We also want a system that is safe, accessible and well known. It should have the flexibility to visit you in your own home if the clinician decides that is what is needed. We want a service that provides the right advice and treatment to patients who need urgent help, that ensures prompt medical attention to access the problem or give treatment or refer you to another service.

## **Where the new service will be located**

NHS Cambridgeshire where possible, would like to place Out of Hours services in the same building as other related services. We believe there would be benefits for patients, if the service was situated with the A&E and Minor Injury departments, offering a 'one stop shop'.

## **Letting you know what services are out there - getting our communications right**

NHS Cambridgeshire need to give our residents a better understanding of services available to them and where they can be found during out of hours. People know where to go in a health emergency – they might contact a GP, go to A&E or telephone 999. Yet newer services, such as NHS Direct, Minor Injury units, walk-in centres and various community response teams are less well known or understood.

## **Care during the consultation**

The contract for the current Out of Hours service has been extended, so that a newly tendered service can begin in 2010. We would like to reassure all patients across Cambridgeshire that during this changeover period, if you require attention from a doctor outside normal surgery times, you will continue to receive a high quality and consistent service across Cambridgeshire.

## **Dental Services**

Sometimes people have urgent dental problems when their dentist is closed. The telephone and assessment (triage) service will be included in what we propose to buy. We are not currently proposing to change the urgent dental service itself (where treatment is provided if necessary).

# Timeline for the consultation

This consultation will run from 9am 28 September – 5pm 21 December 2009. This is the time you have to comment on this document using the questionnaire on page 10 and give us your ideas for the future provision of Out of Hours services.

We will spend this time carefully considering your views and the comments you've made.

Early 2010 – taking these views into account, we will present a report to NHS Cambridgeshire board members.

April 2010 – the contract for the new service will become operational.

The consultation runs for 12 weeks from 9am 28 September to 5pm 21 December 2009. Please help us by giving us your views.

## You can give your views in a number of ways:

1. Completing the online questionnaire in the consultation section on [www.cambridgeshire.nhs.uk](http://www.cambridgeshire.nhs.uk)
2. Calling the PALS feedback service on FREEPHONE 0800 279 2535 or 01223 725588
3. Emailing [OOH-consultation@cambridgeshire.nhs.uk](mailto:OOH-consultation@cambridgeshire.nhs.uk)
4. Completing a hard copy of the questionnaire and sending it FREEPOST to:

RSCR-GSGK-XSHK  
NHS Cambridgeshire  
Lockton House  
Clarendon Road  
Cambridge  
CB2 8FH

5. By visiting our website [www.cambridgeshire.nhs.uk](http://www.cambridgeshire.nhs.uk).
6. If you belong to a group or organisation, you can invite us along to one of your meetings, or if you have a particular experience you want to tell us about you can contact our PALS team on 0800 279 2535 or 01223 725588 or e-mail [pals@cambridgeshire.nhs.uk](mailto:pals@cambridgeshire.nhs.uk).
7. Or, you can come along to one of the following open discussions to find out more – everyone is welcome.

Once we have captured your ideas about what you think the service should look like, we'll present this to the NHS Cambridgeshire Board early in 2010.

We will also be assessed during this process by The Consultation Institute, which specialises in best practice in public consultation.

Analysis will be provided by CELLO mruk research.



Date	Town	Venue	Time
29 October	St Neots	Guest Hall The Priory Centre The Priory St Neots Cambridgeshire PE19 2BH	6.30pm – 8.00pm
30 October	Burwell	Gardiner Memorial Hall High Street Burwell Cambridge CB25 0HD	11.30am – 1.00pm
2 November	Whittlesey	Manor Leisure Centre Station Road Whittlesey PE7 1UA	6.30pm – 8.00pm
6 November	Ely	The Stables The Lamb Hotel Lynn Road Ely Cambridgeshire CB7 4EJ	10.00am – 11.30am
9 November	March	Neale-Wade Community College, Wimblington Road, March, Cambridgeshire. PE15 9PX.	6.30pm – 8.00pm
12 November	Wisbech	The Hall The Oasis Community Centre St Michaels Avenue Wisbech Cambridgeshire PE13 3NR	10.00am – 11.30am
16 November	Chatteris	The Vermuyden Room Chatteris Library 2 Furrowfields Road Chatteris PE16 6DY	10.30am – 12.00pm
18 November	Sawston	Walnut Gallery Sawston Village College New Road Sawston Cambridge CB22 3BP	6.30pm – 8.00pm

Date	Town	Venue	Time
25 November	Cambridge	Main Hall Brickfields Community Centre 12-16 Chedders Lane Newmarket Road Cambridge CB5 8LD	6.30pm – 8.00pm
30 November	Huntingdon	St Mary's Parish Hall The Walks East Huntingdon Cambridgeshire PE29 3AP	6.30pm – 8.00pm
*	Manea	* date, time and venue to be confirmed - please see press or check our website for more details	
*	Sawtry		

To help us prepare for the sessions, we would like to know if you will be attending any of the above sessions please let us know on FREEPHONE 0800 279 2535 or 01223 725588 or by e-mail [OOH-consultation@cambridgeshire.nhs.uk](mailto:OOH-consultation@cambridgeshire.nhs.uk).

Or if you would like us to attend any of your events please email or call details as above.

# Contacts

For further information, or if you have any questions about this document and any ideas for Out of Hours care, then please contact:

## **Sue Last**

Head of Public Engagement

**NHS Cambridgeshire**

Telephone 01223 725588

E-mail [susan.last@cambridgeshire.nhs.uk](mailto:susan.last@cambridgeshire.nhs.uk)

If you have any comments or questions about the consultation process, or would like to suggest ways in which we can improve our future communication with you then please contact Jessica Bawden, Director of Communications, Public Engagement and Patient Advice & Liaison Services on 01233 725400.

This consultation document has been drawn up in accordance with the key consultation criteria as laid out in the Cabinet Office Code of Practice on Consultation 2008<sup>1</sup>.

## **1. When to consult**

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

## **2. Duration of consultation exercises**

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

## **3. Clarity of scope and impact**

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

## **4. Accessibility of consultation exercises**

Consultation exercises should be designed to be accessible to, and clearly targeted at those people the exercise is intended to reach.

## **5. The burden of consultation**

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees buy-in to the process is to be obtained.

## **6. Responsiveness of consultation exercises**

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

## **7. Capacity to consult**

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

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<sup>1</sup> The Code of Practice states that these criteria should be reproduced in all consultation documents.

# Questions

By filling in this questionnaire you will have the opportunity to have your say about NHS Cambridgeshire's ideas to improve access to GPs outside normal surgery hours.

We appreciate you taking the time to tell us what you think. Please be assured that all the information collected is for use by NHS Cambridgeshire only and any views made public as part of a report would be made anonymous unless from an organisation.

**1. Do you believe the current Out of Hours GP services could be improved?**

- Yes  No  Don't know

**2. Do you know how to contact Out of Hours GP services?**

- Yes  No

**3. In the last 12 months, have you needed to see a GP outside normal surgery hours?**

- Yes  No

**4. If yes, How easy have you found it to contact the Out of Hours GP services?**

- Very easy  Fairly easy  Neither easy  Fairly difficult  Very difficult or difficult

**5. If fairly difficult or very difficult how could it be improved?**

.....  
.....  
.....  
.....

**6. Please indicate the area where you received your Out of Hours care**

- Huntingdon (HuntsDoc)  
 Cambridge and South Cambridgeshire (CAMDOC)  
 East Cambs and Fenland (Take Care Now TCN)  
 Peterborough (PDOC)

**7. How would you rate the time it took to be assessed by telephone ('triage')**

- Excellent  Good  Fair  Poor  Very poor

**8. If you have visited an Out of Hours service base, how would you rate the wait to see the GP?**

- Excellent  Good  Fair  poor  Very poor  Have not visited Out of Hours service base

**9. What was good about the service? (please tick all that apply)**

- Staff were polite
- My call was answered quickly
- I was treated with dignity and respect?
- I was satisfied with the outcome
- Other (please specify) .....

**10. And what was poor about the service? (please tick all that apply)**

- Staff were unhelpful
- I had to wait a long time for my call to be answered
- I was not satisfied with the outcome
- I was not treated with dignity and respect
- Other (please specify) .....

**11. How could the Out of Hours service be improved?**

.....

.....

.....

.....

**12. Do you feel that the GP Out of Hours service is joined up / integrated with other services (for example social services, palliative care services, community nurses)**

- Yes    No

**13. Have you used Out of Hours GP services because of difficulties accessing routine services during the day?**

- Yes    No

**14. In the last twelve months, if you have needed Out of Hours services, have you used any of the following? Please tick**

- A&E
- Minor Injuries
- Out of Hours GP
- Pharmacist
- Other (please state) .....
- Not used one of these services
- I have not needed to use an Out of Hours service in the last 12 months

15. If you have used any one of these services, can you tell us why you used this service?

.....  
.....  
.....  
.....

16. Where possible do you agree with putting Out of Hours in buildings alongside A&E or Minor Injuries Units?

- Agree  Disagree  Neither

17. Have you accessed the Out of Hours dental services?

- Yes  No

18. If you have used the Out of Hours dental service how would you rate this service overall?

- Excellent  Good  Fair  Poor  Very poor

19. There are a number of methods we could use to raise awareness of the services in the community. Which of the following do you feel would be effective? (tick all that apply)

- Leaflets  E-mail  Local papers  Newsletter  Website  
 Local radio  DVD/video  Open days  Information in local meeting places (doctors surgeries, libraries, pharmacies, community centres)

20. From the list, which one do you feel would be most effective? (please tick one)

- Leaflets  E-mail  Local papers  Newsletter  Website  
 Local radio  DVD/video  Open days  Information in local meeting places (doctors surgeries, libraries, pharmacies, community centres)

21. Are there any other ways NHS Cambridge could raise awareness about improved access to GPs outside normal surgery hours?

.....  
.....  
.....  
.....

22. How easy do you find it to travel to current Out of Hours bases (this is where you travel to see the doctor on call)

- Very easy  Fairly easy  Neither easy nor difficult  Fairly difficult  
 Very difficult

**23. How would you travel to an Out of Hours service?**

- Car    Motorbike    Bicycle    Foot    Bus    Taxi

Any other, please specify .....

**About you**

Please tell us a little about yourself. All of your comments will remain confidential and anonymous. This information will be used to make sure we're hearing from people of all backgrounds.

**24. Are you:**

- Providing your own response  
 Providing a response on behalf of an organisation

**25. If you are providing a response on behalf of an organisation, which organisation?**

.....  
.....

**26. If you are providing a response on behalf of an organisation, please give details about who the organisation represents, and how you gather the views of your members, and if you are happy for your organisation's response to be published.**

.....  
.....  
.....  
.....

**27. Do you currently work for the NHS?**

- Yes    No

**28. How old are you?**

- 16-24    25-34    35-44    45-54    55-64    65+    Prefer not to say

**29. Are you:**

- Male    Female    Transgender    Prefer not to say

**30. Please could you provide us with your village or district and full postcode in the box below. This will help us ensure we are receiving responses from across Cambridgeshire.**

Village / District .....

Postcode .....

**31. How would you describe your ethnic background?**

- White - British    White - Irish    White - Other
- Asian or Asian British - Indian    Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi    Asian or Asian British - Other
- Black or Black British - Caribbean    Black or Black British - African
- Black or Black British - Other    Chinese    Prefer not to say
- Any other background, please specify .....

**32. Do you care for someone with long-standing health problems or a disability?**

- Yes - 1-19 hours a week    Yes - 20-49 hours a week
- Yes - 50+ hours a week    No

**33. Which of these options best describes what you are doing at present?**

- Full-time paid work    Part-time paid work    Full-time education
- Unemployed    Permanently sick or disabled
- Fully retired from work    Looking after the home    Self employed
- Any other, please specify .....

**34. Are you a parent or legal guardian for any children aged under 16 currently living in your household?**

- Yes    No

**35. Do you have an illness or health problem that requires regular visits to the doctor?**

- High blood pressure    Heart problems    Kidney disease
- Asthma and other lung problems    Diabetes    Arthritis
- Any other illness or health problem, please specify .....
- .....



**36. We may be organising a number of different activities to discuss improving access to GPs and dentists outside normal surgery hours. Would you be interested in participating?** This will mean passing your contact details to NHS Cambridgeshire for the purpose of them contacting you about further involvement.

Yes    No

**37. If yes, please can you provide us with your contact details so we can get in touch?** Please be assured your questionnaire responses will always be treated anonymously and confidentially.

Forename:	
Surname:	
Address 1:	
Address 2:	
Address 3:	
Address 4:	
Home telephone number:	
Mobile telephone number:	
E-mail:	

**Thank you for completing this consultation questionnaire.**

This document can be made available in large text or Braille, or other languages, on request. Contact NHS Cambridgeshire's Patient Advice and Liaison Service (PALS) on 01223 725588 or FREEPHONE 0800 279 2535 or email [pals@cambridgeshire.nhs.uk](mailto:pals@cambridgeshire.nhs.uk).

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September 2009

For more information about NHS Cambridgeshire visit [www.cambridgeshire.nhs.uk](http://www.cambridgeshire.nhs.uk)

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## OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)

1<sup>ST</sup> DECEMBER 2009

### FUTURE GOVERNANCE OF HINCHINGBROOKE HOSPITAL (Report by the Head of Democratic and Central Services)

#### 1. INTRODUCTION

- 1.1 Members will be aware that the future governance of Hinchingsbrooke Hospital has been included in the Panel's work programme since the beginning of the Municipal Year when it was transferred over from the former Overview and Scrutiny Panel (Service Delivery).
- 1.2 The purpose of this report is to acquaint the Panel with the contents of the first edition of "Next Steps News", a newsletter which has been designed to encourage the public to get involved in shaping the future of Hinchingsbrooke Hospital.

#### 2. "NEXT STEP NEWS"

- 2.1 The newsletter, appended hereto as an Appendix, provides background information on why changes are needed at Hinchingsbrooke Hospital and draws attention to a number of "frequently asked questions" on the consultation process and proposals.
- 2.2 The newsletter also provides an opportunity for members of the public to comment on the proposals. This will enable NHS East of England, NHS Cambridgeshire and Hinchingsbrooke Health Care NHS Trust to identify public views on the healthcare provision available at the Hospital and on what they expect to see from the successful franchisee.

#### 3. RECOMMENDATION

- 3.1 Comments on the newsletter have been requested by 2<sup>nd</sup> December 2009. The Panel is therefore

#### RECOMMENDED

to receive and note the content of the "Next Steps News" newsletter and to consider whether to submit a response to NHS East of England on the proposals contained in it.

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

## **BACKGROUND PAPERS**

Minutes and Report of the meeting of the Overview and Scrutiny Panel (Service Delivery) held on 6<sup>th</sup> January 2009.

Overview and Scrutiny Panel (Social Well-Being) Progress Reports.

NHS East of England Press Release entitled "Public encouraged to help shape Hinchingsbrooke Hospital's future" dated 4<sup>th</sup> November 2009.

Hinchingbrooke



# Next Steps News

A communication on behalf of NHS East of England, NHS Cambridgeshire and Hinchingbrooke Health Care NHS Trust

November '09

This month..

The changes ahead  
Franchises in the NHS  
Jargon explained  
Comment & feedback

...and more





# Next Steps News

## Towards the future of Hinchingsbrooke hospital

Hinchingsbrooke Health Care NHS Trust, NHS Cambridgeshire and NHS East of England's Strategic Projects Team, are working together to find a new partner to run Hinchingsbrooke hospital. This is the first of a regular newsletter giving you an update on this "Next Steps" process. This is a 'bumper edition' including as much information as possible to encourage your involvement in helping decide the hospital's future management.

### Production

Next Step News is produced by the Strategic Projects Team NHS EoE on behalf of; NHS East of England, NHS Cambridgeshire and Hinchingsbrooke Health Care NHS Trust

### Contributions

If you would like to contribute to the content of Next Steps News, please contact:

Samantha Sherratt  
Communications Manager  
Strategic Projects Team  
NHS East of England  
T: 01223 596946  
E: Samantha.Sherratt@eoe.nhs.uk

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## Contents

- 3 **All change**  
Why changes are needed
- 4 **Looking ahead**  
Proposals for the future of the hospital
- 5 **A franchise in the NHS?**  
The preferred option for future management arrangements – the operating franchise
- 6 **Is it legal?**  
The role of the Secretary of State
- 6 **It's all a bit technical**  
How the process works
- 6 **So, who will bid?**  
The proposed identity of the bidders and what this means for hospital staff
- 7 **Your stake**  
The stakeholder panel
- 8 **What you can do**  
How to get involved
- 9 **The words**  
Some explanations – we don't want any mysteries so contact us if anything we say is not clear!
- 10 **Frequently Asked Questions**
- 11 **Comment**
- 12 **Feedback**

# All change

## Why changes are needed

Like all hospitals, Hinchingbrooke hospital has to be sustainable. In other words, it has to run:

- safe, high quality clinical services
- in suitable facilities; and
- in a way which achieves financial balance.

The hospital has a strong history of providing excellent clinical services and

working well with GPs, neighbouring hospitals and the local community.

The hospital has worked hard and now 'balances its books' each year.

However, it has accumulated a financial deficit in the region of £40m and the NHS requires the outstanding debt to be repaid, as it would with any other hospital.



## Hinchingbrooke quick facts

- Hinchingbrooke Hospital is a modern purpose-built district general hospital, which opened in 1983.
- Hinchingbrooke Hospital serves people in Huntingdonshire and surrounding areas, approximately 160,000 people.
- Hinchingbrooke Health Care NHS Trust provides a wide range of outpatient, daycase and inpatient services, a 24 hour accident and emergency department and maternity services.
- Cambridgeshire Community Services provides services on the hospital site including 25 children's beds and 12 special care baby unit cots\*.
- There are also two wards for patients with mental health needs, run by Cambridgeshire & Peterborough Foundation Trust\*, and Addenbrookes runs a dialysis unit from this site\*

\*The services marked with an asterisk will not become part of the operating franchise agreement detailed in this document.





# Looking ahead

## Proposals for the future of the hospital

In February 2007, Cambridgeshire PCT (now known as NHS Cambridgeshire), in partnership with NHS East of England and Hinchingsbrooke Health Care NHS Trust (Hinchingsbrooke HCT) launched a public consultation to look at how hospital services might be delivered in Huntingdonshire.\*

The consultation ran until May 2007. The preferred solution was to remodel the existing services across the hospital and the community, to provide broadly

the same range of services, but at lower volumes in the hospital setting.

Lower numbers of patients were anticipated as more services can now be provided closer to patients' homes, without the need to go to hospital. A backlog of referrals was also due to be cleared (this has now happened). Increases in maternity referrals to the hospital were also anticipated. This remodelling of services was considered the best option to allow the hospital to achieve financial



balance each year, while keeping the same range of services, including A&E and maternity, on the site. A summary of the consultation can be found on [www.eoe.nhs.uk/strategicprojects](http://www.eoe.nhs.uk/strategicprojects)

As well as securing the future of services provided by Hinchingsbrooke hospital, the consultation also identified that different management arrangements would be required in the future.

\* A document explaining the NHS structure can be found at [www.eoe.nhs.uk/strategicprojects](http://www.eoe.nhs.uk/strategicprojects), or by calling freephone 0800 923 3001.



# A franchise in the nhs?

## The preferred option for future management arrangements – the operating franchise

Senior staff from across Hinchingsbrooke hospital, including clinicians, worked with NHS Cambridgeshire, NHS East of England and the Department of Health to analyse a range of options for the hospital's future.\*

An operating franchise was seen to be the preferred option, and can be summarised as the grant of a right to provide all of the services currently being provided by an NHS Trust (including clinical services) using some or all of the assets and employees.

Identifying an organisation to operate the franchise will involve a competitive process, which will be open to both the NHS and the Independent Sector, and would ensure that the best deal is identified for patients and the taxpayer – delivering safe and sustainable services to the people of Huntingdonshire. It would also ensure that both staff and assets would be protected.

This preferred option has been presented to the local Overview and Scrutiny Committee, responsible for identifying whether changes to health services are in the best interest of local people, and publicised in the local press. The Department of Health has given its permission to the NHS East of England Strategic Projects Team to develop the detail of the franchise.

The exact nature and scope of the proposed operating franchise has yet to

be established, and will be developed in response to feedback from the public and organisations seeking to become the partner of Hinchingsbrooke hospital.

The organisation that wins the franchise, the franchisee, would be required to continue to deliver the full services that are currently being provided and enshrined in the 2007 consultation for as long as they are commissioned by NHS Cambridgeshire. The franchisee will also need to offer flexibility to accommodate evolving needs and requirements. Services provided by other organisations on the Hinchingsbrooke site under contract to NHS Cambridgeshire, such as Cambridgeshire Community Services, are not included in this franchise.

Any changes in the scope of services will be subject to a separate public consultation.

It is currently anticipated that the:

- franchise contract will be for a minimum duration of seven years
- franchisee will pay an annual fee which will be used to reduce the existing NHS debt.
- franchisee will not be able to make material decisions which may

affect the long term viability of Hinchingsbrooke hospital, like the sale of land, without Trust Board specific approval.

- franchisee will operate by the same rules as an NHS provider and not be given guarantees of future revenue by the NHS.

The proposal would not mean that Hinchingsbrooke hospital is being privatised. The land and assets would not be sold, and staff would continue to be employed by the NHS.

An operating franchise would not change the fact that it is an NHS hospital and patients will continue to receive free healthcare as part of the NHS at Hinchingsbrooke.

The franchise proposal would transfer responsibility for service delivery - finding ways to improve patient experience and make the healthcare services more efficient.

The franchisee would be expected to achieve the same quality of care as the hospital is currently obliged to deliver, but would also be expected to promote further beneficial innovation at Hinchingsbrooke. Bidders for the franchise will be expected to suggest new ideas for how to better manage the hospital, and these ideas will be assessed as one of the factors in selecting the appropriate partner for Hinchingsbrooke.

The franchisee will be subject to robust and regular reviews, like all other hospitals.

Most importantly, the proposed franchise would continue to keep services and staff in the NHS and would secure value for money for taxpayers, while bringing in new expertise and experience to deliver improvements. Crucially, this arrangement is intended to allow flexibility to change the arrangements should they not work out.

\*A paper outlining these various options is available for download from [www.eoe.nhs.uk/strategicprojects](http://www.eoe.nhs.uk/strategicprojects) or by calling 0800 923 3001.



## So, who will bid?

### The proposed identity of the bidders and what this means for hospital staff

In order to deliver safe sustainable services to patients, the public and the taxpayer, the widest possible competition is needed to identify the most appropriate partner.

Bids to become the franchisee are being invited from experienced healthcare organisations within the NHS and from the independent and voluntary sectors. This is the first open competition of its kind in the history of the NHS.

The bidders could come from anywhere in the country, or even from abroad. Wherever the successful bidder comes from, the staff at the hospital would continue to be NHS employees and all the buildings and other assets would still be owned by the NHS.

A successful event was held in October to present the basic proposal outlined above, and attracted a number of organisations interested in managing Hinchingsbrooke hospital. These included NHS and independent sector organisations. More detail about that event can be found at [www.eoe.nhs.uk/strategicprojects](http://www.eoe.nhs.uk/strategicprojects).

An advertisement to request formal Expressions of Interest in Hinchingsbrooke has been published. It will be possible to announce publicly the number of Expressions of Interest received, but not the names of bidders as they will be commercially confidential.

## Is it legal?

### The role of the Secretary of State

A contract delegating functions from Hinchingsbrooke HCT to the franchisee can only be lawfully entered into by the Secretary of State using an Intervention Order.

This Order specifies which functions of Hinchingsbrooke HCT will be performed by the franchisee. The franchisee would then be able to conduct the health service functions on behalf of the Trust. The franchisee would have to comply with the same legal requirements as other NHS providers, and also with any particular provisions of the franchise contract or which are specified in the Intervention Order.

## It's all a bit technical

### How the process works

An open and transparent competitive market tender will take place over the coming months to find the best partner to operate a franchise for Hinchingsbrooke Hospital.

Organisations seeking to become the franchisee would have to demonstrate their capability in the healthcare sector and make bids showing how they intend to best deliver the current (and any suggested additional) services at Hinchingsbrooke.

If no acceptable partner is found, the franchise will not go ahead.

# Your stake

## The stakeholder panel

A stakeholder panel has been set up as a key way of involving people in shaping Hinchingsbrooke's future. The panel meets in public, its agendas and minutes are publicly available, and members of the public can send their comments direct to the panel's Chairman (see page 8).

A list of the stakeholder panel members can be obtained by visiting [www.eoe.nhs.uk/strategicprojects](http://www.eoe.nhs.uk/strategicprojects) or by calling 0800 923 3001.

"The role of the stakeholder panel in helping shape Hinchingsbrooke hospital's future cannot be under-estimated and members will be involved in every stage of the process. People are welcome to come along to the panel meetings, observe the proceedings and raise questions, and I am openly and genuinely inviting members of the public to get in touch and feed in their ideas and suggestions".

### David Monks

Chairman of the stakeholder panel

### The stakeholder panel meetings:

26 November 2009, 2pm  
Huntington Library

25 February 2010, 5.30pm  
Hinchingsbrooke House,  
Assembly Rooms

26 May 2010, 2pm  
Hinchingsbrooke House,  
Assembly Rooms

5 July 2010, 2pm  
Hinchingsbrooke House,  
Assembly Rooms

27 October 2010, 2pm  
Venue to be confirmed

6 January 2011, 5.30pm  
Hinchingsbrooke House  
Assembly Rooms



## The objectives of the stakeholder panel can be shaped by the panel and currently include the following:

- To utilise networks to maximise the opportunity for a wide cross section of the local community (not just Huntingdonshire) to feed into the franchise development process.
- To ensure that the background, objectives and progress of the franchise project are clearly understood by the people each member of the panel represents (known as stakeholders).
- To identify and express the views of key stakeholders and, where possible, build consensus and ensure they are relayed to the project team and project board in a co-ordinated way.
- To contribute to the shaping of the Invitation to Tender on which potential partners will bid.
- To actively contribute to the shaping of the final selection criteria to identify the franchisee.
- To identify any key issues which may not have been addressed by the project team or project board.
- To ensure that performance monitoring mechanisms are clearly defined in the contract.
- To advise on communications strategy for the project, including communications with patients, staff, unions, the public and other public organisations.



# What you can do

## How to get involved



### The stakeholder panel contact:

David Monks  
 Stakeholder Panel Chairman  
 C/O Strategic Projects Team  
 NHS East of England, SHA  
 Victoria House  
 FREEPOST, RRLU-YTGH-RZYL  
 Capital Park  
 Fulbourn, CB21 5XB

Hinchingsbrooke HCT, NHS Cambridgeshire and NHS East of England are determined to involve and engage the widest possible range of people in the process of finding a new partner for Hinchingsbrooke hospital.

There are several ways in which you, as a member of the public, can make your views known throughout the process:

- You can attend the public meetings of the stakeholder panel. Details of forthcoming meetings can be found on page 7.
- You can contact the stakeholder panel's Chairman by writing to the address - left.
- You can answer the questions posed on the back of this newsletter

- If you belong to a community group, you can request a visit from NHS East of England's Strategic Projects Team, to your group to discuss the proposals, and to give your views to them.
- You can make your comments directly by emailing [strategic.projects@eoe.nhs.uk](mailto:strategic.projects@eoe.nhs.uk) or by calling the Freephone number 0800 923 3001.

If you are interested in giving us your views, please contact us using one of the methods above prior to **Wednesday 2nd December 2009**.

There will be future opportunities to get involved. These will be covered in future editions of Next Steps News.



# The words

Some explanations – we don't want any mysteries so contact us if anything we say is not clear!



## Intervention Order

Any delegation of the functions of Hinchingsbrooke HCT will need to be authorised by the Secretary of State using an Intervention Order, under section 67 of the NHS Act 2006.

An Intervention Order can do any or all of the following:

- alter the composition of the Trust board
- require the Trust to delegate certain of its functions to a specified person (i.e. the franchisee); and/or
- specify the terms and conditions on which such delegation takes place (i.e. to enter into the envisaged franchise contract).

## Overview and scrutiny committee

An overview and scrutiny committee may review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority.

An overview and scrutiny committee may make reports and recommendations to local NHS bodies and to its local authority. Also, where a local NHS body is proposing a substantial change in the provision of its service, it has to consult the overview and scrutiny committee of that authority.

## Stakeholder

A stakeholder is anyone who has a specific interest in the outcome or success of the Hinchingsbrooke Next Steps project. These will include patients, carers, staff and the Commissioners of services, among others.

# FAQs

## Frequently Asked Questions

### 1. Will Hinchingsbrooke Hospital close?

Hinchingsbrooke is not going to close. It is safe and will continue to deliver the full range and scope of services, as agreed after the public consultation in 2007.

### 2. What will happen to Hinchingsbrooke's staff and buildings?

Staff would remain employed by the NHS. The hospital buildings and all its assets would remain owned by the NHS - regardless of which provider is selected at the end of the process.

### 3. How much is Hinchingsbrooke's debt, and what will happen to it?

Hinchingsbrooke HCT is currently designated a financially challenged NHS Trust.

The Trust has done well to achieve an operating (in year) financial balance for the past two years, but it is unable, in its current format, to recover its financial deficit of almost £40 million.

The overspend is to the NHS, so when it is recovered, it will be reinvested in local NHS services.

### 4. Why is Hinchingsbrooke exploring independent sector options?

It is important that the NHS continues to deliver sustainable healthcare services to the people of Huntingdonshire now and in the future. It is important to find the right partner who would ensure this happens, and this means an open process that allows all interested parties a chance to put forward proposals.

Patients, staff and local people can be reassured that their needs come first when the preferred partner is being chosen.

The Department of Health's Competition and Cooperation rules encourage an open competition with a level playing field for NHS services. The procurement of a new provider organisation will be open to the NHS and the independent sector (to include private and voluntary organisations). This will ensure that all options are explored.

### 5. Why would the independent sector want to become involved with Hinchingsbrooke if it's not sustainable?

The successful franchisee will have to operate on the same terms as anyone else providing equivalent NHS services. However, when a new management is brought into any business, they bring with them a new and different perspective.

The new franchisee may well identify scope for improving efficiency and performance. It could be, for example, that they see more services being handled in the community, or that service hours in the hospital can be extended. These are just suppositions; it will be up to the individual bidders to show how they would make the management of Hinchingsbrooke hospital sustainable.

Overridingly, there is a clear bottom line; the provision of services agreed by local people, to standards expected of NHS organisations.

### 6. How will this plan improve services for patients?

This plan will improve services for patients because it helps to secure the hospital's future. The decision of the NHS to guarantee a future for the hospital, to set out clearly what services would be delivered, and to find the right long term partner to deliver those services, ensures that the people of Huntingdonshire will benefit from year on year progress in the NHS.

### 7. How long will the process take for Hinchingsbrooke?

Preliminary assessments are that this might take around 18 months from October 2009. Hospitals are complex organisations, and everyone needs to be confident that the right answer is found for local people. There are no arbitrary deadlines; it will take as long as needed to get the right solution.

### 8. When do you intend to involve the public?

As is customary, the public and their representatives will be given the opportunity to be involved throughout the development of the franchise proposal.

This newsletter will provide regular updates on the progress of the project and how the views of the public have been used in the development of the proposal.

An independent stakeholder panel has also been established to represent a broad range of interests on behalf of the public. The stakeholder panel will meet in public and will communicate issues raised by the public to the NHS.

More detail about the stakeholder panel can be found on page 7 of this newsletter.

A list of other public involvement and communication events can be found online at [www.eoe.nhs.uk/strategicprojects](http://www.eoe.nhs.uk/strategicprojects).

### 9. Has a decision already been made on Hinchingsbrooke?

No final decision has been made. The development of the nature and scope of the franchise proposal will be shaped by taking into account all the relevant factors, together with the views of both the public and potential partners for Hinchingsbrooke.



# Comment

## Comments on this opportunity for Hinchingsbrooke

“ I am delighted that we can now begin a process which will end the continuing uncertainty. Throughout the process we will be looking for opportunities for staff and services which enhance high quality local services for local people. ”

**Mark Millar**

Chief Executive Hinchingsbrooke

“ We are moving one step closer to securing a sustainable future for Hinchingsbrooke Hospital and delivering on the promises made by the local NHS following consultation in 2007. ”

**Dr Stephen Dunn**

Director of Strategy  
NHS East of England

“ It is good news that this process has now moved to the next stage. NHS Cambridgeshire will continue to work to ensure that there is a long-term sustainable future for Hinchingsbrooke. ”

**Maureen Donnelly**

Chairman of NHS Cambridgeshire

# Let's hear from you

## A feedback opportunity



We would be very grateful to hear your views on the following questions below. Please send it, by Wednesday 2nd December, to the address below (no stamp is needed):

**Strategic Projects Team  
NHS East of England, SHA  
Victoria House  
FREEPOST, RRLU-YTGH-RZYL  
Capital Park  
Fulbourn, CB21 5XB**

### About the proposals

1. Can you see any ways in which the proposed contained in this document could be improved? (please detail)

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2. Do you think there are beneficial alternatives to the franchise model?

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3. How long do you think the franchise arrangement should last for?

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4. What would good performance or innovation by the franchisee look like for patients?

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5. What innovations to healthcare services would you like to see at Hinchingsbrooke hospital?

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6. Do you think any other groups should be represented on the stakeholder panel?

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7. How else do you want to be involved in the development of the franchise proposal?

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8. Is there anything else you would like to know?

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9. Do you have any other comments?

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### About you

1. Which of the following categories do you fall into:

- Patient of Hinchingsbrooke HCT
- Relative or carer of patient
- Local resident
- NHS member of staff
- Other (please specify)

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2. Which of the following local authority areas do you live in?

- Huntingdonshire
- Cambridgeshire
- Bedfordshire
- Peterborough
- Northamptonshire
- Norfolk
- Lincolnshire
- Suffolk
- Other (please specify)

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3. How old are you?

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 65-74
- 75-84
- 85 and over

4. Are you:

- Male
- Female

Thank you for taking the time to complete this involvement document. A summary of responses received will be made available at [www.eoe.nhs.uk/strategicprojects](http://www.eoe.nhs.uk/strategicprojects)



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

**1ST DECEMBER 2009  
8TH DECEMBER 2009  
10TH DECEMBER 2009**

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

**1. INTRODUCTION**

- 1.1 The purpose of this report is to allow Members of the Panel to review their programme of studies and to be informed of studies being undertaken by the other Overview and Scrutiny Panels.

**2. STUDIES**

- 2.1 The Council has a duty to improve the social, environmental and economic well-being of the District. This gives the Overview and Scrutiny Panels a wide remit to examine any issues that affect the District by conducting in-depth studies.

- 2.2 Studies are allocated according to the Council's service areas which have been identified as follows:-

**Social Well-Being**

Housing  
Community  
Leisure Centres  
Operations (part)  
Democratic and Central Services (part)  
People, Performance and Partnerships (part)

**Environmental Well-Being**

Environmental and Technical Services  
Planning Services  
Environmental Health  
Operations (part)

**Economic Well-Being**

Information Management  
Finance  
Customer Service and Call Centres  
Revenues  
Democratic and Central Services (part)  
Law, Property and Governance  
People, Performance and Partnerships (part)  
HQ/Accommodation

2.3 On going studies have been allocated between the Panels accordingly:-

STUDY	PANEL	STATUS
The processes involved in applying for community grant aid and the effectiveness of grant schemes.	Economic Well-Being	Annual report on those organisations supported by grants to be submitted to a future Panel meeting.
Provision of play facilities for young people across the District.	Social Well-Being	Investigations ongoing. Working Group next due to meet on 16 <sup>th</sup> December 2009.
Car parking at Hinchingsbrooke Hospital.	Social Well-Being	Investigations ongoing. Invitation to be extended to representatives of Hinchingsbrooke NHS Trust to attend a future Panel meeting.
Tourism.	Economic Well-Being	Panel will consider looking at the wider implications of tourism.
The process for the determination of planning applications.	Environmental Well-Being	Investigations ongoing.

2.4 The following have also been identified by Members as possible future studies:-

Review of the incentives contained in the Council's Travel Plan.	Environmental Well-Being
The Council's future borrowing arrangements.	Economic Well-Being
Planning enforcement.	Environmental Well-Being
Waste disposal arrangements.	Environmental Well-Being
Management of capital projects by Environmental Management Section.	Economic Well-Being
The effect and cost implications of the loss of the Huntingdon Enterprise Agency.	Economic Well-Being
The employees performance development review process.	Economic Well-Being

The Creative Exchange, St Neots.	Economic Well-Being
Annual report on organisations supported through service level agreements.	Economic Well-Being
Financial reports on the District Council's Leisure Centres.	Economic Well-Being
Lessons learned from the Headquarters and other accommodation project.	Economic Well-Being
Industrial Units at Caxton Road, St Ives.	Economic Well-Being
Night time economy study (Hospital's perspective).	Economic Well-Being

### 3. RECOMMENDATION

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

### BACKGROUND DOCUMENTS

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

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

**Mrs J Walker, Trainee Democratic Services Officer  
01480 387049**

**Mrs A Jerrom, Member Development Officer  
01480 388009**

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**OVERVIEW AND SCRUTINY  
(ECONOMIC WELL-BEING)  
STUDY TEMPLATE**

AREA OF REVIEW	DETAILS/COMMENTS
<b>Title of Study</b> (name of Working Group)	Grant Aid Working Group
<b>Appointing Panel</b>	Overview and Scrutiny Panel (Economic Well-Being) Formerly Overview and Scrutiny Panel (Service Delivery)
<b>Members Assigned</b> (including date Working Group appointed)	Date Appointed: 3 <sup>rd</sup> July 2007  Councillors Mrs M Banerjee, P G Mitchell and J S Watt.  In addition, former District Councillor D A Giles was appointed on to the Working Group and assisted with the investigations up until April 2008.
<b>Possible Co-Options to the Group</b>	None identified.
<b>Interests Declared</b>	None declared.
<b>Rapporteur</b>	Councillor P G Mitchell.
<b>Officer Support</b>	Miss H Ali, Democratic Services Officer, HDC Mr A Roberts, Scrutiny and Review Manager, HDC Mr S Plant, Head of Housing Services, HDC Mr F Mastrandrea, Policy and Enabling Officer, HDC Mr K Tayler, Private Sector Housing Officer, HDC Mr S Ingram, Head of Planning Services, HDC Mr R Probyn, Planning Policy Manager, HDC Mr I Leatherbarrow, Former Head of Policy and Strategic Services Dr S Lammin – Head of Environmental and Community Health Services Mr D Smith – Community Team Manager Mrs K Shaw – External Funding Officer
<b>Purpose of Study / Objective</b> (specify exactly what the study should achieve)	To undertake a review of the processes involved in applying for community grant aid and the effectiveness of grant schemes.
<b>Rationale</b> (key issues and/or reason for conducting a study)	The suggestion for the study emerged from the Panel's previous investigations into the Small Scale Environmental Improvements Scheme, where the recommendations arising from the study had been endorsed by the Cabinet and implemented by the Council.
<b>Terms of Reference</b>	As above, and additionally, the following:- <ul style="list-style-type: none"> <li>• To identify the purpose of each scheme having regard to the Council's priority contained in Growing Success;</li> <li>• To investigate the criteria for assessing applicants' eligibility under each scheme;</li> <li>• To investigate the methods adopted to publicise the availability of grant funding;</li> <li>• To investigate the application process for each scheme;</li> <li>• To be informed of Officer/Member involvement during</li> </ul>

**OVERVIEW AND SCRUTINY  
(ECONOMIC WELL-BEING)  
STUDY TEMPLATE**

	<p>the approval process; and</p> <ul style="list-style-type: none"> <li>To investigate external sources of funding, specifically, the level of funding attracted by the Council and the application procedure.</li> </ul>
<b>Links to Council Policies/Strategies</b>	<p>Link to Council Aim: To Maintain Sound Finances. Link to Community Am: Developing Communities Sustainably.</p>

<b>ACTION BY WORKING GROUP</b>	
<b>Methodology / Approach</b> (what types of enquiries will be used to gather evidence)	Discussions with all of the Officers within the Council previously identified.
<b>External/Specialist Support</b>	N/A
<b>Existing Documentation</b>	<p>Minutes and Reports of the meeting of the Overview and Scrutiny Panel (Service Delivery) – 3<sup>rd</sup> July 2007. 2006/07 – HDC Grant Aid News Release. 2008/09 HDC Capital Grant Aid News Release. Voluntary Sector Commissioning Report – Report by the Head of Environmental and Community Health Services. HDC CAB Commissioning Agreement Document. HDC Grants Award Information – Report by the Head of Financial Services. HDC Grant Application Handbook and Application Form ~ Capital and Revenue. Listed Building / Shopmobility / Shopfront / Transportation / Home Repairs / Voluntary Grants. HDC Grant Awards Scheme. Six Month Review of Capital and Revenue Grant Aid Awards 2008/09 – Report by the Head of Environmental and Community Health Services.</p>
<b>Evidence to be Obtained</b> (e.g. witnesses, documents, site visits, consultation, research, etc)	Discussions with all Officers identified above.
<b>Reference Sites</b>	HDC Website:- <a href="http://www.huntsdc.gov.uk">www.huntsdc.gov.uk</a>
<b>Investigations</b>	As outlined above.
<b>Witnesses</b>	<p>As above and in addition the following Councillors:-</p> <p>Councillor Mrs D C Reynolds, Executive Councillor for Housing and Public Health. Councillor T V Rogers, Executive Councillor for Finance and Environment.</p>
<b>Site Visits (if necessary)</b> (where and when)	N/A
<b>Meetings of the Working Group</b>	<p>24<sup>th</sup> October 2007. 1<sup>st</sup> February 2008. 20<sup>th</sup> March 2008. 26<sup>th</sup> March 2008.</p>

**OVERVIEW AND SCRUTINY  
(ECONOMIC WELL-BEING)  
STUDY TEMPLATE**

	<p>9<sup>th</sup> April 2008.            7<sup>th</sup> May 2008.            24<sup>th</sup> July 2008.            24<sup>th</sup> October 2008.</p>
<p><b>Costs</b>            (resource requirements,            additional expenditure, time)</p>	<p>Officer time – both to provide support and conduct research.</p>
<p><b>Possible Barriers to the Study</b>            (potential weaknesses)</p>	<p>None currently identified.</p>
<p><b>Projected Timescale</b>            (Start and end times)</p>	<p>Start: January 2009            End: July 2009.</p>

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**OVERVIEW AND SCRUTINY  
(SOCIAL WELL-BEING)  
STUDY TEMPLATE**

AREA OF REVIEW	DETAILS/COMMENTS
<b>Title of Study</b> (name of Working Group)	Provision of Play Facilities Across the District Working Group
<b>Appointing Panel</b>	Overview and Scrutiny Panel (Social Well-Being) Formerly Overview and Scrutiny Panel (Service Delivery)
<b>Members Assigned</b> (including date Working Group appointed)	Date Appointed: 3 <sup>rd</sup> March 2009.  Councillors J D Ablewhite and P G Mitchell. Councillors Mrs P A Jordan and R J West were later appointed onto the Working Group in June 2009.  Councillor J D Ablewhite assisted with the study up until June 2009.
<b>Possible Co-Options to the Group</b>	None identified.
<b>Interests Declared</b>	Councillor P G Mitchell declared a personal interest into the study due to his involvement with the Stilton Skate Park Project.
<b>Rapporteur</b>	Councillor P G Mitchell
<b>Officer Support</b>	Miss H Ali, Democratic Services Officer, HDC Mr A Roberts, Scrutiny and Review Manager, HDC Mr R Ward – Head of Operations, HDC Mr J Craig, Service Development Manager, HDC
<b>Purpose of Study / Objective</b> (specify exactly what the study should achieve)	To investigate the provision of play facilities across the District, with a view to making recommendations on achieving an even distribution of facilities across the District and on meeting the ongoing revenue costs associated with such facilities.
<b>Rationale</b> (key issues and/or reason for conducting a study)	Raised as potential study area by Councillor P G Mitchell due to the current problems experienced at Stilton. Further information obtained from the Head of Operations and Panel concluded that due to the inconsistencies with the distribution of facilities across the District, a study should be undertaken.
<b>Terms of Reference</b>	As above.
<b>Links to Council Policies/Strategies</b>	Link to Community Aim: Developing Communities Sustainably. In particular, the objective to enable the provision of the social and strategic infrastructure to meet current and future needs.  Link to Community Aim: Safe, Vibrant and Inclusive Communities. In particular the objective to reduce anti-social behaviour and ensure that people feel safe.

**OVERVIEW AND SCRUTINY  
(SOCIAL WELL-BEING)  
STUDY TEMPLATE**

<b>ACTION BY WORKING GROUP</b>	
<b>Methodology / Approach</b> (what types of enquiries will be used to gather evidence)	Information from the Head of Operations.
<b>External/Specialist Support</b>	N/A
<b>Existing Documentation</b>	Provision of Leisure Facilities for Young People – Report by the Head of Operations. Minutes of the meeting of the Overview and Scrutiny Panel (Service Delivery) – 3 <sup>rd</sup> March 2009.
<b>Evidence to be Obtained</b> (e.g. witnesses, documents, site visits, consultation, research, etc)	Further discussions with the Head of Operations and Executive Councillor for Operational & Countryside Services.
<b>Reference Sites</b>	N/A
<b>Investigations</b>	As outlined above.
<b>Witnesses</b>	Mr R Ward, Head of Operations Mr J Craig, Service Development Manager Councillor C R Hyams, Executive Councillor for Operational and Countryside Services.
<b>Site Visits (if necessary)</b> (where and when)	None currently identified.
<b>Meetings of the Working Group</b>	First meeting held 30 <sup>th</sup> April 2009. Second meeting held on 13 <sup>th</sup> August 2009. Third meeting held 28 <sup>th</sup> October 2009. Further meeting arranged for 16 <sup>th</sup> December 2009.
<b>Costs</b> (resource requirements, additional expenditure, time)	Officer time – both to provide support and conduct research.
<b>Possible Barriers to the Study</b> (potential weaknesses)	None currently identified.
<b>Projected Timescale</b> (Start and end times)	Start: March 2009 End: Unknown.

**OVERVIEW AND SCRUTINY  
(SOCIAL WELL-BEING)  
STUDY TEMPLATE**

AREA OF REVIEW	DETAILS/COMMENTS
<b>Title of Study</b> (name of Working Group)	Parking At Hinchingsbrooke Hospital
<b>Appointing Panel</b>	Overview and Scrutiny Panel (Social Well-Being)
<b>Members Assigned</b> (including date Working Group appointed)	Date Appointed: 7 <sup>th</sup> July 2009.  Agreed to pursue this as a full Panel investigation, comprising Councillors P L E Bucknell, Mrs K E Cooper, S J Criswell, J W Davies, J E Garner, Mrs P A Jordan, P G Mitchell, A Monk, J M Sadler and R J West.
<b>Possible Co-Options to the Group</b>	None identified at present.
<b>Interests Declared</b>	Cllr Mrs P A Jordan – by virtue of her employment with the NHS.
<b>Rapporteur</b>	Councillor S J Criswell (as Chairman)
<b>Officer Support</b>	Miss H Ali, Democratic Services Officer, HDC Mr A Roberts, Scrutiny and Review Manager, HDC
<b>Purpose of Study / Objective</b> (specify exactly what the study should achieve)	To generate and raise awareness of the impact that the introduction of car parking charges has had upon the public and the consequent restrictions that it has placed upon them.
<b>Rationale</b> (key issues and/or reason for conducting a study)	The suggestion for the study was prompted by representations made by a number of members of the public to the District Council on the level of charges being levied for parking at the hospital, restrictions on parking in terms of the length of stay permissible and the impact of the introduction of charges on the surrounding residential area.
<b>Terms of Reference</b>	To investigate the causes of complaints and make recommendations on measures that will ameliorate them.
<b>Links to Council Policies/Strategies</b>	To Improve Our Systems and Practices - In particular, the objectives to be good at communicating and listening to people and organisations and to be clear about what we can do and aspire to achieve and to enable Councillors to carry out their leadership role effectively.  A Clean, “Green” and Attractive Environment – to help mitigate climate change.  Healthy Living – to promote active lifestyles.  Developing Communities Sustainably – supporting opportunities to cycle, walk and use public transport.

<p><b>Methodology / Approach</b> (what types of enquiries will be used to gather evidence)</p>	<p>Investigations into:-</p> <ul style="list-style-type: none"> <li>• the management of the car park</li> <li>• the effectiveness of the hospital's Travel Plan</li> <li>• the availability of public transport</li> <li>• the impact of parking and associated charges on the surrounding area</li> <li>• inviting a representative of the NHS Trust to attend a future Panel meeting</li> <li>• consultation with local residents and users of the car park</li> <li>• comparisons to other hospitals, i.e Addenbrooke's</li> <li>• desktop research</li> <li>• formal request for information to the Hospital</li> <li>• public views sought.</li> </ul>
<p><b>External/Specialist Support</b></p>	<p>Ms E Stubbs and Mrs R Clapham – Cambridgeshire LINK.</p>
<p><b>Existing Documentation</b></p>	<p>Planning Permission for Hospital site.</p> <p>Hinchingbrooke Hospital Travel Plan.</p> <p>Presentation delivered by the Scrutiny and Review Manager on 1<sup>st</sup> September 2009.</p>
<p><b>Evidence to be Obtained</b> (e.g. witnesses, documents, site visits, consultation, research, etc)</p>	<p>Representative from the NHS Trust.</p> <p>Consultation Questionnaire with local residents living within the vicinity of the site.</p> <p>Discussion with Ward Councillors.</p>
<p><b>Reference Sites</b></p>	<p>Hinchingbrooke Health Care NHS Trust <a href="http://www.hinchingbrooke.nhs.uk/">http://www.hinchingbrooke.nhs.uk/</a></p> <p>East of England Strategic Health Authority <a href="http://www.eoe.nhs.uk/">http://www.eoe.nhs.uk/</a></p> <p>Cambridge University Hospitals NHS Trust (Addenbrooke's) <a href="http://www.cuh.org.uk/addenbrookes/addenbrookes_index.html">http://www.cuh.org.uk/addenbrookes/addenbrookes_index.html</a></p> <p>NHS Cambridgeshire <a href="http://www.cambridgeshirepct.nhs.uk/">http://www.cambridgeshirepct.nhs.uk/</a></p> <p>British Parking Association <a href="http://www.britishparking.co.uk/">http://www.britishparking.co.uk/</a></p>
<p><b>Investigations</b></p>	<p>As outlined above; namely local parking facilities, parking practices at other Hospitals and national policies.</p>

<b>Witnesses</b>	None currently identified.
<b>Site Visits (if necessary)</b> (where and when)	None currently identified.
<b>Meetings of the Working Group</b>	Panel discussions: 7 <sup>th</sup> July 2009 and 1 <sup>st</sup> September 2009 and 3 <sup>rd</sup> November 2009.
<b>Costs</b> (resource requirements, additional expenditure, time)	Officer time – both to provide support and conduct research.
<b>Possible Barriers to the Study</b> (potential weaknesses)	None currently identified.
<b>Projected Timescale</b> (Start and end times)	Start: July 2009. End: Unknown.

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**OVERVIEW AND SCRUTINY  
(ENVIRONMENTAL WELLBEING)  
WORKING GROUP STUDY**

AREA OF REVIEW	DETAILS/COMMENTS
<b>Title of Study</b> (name of Working Group)	Development Management Process Working Group.
<b>Appointing Panel</b>	Overview and Scrutiny (Environmental Well-Being) Panel.
<b>Members Assigned</b> (including date Working Group appointed)	Councillors M G Baker, P Godley, M F Newman and J S Watt. Appointed by the Panel on 14 <sup>th</sup> July 2009.
<b>Possible Co-Options to the Group</b>	TBC
<b>Interests Declared</b>	None received.
<b>Rapporteur</b>	Councillor M G Baker
<b>Officer Support</b>	Roy Reeves, Head of Democratic and Central Services Jessica Walker, Trainee Democratic Services Officer
<b>Purpose of Study / Objective</b> (specify exactly what the study should achieve)	To investigate the process for the determination of planning applications and make recommendations where appropriate.
<b>Rationale</b> (key issues and/or reason for conducting a study)	Anecdotal evidence from Members of public concern over the pre-decision planning process.
<b>Terms of Reference</b>	The review will concentrate on the process leading to the determination of planning applications, not the decision making process itself or the merits of decisions. The intention will be to look at the practices and procedures from first enquiry by potential applicants to the preparation of an officer's final report and recommendations, involving pre-application advice, public consultation, plans and amendments, duration of the process and other related matters.
<b>Links to Council Policies/Strategies</b>	Link to Corporate Plan – To improve our systems and practices.

<b>Methodology / Approach</b> (what types of enquiries will be used to gather evidence)	Examination of available data; Interviews; Surveys.
<b>External/Specialist Support</b>	TBC
<b>Existing Documentation</b>	To be determined.
<b>Evidence to be Obtained</b> (e.g. witnesses, documents, site visits, consultation, research, etc)	Evidence to be obtained by the Democratic Services team, together with information from the Planning Division. Possible survey of sample of applicants. Consultation with Town and Parish Councils. Customer feedback & ombudsman investigations (if any). Comparison of processes with other authorities.

**OVERVIEW AND SCRUTINY  
(ENVIRONMENTAL WELLBEING)  
WORKING GROUP STUDY**

	Website Comparisons. Performance against Government Indicators. Availability of best practice advice and guidance. Cost effectiveness of process.
<b>Reference Sites</b>	Comparable local authorities.
<b>Investigations</b>	To be undertaken by officers supporting the Working Group.
<b>Witnesses</b>	Planning officers. Chairman of Development Management Panel.
<b>Site Visits (if necessary)</b> (where and when)	Likely to be unnecessary.
<b>Meetings of the Working Group</b>	Meetings held on Thursday August 6 <sup>th</sup> 2009, Thursday September 10 <sup>th</sup> 2009, Thursday 8 <sup>th</sup> October, Thursday 29 <sup>th</sup> October and Friday 20 <sup>th</sup> November.  Future meetings are scheduled for Thursday 3 <sup>rd</sup> December and Thursday 17 <sup>th</sup> December.
<b>Costs</b> (resource requirements, additional expenditure, time)	Officer time – both to provide support and to conduct research.
<b>Possible Barriers to the Study</b> (potential weaknesses)	None known at this stage.
<b>Projected Timescale</b> (Start and end times)	Start – July 2009 Completion of study expected December 2009.





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Panel Date	Decision	Action	Response	Date for Future Action
	<b><u>Disability Access</u></b>			
13/05/09	This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery). Final report endorsed for submission to the Cabinet.	Submitted to Cabinet on 29th January 2009.	Recommendations endorsed by Cabinet. Members requested a progress report to be submitted to the Panel in six months time.	
7/07/09	The Panel was provided with an opportunity to plan its follow up work and identified a number of aspects to the study that they wished to pursue.		Follow up work was considered by the Panel in September. Further report to be considered in January 2010.	5/01/09
3/11/09	Report providing an update on the work undertaken to date in respect of joint advocacy and advice services across the District considered by the Panel in November.			
	<b><u>Future Governance of Hinchingsbrooke Hospital: Consultation Arrangements</u></b>			
13/05/09	This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery). Dr Stephen Dunn, Hinchingsbrooke Next Steps Project Co-ordinator and Ms Jessica Bawden, NHS Cambridgeshire attended the Panel's January meeting to provide background to the consultation on the future governance arrangements for Hinchingsbrooke Hospital. Advised the	Panel to partake in the consultation when it emerges. Matter to be raised at a future Panel meeting.	This item appears elsewhere on the Agenda.	1/12/09

Panel Date	Decision	Action	Response	Date for Future Action
01/09/09	<p>Panel that the consultation was likely to commence at some point in the middle of the current calendar year.</p> <p>Panel advised that Councillor S J Criswell had been appointed as the District Council representative on the Stakeholder Panel.</p>		<p>Public meeting of the Stakeholder Panel held on 26<sup>th</sup> November 2009 at 2pm, Huntingdon Library. Future public meetings scheduled as follows:-</p> <ul style="list-style-type: none"> <li>• 25<sup>th</sup> February 2010</li> <li>• 26<sup>th</sup> May 2010</li> <li>• 5<sup>th</sup> July 2010</li> <li>• 27<sup>th</sup> October 2010</li> <li>• 6<sup>th</sup> January 2011</li> </ul>	
13/05/09	<p><b><u>Care Quality Commission</u></b></p> <p>This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery). The Panel submitted a response to the Commission's Enforcement Policy and has requested that a representative should be invited to attend a future Panel meeting to deliver a presentation on the work of the Commission and how the document fits into the wider health service framework. Advised that the Commission will not begin operating until 1<sup>st</sup> April 2009.</p>	<p>Invitation extended to the Commission who advised that a Regional Consultation Event would be held on 1<sup>st</sup> July. Details of the event have been forwarded to all Panel Members.</p>	<p>Response received from Regional Manager</p>	
1/09/09	<p>Letter submitted to the Commission</p>			

Panel Date	Decision	Action	Response	Date for Future Action
<p><b>&amp; 6/10/09</b></p>	<p>requesting a response to the issues previously raised by the Panel on the content of the Enforcement Policy.</p>		<p>of the local branch of the Commission. Councillor R J West nominated as the Panel representative and has met with the Commission. An update will be provided at the meeting.</p>	
<p><b>13/05/09</b></p>	<p><b><u>Corporate Plan – Growing Success</u></b> Councillors S J Criswell and R J West appointed to Corporate Plan Working Group. A previous decision has been made by the former Overview and Scrutiny Panel (Corporate and Strategic Framework) to extend the Corporate Plan Working Group's remit by requesting it to investigate the cost implications of each priority area identified within the Corporate Plan. A suggestion has been made to invite Heads of Service to a future meeting to discuss their contributions in achieving the Council's objectives.</p>	<p>Quarterly performance reports to be submitted to all Overview and Scrutiny Panels in September, December, March and June of each year.</p> <p>Financial information currently being considered by Working Group. Meeting held on 19<sup>th</sup> November 2009.</p>	<p>This item appears elsewhere on the Agenda.</p>	<p><b>1/12/09</b></p>
<p><b>13/05/09</b></p>	<p><b><u>Provision of Play Facilities for Young People</u></b> This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery) who had identified this subject as a potential area for study.</p>	<p>First meeting of the Working Group held on 30<sup>th</sup> April 2009.</p>	<p>Head of Operations and Service Development Manager undertook to investigate further, the likely insurance, resource (inspection) and maintenance costs</p>	

Panel Date	Decision	Action	Response	Date for Future Action
2/06/09	<p>Particular interest expressed on how these facilities are managed and insured and if they were maintained by the District Council. Report submitted to Panel in March 2009 and a Working Group was established, comprising Councillors J D Ablewhite and P G Mitchell, to meet with the Executive Councillor for Operational and Countryside Services to investigate the provision of play facilities, with a view to making recommendations on achieving an even distribution of facilities across the District and on meeting the ongoing revenue costs associated with such facilities.</p> <p>Owing to their interests in the study, Councillors Mrs P A Jordan and R J West were appointed on to the Working Group. Additionally, the Panel requested for an update on progress since the first meeting of the Working Group to be submitted to the Panel for information.</p>	Request submitted to the Head of Operations.	<p>of facilities located within the smaller Parishes.</p> <p>Meeting of the Working Group held on 13<sup>th</sup> August 2009.</p>	
6/10/09	Preliminary report outlining the findings of the Working Group to date considered by the Panel. Requested that the Working Group should meet with the Executive Councillor for Operational & Countryside Services to discuss the findings further.	Working Group met on 28 <sup>th</sup> October 2009 with the Executive Councillor for Operational and Countryside Services.	Discussions ongoing. Further meeting to be held on 16 <sup>th</sup> December 2009.	

Panel Date	Decision	Action	Response	Date for Future Action
3/11/09	<p><b><u>Monitoring of Section 106 Agreements</u></b></p> <p>Panel agreed to include the Monitoring of Section 106 agreements in its work plan, subject to gaining the agreement of the Development Management Panel. It was agreed that only allocated schemes and those developments where funding has been received for future maintenance of the facilities would be considered by the Panel.</p>	Councillor P G Mitchell raised the matter at the Development Management's November meeting.	The Development Management Panel expressed their support for the Social Well-Being Panel to consider these schemes.	TBC
13/05/09	<p><b><u>Town Centre Cleaning Update</u></b></p> <p>This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery). A study had previously been undertaken by the Panel into Sunday Cleaning and a concluding report was submitted to the Cabinet, who approved the Panel's recommendations. At the Panel's meeting in April, Members requested for an update to be received on progress made to date in respect of the project.</p>	Request submitted to the Head of Operations.	Matter has been acknowledged by the Head of Operations. Update to be received in the New Year, upon the recruitment of a new Operations Manager.	5/01/10

Panel Date	Decision	Action	Response	Date for Future Action
	<p><b><u>Car Parking at Hinchingbrooke Hospital</u></b></p>			
2/06/09	Identified as a potential study area. Requested that a scoping report should be submitted to a future Panel meeting.	Scoping report considered by Panel in July 2009. Further information requested on the current parking situation.		
1/09/09	Presentation delivered by the Scrutiny and Review Manager on the current parking provision on the Hinchingbrooke site, the scope available to increase the level of provision, other potential charging options, parking enforcement, the availability of public transport and the impact of parking on the surrounding area.			
3/11/09	<p>The Panel sought clarification on a number of issues relating to the Hospital's Green Travel Plan.</p> <p>Representatives from Cambridgeshire Link were also in attendance at the Panel's November meeting and agreed to assist the Panel with its study. Agreed that Hinchingbrooke NHS Trust would be invited to a future meeting.</p>	<p>Letter submitted to Hinchingbrooke Hospital.</p> <p>Invitation to be extended to Hinchingbrooke NHS Trust.</p>	Response from the Hospital received and noted.	



Panel Date	Decision	Action	Response	Date for Future Action
6/10/09	<p><b><u>The PLACE Survey</u></b></p> <p>In considering the results of the PLACE Survey, the Panel has requested a report on the data from further work with focus groups in three months time on the areas identified as needing the most improvement in Huntingdonshire; namely activities for teenagers, road and pavement repairs, public transport, traffic congestion and shopping facilities.</p>	Request submitted to the Head of Policy and Strategic Services.		2/02/10 or 2/03/10
6/10/09	<p><b><u>Review of On-Line Petitions – Modern.Gov: Consultation Facility</u></b></p> <p>In considering the review of on-line petitions, the Panel has requested for investigations to be made into extending the Modern.Gov facility for wider consultation purposes.</p>	This suggestion is currently being investigated by the Scrutiny & Review Manager.		TBC
6/10/09	<p><b><u>NHS Consultation: Primary Care Out of Hours Services</u></b></p> <p>Details of the consultation circulated to all Members. Panel to submit its own response to the consultation at its December meeting. A local event hosted by NHS Cambridgeshire will be held on 30<sup>th</sup> November 2009 at St Mary's Parish</p>		This item appears elsewhere on the Agenda.	1/12/09

Panel Date	Decision	Action	Response	Date for Future Action
	Hall, Huntingdon from 6:00pm.			
<b>3/11/09</b>	<p><b><u>Petition – Hill Rise Park, St Ives</u></b></p> <p>Preliminary details of the petition considered by Panel. The petition organiser has indicated that he will be in attendance at the Panel's January 2010 meeting. Agreed that investigations be made into the action taken by Officers and the Police on the issue raised, together with information on the arrangements in place at a similar site in St Neots.</p>	Advised that the petition would also be considered at a meeting of the Huntingdonshire Community Safety Partnership on 26th November 2009.	An update on the outcome of discussions held by the Huntingdonshire Community Safety Partnership will be provided at the meeting.	<b>5/01/10</b>
<b>13/05/09</b>	<p><b><u>Forward Plan</u></b></p> <p>The following items were transferred over from the former Overview and Scrutiny Panel (Service Delivery) who requested that the items should considered at future meetings of the Panel.</p> <p><b>Older Persons Housing Strategy Update</b></p> <p><b>St Ivo Leisure Centre – Proposals for Development</b></p>	<p>Request submitted to the Head of Housing Services.</p> <p>Request submitted to the General Manager, Leisure.</p>	<p>This item appears elsewhere on the Agenda.</p> <p>Due to appear before the Panel in February/March 2010.</p>	<p><b>1/12/09</b></p> <p><b>2/02/10 or 2/03/10</b></p>

Panel Date	Decision	Action	Response	Date for Future Action
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## Decision Digest

Edition 99

Monthly summary of the decisions taken at meetings of the Council, Cabinet, Overview & Scrutiny and other Panels for the period

### 10:10 CLIMATE CHANGE

The Council is to register its support for the 10:10 Climate Change Campaign. The campaign is a community wide project which targets individuals, companies and institutions to pledge a reduction in their carbon footprint by 10% during 2010. In backing the campaign, both the Panel and Cabinet supported its promotion throughout the District.

### CAR PARKING REVIEW

Both the Overview and Scrutiny Panel (Environmental Well-Being) and Cabinet have considered the findings of the Members Car Parking Working Group into the impact of the revised charging arrangements that came into effect on 1<sup>st</sup> October 2008 following the review of the Council's car parking policy. Issues highlighted included eligibility anomalies in the season ticket scheme, environmental issues, parking at Hinchingbrooke Country Park and concerns over the new guided bus scheme.

Having approved the Group's recommendations for further change as part of a revised off-street parking places order for implementation from 1<sup>st</sup> June 2010, the Cabinet has reiterated the need for representations to be made to Cambridgeshire County Council over the potentially adverse effects on the District Council's parking

income and policies should they proceed with their decision to permit parking at the new Cambridgeshire Guided Bus Scheme "Park and Ride" site free of charge.

At the same time the Cabinet has expressed disappointment that the Car Parking Working Group, had not considered in greater depth the opportunity to address environmental issues and changes to travel patterns through the car parking strategy. However, Members acknowledged that the Group's work constituted an interim review and therefore has invited them to consider issues such as encouraging the use of low emission vehicles, public transport, cycling and walking as part of the next scheduled review of the car parking action plan in 2010.

In discussing the Group's recommendations to introduce charging at Cambridge Street and the Riverside Park, St Neots with some free parking for a two hour period at the Riverside to support its recreational use, the Cabinet has expressed concern over the lack of detail for the management of such arrangements. These views will be reported to the next meeting of the Members Car Parking Working Group scheduled for 16<sup>th</sup> December 2009.

## TRANSIT SITES FOR GYPSIES AND TRAVELLERS

The contents of the East of England Plan Policy on Gypsy and Travellers have been considered by the Overview and Scrutiny (Environmental Well-Being) Panel and Cabinet. Particular reference was made to the requirement for Councils to make provision for transit sites. Members have acknowledged the evidence of need for a transit site in Huntingdonshire and suggested that a location be identified swiftly so that action can be taken to address the number of unauthorised encampments in the District. With this in mind the Cabinet has instructed officers to consider further the logistics of providing a site and to prepare a bid for a Government grant at the appropriate time.

## THE REGIONAL SPATIAL STRATEGY REVIEW - STATUTORY CONSULTATION RESPONSE

The Cabinet and Overview and Scrutiny (Environmental Well-Being) Panel have been acquainted with the Council's suggested response to four growth scenarios proposed by the East of England Regional Assembly for the period up to 2031. Members have concluded that the only viable option and scale of potential future growth that can be supported is scenario 1. This scenario "rolls forward" the housing growth rates established by the current Regional Plan for another 10 years and will be the highest level of growth that most Council's within the region considered can accommodate. For Huntingdonshire this scenario will require the delivery of approx 550 homes a year in order to meet a 20 year target of 11,080 and is in line with the spatial vision set out in the adopted Core Strategy. The other three scenarios proposed faster rates of growth which are not considered

sustainable having regard to the lack of employment opportunities locally, further traffic congestion and the inability of the local infrastructure to accommodate the projected rates of development.

A response will be sent to EERA and officers have been requested to continue their work with all Cambridgeshire Authorities to produce a co-ordinated joint response on behalf of the County.

## HUNTINGDON WEST AREA ACTION PLAN SUBMISSION DOCUMENT

The contents of the Huntingdon West Area Action Plan Submission Document has been considered by the Overview and Scrutiny Panel (Environmental Well-Being) and Cabinet. The action plan seeks to set a framework for the west of Huntingdon town centre to help deliver planned growth and regeneration.

The Panel has reiterated its support for the redevelopment and regeneration of the area, although there is ongoing concern on the part of some members over the highway implications of the proposal. The Panel has been informed that the modelling for the proposed new link road has taken into account the proposals for development, and the Highways Authority are satisfied that the proposed level of growth is sustainable.

In recommending to Council that the document be adopted, the Cabinet has authorised the Head of Planning Services to complete the final submission.

## **COUNTY-WIDE AND INTEGRATED DEVELOPMENT PROGRAMME TARIFF**

The Overview and Scrutiny (Environmental Well-Being) Panel has considered their report on the draft Cambridgeshire Integrated Development Programme which brings together the various documents available to identify infrastructure needs on a sub-regional basis. The Panel has noted that this exercise has been useful in determining strategic and local infrastructure along with the levels of tariff in liability terms that can be applied in Cambridgeshire and will be an essential tool to guide future development.

## **STUDY – PARKING AT HINCHINGBROOKE HOSPITAL**

The Overview and Scrutiny Panel (Social Well-Being) has received responses from Hinchingsbrooke Hospital on the Hospital's Green Transport Plan. Further information on the car park management contract is currently awaited. Representatives of Cambridgeshire LINK were in attendance and Members have been informed that comments by users of the Hospital on its car parks have already been received. Comments relate to the level of charges being levied and the perceived lack of flexibility afforded to those visiting the Hospital requiring emergency treatment.

The future management of the car parks in the context of changes to the Hospital's governance arrangements has been discussed. It has been concluded that the Stakeholder Panel established by the East of England Strategic Health Authority to oversee the consultation should be informed of the need for the specification for franchise bids to include details of the

Hospital's car park management arrangements.

A representative of the Hospital will be invited to attend a future meeting to present information on the Hospital's current car parking management contract and to discuss matters raised in the course of the study to date. Cambridgeshire LINK will also be invited to this meeting.

## **DISABILITY ACCESS – JOINT ADVOCACY AND ADVICE SERVICES**

Background to the support provided by the Council to community and charitable organisations operating in the District has been received by the Overview and Scrutiny Panel (Social Well-Being). The Council has entered into a joint service level agreement with Disability Information Services Huntingdonshire (DISH) and attention has been drawn to the terms of the agreement. DISH has made a number of achievements in the last six months and has undertaken a range of work with other agencies and specialist services in assisting those with disabilities.

The Panel has acknowledged the difficulties faced by a number of smaller voluntary organisations in conducting day to day back office functions. This matter is being addressed by the Cambridgeshire Funders Group and through Cambridgeshire County Council's Community Engagement Strategy.

## **PETITION – HILL RISE PARK, ST IVES**

The Overview and Scrutiny Panel (Social Well-Being) has been acquainted with details of a petition, which has been received from residents living in the Hill Rise area of St Ives. The petition has been signed by 16 individuals and requests the Council to erect an automatic barrier across the

entrance to Hill Rise Park to prevent nuisance caused by drivers entering the park late at night. The petition organiser will formally present the petition to the Panel at its meeting in January 2010. Actions considered by officers and the police to address this issue have been requested in time for this meeting.

### **CAMBRIDGESHIRE HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE**

#### **(a) Update**

Councillor R J West has provided Members of the Overview and Scrutiny Panel (Social Well-Being) with an update on matters discussed at a recent meeting of the Health and Adult Social Care Scrutiny Committee, which included reference to a projected overspend in Adult Support Services and the current NHS consultation on the Future of Primary Care Out of Hours Services in Cambridgeshire. The consultation will be considered by the Panel in December.

Discussion also has taken place on the future governance of Hinchingsbrooke Hospital. Bidders for the franchise will be required to provide the same level of services as at 2007 and to indicate what level of contribution will be made towards paying off the Hospital's existing debt. Concern has been expressed that the Strategic Health Authority might select the franchisee that undertakes to pay off the largest proportion of the Hospital's debt rather than on the basis of the quality of services that will be provided. It has been reported that the Stakeholder Panel appointed to oversee the consultation will not be apprised with details of the franchise bids as this information will not be released in to the public domain. Members have concurred with a suggestion that the Chairman should approach the

Council's Chief Executive and Chairman of the Stakeholder Panel, to request an opportunity to consider the franchisee bids in a private session.

#### **(b) Appointment of Substitution**

The Overview and Scrutiny Panel (Social Well-Being) has appointed Councillor J W Davies as the substitute Member on the Cambridgeshire Health and Adult Social Care Scrutiny Committee.

### **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS**

The Overview and Scrutiny Panel (Social Well-Being) has reviewed its programme of studies and in so doing, has been updated on the outcome of a recent meeting of the Provision of Play Facilities Working Group. Investigations are ongoing and a further meeting will be held in mid-December.

Subject to the Development Management Panel approving a proposal for the Panel to monitor Section 106 schemes already allocated to new developments and those where funding has been received for the future maintenance of facilities, Members have agreed that this should be included within the Panel's work programme.

### **ENFORCEMENT POLICIES**

The Cabinet has been acquainted with the implications of the Regulatory Enforcement and Sanctions Act 2008. The Act is an important element in delivering the Government's commitment to the implementation of the Hampton agenda on regulatory reform and the reduction of the burden on businesses. It delivers a number of distinct but related policy areas relating



to the advancement of Hampton's vision of a national and local regulatory system that is risk based, proportionate and effective. It seeks to establish a primary authority scheme to improve consistency of advice and enforcement which will prove resource intensive for those Councils nominated by businesses to be their primary authority.

## **STATEMENT OF GAMBLING PRINCIPLES**

The Cabinet has reviewed the contents of a revised Statement of Principles under the Gambling Act 2005. The statement has been updated to take into account the latest regulations and guidance issued by the Gambling Commission.

## **BUDGET AND MEDIUM TERM PLAN**

The Cabinet has reviewed the draft 2010/11 Budget and Medium Term Financial Plan for the period up to 2014/15 and the longer term financial plan forecast for 2023/2024. In so doing, Executive Councillors have concurred with the Overview and Scrutiny Panel (Economic Well-Being) that the level of spending proposed for Huntingdon bus station appears to be excessive and that investigations should take place into the possible refurbishment options. The Panel were also of the view that the Council should recognise the benefits of leisure centres and the likely return on any investment made.

The Panel also referred to the assumptions on which predictions about the effect of the guided bus have been made and questioned the level of provision for the Great Fen Project.

The draft Budget and Medium Term Plan will be dealt with by Council at its meeting on 2<sup>nd</sup> December 2009.

## **DRAFT CAMBRIDGESHIRE INTEGRATED DEVELOPMENT PROGRAMME**

Consideration has been given by the Cabinet to the work of Cambridgeshire Horizons and Cambridgeshire local authorities in producing an integrated development programme. The programme brings together the various planning documents available to identify infrastructure needs of the area on a sub-regional basis. The exercises are a valuable tool in determining strategic and local infrastructure along with levels of tariff and their viability that can guide future development.

## **CUSTOMER SERVICES MONITORING REPORT**

The Panel has received the Customer Service quarterly performance report for the period July to September 2009. Members have been informed that all customer service targets have been met and high levels of customer satisfaction has been achieved despite adverse trends in the economy which have led to calls being of a more complex nature. Customer Excellence Awards had been received by both Ramsey and Yaxley Customer Information Centres.

The Panel was made aware of the potential risk in continuing to rely on the goodwill of the staff to meet service targets. This and the level of vacancies will be monitored by the Head of Service.

## **PLANNING BRIEF – OLD FIRE STATION AND FORMER DEPOT SITE, HUNTINGDON STREET, ST NEOTS.**

Development opportunities for land around the Old Fire Station and former Depot off Huntingdon Street, St Neots

have been discussed by the Development Management Panel. In discussing the options, the Panel has recognised the potential to incorporate adjacent land currently used as a car park and possibly part of Shady Walk recreation ground in the proposed development of the site.

Having taken into account the amenity of neighbours, the importance of the build frontage and adjacent listed buildings, the Panel has considered that the site would be appropriate for a variety of town centre uses, particularly the possibility of appropriate community and leisure development.

It has also been suggested that a covered walkway from the potential new development to neighbouring car parks would be an asset to the town and that the space created could be used for exhibitions and displays of art work by local people.

Assurances have been given that the scale and mass of any new development would be sympathetic to the town centre and would be complemented by a suitable landscaping scheme. The scheme will be discussed at Cabinet's December meeting.

#### **URBAN DESIGN FRAMEWORK, CHEQUERS COURT, HUNTINGDON**

Two possible options for the redevelopment of land around Chequers Court shopping area in the centre of Huntingdon have been presented to the Development Management Panel.

In expressing a preference for scenario 1, the Panel has welcomed the opportunity that the redevelopment will bring to unattractive buildings and create additional car parking and to

improve the environment and routes into the heart of the town centre.

Although favouring scenario 1, the Panel has commented that any large retail space should have direct access to an adjacent car park. The Panel has indicated its support for the proposed redevelopment in principle subject to the incorporation of the foregoing comments in the draft document prior to its submission for adoption to the Cabinet.

#### **APPEAL AGAINST NON-DETERMINATION**

Details of an appeal against the non-determination of an application for the demolition and clearance of redundant buildings, reclamation housing, employment, a neighbourhood centre and open space at RAF Upwood, Ramsey Road, Bury have been reported to the Development Management Panel. The District Council, as local planning authority, can no longer determine the application but Members have noted the reasons for refusal which would have been presented to them if the application had been considered.

#### **ENFORCEMENT ACTION – YAXLEY**

Subject to the outcome of an appeal to the Planning Inspectorate, the Development Management Panel has authorised the Head of Planning Services to serve a breach of condition notice (28 days after the date of the appeal hearing if appropriate) in respect of the failure of Yaxley Parish Council to comply with a condition arising from a planning permission for the raising/lowering a safety netting around two sides of the recreation ground at Daimler Avenue, Yaxley.

## DEVELOPMENT APPLICATIONS

At their November meeting, the Development Control Panel determined eleven applications of which nine were approved and two refused.

Of wider significance to the District was the Panel's decision to refuse an application for the erection of a wind farm and ancillary infrastructure on land north of Toseland Village, West of Graveley in the Offords Parish and to approve an application to construct a new link road on land between Brampton Road and Ermine Street, Huntingdon.

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