

A meeting of the **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)** will be held in the **CIVIC SUITE 0.1A, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, PE29 3TN** on **TUESDAY, 7 DECEMBER 2010 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 2nd November 2010.

**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 - 10)

A copy of the current Forward Plan, which was published on 11th November 2010 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. CAR PARKING AT HINCHINGBROOKE HOSPITAL

To receive a presentation from the Head of Facilities and Facilities Business Manager, Hinchingsbrooke Hospital, reviewing the revised car parking pricing structure since it came into effect on 1st July 2009.

20 Minutes.

5. STUDY: CONSULTATION PROCESS (Pages 11 - 30)

To consider a report by the Head of Democratic and Central Services on Panel's consultation processes study.

**A Roberts
388015**

20 Minutes.

6. HUNTINGDONSHIRE COMMUNITY SAFETY PARTNERSHIP VIEWS ON CCTV (Pages 31 - 34)

To consider a report by the Chairman of the Huntingdonshire Community Safety Partnership outlining the views of the Partnership in respect of CCTV.

**Dr S Lammin
388280**

20 Minutes.

7. PERFORMANCE MANAGEMENT (Pages 35 - 44)

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

**H Thackray /
D Buckridge
388035 /
388065**

15 Minutes.

8. CONSULTATION: EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (Pages 45 - 70)

To receive a report from the Head of Democratic and Central Services on the East of England Ambulance Services consultation on plans to become an NHS Foundation Trust.

**A Roberts
388015**

15 Minutes.

9. REPORT OF THE CABINET (Pages 71 - 72)

To receive the Cabinet's views on the Panel's views on the Cambridgeshire Local Investment Plan and Homelessness Strategy: Consultation Draft.

**Mrs H Taylor
388008**

10 Minutes.

10. CAMBRIDGESHIRE ADULTS WELL-BEING AND HEALTH SCRUTINY COMMITTEE (Pages 73 - 78)

To receive an update from Councillor R J West on the outcome of recent meetings of the Cambridgeshire Adults Well-Being and Health Scrutiny Committee.

5 Minutes.

11. WORK PLAN STUDIES (Pages 79 - 84)

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**

15 Minutes.

12. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS (Pages 85 - 98)

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

**Miss H Ali
388006**

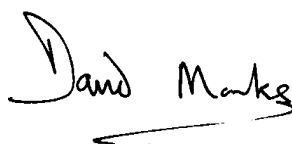
15 Minutes.

13. SCRUTINY

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 29 day of November 2010



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 if you have a general query on any Agenda Item, wish to tender your apologies for absence from the meeting, or would like information on any decision taken by the Panel.

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

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

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

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

Emergency Procedure

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

Agenda Item 1

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in the Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 2 November 2010.

PRESENT: Councillor S J Criswell – Chairman.

Councillors P L E Bucknell, S Cawley, B S Chapman, Mrs K E Cooper, J J Dutton, Mrs P A Jordan, P G Mitchell, P D Reeve and R J West.

Co-opted Member – Mr R Coxhead.

APOLOGY: An Apology for absence from the meeting was submitted on behalf of Mrs M Nicholas.

50. MINUTES

The Minutes of the meeting of the Panel held on 5th October 2010 were approved as a correct record and signed by the Chairman.

51. MEMBERS' INTERESTS

Councillor S J Criswell declared a personal interest in Minute Nos. 10/54, 55 and 56 by virtue of his membership of Cambridgeshire County Council and Somersham Parish Council.

Councillors J J Dutton, P D Reeve and R J West declared personal interests in Minute Nos. 10/54, 55 and 56 by virtue of their membership of Cambridgeshire County Council.

Councillor P G Mitchell declared a personal interest in Minute No. 10/56 by virtue of his association with the Stilton Skate Park.

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 2010 to 28th February 2011.

53. HOMELESSNESS STRATEGY: CONSULTATION DRAFT

(Councillor A Hansard, Executive Councillor for Housing and Public Health, was in attendance for consideration of this item).

Consideration was given to a report by the Head of Housing Services (a copy of which is appended in the Minute Book) seeking the Cabinet's endorsement of a draft Homelessness Strategy for the purposes of consultation. By way of background, Councillor A Hansard, Executive Councillor for Housing and Public Health,

informed the Panel that the Homelessness Act 2002 placed a statutory duty on the Council to review the previous Strategy every five years and that the review was now due.

The Panel were advised that the Strategy outlined a future strategic direction for homelessness prevention, which was a matter of growing concern for the Council. Members noted that increased financial and resource pressures and changes by the Government to the housing benefit system, which would take effect from April 2011, would add to increasing levels of demand for housing advice and of homelessness within the District.

The Panel's attention was drawn to the trends in homelessness experienced locally over the previous ten years. Members were advised that the reductions in homelessness that had been achieved were largely attributable to the use of a number of preventative measures, including the Court Advocacy Service, the Young Persons Mediation Service and the Rent Deposit/Rent In Advance Scheme. Members were advised that the latter had proved to be the most effective and opportunities to maximise its use were currently being explored by the Council. In response to questions by Members it was reported that the only cost to the Council associated with the Scheme arose from customer defaults on loans but that their use was limited by the debt allowance.

The Panel discussed the financial and other resources required to achieve the Strategy's Action Plan. It was noted that Government funding for the Homelessness Prevention Budget might not continue beyond 2010/11. The Panel registered concern that funding had not been identified for a number of actions contained within the Action Plan. In response, the Head of Housing Services reported that the document had been compiled in advance of the Government's Comprehensive Spending Review announcement, at a time when a number of uncertainties surrounding the Council's budget process and efficiency programme existed. The Panel were assured that the Strategy would be updated to take into account these developments; however, the challenge to identify resources would remain.

Other matters that were discussed included the types of accommodation available, migrant workers and the factors that constrained the Council from using exception sites within the District to tackle homelessness. Having expressed their satisfaction with the content of the Strategy, the Panel

RESOLVED

- (a) that subject to the comments outlined above, the content of the draft Homelessness Strategy be endorsed for submission to the Cabinet; and
- (b) that the Cabinet be recommended to approve the draft Homelessness Strategy for wider consultation with partners, stakeholders and customers.

54. CAMBRIDGESHIRE LOCAL INVESTMENT PLAN

(Councillor D B Dew, Executive Councillor for Planning Strategy and Transport was in attendance for consideration of this item).

With the aid of a joint report by the Heads of Housing Services and of Planning Services (a copy of which is appended in the Minute Book) the Panel gave consideration to the draft Cambridgeshire Local Investment Plan (CLIP) on which the Council had been consulted. The Executive Councillor for Planning Strategy and Transport informed the Panel of the background to the Plan, which had been prepared for submission to the Homes and Communities Agency (HCA) by Cambridgeshire Horizons in conjunction with Cambridgeshire local authorities. The Plan was intended to facilitate the delivery of investment in a range of housing, infrastructure, regeneration and community activities taking into account locally determined priorities and a number of existing Countywide strategies and plans. It identified investment needs across Cambridgeshire and would primarily be used as evidence to support bids to draw external funding into the area.

With regard to the complex structure of partnerships that existed across the County, the Panel was informed that the establishment of a Local Enterprise Partnership (LEP) would assist with streamlining the current framework as well as with promoting the adoption of cross boundary working practices. While some Members were of the view that the funds allocated by the HCA should be devolved to local authorities, others argued that there were advantages to undertaking co-ordinated work on a geographical basis greater than that covered by individual local authorities. In noting that, as a result of the Government's Comprehensive Spending Review, the HCA's funding would be reduced by 50%, Members acknowledged the importance of the CLIP in enabling the Council effectively to compete for financial resources. In addition, the Panel drew attention to potential problems associated with variations in boundaries according to the context and level of activity.

The Panel discussed the local road network infrastructure and expressed concern at the way upgrades or improvements to the A14, A428 and the A1 were being prioritised. The implications of this in encouraging housing and economic growth also were considered. Members were of the opinion that the road network infrastructure should be viewed in the national context. Having specific regard to the A428, the Panel were advised that work to compile a Master Plan for the St Neots area would be undertaken in the future in conjunction with the Highways Agency and East Coast Mainline Rail Services. The Panel also highlighted the need to upgrade the A14 as it played a significant part in the road network infrastructure on the local, national and European levels.

In response to a question on the targets contained in the Plan for the completion of housing schemes in Huntingdonshire scheduled for 2010/11 to 2013/14, Members were informed that the purpose of the HCA was the delivery of affordable housing. The Panel suggested that a more realistic approach should be adopted given that the figures presented were considered to be low. The reliability of the data generally presented by the County Council contained within the

CLIP in respect of population projections for the District was also questioned and Members suggested that the data employed should be updated.

At the conclusion of the discussion the Panel requested that a further report was submitted to a future meeting on the implications of the CLIP for local housing, including the potential shortfalls in the delivery of affordable housing within the District. Whereupon, it was

RESOLVED

that subject to the comments outlined above, the Cambridgeshire Local Investment Plan be endorsed for submission to the Cabinet.

55. MONITORING OF SECTION 106 AGREEMENTS (PLANNING OBLIGATIONS)

(Councillor C R Hyams, Executive Councillor for Operational and Countryside Services, was in attendance for consideration of this item).

The Panel gave consideration to a report by the Head of People, Performance and Partnerships (a copy of which is appended in the Minute Book) which provided an update on the receipt and expenditure by the Council of money negotiated under Section 106 Agreements.

The Scrutiny and Review Manager reported that the Section 106 Agreement Advisory Group had considered the Panel's suggestion that a project plan should be produced for each scheme but had concluded that they were satisfied with the availability of information already contained within the existing monitoring report. The Advisory Group also had discussed whether scrutiny of Section 106 Agreements was being duplicated in the current arrangements.

The Panel reiterated the view that a project plan should be adopted to enable more effective monitoring to take place, which would better assist Members in understanding projects. Having discussed a way forward, Councillor P G Mitchell undertook to report the Panel's views at the next meeting of the Development Management Panel. Whereupon, it was

RESOLVED

that the contents of the report be noted.

56. PROVISION OF PLAY FACILITIES

(Councillor C R Hyams, Executive Councillor for Operational and Countryside Services, was in attendance for consideration of this item).

Pursuant to Minute Nos. 10/31 and 10/37, the Panel received and noted a report by the Service Development Manager (a copy of which is appended in the Minute Book) on expenditure incurred by the Council on the maintenance of outdoor youth facilities together with

details of where the funds had been allocated. It was noted that estimated annual revenue costs amounted to £22,300, which was spread across six skate park facilities within the District.

Following discussion on the cost of inspection, assessments and insurance, the Scrutiny and Review Manager undertook to circulate to the Panel details of other organisations that could provide these services.

57. PERFORMANCE MANAGEMENT

With the aid of a report by the Cabinet (a copy of which is appended in the Minute Book) the Panel were acquainted with Executive Members' deliberations and decisions in response to a joint report by the Overview and Scrutiny Panels on the Council's performance against its priority objectives (Minute No. 10/34 refers). Members were advised that the recommendation concerning external consultants had been referred back to the Corporate Plan Working Group for further review including the criteria used in the appointment of consultants and an assessment of the cost and value gained from using them. It was likely, however, that this work would be undertaken by the Overview and Scrutiny Panel (Economic Well-Being).

58. CAMBRIDGESHIRE ADULTS WELLBEING AND HEALTH SCRUTINY COMMITTEE

Councillor R J West reported that a meeting of the Cambridgeshire Adults Well-Being and Health Scrutiny Committee had recently been held at which consideration had been given to the Older Peoples' Mental Health Strategy. The Committee's in this respect were currently ongoing.

59. WORK PLAN STUDIES

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) containing details of studies currently being undertaken by the Overview and Scrutiny Panels. Members were reminded of the opportunity they had to participate in any of the other Overview and Scrutiny Panels' studies.

60. OVERVIEW AND SCRUTINY PANEL (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. The Chairman reported that an announcement by the Strategic Health Authority on which bidder would take over management of Hinchingsbrooke Hospital would be made later in the month.

The Scrutiny and Review Manager was requested to establish with Hinchingsbrooke Hospital's Head of Facilities the process through which the Panel would have an input into the Hospital's review of its revised car parking pricing structure and concessions scheme. The Panel were advised that the Consultation Processes study would be

pursued further at the next meeting and that an invitation to attend would be extended to the Policy and Strategic Services Manager.

The Chairman reported on a forthcoming meeting organised by the County Council for crime and disorder Scrutiny Chairmen to discuss opportunities for joint scrutiny working. Following a suggestion made by a Member, the Chairman agreed to raise CCTV as a possible study area at the meeting.

61. SCRUTINY

The 108th Edition of the Digest of Decisions was received and noted.

Chairman

FORWARD PLAN OF KEY DECISIONS

Prepared by
Date of Publication:
For Period:

Councillor I C Bates
11 November 2010
1 December 2010 to 31 March 2011

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: Ian.Bates@huntsdc.gov.uk
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: Mike.Simpson@huntsdc.gov.uk
Councillor K J Churchill	- Executive Councillor for Resources and Policy	51 Gordon Road Little Paxton St Neots PE19 6NJ Tel: 01480 352040 E-mail: Ken.Churchill@huntsdc.gov.uk
Councillor D B Dew	- Executive Councillor for Planning Strategy and Transport	4 Weir Road Hemingford Grey Huntingdon PE28 9EH Tel: 01480 469814 E-mail: Douglas.Dew@huntsdc.gov.uk
Councillor J A Gray	- Executive Councillor for Environment and Information Technology	Shufflewick Cottage Station Row Tilbrook PE28 OJY Tel: 01480 861941 E-mail: JG@novae.com

Councillor C R Hyams	- Executive Councillor for Operational and Countryside Services	22 Bluegate Godmanchester Huntingdon Cambs PE29 2EZ Tel: 01480 388968 E-mail: Colin.Hyams@huntsdc.gov.uk
Councillor A Hansard	- Executive Councillor for Housing and Public Health	78 Potton Road Eynesbury St Neots PE19 2NN Tel: 01480 388942 E-mail: Andrew.Hansard@huntsdc.gov.uk
Councillor Mrs D C Reynolds	- Executive Councillor for Leisure, Law, Property and Governance	17 Virginia Way St Ives PE27 6SQ Tel: 01480 388935 E-mail: Deborah.Reynolds@huntsdc.gov.uk
Councillor T V Rogers	- Executive Councillor for Finance and Customer Services	Honeysuckle Cottage 34 Meadow Lane Earith Huntingdon PE28 3QE Tel: 01487 840477 E-mail: Terence.Rogers@huntsdc.gov.uk

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 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
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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
Environment Strategy Review	Cabinet	16 Dec 2010	None.	Dr Paul Jose, Head of Environmental Management Tel No 01480 388332 or e-mail Paul.Jose@huntsdc.gov.uk		J A Gray	Environmental Well-Being
One Leisure, St. Ives - Proposal for Development	Cabinet	16 Dec 2010	None	Simon Bell, General Manager, One Leisure Tel No. 01480 388049 or e-mail Simon.Bell@huntsdc.gov.uk		Mrs D C Reynolds	Social Well-Being
Asset Management Plan - Annual Report	Cabinet	16 Dec 2010	Previous Cabinet Reports	Keith Phillips, Estates and Property Manager Tel No. 01480 388260 or e-mail Keith.Phillips@huntsdc.gov.uk		Mrs D C Reynolds	Economic Well-Being
Home Improvement Agency Review - Future Delivery Model Consultation	Cabinet	20 Jan 2011	None	Steve Plant, Head of Housing Services Tel No. 01480 388240 or e-mail Steve.Plant@huntsdc.gov.uk		A Hansard	Social Well-Being
Local Transport Plan (LTP3)	Cabinet	17 Feb 2011	Draft Local Transport Plan	Paul Bland, Planning Service Manager (Policy) Tel No 01480 388430 or e-mail Paul.Bland@huntsdc.gov.uk	Endorse as Council policy	D B Dew	Environmental Well-Being
Open Space Strategy	Cabinet	17 Feb 2011	Open Space Strategy	Mr Howard Thackray, Policy and Strategic Services Manager Tel No 01480 388035 or e-mail Howard.Thackray@huntsdc.gov.uk	Planned with Town and Parish Councils	C Hyams	Social Well-Being
Cambridgeshire Green Infrastructure Strategy	Cabinet	17 Feb 2011	Cambs County Council led project	Paul Bland, Planning Service Manager (Policy) Tel No 01480 388430 or e-mail Paul.Bland@huntsdc.gov.uk	Endorse as Council policy (further details required).	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
Residential Travel Plan	Cabinet	17 Feb 2011	Cambs County Council led project	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or e-mail Paul.Bland@huntsdc.gov.uk	Endorse as Council policy (further details required).	D B Dew	Environmental Well-Being
Budget and MTP	Cabinet	17 Feb 2011	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)	T V Rogers	Economic Well-Being
Treasury Management Strategy and Prudential Indicators	Cabinet	17 Feb 2011	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)	T V Rogers	Economic Well-Being
Contributions Community Infrastructure Levy Supplementary Planning Document***	Cabinet	17 Mar 2011	Local Investment Framework	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or e-mail Paul.Bland@huntsdc.gov.uk	Endorse as Council policy	D Dew	Environmental Well-Being

STUDY: CONSULTATION PROCESS
(Report by the Head of Democratic and Central Services)

1. INTRODUCTION

- 1.1 Following discussion on a recent consultation, the Chairman has suggested that a review should be undertaken of the Council's current consultation processes. Perceived weaknesses in procedures adopted for recent consultations, adverse reactions to decisions following consultations and the perception by some residents that the Council does not listen to or consider the views of local residents are the justifications for the study. The purpose of the study is to determine whether the approach taken to consultation is suitable and consistent across the authority. This report summarises progress to date and discusses a number of issues that have being identified for further consideration.

2. STUDY METHODOLOGY

- 2.1 In accordance with the Overview and Scrutiny study methodology, a study template has been completed. The template is reproduced in at Appendix A. The Policy and Strategic Services Manager has delivered a presentation on the role of the Policy and Research Team in offering advice and guidance to internal service departments on consultation and research methodologies. Copies of the Consultation and Engagement Strategy and associated Guidance have been circulated, together with a link to the consultation calendar and database. The latter contains details of consultations that have previously been undertaken by the Council

3. INVESTIGATIONS

- 3.1 The Panel has referred to the cost and role of Market Research UK (MRUK) in assisting the Council with various consultations. MRUK have agreed a County-wide schedule of prices for undertaking consultations, which has realised savings compared with the cost of entering into contracts with external companies for individual pieces of work. However, Policy Officers in Cambridgeshire have been engaged in discussions on whether they might collaborate to provide the same service internally at a further reduced cost to Cambridgeshire Councils. Further information can be found on page 15 of the Council's Consultation Guidance.

Pre-consultation Considerations

- 3.2 The Panel has suggested that it would be useful to introduce a requirement that the benefit / value of undertaking consultation exercises are formally assessed prior to commencement. Some consultations are undertaken because there is a legal requirement to do so; however, there is some discretion over whether and how others take place. There should be rigorous assessment of whether consultations are justified.

Consultation methodology

- 3.3 The Council has produced a substantial amount of guidance on consultation methodology. It covers, for example, consultation techniques, types of questions to ask and data collection. The Guidance has been circulated to Members and, as a result, a number of matters have arisen that will be considered in the course of the study. Some of these are referred to in the existing Guidance. The question of the level of responses to postal surveys is addressed on pages 5 and 6 and the structure of questions is discussed on pages 10 and 11.
- 3.4 Considerable importance has been attached to communication throughout the consultation process. It is held that effective communication ensures consultations incorporate all sectors of the community including those in isolated rural areas. The Council has a separate Communications and Marketing Strategy, which can be found here <http://teams.huntsdc.gov.uk/PAS/cam/Documents/Communications%20and%20Marketing%20Strategy%202008%20-%202011.doc>. It would probably make the study too unwieldy to review this Strategy as well. However, the view has strongly been expressed that communication needs to be taken into account including the language used in the course of consultations. Publicity for the purpose of consultation is an area that has already been identified as requiring attention. As part of these investigations Members should have in mind the fact that the Council has adopted a Customer Service Strategy: 'Customer Insight', one of the aims of which is to be good at communicating with and listening to people and organisations. A copy of this strategy is attached at Appendix B.

Other Considerations

- 3.5 Other considerations relating to the consultation methodology that Members have identified for investigation during the study are:
- the role of community / pressure groups;
 - public perceptions of the consultation process;
 - consultation in rural areas (see Consultation Guidance on Accessibility p 25), and
 - the use of Neighbourhood forums to promote consultations.

Clearly, given the financial pressures on the Council, it will be necessary to look at financial aspects of consultation. The cost of different survey methods will form an important part of the study. In addition, future savings might be achieved if the Council adopts a more rigorous approach to determining whether consultation is necessary.

Consultation Outcomes

- 3.6 The Panel has given preliminary consideration to what happens once a consultation exercise has closed. The Council's Guidance contains advice on data analysis and on how results are interpreted on page 14.

Members have suggested that it would be helpful to interpret the data that is collated on a Ward level though this should be subject to cost / benefit analysis and acknowledgement that the data generated from small areas will be limited. This relates to consultation's ability to support the role of Members and help Members engage with their constituents.

Post Consultation

- 3.7 One of the main reasons that this study is being undertaken is to examine whether more should be done to manage the presentation of subsequent decisions. It is suggested that for consultation to have value and to demonstrate that the views elicited have been taken into account, the Council should explain to the public the reasons why a chosen course of action has been taken following a consultation exercise.

Assessment of the Outcome and Effectiveness of Consultations.

- 3.8 The view has been expressed that there should be a process of review after each consultation has been completed. The Council's Guidance on consultation contains the following:

“Evaluating the effectiveness of consultation is vital to ensure effective future consultations. The key issues are:

- Did we consult the right people in the right way?
- Did they understand the issue so that they could contribute effectively?
- Was enough time allowed for the consultation exercise?
- What impact has the consultation had on decisions making process?
- How have participants of these decisions been informed?
- Have the results of the consultation been fed back to appropriate Members and Officers”.

Members will want to consider if this advice could be improved and whether it is being complied with.

4. CONCLUSION

- 4.1 The Panel has identified a number of matters that might be investigated. Some of them are already addressed in the Council's Guidance. In these cases the Panel may want to consider whether the Guidance should be amended. Where the Guidance is found to be satisfactory Members might have a view on whether it is being complied with. Finally, other matters have been outlined that might merit inclusion in the Guidance / process. It is now necessary to consider these matters in detail with a view to making recommendations on them.

- 4.2 Members may also wish to consider whether any additions need to be made to the study's design in order to reach a conclusion. Recent developments suggest there might be greater requirements on the Council to consult, for example, as a result of the “duty to involve” and

new statutory requirements relating to Council Tax. In addition, the Council is in the process of reviewing Growing Success and its performance management system and both of these will need to incorporate consultation. At the same time, there could be opportunities for Cambridgeshire local authorities to share information obtained through consultation.

BACKGROUND PAPERS

Overview and Scrutiny Panel (Social Well-Being) Reports and Minutes - 7th September and 5th October 2010.

Huntingdonshire District Council Consultation and Engagement Strategy

Huntingdonshire District Council Consultation Guidance

Huntingdonshire District Council Consultation Guidance on Accessibility

Huntingdonshire District Council Communications and Marketing Strategy

Contact Officer: A Roberts (01480) 388015

APPENDIX A

AREA OF REVIEW	<i>DETAILS/COMMENTS</i>
Title of Study (name of Working Group)	Consultation Process
Appointing Panel	Overview And Scrutiny Panel (Social Well-Being)
Members Assigned (including date Working Group appointed)	Working Group to be identified
Possible Co-Options to the Group	
Interests Declared	None
Rapporteur	N/A
Officer Support	A Roberts / H Thackray
Purpose of Study / Objective (specify exactly what the study should achieve)	To review the Council's consultation and engagement policies, procedures and practices and make recommendations for improvements to them.
Rationale (key issues and/or reason for conducting a study)	Perceived weaknesses in procedures adopted for recent consultations. Adverse reactions to decisions following consultations. Perception by some residents that the Council does not listen to or consider the views of local residents.
Terms of Reference	Review and update the Council's policies, procedures and procedures relating to consultation and engagement. Review the implementation of policies and procedures. Examine the practices of other authorities. Make recommendations for improvements to the Council's policies, procedures and practices.
Links to Council Policies/Strategies	Council Aim - To improve our systems and practices To enable Councillors to carry out their leadership role effectively. To be good at communicating with and listening to people and organisations.
Methodology / Approach (what types of enquiries will be used to gather evidence)	
External/Specialist Support	
Existing Documentation	Consultation and Engagement Strategy.

	<p>Consultation and Engagement Guidance.</p> <p>Communication Strategy.</p>
<p>Evidence to be Obtained (e.g. witnesses, documents, site visits, consultation, research, etc)</p>	
<p>Reference Sites</p>	
<p>Investigations</p>	<p>Communication (including the language used in the course of consultations)</p> <p>Consultation methodology</p> <p>Structure of questions</p> <p>The role of community / pressure groups</p> <p>Review the effectiveness of consultations</p> <p>Consultation in rural areas</p> <p>The use of Neighbourhood forums to promote consultations</p> <p>Consultation's ability to support the role of Members and help Members engage with their constituents</p> <p>Public perception of consultation</p> <p>Publicity for the purpose of consultation</p> <p>Explanation of decisions following consultation</p> <p>Data analysis</p> <p>Assessment of the outcome and effectiveness of consultations.</p>
<p>Witnesses</p>	
<p>Site Visits (if necessary) (where and when)</p>	
<p>Meetings of the Working Group</p>	
<p>Costs (resource requirements, additional expenditure, time)</p>	
<p>Possible Barriers to the Study (potential weaknesses)</p>	
<p>Projected Timescale (Start and end times)</p>	

Customer Service Strategy: 'Customer Insight'

Purpose

Huntingdonshire District Council aims to provide excellent customer service.

Our vision is one where, for each of our services, we have a clear insight into the needs of our customers and provide services in a way, which meets those needs. Specifically this means each service will;

- ◆ Carefully consider who its customers are, and what services they require; and
- ◆ Design service delivery around the needs of those customers.

Contribution to the Council's Corporate and Strategic Framework

The Council has many roles, but to achieve our aims and objectives in our corporate plan, Growing Success, we are committed to consistent and sustained customer service.

Using our customer insight, the Council aims to achieve the following objectives in Growing Success:

- **to provide high quality customer services** – by making it as easy as possible for customers to access our services and get appropriate information;
- **to improve access to our services** – by introducing new ways of contacting the Council including: self service via web site, mobile/home delivery of services, increase use of call centre and customer service centres;
- **to be good at communicating with and listening to people and organisations** – this will entail regular and effective communication with local residents about Council services, seeking their views on new proposals, and regularly asking them their opinions and considering what they say;
- **to be clear about what we can do and aspire to achieve** – by regularly publishing our plans and services standards and information about our performance;
- **to be a part of effective partnerships** – by continuing to take opportunities to work with others where it will meet community needs and maximise the resources;
- **to strengthen our commitment and capacity to achieve equality, diversity and inclusion** – by maintaining or establishing statutory equality schemes which consider gender, race and disability equality issues and the needs of disadvantaged groups at all levels of services, policies and practices.

The achievement of these objectives means that the Council must be excellent at understanding the needs of the users of our services, those we represent and in organising services around those needs. This requires excellent customer service standards and practices, communications, marketing, consultation and engagement skills and activities.

In addition to the objectives in Growing Success, a series of strategic policies, including the Corporate Equality Policy, Consultation and Engagement Strategy and Communications and Marketing Strategy, all contain objectives and activities which require effective customer service and/or contribute towards the approach adopted within this strategy.

These strategies and policies are mutually supportive and are inherently connected in terms of the objectives they are seeking to promote. In delivering the vision for excellent customer service the Council also has to balance the costs and value of improvements we make.

Background

Where are we now?

Huntingdonshire District Council Customer Service Strategy, approved in 2003, has been successfully achieved. In the past four years the way that customers can contact the Council, obtain services and information has been significantly improved -

- A Call Centre has been established which deals with the majority of initial calls from customers and provides a more detailed call answering service for an increasing range of services.
- A temporary Customer Service Centre has been established in Huntingdon which brought together disparate points of contact for customers, including a tourist information centre. In addition to the physical change this has facilitated a consistent approach towards customer service and improvements in the development of employees. A new permanent centre is being built as part of the Council's new headquarters.
- Satellite Customer Service Centres have been maintained in St Ives and St Neots offering payment facilities and a range of other services.
- Community Information Centres have been successfully established in Yaxley and Ramsey working closely with many external partners.
- Continuous improvements have been made to the Council's website as a means of obtaining information about services.
- The St Neots Tourist Information Centre has been maintained pending its amalgamation with an enhanced customer service centre in the town.
- A Mobile Display Unit is used extensively around the district to promote services and as a mobile office. Trials have also been conducted on mobile working, mobile information provision and flexible working for employees. These trials have provided information about the demand and costs of such activities.

In the main, face to face services have developed independently and we need to ensure we learn from existing best practice across these locations. Officers also act as 'advocates' for those customers who need more help than others, and this will continue.

Where do we want to be?

Having made these achievements and having regard to increasing customer expectation and good practice in this field the time is right to revisit the strategy.

The strategy is planned to have a life of approximately three years and includes a broad action plan required to achieve its objectives. It is intended to reinforce existing good practice and performance already present across the Council. The strategy is focussed on the initial contact we have with customers and the subsequent delivery of service.

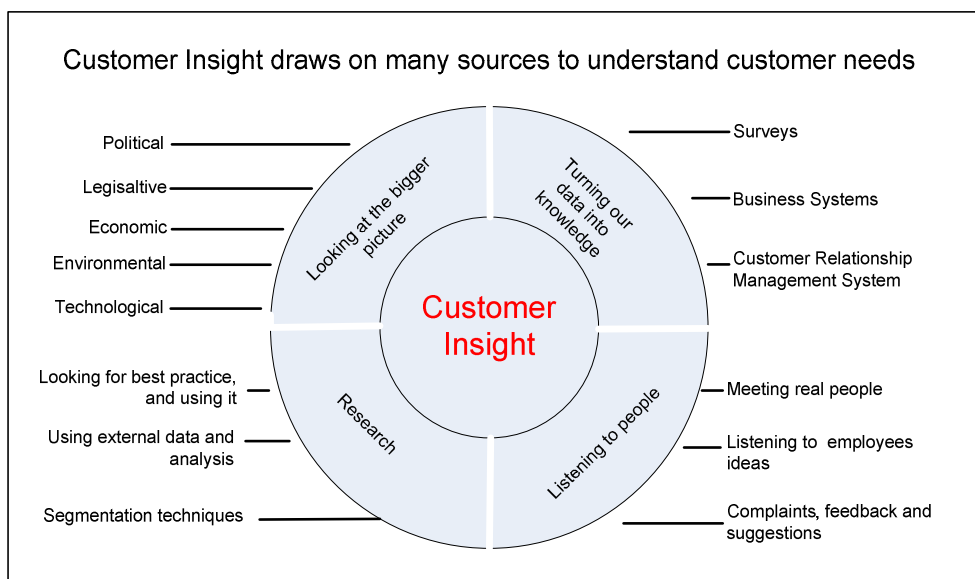
Understanding our customers better

Every potential or actual user of our services is a customer. The Council works hard to ensure customers receive excellent service, and while it knows a great deal about customers, more can always be done.

The Council wants to better understand the diversity of its communities, and deliver services which respond to different needs and aspirations. To do this, it needs to get maximum value from the information it gathers, and be able to bring different information sources together to build a richer, more comprehensive, picture of its customers.

Equality Impact Assessments are being carried out on all our services and policies and they will highlight issues that need to be addressed through customer service activities. It is important that we have a coordinated approach to the use of information from these assessments.

Each service needs to have a clear insight into the customers it serves. The following diagram highlights many of the sources of information the Council will use to develop this insight.



The services the Council provides

The Council delivers many services and for operational reasons and efficiency they will continue to be delivered in the most appropriate way. However, as

our 'customer insight' develops new ways of meeting customer needs will be identified, and opportunities will arise to bring together services to work in a way better suited to meeting customer needs.

The way the Council is structured will need to reflect the objectives of this strategy. While Heads of Service will remain responsible for the delivery of customer service within their own service this will concentrate on more complex enquiries, requiring a level of specialist expertise. Such contact may lower in volume, but require more time and resources. However, to promote the exchange of best practice, service development, improved training and consistent levels of high quality customer service it is proposed that Customer Service will become within the remit of an existing single Head of Service who will be responsible for:

- ◆ ensuring a customer perspective is at the heart of all services
- ◆ overseeing the delivery and monitoring of this strategy
- ◆ managing the first point of contact with customers including:
 - The Call Centre
 - Customer Service Centres
 - Community Information Centres
 - Visitor Information Centres

They will deal with high volume, relatively simple services. They will interact heavily with customers and will need to be experts in customer service. They will also be responsible for:

- ◆ coordinating campaigns which involve services provided by the customer service team
- ◆ providing advice and guidance to services
- ◆ ensuring managers acknowledge their responsibility for customer service in their own service.

Customer Service Skills

Customer service and customer insight are key skills for all employees. This strategy promotes high quality training and development of employees to deliver the Council's objectives.

Meeting the needs of all our customers

The Council has a duty to ensure the services it provides do not exclude any group of customers, and this remains a high priority. For example we are meeting the needs of the emerging group of customers from the new EU member states. The website now has a screen-reader function enabling access to blind customers. Other new developments are underway and will be completed during the life of the strategy. We will ensure that information and communication requirements of disabled people are considered, specifically, disabled people have asked to be better informed about facilities and funding.

Making the most of our website

Offering 24/7 access to information and services will be a key part of meeting customer needs. By doing this we actively encourage greater access to services, at a cheaper cost to the Council, and free resources to deliver services to those customers most in need.

Where appropriate as part of our everyday business with our customers, we will:

- ◆ make them aware that the information or service they require is available online, encouraging them to use the website
- ◆ include a link to the Council's home page, or other relevant pages, in e-mails
- ◆ include our website address in printed material.

We will continue to look at the design and scope of the website to ensure it meets customer needs and consideration will be given to personalising the content for particular customers. We will ensure the website provides high quality and useful information, and the number of on-line services will increase.

Developing the points of contact with customers

The Council will continue to develop ways for customers to obtain services from the Council.

- The Call Centre will remain the primary method of dealing with telephone calls and with more services will be offered over time.
- Direct dial – customers will be able to contact direct service areas. As services transfer to the Call Centre, direct dial volumes will decrease and these calls will become more focussed on the complex, specialist calls, best dealt with by service experts.
- Face to face - the Customer Service Centre at Huntingdon will be a primary point of access, but there will be Customer Service Centres at St Ives and St Neots. The Community Information Centres at Yaxley and Ramsey will continue to provide services to customers. The range of service and information between these centres will be brought together.
- Mobile or flexibly delivered services – services delivered away from the Council's premises; sometimes in a customer's home will be further developed. Work is underway to introduce more flexible ways of working. Where there is a clear business case, this has potential to provide service at locations more suited to the customer, particularly in rural locations.
- Via the internet – either from their own home, from mobile devices, or from public points of access.
- In writing - this may be within a letter, or a customer may have to apply for a service using application forms.

Getting it right first time

Ensuring we answer customer enquiries first time is important. It means the customer receives an excellent level of service, and the Council does not spend effort dealing with avoidable and repeated customer contact. The establishment of the Call Centre and the Customer Service Centre in Huntingdon has meant a greater percentage of enquiries are dealt with at the first point of contact – but more could be done.

All services can help to improve our performance. Developing a clear customer insight requires all staff to understand the needs of customers and building services around those needs will reduce costs and lead to greater

satisfaction. The Council should also use data more effectively to inform day to day contact with customers. This will increase the likelihood that the service offered fits the needs of the customers.

Encouraging customers to provide feedback, and understanding their comments allows the Council to make improvements and this is an area the Council will develop further.

Managing and responding to customer demand

The Council will also manage demand better by 'smoothing' the day-to-day peaks in customer demand. This will increase access to service, especially at busy times.

For example, collecting and publishing information showing the least busy times may encourage some customers to plan their next visit or phone call to coincide with these quieter times. In addition it will help services to plan for peaks in demand.

Making more of contact with customers

The Council has a Communications and Marketing Strategy and structure in place to promote marketing activities and many services already market themselves to customers and deliver excellent results. But the Council has identified that it can do more. Coordinated and targeted campaigns, based upon an increased understanding of customer needs and preferences, will ensure customers are more aware of services delivered by the Council.

Increasing the electronic provision of services and information

For some services currently there are limited practical alternatives to a paper application form, and some customers prefer to write to the Council. New media is becoming an increasingly preferred method for communication for many customers. This is something that must be taken into account and is being considered in the communications and marketing strategy, as more customers opt to receive electronic communications.

The Council will increase the use of e-mail and the website where possible and appropriate. This approach will reduce the time taken for the Council to respond to a customer, reduce the use of paper and reduce expenditure.

Bringing together services

While it is important that customers appreciate the distinctions between providers of services increasingly they are looking for simple or single points of contact. The Council already shares some elements of our customer service delivery for the benefit of our customers. Where practical, we will engage with partners and other agencies to try to deliver an improved service. This will mean customers can access a number of services in one location. The Council will need to share information with partners, and this will be encouraged.

Action Plan

This strategy is supported by a three-year action plan which will help to ensure a consistent approach across the whole of the Council. The Council's Head of Service overseeing customer service will be responsible for the monitoring

and implementation of the plan and will work with other services to make sure this happens.

Monitoring and Evaluation

Monitoring and evaluation are critical to ensuring that we achieve the objectives.

To ensure we are making progress we will:

- monitor our performance against local (and national, if any) measures
- report performance on customer service
- collect and publish evidence of good practice throughout the Council.

This strategy and action plan will be reviewed annually so that we can set specific targets for the future. A comprehensive review of the strategy will be undertaken every three years.

Risks

The council's corporate risk register identifies a large number of risks that may have negative effects on the council.

An effective customer service strategy is imperative to ensure the risks and the possibilities of them becoming a reality are kept to a minimum or prevented altogether.

The following key risks have been identified:

- Delivering the strategy may require resources already committed to other activities and projects.
- Customers are targeted in an uncoordinated way, using resources inefficiently and lowering customers' perception of our services.
- Customer insight may focus effort onto the majority of customers at the expense of hard to reach groups.
- Shared service requires commitment from outside the Council; it may be this is not forthcoming.

Action Plan 2008-2011

Outcome	Action	Measure	Target	By whom	When
To provide High quality customer service <i>Services are provided in a way that meet customer needs</i>	Designates a Head of Service to be responsible for overseeing the delivery of this strategy and for the provision of 'front-office' service.	Head of Customer Service appointed	April 2008	Terry Parker	April 2008
	Embeds the concept and practice of 'customer insight' into the organisation by encouraging services to implement this strategy.	Achieve commitment and buy in from all departments	All activity managers have attended a customer insight workshop.	Customer Services Manager	March 2009
		Review the complaints & feedback system to record feedback from customers, particularly satisfaction with the level of service provided.	% Improvements made based upon feedback from customers through comments and complaints.	Customer Services Manager & Central Services Manager	March 2010
To provide high quality customer service	Training and development course for relevant employees in customer	Adequate courses to meet personal	100% in relation to appropriate actions.	Customer Services Manager	March 2009

Outcome	Action	Measure	Target	By whom	When
<i>Services are provided in a way that meet customers needs</i>	service activities.	development plan needs.			
	Establish and publicise customer service standards.	Publication of standards	September 2008	Customer Services Manager	September 2008
	Production of protocols and good practice guidance for customer service.	Publications and dissemination of protocols.	January 2009	Customer Services Manager	January 2009
	Reduce the amount of avoidable customer contact by 'getting it right first time'	NI14	Methodology in place – Oct 08 Data Gathered – Baseline Data produced April 09 % Reduction of avoidable contact TBC.	Customer Services Manager &HOS	Ongoing
	Achieve recognition of providing customer service excellence across all customer service locations	Achievement of the prestigious Customer service excellence award	Dec 2010	Customer Services Manager	Dec 2010

Outcome	Action	Measure	Target	By whom	When
<p>To make it as easy as possible for customers to access our services and get appropriate information.</p> <p><i>Services are accessible to our customers</i></p>	To make better use of available data to improve our understanding of customers needs	Services are built around the needs of customers	All activity managers attended customer insight workshop	Customer Services Manager	March 2009
	Maintain or establish systems to ensure employees know how to share information and knowledge	Sharepoint site used to share information and Knowledge	All customer service staff update and use the Sharepoint site to share information and knowledge	Customer Services Manager	December 2008
	Continued development and updating of web site and web based material	% Of customers satisfied that web-based information meets their needs.	80%	The Web Team	Ongoing
<p>To make it as easy as possible for customers to access our services and get appropriate information.</p> <p><i>Services are accessible to our</i></p>	To promote the use of the website to improve service and 'free-up' resources	% Of selected transactions (e.g. payments) completed online compared to other channels (where there is a choice)	50% (this measure is part of the updated Growing Success, so may change once approved by Members)	The Web Team & Customer Services Manager	Ongoing

Outcome	Action	Measure	Target	By whom	When
<p><i>customers</i></p> <p>To make it as easy as possible for customers to access our services and get appropriate information.</p> <p><i>Services are accessible to our customers</i></p>	To develop the website and web based services so they are more personalised to customers needs	Implement personalisation on the website	By Mar 2010	IMD Development Team	By Mar 2010
	Continue the development of the Call Centre and Customer Service Centre in Huntingdon.	More services introduced and customers dealt with quickly and efficiently	Service level agreements continue to be met at the call centre and customer service centre	Customer Services Manager	Ongoing
	Develop the face-to-face customer service in St Neots and St Ives.	Make recommendations To improve service delivery.	Report to cabinet outlining recommendations	Customer Services Manager	October 2008
	Explores with other public services and the voluntary sector, opportunities to provide services in a way that meets customer's needs; especially to establish a shared "high street" or prominent presence in St Neots.	Make recommendations To improve service delivery	Report to cabinet outlining recommendations	Customer Services Manager	October 2008

Outcome	Action	Measure	Target	By whom	When
<p>To be good at communicating with and listening to people and organisations</p> <p><i>To work to ensure that communities are inclusive</i></p>	Improves access to services by managing, and responding to, the demand on services better.	% Of customers who rate access to council services as good or excellent.	TBC from growing success	Customer Service Manager & HOS	Ongoing
	To improve the delivery of mobile services around the district.	% Of customers who rate access to council services as good or excellent.	TBC from growing success	IMD Development Team & HOS	Ongoing
	To ensure all customers, including those groups which are considered to be excluded or do not engage with the Council, are considered when delivering services.	Use mosaic and other customer feedback to target customer groups correctly to increase the % of customers who rate access to council services as good or excellent.	TBC from growing success.	Customer Services Manager & Heads of Service.	Ongoing
	Use the results of Equality	Number of	100% of	Customer Service Manager	Ongoing

Outcome	Action	Measure	Target	By whom	When
	Impact Assessments in the planning of customer service activities.	actions arising from EIA's, which are used to inform customer service activities.	appropriate actions	& Heads of service	

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**HUNTINGDONSHIRE COMMUNITY SAFETY PARTNERSHIP
VIEWS ON CCTV**

**(Report by Head of Environmental & Community Health Services as
Chairman of the Huntingdonshire Community Safety Partnership)**

1. INTRODUCTION

- 1.1 The purpose of this report is to provide background information to Members of value of CCTV: the view of the Huntingdonshire Community Safety Partnership (HCSP).

2 BACKGROUND TO REPORT

- 2.1 The Chairman of the HCSP received a request from Chairman of O&S (Social Well-Being) Panel on 18 November 2010 for the HCSP view of value of CCTV. The request was prompted as this is a very current and potentially contentious issue at Economic Scrutiny Panel and further information was needed to inform a budget decision (due in February 2011),

3. BACKGROUND TO THE VIEWS

- 3.1 The next meeting of the HCSP is not until 16 December 2010 and the last was on 14 October which pre-dated these proposals. This schedule gives insufficient time for the partnership to debate the issue and report to the Panel in good time. Therefore the Chairman penned a draft response which was circulated to the HCSP members for comment on 19 November 2010.

- 3.2 The Community Safety Partnership was informed on 14 October 2010 of the Strategic Assessment of Crime and Disorder in Huntingdonshire (Autumn 2009-Summer 2010). Within that document they were told that Huntingdonshire is a relatively low-crime area and: Crime has gone down in Huntingdonshire by 8.3%; There have been good reductions across most types of crime; Increasing concern relating to some forms of violent crime. The main findings for town centre crime were as follows:

- Huntingdon town centre has the highest volume of offences (although the victim section shows that shop lifting here has come down steadily over the last few years)
- Other thefts in Huntingdon are relatively high compare to elsewhere
- There has been no change in the level of violent offences in Huntingdon despite violence in Huntingdon being a partnership priority

The main findings for violence near licensed premises were as follows:

- The pub / club cluster of most concern continues to be Huntingdon
- Part of the St Neots cluster is also of concern

The main findings for criminal damage were as follows:

- The main locations of concern are St Neots and Huntingdon

- 3.3 A the time of writing three members of the HCSP have offered individual comments on CCTV for consideration in addition to the Chairman's comment.
- 4. HCSP VIEW OF VALUE OF CCTV**
- 4.1 Luminus supported the Chairman's statement and suggested "It is vital... that robust evidence is made available to the HCSP as to the effectiveness of CCTV in Huntingdonshire so that the Partnership can come to an informed view about the provision of the CCTV service as early as possible in 2011. We will then be able to use that evidence to lobby for an appropriate CCTV service in 2012-13 and beyond".
- 4.2 Cambridgeshire Fire & Rescue Service noted "With the work we have been involved with and using cameras as a catch/convict and also a deterrent. I am confident this will have a detrimental impact on ASB and criminal damage in the areas identified as risk areas. I appreciate this is a cost exercise, the cost comparison of maintaining the CCTV service compared with increased cost of policing and damage may be a good way to justify the retention of some sort of CCTV, all be it a reduced one."
- 4.3 The Police Authority representative made no comment on behalf of the Authority but offered a personal observation: "I should declare an interest here because Stilton Parish Council, of which I am chair is, this week, taking advantage of a grant from Cambridgeshire Constabulary to extend CCTV coverage to include most of our main village centre. At present the coverage is our playing field including skate park, and fortuitously part of High Street. The Parish Council decided we must afford this extension because of the good effects of the coverage we presently enjoy. The skate park is well used because parents are confident it is safe and ASB on the field has declined dramatically. That includes underage drinking and drug taking. By extending the coverage we hope to have a similar effect on the ASB that occurs regularly in the village centre where there is a youth drop- in centre and, more critically, 4 pubs and an Indian restaurant. Stilton Parish Council feel that the effect of CCTV is cost-saving in that far fewer calls have been made to the police since CCTV was installed and the level of complaints to the Parish Council has dropped. Caretaking costs on the field are lower now we don't have to keep a look out for drug taking equipment. Also, in the future we intend to build a community hall and further sporting and leisure facilities on the field ,confident that there is protection against vandalism of the type we used to suffer. I realise that Stilton's experience is insignificant in the grand scheme of things but I do feel that more CCTV in the smaller communities rather than less could cut the work of [Neighbourhood Policing Teams] NPT's. Can I stress that my remarks are on behalf of my community and in no way represent those of the Police Authority at this time."
- 4.3 The Chairman of HCSP offered the following comments: The Divisional Commander has been made aware of the proposals regarding the modifications of availability of CCTV in Huntingdonshire. She acknowledged the benefit of CCTV in Huntingdonshire to the Police Service; principally in providing visual evidence of wrong-doing and encouraging and early admission of guilt (thereby saving both the time of the Courts and police-officers' time in fewer abortive Court appearances). She had no immediate concerns about a reduction to the basic service in Year 1 (as proposed in the report). It was acknowledged that more information may be required to assess the impact of later moth-balling (2012-13). It was understood that HDC's Streetscene Manager, was collating any information available on behalf of HDC. A request was made that the Police Service consider providing evidence of use/savings but it was unclear whether

such information could be extracted from the Police-data available. Details of national research that has been undertaken were provided. It was discussed that part of the consideration of the future for CCTV could include discussions with neighbouring authorities and other agencies; although it was recognised that technological compatibility and communication/cabling issue may well act as significant constraints. It was suggested that it was likely that the Streetscene Manager's report may touch on these areas. In summary: The HCSP is reassured that the draft-budget report includes proposals for maintenance of a basic CCTV service for next year (2011-12). In relation to full-mothballing at a later date (as proposed in the report) it is suggested that more information may be required, but that there will be time during 2011-12 to undertake that work."

5. NATIONAL RESEARCH FINDINGS

- 5.1 There was a study, undertaken in 2005, on behalf of the Home Office to assess the impact of CCTV. They concluded - [Where] "cameras were installed exclusively in car parks in order to reduce vehicle crime.... Previous studies have shown CCTV to be particularly effective against these types of crime in car parks." The 2005 study "shows a steady decrease in crime as car parks became live, suggesting that in this system the reduction in vehicle crime could be attributed to the installation of CCTV."
- 5.2 "It has been shown that the CCTV schemes produced no overall effect on all relevant crime viewed collectively". "The [2005] results indicate that the CCTV schemes that have been assessed had little overall effect on crime levels. Even where changes have been noted, with the exception of those relating to car park....could in fact represent either chance variation or confounding factors. However, there are some characteristics of CCTV systems which appear to influence crime levels. Those systems providing a high level of coverage appear to show a greater reduction in crime than those that do not, and the effect is increased where the area covered by the cameras is enclosed."
- 5.3 "It would be easy to conclude from the information presented in this report that CCTV is not effective: the majority of the schemes evaluated did not reduce crime and even where there was a reduction this was mostly not due to CCTV; nor did CCTV schemes make people feel safer, much less change their behaviour. That, however, would be too simplistic a conclusion"...." crime rates appeared to the authors to be a poor measure of the effectiveness of CCTV." ".... The importance of the crime-fighting role that CCTV plays in [evidence being passed to the police] should not be underestimated. Some weight should be attached to the retrospective use of CCTV images for evidential purposes."

6. CONCLUSION

- 6.1 People would wish to receive evidence on which to base decisions. However, the use of crime rates to measure the effectiveness of CCTV is flawed. A request has been made that the Police Service consider providing evidence of use/savings but it is doubtful whether such information can be extracted from the Police-data available.
- 6.2 Previous studies have shown CCTV to be particularly effective against crime in car parks. There were 743 vehicle crimes (theft from or theft of vehicles) in Huntingdonshire between September 2009 and August 2010. This was a reduction of 168 crimes from the previous period. The location of these crimes seems to be away from current CCTV coverage as there were only 13 crimes recorded in all the HDC secure car parks last year (2009/10). When questioned

32.5% (143 from 439) of respondents thought break-ins & damage to vehicles was a problem with only 11.4% (50 from 439) reporting it wasn't a problem at all.

- 6.3 There appears to be no immediate concerns about the impact of a basic service during 2011-12; but more information may be required in relation to full-mothballing at a later date. The investigation may need to include discussions with neighbouring authorities and other agencies about any mutually beneficial method of maintaining CCTV surveillance in part of Huntingdonshire; there will be time during 2011-12 to undertake that work. The next budget round will not commence until November 2011; this gives nine months for further enquiries.

BACKGROUND INFORMATION

Home Office Research Study 292: Assessing the impact of CCTV by Martin Gill & Angela Spriggs published by Home Office Research, Development and Statistics Directorate
February 2005

Huntingdonshire Community Safety Partnership 2010 Strategic Assessment
County Research Group on behalf of HCSP October 2010

Contact Officer: Dr Susan Lammin
 **01480 388280**

OVERVIEW & SCRUTINY
SOCIAL WELL-BEING
ECONOMIC WELL-BEING
ENVIRONMENTAL WELL-BEING

7TH December 2010
7TH December 2010
9TH December 2010

PERFORMANCE MANAGEMENT **(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 The Council’s Corporate Plan includes 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 as priorities for the immediate future.

3. PERFORMANCE MANAGEMENT

- 3.1 Progress against all the 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.
- 3.2 In addition, a working group appointed by the Overview & Scrutiny Panels continues to meet quarterly to monitor progress in the achievement of the Plan and to consider development issues.
- 3.3 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.
- 3.4 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. A review of Growing Success, involving officers and members, is currently underway with the emphasis on local priorities, informed by national changes to performance arrangements.

3.5 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, an indicator showing the direction of travel compared with the previous quarter and a comments field. The data is colour coded as follows:

- green – achieving or above target;
- 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. DATA QUALITY

5.1 The appropriate Heads of Service have confirmed the accuracy of the data in the attached report and that its compilation is in accordance with the appropriate Divisions’ data measure templates. Acknowledging the importance of performance management data, a system of spot checks has been introduced to give further assurance on its accuracy.

6. RECOMMENDATION

6.1 Members are recommended to;

Consider the results of performance for priority objectives.

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

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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:					
Target:	Actual:	Forecast:	DoT*:	Comment:	
917,253	819,730 (R)		↓	Comparative growth in admissions from Sept 09 to Sept 10 is nil This reflects no new investment in that period. Expected growth at St Ives Outdoor (bid still outstanding) and St Neots (late opening) has not yet materialised. Elsewhere, reduction in opening hours and cancellation of classes has had a negative effect on total admissions. Target for final two quarters has been amended accordingly	QRT
30,750	35,106 (G)		↔	Continued success of One Leisure Card	QRT
Division: Lifestyles					
Divisional Objective: To promote healthy lifestyle choices					
Target:	Actual:	Forecast:	DoT*:	Comment:	
2,250	3,457 (G)		↔		QRT
7,500	7,341 (A)		↓	Attendances at active life classes and exercise referral affected by building works and subsequent disruption at One Leisure St Neots	QRT

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

Provide under-represented groups with the opportunity to participate in sport and active recreation (SCS measure)	Total throughput of activity programme for disabled participants and under-represented groups (cumulative quarterly target)	900	777 (A)	↓	Attendances at activities at One Leisure St Neots affected by building works and subsequent disruption.	QRT
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)	4,750	4,921 (G)	↑	Holiday activity attendances affected by pricing policy adopted to achieve efficiencies	QRT
Community/Council Aim: Housing that meets individuals needs						
Objective: To achieve a low level of homelessness						
Division: Housing						
Divisional Objective: To achieve a low level of homelessness						
Key Activity(s) only to deliver service objective: Key Measure:						
40 By helping to prevent people from becoming homeless by housing homeless people, where appropriate	(NI 156) No. of households living in temporary accommodation	60	90 (R)	↑	Increased number of homelessness presentations	QRT
	The number of households prevented from becoming homeless in the year (cumulative quarterly measure)	130	190 (G)	↔	On course to meet target of 260 by April 2011. Large increase (31%) in the number of applicants interviewed by Housing Options staff.	QRT
Community/Council Aim: Developing communities sustainably						
Objective: To enable the provision of affordable housing						
Division: Housing						
Divisional Objective: To enable the provision of affordable housing						
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 2011 (cumulative quarterly target) (local target)	106	122 (G)	↑	Estimated completions are currently 280	QRT

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

Division: Planning						
Divisional Objective: Maximise provision of affordable housing on relevant development sites						
Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual:	Forecast:	DoT*:	Comment:
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)	40			N/A	Annual measure, data to follow
	% of housing completions on qualifying sites that are affordable in market towns and key settlements	40			N/A	Annual measure, data to follow
	% of housing completions on qualifying sites that are affordable in smaller settlements	40			N/A	Annual measure, data to follow

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

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Objective		Comments from appropriate Head of Service
To promote active lifestyles	Achievements:	<p><u>Leisure Centres:</u></p> <p>Notable admission increase following investment at Huntingdon (9.7%) and a similar story emerging at St Neots although the centre has only been open for less than 3 weeks and quarter three will better reflect the improved performance. Impressions admissions continue to grow (Huntingdon up 7.6%, St Neots up 6%) and now comprise over 17% of total admissions (swimming remains static at 16%).</p> <p>The One Leisure card campaign remains a success with over 96,000 card holders now registered of which 35,100 (36%) are "live" users. 33,000 under 18's now hold a card with exactly a quarter being in the 13-17 age category. Almost 7,000 over 60's also hold a One Card.</p> <p>The new Fun Zones have drawn in nearly 20,000 children this year at St Neots and Huntingdon and the associated Café Zest facilities benefited accordingly (Huntingdon income up 8%, St Neots up 250% to date). Schools admissions are not recorded above but totalled 148,000.</p>
	Issues or actions for next quarter:	<p><u>Leisure Centres:</u></p> <p>65% of all available courts were used (69% last year), but pool occupancy has decreased to 20.8 people per hour (from 23.1) although swimming lessons continue to register occupancy around 85%.</p> <p>Ramsey and Sawtry slight decrease on target.</p> <p><u>Environmental and Community Health Services:</u></p> <p>Attendances at active life classes, exercise referral and activities for disabled participants and under-represented groups affected by building works and subsequent disruption at One Leisure St Neots.</p> <p>Holiday activity attendances affected by pricing policy adopted to achieve efficiencies.</p>
	Risks:	<p><u>Leisure Centres:</u></p> <p>Growth in St Ives Outdoor Centre admissions expected to be 35,000pa (included in target) on back of additional synthetic pitch but bid not yet successful and therefore no increase on previous year (bid decision Nov 2010).</p> <p><u>Environmental and Community Health Services:</u></p> <p>Healthy Lifestyles Lottery bid not successful: an attempt to replace lost LPSA (Local Public Service Agreement) reward funding. Potential revenue shortfall in 2011-12 puts some popular courses/interventions at risk.</p>
To achieve a low level of homelessness	Achievements:	<p><u>Housing Services:</u></p> <p>87 households prevented from becoming homeless in Q2 of the year, compared to 107 in Q2 last year. A total of 190 successful preventions in the first half of 2010/11 compared to 192 in the first half of last year. Met with housing associations to consider under-occupation of social rented homes and possible incentives.</p> <p>Housing Options Interviews have increased by 31%, 877 in the first 6 months of this year compared to 671 in the same period last year. These figures do not include the daily lower level telephone advice.</p>

Objective	Issues or actions for next quarter:	Comments from appropriate Head of Service
	<p>Issues or actions for next quarter:</p>	<p><u>Housing Services:</u> 90 households in temporary accommodation at the end of the quarter compared to 80 at the start. 62 households were accepted as homeless in Q2 this year compared to 39 in the same period last year. A total of 95 households accepted as homeless in the first half of 2010/11 compared to 64 in the first half of last year. Next quarter's actions will include consultation on the revised Homelessness Strategy and work to increase the provision of temporary accommodation to reduce the use of B&B (an ongoing challenge).</p>
	<p>Risks:</p>	<p><u>Housing Services:</u> All normal sources of temporary accommodation for the homeless are currently full. Additional sourcing efforts may not provide sufficient accommodation. Actual accepted homeless cases may increase beyond the ability to provide temporary and later permanent accommodation. The lack of suitable permanent accommodation will result in increased use of temporary accommodation due to bed blocking. 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. Any withdrawal of HDC rent deposit loans and bonds (as a result of budget cut backs) will increase the number of actual homelessness and those needing temporary accommodation. Potential reduction or loss of Supporting People funding for the homelessness hostel and other supported housing in future years (due to their budget pressures).</p>
<p>To enable the provision of affordable housing</p>	<p>Achievements:</p> <p>Issues or actions for next quarter:</p> <p>Risks:</p>	<p><u>Housing Services:</u> 37 affordable homes completed in quarter. Received an additional £3.58m grant from HCA for two affordable housing schemes in St Ives. <u>Housing Services:</u> Less grant availability from the Homes and Communities Agency and/or HDC for affordable housing. This will lead to more households with a priority housing need waiting longer on the housing register and/or the bed blocking of temporary accommodation by homeless households whilst waiting for permanent housing. <u>Planning Services:</u> As stated previously the most obvious risk is the potential impact of a longer than expected downturn in the housing/development market. To date Huntingdonshire has remained 'comparatively buoyant' but the potential impacts of any further reduction in development activity could be upon levels of planning fee income, housing delivery and the scale, content and the potential viability and delivery of S106 contributions.</p>

OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)

7TH DECEMBER 2010

CONSULTATION: EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (Report by the Head of Democratic & Central Services)

1. INTRODUCTION

- 1.1 The Council has been consulted by the East of England Ambulance Service NHS Trust on its plans to become an NHS Foundation Trust. The Panel's remit includes health matters. The Ambulance Service's plans are submitted to the Panel for consideration and response.

2. AN NHS FOUNDATION TRUST

- 2.1 The East of England Ambulance Service NHS Trust is applying to become an NHS Foundation Trust NHS. This is explained in the attached document.

- 2.2 It is argued by the Ambulance Service that the establishment of an NHS Foundation Trust will give local people a much greater say in the service and how it develops. The existing Trust currently serves a population of 5.8 million people in Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk. It provides a range of services and has one of the highest patient satisfaction ratings in the NHS at around 97%.

- 2.3 The questions that have been asked as part of the consultation are:

1. Do you support the vision and future plans? (pages 5-6)
2. Do you agree with the proposed public constituencies and the number of governors each constituency will have? (page 8)
3. Do you agree that 16 should be the youngest age to become a member? (page 8)
4. Do you agree with the general proposals for staff membership? (page 9)
5. Do you agree that staff and volunteers should be made members with the option to opt out? (page 9)
6. Do you agree with the proposed organisations to sit on the Members' Council as appointed governors? (page 10)
7. Have you got any alternative suggestions on which organisations should be represented on the Members' Council? (page 10)
8. Is there a particular seldom heard group you think should be represented? (page 10)
9. Do you agree with the proposed make-up of the Members' Council and the proportion of governors in each category? (page 12)
10. What service improvements would you like to see?

11. Is there anything else you would like to say about future plans around the application to be an NHS Foundation Trust?
- 2.4 In the past, when the Panel has been consulted on proposals by an NHS organisation to become an NHS Foundation Trust, Members have expressed concerns that the change could result in the transfer of services to other providers or to the community. There is a need to ensure that there is sufficient funding available to provide an adequate level of service.
- 2.5 On the question of the Foundation Trusts' strategic plans, Members have previously stressed the need for a comprehensive performance management framework to be adopted, which includes actions, targets and performance monitoring. In addition, Members have been of the view that any plans to work in partnership with other agencies should identify agreed and clearly defined roles to ensure effective service delivery.
- 2.6 Public involvement in membership of Foundation Trusts has been welcomed as a way to facilitate an exchange of views. The Panel has expressed the opinion that Foundation Trusts should take every opportunity to engage with its members; however, to help maintain their long-term commitment, the Foundation Trust should demonstrate that their contribution is valued and meaningful. Members have also suggested that young people might be encouraged to become Members of the Foundation Trust by engaging them through schools and existing youth groups.
- 2.7 The Panel has further previously commented on the composition and balance of representation on Boards of Governors. It has been suggested that the business community and commercial sector should be represented on Boards in order to enhance their ability to manage the Trust's finances.
- 2.8 Finally, the Panel has recommended that every effort should be made to minimise the cost of re-branding should the application be successful.

3. CONCLUSION

- 3.1 The Council has been consulted by the East of England Ambulance Service NHS Trust on its plans to become an NHS Foundation Trust. A series of questions has been asked as part of the consultation. Members are invited to consider whether to respond to the East of England Ambulance Service NHS Trust and, if so, the form that the response should take. The kind of issues that Overview and Scrutiny Panels have previously raised when consulted by other parts of the NHS on similar proposals have been reported to assist with this.

Background documents

Correspondence received from the East of England Ambulance Service NHS Trust on its plans to become an NHS Foundation Trust

the East of England Ambulance Service NHS Trust on its plans to become an NHS Foundation Trust website

Contact Officer: A Roberts, Scrutiny and Review Manager - 01480 388015.



Your service, your say

We are seeking your views on our plans to become an NHS Foundation Trust.



Consultation document

Help us make a difference to the lives of people in the east of England

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Welcome and introduction

Thank you for taking the time to read our plans for becoming an NHS Foundation Trust. This booklet explains in further detail what a foundation trust is, how it will work and why it is the right move for us.

In order to build our vision for the future, we intend to create opportunities for more patient and public involvement by becoming an NHS Foundation Trust, ultimately helping to improve patient care. Becoming a foundation trust will be the best way to ensure our exciting plans to improve our services for people in the east of England become a reality.

Last year, we provided services for nearly two million patients across the eastern region and we place high quality patient care at the heart of everything that we do. We are moving towards a more tailored service for patients and away from a 'one size fits all' service, and as a foundation trust we will have the independence to implement these planned improvements more quickly, so that our patients can reap greater benefit sooner.

It also means we will have closer links with those who are most important to us – our patients, staff, volunteers and the communities we serve. And you can have a greater influence on services in your area by becoming a member, so please sign up and support your ambulance service.

From 4th October until the 31st December 2010 we will be consulting with patients, staff, volunteers, partners and members of the public about our plans and ideas. Throughout this document there are a number of questions we would like you to answer and give us feedback on.

Please give us your opinions and sign up as a member by completing the forms at the back of this document and returning them by 31st December 2010 or submitting it online at

www.foundationtrust.eastamb.nhs.uk

We look forward to hearing your views and to welcoming you as a member of the new East of England Ambulance Service NHS Foundation Trust.



A handwritten signature in blue ink that reads "Hayden Newton".

Hayden Newton
Chief Executive



A handwritten signature in blue ink that reads "Maria Ball".

Maria Ball
Chair

About us

Last year, the East of England Ambulance Service provided high quality care to nearly two million patients across the eastern region. Our vision is to be the recognised leader in emergency, urgent and out-of-hospital care in the east of England.

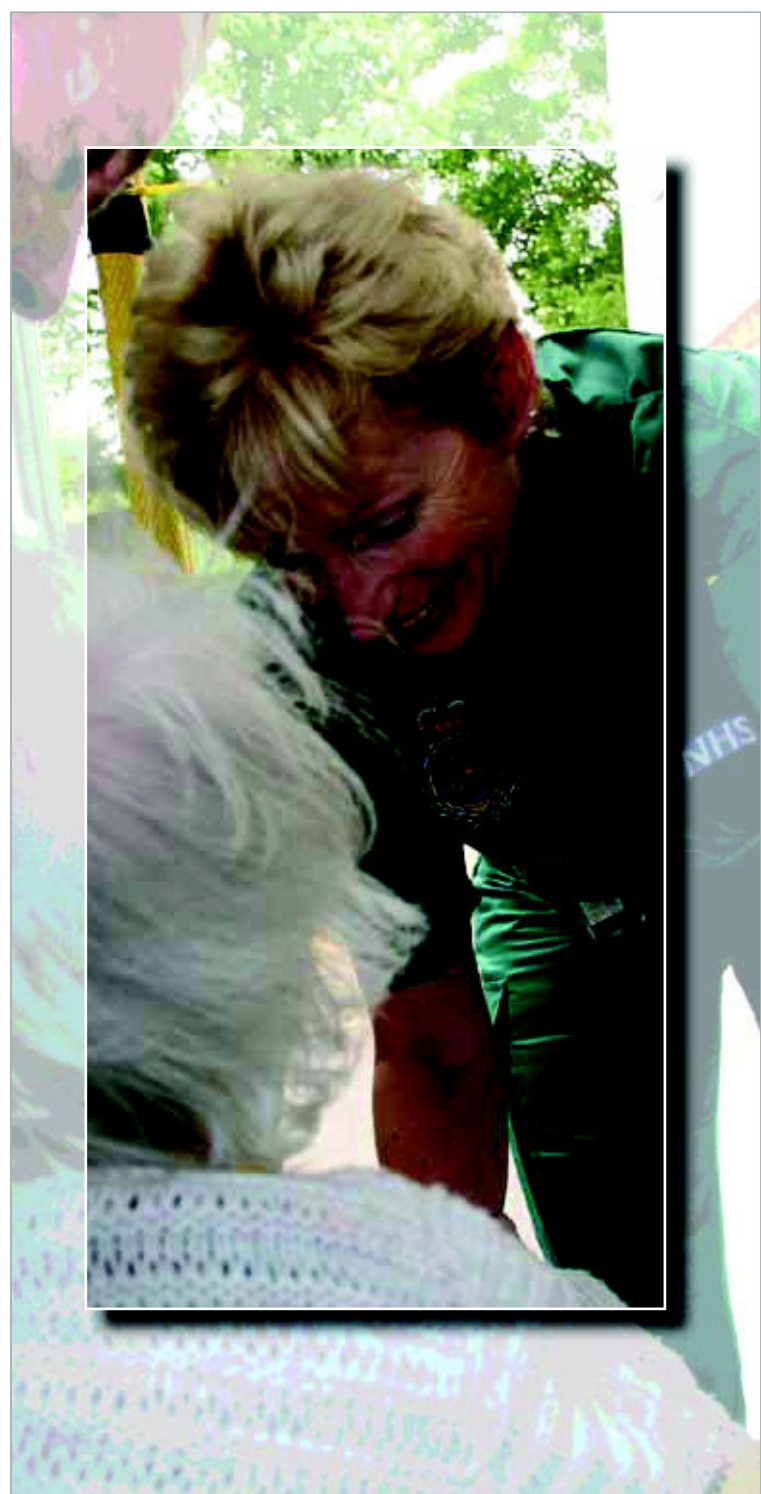
Established in 2006, we are the only NHS organisation providing direct health care across the entire eastern region and our patient satisfaction is one of the highest in the NHS at round 97%. While we are best known for our 999 emergency response we also provide a range of other services including:

- ▼ Primary care operations – such as GP, district nursing and a range of out of hours services
- ▼ Scheduled transport services – providing pre planned transport including patient transport, courier transport and acute neonatal transport services
- ▼ Special and partnership operations – including resilience and emergency planning, working with charities and air ambulance services, community volunteers and the Hazardous Area Response Team (specially trained teams who provide the ambulance response to major incidents in hazardous environments to provide aid to casualties in situ).

The Trust currently serves a population of 5.8

million people covering Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk. We employ 4,000 staff and more than 2,000 volunteers who all work towards ensuring that patients get the right treatment in the right place at the right time.

Our annual in turnover was £223m in 2009/10. Although we provide a range of services to non-NHS organisations, the majority of our income comes from within the NHS.



What is an NHS Foundation Trust and why do we want to become one?

NHS Foundation Trusts were introduced in 2004, and there are now 130 in England. Being a foundation trust has significant advantages as they are free from central government control and more accountable to the communities that they serve.

NHS Foundation Trusts are organised in such a way that people from local communities, members of staff, volunteers, patients and partner organisations (such as local authorities), can have a much bigger say in influencing health services. Foundation trusts are established as public benefit corporations, modelled on co-operative and mutual traditions and are accountable to their members. More information on how this works in practice is detailed later in this consultation document.

We believe that as a foundation trust we will be able to work more closely with members of the public in our area, reflecting their needs better in the development of our services; ensuring that health care is timely and effective; making a major contribution to the wellbeing of people in our community; and having much greater local participation in addressing the difficult financial challenges ahead for the Trust and public sector generally.

We will have more freedom to look for better ways of meeting our own patients' particular needs and priorities - but we will still be closely inspected to make sure we achieve all NHS

standards. An independent regulator called Monitor, along with the Care Quality Commission, makes sure that NHS Foundation Trusts meet the required standards.

We will have new powers to enter into legal and financial agreements that will strengthen relations with existing partners to improve patient care, helping us to forge new partnerships and enable us to develop services more effectively to meet the needs of our patients. We will also have more freedom to borrow and to invest to help develop these new services.

Another advantage of becoming a foundation trust is that we can give a greater say to our staff as we intend that they should all become members. Our staff are absolutely critical to the Trust's success - they are each an expert in their own field. As members of a foundation trust they will not only continue to provide services, but will have a greater input into service development and how the organisation is run. This will build on our existing partnerships with staff.

We have already been through a preliminary process which has shown us how we can become even better as we work towards foundation trust status. We are already very proud of our achievements, which resulted in us being one of the best performing ambulance service in the country last year. We know that becoming an NHS Foundation Trust will help us to continue to improve our performance for the benefit of patients and the public in the east of England.

Recent achievements

- ▼ Despite an increase in the number of 999 calls during 2009/10 we met all our category A (potentially life threatening) call performance targets and improved on our performance from the previous year. An improvement was also seen in our category B (non-life threatening) call performance against a demand increase.
- ▼ We gained ISO accreditation for our patient transport services, courier transport services and Medicom (a call handling service for a range of service providers).
- ▼ We achieved a four year accreditation for our out of hours GP registrar training from the NHS East of England Multi-Professional Deanery.
- ▼ Our driving school was the first nationally to achieve Institute of Advanced Motorists accreditation for their advanced driver award.
- ▼ The roll out of the Hazardous Area Response Team (HART) means that specially trained paramedics can now work safely in difficult environments, such as a collapsed building and work alongside firefighters to provide aid to casualties in situ - something never possible before.
- ▼ New stroke specialists have been appointed to make sure all of our staff can recognise a stroke and know what to do, ensuring diagnosis is prompt and that specialist centres are pre-alerted before patients are taken to hospital.
- ▼ We have invested in 136 new frontline vehicles and purchased £2.4m worth of medical devices, including eighty 12-lead defibrillators and 296 automated external defibrillators (portable devices that automatically analyse the heart's rhythm and treat potentially life threatening cardiac conditions such as a cardiac arrest).
- ▼ The Call Vision system, which was already in place in our Chelmsford control room, has been installed in Bedford and Norwich. This uses mobile phone masts or residential details to tell a dispatcher where the call is coming from before it has been answered, allowing us to allocate a vehicle as early as possible.
- ▼ We have introduced a single digital radio system across the region giving a more resilient radio network using the latest technology.



Our plans for the future

The challenges ahead

The Trust, like every NHS organisation, faces some challenging times ahead. There has been significant investment in the NHS in recent years, but the service now faces the need to balance the ongoing increase in demand for its services against future budgetary pressures. At the same time the need to focus on quality as well as performance is recognised in order to further improve the care patients receive.

We believe that the current system does not always provide the most appropriate response for patients. Not all patients need to, or want to, go to accident and emergency (A&E) when they call 999. There is a need, where possible and appropriate, to have more patients being treated at home or in community settings. This is often more clinically effective, more cost effective and provides a better overall experience and outcome for patients. While this means that patients will receive a higher quality of care, it will be different from what they currently get and expect.

The traditional response to 999 calls is to send an ambulance or rapid response vehicle, with a significant number being transferred to hospital for further care. Evidence from both A&E departments and the ambulance service suggest that it is only the minority of calls or attendances that genuinely warrant an emergency response and that there are real opportunities to care for patients differently and provide more effective services.

This 'one size fits all' approach needs to change so that the individual needs of patients can be met more effectively. This may include more advanced assessment and care over the phone, the ability to send a range of different responses to assess and provide care (through GPs, district nurses, social services and advanced paramedics) and the ability of ambulance staff to access and refer patients to other health and community services as an alternative to hospital.

So, the Trust needs to care for many more patients, significantly develop its staff and services, and provide higher quality care. And this needs to be done within the current challenging financial climate.

The Trust believes it is the best placed organisation in the eastern region to coordinate urgent and emergency care. The service is highly trusted and respected by patients and is a high performing and reliable 24/7 NHS emergency service. The Trust can ensure that patients who have urgent or emergency medical needs have immediate access to the NHS, get assessed quickly and competently, and through an integrated service, be provided with or directed to the appropriate care services.



Shaping the future

Many people call 999 because they are not sure if it is an emergency and they do not know where to go for help. They often default to the two trusted and most accessible services, A&E departments and the 999 service.

The Trust should be able to direct them and help them receive the care they really need. Getting this right will mean patients receive the precise care they require more quickly and maximise the organisation's capacity to reach patients whose condition requires an emergency response even faster.

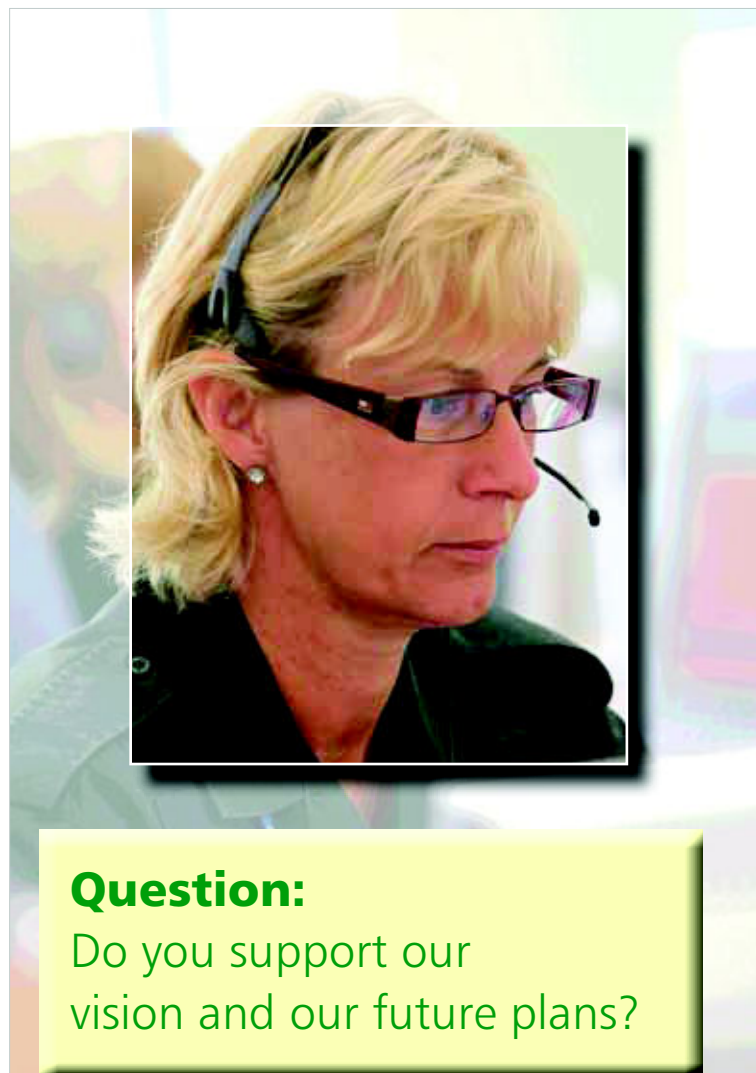
Central to achieving this is a three-year-programme of service re-design to develop and test different ways of working. To bring such change is going to require:

- ▼ Enhanced capabilities to assess 999 callers via the phone and provide them with access to the right service for them
- ▼ Considering alternative access arrangements for urgent but non emergency calls, such as a 111 number
- ▼ Placing an emphasis on providing a clinical assessment and treatment rather than defaulting to stabilising the patient and transporting them to hospital
- ▼ A paramedic response only if face-to-face emergency response is required
- ▼ Building the skills of the workforce to be able to address patients needs in the community
- ▼ Providing and signposting to alternatives to accident and emergency, such as community services, other treatment facilities and other health professionals

- ▼ Providing non emergency transport where necessary.

The aims of the change are to: deliver high quality patient-centred services; ensure more people calling 999 are treated without the need to go to hospital; improving patients' experience and quality of care; improving productivity and cutting costs; and developing different ways of accessing care and treatment.

The Trust is at an early stage of this programme and is currently reviewing how it delivers its services, and identifying areas which can be improved. As part of our public consultation we will be holding a series of meetings to discuss our plans and ideas with staff, volunteers, patients and the public, partner organisations and other stakeholders.



Question:

Do you support our vision and our future plans?

How we will be run

Becoming an NHS Foundation Trust means the way we operate will change. The population served by the Trust and its staff and partners will be directly involved in monitoring what we do and how services are developed.

We will achieve this by establishing a membership that is made up of local people, staff, volunteers and partner organisations and which reflects the diversity of the six counties we cover. By becoming a member you will be able to have a greater influence on how we are run.

The Board of Directors will be responsible for the day to day management of the Trust, monitor its performance and plan its strategic direction. The board will, in turn, be accountable to the Members' Council.

The members, whether public or staff, will also elect most of the Members' Council to represent them. These representatives will be called governors. A number of partner organisations like local authorities, healthcare and voluntary agencies will be invited to appoint the remainder. The Trust chairman will chair the Members' Council.

Members and Members' Council

Membership to the East of England Ambulance Service NHS Foundation Trust is free. Being in a position to help local people and health services can bring much satisfaction. Join us as a member and you will be able to do some or all of the following:

- ▼ Elect governors to the Members' Council to represent you
- ▼ Stand for election as a governor of the Members' Council yourself
- ▼ Become actively involved in our work and help shape our future plans
- ▼ Advise on the needs and views of the local community
- ▼ Get a better understanding about what we do and help promote our work.

The Trust will provide support for the membership and governors which includes the role of a dedicated membership office which will be responsible for:

- ▼ Providing administrative support to ensure effective flow of information between the Trust, members and governors
- ▼ Co-ordinating the administrative process associated with the elections to the Members' Council
- ▼ Maintaining the membership database and providing high level reports on membership.

We are proposing to have two categories of membership – public and staff. We are aiming to have 3,000 public members and 3,000 staff members by the time we are authorised by independent regulator Monitor to become an NHS Foundation Trust in 2012. Following foundation trust approval, we would be looking to increase our membership so as to involve, and engage with, more members of the public, staff and volunteers.

Members of the public

We propose that you will be eligible to join if you are over 16 years old and live in one of the six counties covered by the Trust. We are proposing a minimum age of 16 to become a member as this is in line with Monitor’s recommendations. As a member of the public you will be part of what is known as the ‘public

constituency’ of the overall membership.

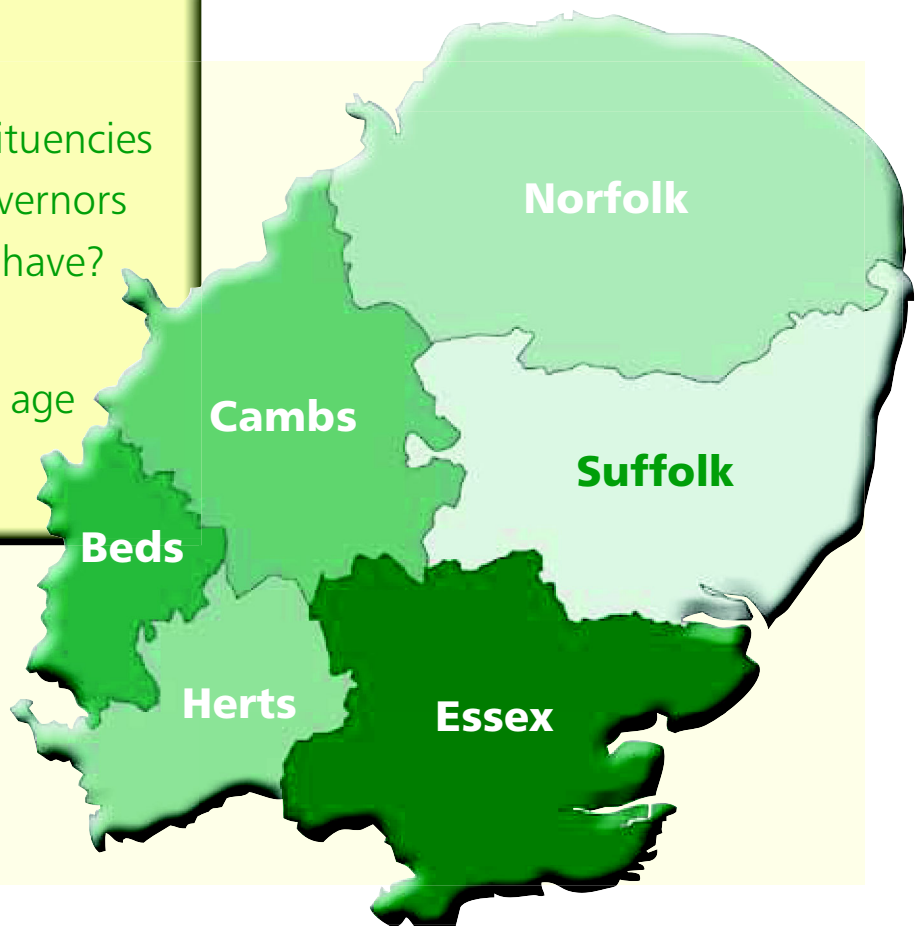
We plan to have six constituencies based on the counties we cover. The total number of governors representing members of the public will be 13 and the number representing each constituency will be proportionate to the population in each (as detailed in the table below).

Public constituencies		
Constituency	Population 000s	Governors
Constituency 1: Bedfordshire	605	1
Constituency 2: Cambridgeshire	778	1
Constituency 3: Essex	1,720	4
Constituency 4: Hertfordshire	1,095	3
Constituency 5: Norfolk	853	2
Constituency 6: Suffolk	714	2

Questions:

Do you agree with the proposed public constituencies and the number of governors each constituency will have?

Do you agree that 16 should be the youngest age to become a member?



Members of staff and volunteers

We are proposing an 'opt out' scheme so that all eligible staff and volunteers become members automatically unless they specify they do not wish to be. The alternative model is to have staff and volunteers 'opt in' to become member, but we are not proposing this as staff and volunteers are so vital in delivering services to patients and users and need to be involved in how the Trust develops and is run.

We propose that staff will be eligible if:

- ▼ They are employed by the Trust under a contract of employment which has no fixed term, or has a fixed term of at least 12 months

or:

- ▼ They have been continuously employed by the Trust under a contract of employment for at least 12 months

or:

- ▼ A volunteer who has been working with the Trust for at least 12 months.

There will be four staff groups and the number of elected Members' Council representatives will be:

- ▼ Emergency operations - 2
- ▼ Primary care operations and scheduled transport services - 1
- ▼ Support services - 1
- ▼ Volunteers – 1



Questions:

Do you agree with the general proposals for staff membership?

Do you agree that our staff and volunteers should be made members with the option to opt out?

Appointed governors – stakeholders and partners

It is mandatory for every NHS Foundation Trust to have a number of governors from relevant public or voluntary organisations. It is proposed that appointed governors will be sought on the basis of their ability to assist the Trust in the delivery of its strategic objectives. Appointed governors will be sought from the organisations outlined below:

- ▼ One governor will be nominated from the lead commissioning primary care trust
- ▼ One governor will be nominated from the East of England Local Government Association representing the 52 local authorities across the six counties served by the Trust
- ▼ One governor will be nominated from Age UK
- ▼ One governor will be nominated from British Heart Foundation
- ▼ One governor will be nominated from a seldom heard group based on the outcome of the consultation. Examples of seldom heard groups are people with learning or sensory disabilities, those whose first language is not English, young people and traveller communities.

We are proposing to have an appointed governor from Age UK and the British Heart Foundation as our biggest service users are elderly and cardiac patients. As part of our public consultation we want to know if you agree with these proposals or if you think we should have appointed governors from other partner organisations such as the emergency services, other NHS organisations, universities and so on.



Questions:

Do you agree with the proposed organisations to sit on the Members' Council as governors?

Have you got any alternative suggestions on which organisations should be represented on our Members' council?

Is there a particular seldom heard group you think should be represented?

Members' Council and its responsibilities

We propose that the body that will represent members will be called the Members' Council and that it will be made up of governors who are elected by members or nominated by partner organisations.

The council will be expected to:

- ▼ Work closely with the Board of Directors
- ▼ Contribute ideas and advice on future planning
- ▼ Provide a link between the ambulance service and its communities, and represent the views of members
- ▼ Be responsible for reviewing the Trust's membership strategy, as well as recruiting members and encouraging them to stand as potential governors
- ▼ Be actively involved in advisory groups, sub-committees and other forums set up by the Trust

The council's legal responsibility will be to:

- ▼ Appoint the Trust's chair and non-executive directors
- ▼ Agree pay for non-executive directors including the chair
- ▼ Approve the appointment of the Trust's chief executive
- ▼ Appoint the auditor of the foundation trust
- ▼ Receive the annual report and accounts
- ▼ Be consulted on proposed changes to how services are delivered

We plan to have a total of 23 governors on our Members' Council, not including the chair.

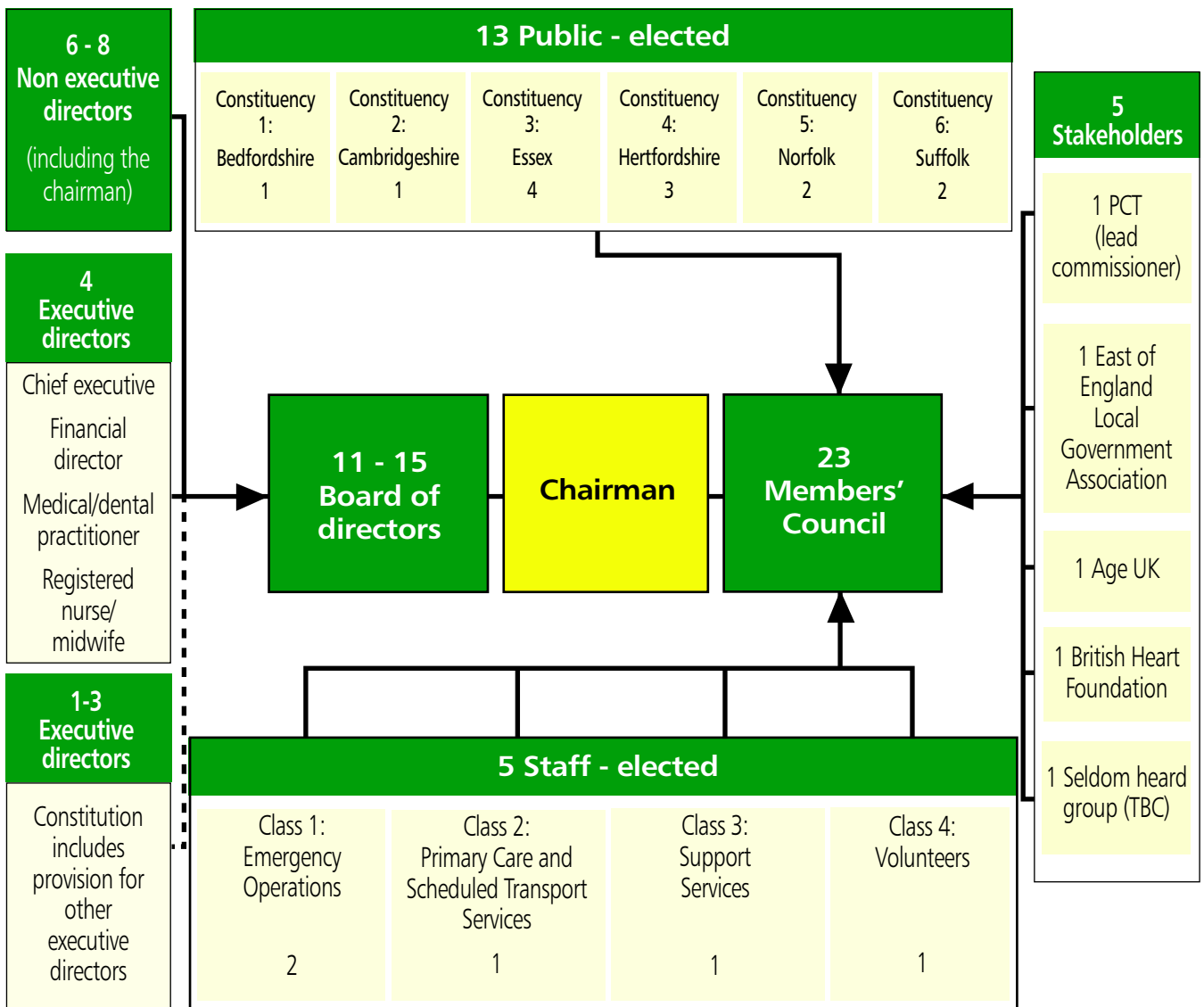
They will be made up of:

- ▼ Thirteen members of the public
- ▼ Five members of staff
- ▼ Five stakeholder representatives

Elected governors may hold office for up to three years following their successful election and are eligible for re-election for a second term. An elected governor will not be able to hold office for more than six consecutive years.



Planned governance structure



Governance arrangements will evolve to reflect the changes in how services are commissioned as we know primary care trusts will cease to exist from 2013.



Question:
Do you agree with the proposed make-up of the Members' Council and the proportion of governors in each category?

Board of Directors

The Board of Directors will be responsible for the day to day management and strategic development of the foundation trust.

We propose it should consist of:

- ▼ A non-executive chair
- ▼ Between five and seven non-executive directors
- ▼ Between five and seven executive directors including the chief executive, a finance director, a registered nurse or midwife and a registered dental or medical practitioner.

The chair and non-executive directors will be appointed by the Members' Council. To be eligible for appointment the individual must be a member of the public constituency. We are proposing that any non-executive director in post at the time of authorisation will remain in post for a minimum of 12 months or for the remainder of their term of service.

The chair of the Board of Directors will also chair the Members' Council. The chair will have the casting vote at the Board of Directors and at the Members' Council meetings, if required. A deputy chair and senior independent director will be appointed by the Board of Directors from amongst the non-executive directors in consultation with the Members' Council. A lead governor will be appointed by the Members' Council.



What happens next?

Tell us what you think

We would like your views on our proposals to become an NHS Foundation Trust. You have until Friday 31st December, 2010 to let us know what you think and you can do so by either completing the feedback form at the back of this document or by filling in the form online at www.foundationtrust.eastamb.nhs.uk

Become a member

Have a voice in how your local ambulance service is run. Simply complete the membership form at the back of this document or online at www.foundationtrust.eastamb.nhs.uk

Want to know more?

We will be arranging events across the east of England during the consultation period where you can speak to us in person about our proposals. The dates of these events are:



Date	Area	Location	Time
26th October 2010	Bury St Edmunds	Moreton Hall Community Association & Club, Symonds Road, Bury St Edmunds, IP32 7EW	2pm – 4pm
2nd November 2010	King's Lynn	Assembly Room, the Town Hall, Saturday Market Place, King's Lynn, PE30 5DQ	2pm – 4pm
9th November 2010	Bedford	St Marks Church Hall, Calder Rise, Bedford, MK41 7UY	5pm – 7pm
11th November 2010	Cambridge	Cambridge Professional Development Centre, Forster Road, Trumpington, CB2 9NL	5pm – 7pm

16th November 2010	Luton	High Town Community Sports & Arts Centre, Concorde Street, Luton, LU2 0DJ	5pm – 7pm
18th November 2010	Colchester	Hythe Community Centre, 1 Ventura Drive, Colchester, CO1 2FG	4pm – 6pm
23rd November 2010	Peterborough	The Salvation Army Centre, New England Room, 1203 Bourges Boulevard, Peterborough, PE1 2AU	4pm – 6pm
26th November 2010	Ipswich	Red Cross Centre, 15 Chevallier Street, Ipswich, IP1 2PF	4pm – 6pm
30th November 2010	Southend on Sea	Salvation Army, 239 London Road, Hadleigh, SS7 2RF	2pm – 4pm
3rd December 2010	Chelmsford	Shire Hall, Hall Keepers, The County Hall, Duke Street, Chelmsford, CM1 1LX	2pm – 4pm
6th December 2010	Norwich	Forum Norwich, The Cube, 2 Millennium Plain, Norwich, NR2 1TF	5pm – 7pm
9th December 2010	Welwyn Garden City	Vineyard Barn, Welwyn Hatfield Borough Council, Campus West, The Campus, Welwyn Garden City, AL8 6BX	5pm – 7pm
14th December 2010	Watford	Hunts Hall, St Marks Church, Leggatts Way, Watford, WD24 5NQ	5pm – 7pm

Please visit our website at www.foundationtrust.eastamb.nhs.uk for latest details of events as these may change due to unforeseen circumstances.
Online copies of our consultation document can also be found there. In addition we will also be holding a number of events for staff and partner organisations.

Foundation trust timeline

The broad timeline for our foundation trust application process is as follows:

- October – December 2010 Public consultation
- November 2011 Seek formal approval from the Secretary of State for Health for our foundation trust application
- Late spring 2012 Anticipated time for becoming a foundation trust

Please complete and detach the following forms and return in the pre-paid envelope provided or to:

Freepost RRRA-UHTH-CZYR,
Foundation Trust Office,
East of England Ambulance Service,
Broomfield, Chelmsford,
CM1 7WS

Your views

1. Do you support our vision and our future plans? (pages 5-6)

- Yes
 No

Additional comments

2. Do you agree with the proposed public constituencies and the number of governors each constituency will have? (page 8)

- Yes
 No

Additional comments

3. Do you agree that 16 should be the youngest age to become a member? (page 8)

- Yes
 No

Additional comments

4. Do you agree with the general proposals for staff membership? (page 9)

- Yes
 No

Additional comments

5. Do you agree that our staff and volunteers should be made members with the option to opt out? (page 9)

- Yes
 No

Additional comments

6. Do you agree with the proposed organisations to sit on the Members' Council as appointed governors? (page 10)

- Yes
 No

Additional comments

7. Have you got any alternative suggestions on which organisations should be represented on our Members' Council? (page 10)

- Yes
 No

Additional comments

8. Is there a particular seldom heard group you think should be represented? (page 10)

- Yes
 No

Additional comments

9. Do you agree with the proposed make-up of the Members' Council and the proportion of governors in each category? (page 12)

- Yes
- No

Additional comments

10. What service improvements would you like to see?

Comments

11. Is there anything else you would like to say about future plans around our application to be an NHS Foundation Trust?

Comments

12. Which constituency do you live in? (please tick box)

- Bedfordshire
- Cambridgeshire
- Essex
- Hertfordshire
- Norfolk
- Suffolk

13. Are you: (please tick box)

- A member of the public
- A member of staff
- A partner organisation

Thank you for your feedback. As part of our public consultation we will be producing a report which details the feedback we have given. As such we may use your comment in this consultation report, although anything we use will remain anonymous.

Please cut along the lines and return your feedback form in the pre-paid envelope provided or to: [Freepost RRRR-UHTH-CZYR, Foundation Trust Office , East of England Ambulance Service, Broomfield, Chelmsford, CM1 7WS](#)

Become a member

You can either become a member online by following the foundation trust links at www.foundationtrust.eastamb.nhs.uk or filling out this form and posting it in the pre-paid envelope.

Membership registration form

Title: Dr Mr Mrs Ms Miss (please tick box)

First name: **Surname:**

Full address:

Postcode:

Telephone:

Email:

We would prefer to send you information about the Trust and membership issues by email. If you would prefer to receive this by post, please tick this box.

The following few questions will help us ensure our membership is representative of the population we serve and will be treated in the strictest confidence.

Your gender is

M F (please tick box)

Your date of birth is:

Please state your ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black Caribbean Other Black |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other White |
| <input type="checkbox"/> White & Asian | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Prefer not to state |
| <input type="checkbox"/> Pakistani | |
| <input type="checkbox"/> Other mixed background | |
| <input type="checkbox"/> Indian | |
| <input type="checkbox"/> Black African | |
| <input type="checkbox"/> White and Black African | |
| <input type="checkbox"/> Bangladeshi | |

Please indicate below how you might like to be involved as a member: (please tick box)

- Receiving regular information
- Attend meetings or events
- Consider standing for election to the Members' Council
- Become a volunteer
- Helping with surveys
- Taking part in discussion groups

I would like to become a member of the East of England Ambulance Service NHS Trust which is becoming a foundation trust

Signed:

Date:

Please cut along the lines and return your membership form in the pre-paid envelope provided or to: [Freepost RRRRA-UHTH-CZYR, Foundation Trust Office, East of England Ambulance Service, Broomfield, Chelmsford, CM1 7WS](#)

In accordance with data protection legislation your membership details will be used solely for the purposes of your membership of the NHS Foundation Trust.

However by law we are required to maintain a public register showing only members' names and constituencies. Please tick this box if you do **not** wish to be included in the public register.
(please tick box)

This document is also available on our website www.foundationtrust.eastamb.nhs.uk

Hard copy documents are available through the Chief Executive's office,
East of England Ambulance Service NHS Trust, Hammond Road, Bedford, MK41 0RG

If you would like these documents in large print, Braille, easy read, alternative format,
or a different language please contact 0800 028 3021.

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3021 028 0800 یربمن نوف ے سزل اپ ینابر مم ے اربوت

س یرک ے طباررپ

هکیدی کیئ نامز دوخ ای ، زاوای ج یزائش ، لی هرب ، هروهگ یت ی پ هب نات هکی کل ی مان مهی رهگهی
یدن هوی هپ هی اکت ، تئی وه

0800 028 3021 یرمیت هب : ینوف هلهت هرامژ رس هل نهکب هوه

Se desejar obter este folheto impresso em letras maiores, em Braille, num formato
diferente, ou noutra língua, por favor contacte 0800 028 3021.

Jeżeli chciałbyś otrzymać tę ulotkę w dużym druku, w Braille'u, w innym formacie
lub w innym języku prosimy o kontakt pod numerem telefonu 0800 028 3021.

Если вы бы хотели получить эту брошюру в печати крупным шрифтом,
шрифтом Брайля, в альтернативном формате или на другом языке,
пожалуйста, обращайтесь в группу по телефону 0800 028 3021.



REPORT OF THE CABINET

1. INTRODUCTION

1.1 At its meeting on 18th November 2010, the Cabinet considered a report by the Overview and Scrutiny Panel (Social Well-Being) on the:-

- ◆ Cambridgeshire Local Investment Plan;
- ◆ Homelessness Strategy: Consultation Draft.

2. DELIBERATIONS

2.1 In endorsing the content of the Cambridgeshire Local Investment Plan, the Cabinet concurred with the Panel over the importance of upgrading the A14 as it plays a significant part in the road network infrastructure on local, national and European levels.

2.2 With regard to the Homelessness Strategy, the Cabinet approved the draft strategy for consultation purposes. In so doing, Members shared the concerns of the Panel that Government funding for the Homelessness Prevention Budget might not continue beyond 2010/2011.

3. CONCLUSION

3.1 Members of the Overview and Scrutiny Panel are invited to note the contents of this report.

Contact Officer: H Taylor, Senior Democratic Services Officer - Tel. 01480 388008.

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Scrutiny Committee

ADULTS, WELLBEING AND HEALTH SCRUTINY COMMITTEE

21st October 2010



Cambridgeshire
County Council

Action

32. DECLARATIONS OF INTEREST

Members declared the following personal interests under paragraph 8 of the Code of Conduct:

- Councillors Heathcock and J West as members of Cambridgeshire Older People's Enterprise (COPE)
- Councillor Brown as a member of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and a member of Cambridgeshire LINK
- Councillor King as company secretary of the Bowthorpe Association, a charity providing mental health support for people in the Wisbech area
- Councillor V McGuire as working, for a caring agency, with people with dementia
- Councillor R West as a member of the Buckden Surgery Patients' Association
- Councillor Whelan as a board member of the Cambridge branch of the National Autistic Society, a member of CPFT, and an associate member of COPE
- Councillor Wilkins as an associate member of COPE.

33. 'IMPROVING OLDER PEOPLE'S MENTAL HEALTH SERVICES IN HUNTINGDONSHIRE AND FENLAND': CONSULTATION

The Committee received a presentation on and gave initial consideration to proposals by NHS Cambridgeshire (the Primary Care Trust, PCT) and CPFT for older people's mental health services in Huntingdonshire and Fenland. In attendance to present the proposals and respond to members' questions and comments were

- from NHS Cambridgeshire
 - John Ellis, Head of Mental Health, Learning Disability and Substance Misuse Commissioning
 - Aidan Fallon, Director of Communications and Patient Experience
 - Dr Emma Tiffin, HuntsComm GP lead for OPMH and a GP at Priory Fields Surgery, Huntingdon
 - Claire Warner, Commissioning and Service Improvement Manager, Mental Health, Learning Disability and Substance Misuse
- from Cambridgeshire and Peterborough NHS Foundation Trust
 - John Hawkins, General Manager, Older People's Mental Health (OPMH) Services
 - Dr Claire Lawton, Clinical Director, OPMH Services.

The presentation (attached to these minutes as Appendix 1) outlined current provision, introduced the proposals under consultation, and reported on the responses received; a total of 18 responses had been received to date.

Members noted that the pilot primary mental health care service in St Ives was being welcomed by both patients and GPs; copies of the seventh quarterly report of the Older People's Mental Health Project were tabled for information.

The Committee questioned the representatives from the PCT and CPFT on various aspects of what was being proposed.

Financial matters

Question: Given the history of financial difficulties experienced by both PCT and CPFT, and given that PCTs were likely to be phased out from April 2013, what assurance could be given that the funding to implement these proposals would be maintained?

Answer: The Head of Mental Health Commissioning replied that the pilot in St Ives had given experience of what a reasonable service would look like. The cost of care home provision and of day sessions had been calculated; he undertook to supply the figures.

He added that, in accordance with the PCT's Strategic Plan, it was necessary to continue to find savings, but amongst PCTs, NHS Cambridgeshire spent comparatively little on mental health services, and the £600m investment proposed would be of great benefit to patients. While he could not give any guarantees, he believed these proposals to be cost-effective.

The HuntsComm GP Lead said that, although the consortium had been only recently formed, OPMH was a priority for the consortium, and she believed that GPs were very committed to this work.

Members were reassured that the duty to consult would apply to GP consortia once they became statutory bodies.

Question: Would moving day therapy from Hinchingsbrooke to e.g. Hunter's Down result in a higher cost of provision, because Hunter's Down was outside the NHS?

Answer: The General Manager, OPMH Services, said that payment was already being made to Hinchingsbrooke for day therapy places on Hawthorn Ward, and that same money would be used to pay for the relocated places elsewhere; negotiations were in progress with future providers.

Question: What confidence could be placed in the figure of £96,000 investment allocation for local step-up / respite beds?

Answer: £96,000 represented the cost of specialist input into beds in care homes, over and above the basic cost of these beds. The training provided in these care homes would have wider beneficial effects on the home as a whole, beyond the specialist beds.

The proposal was not to replace hospital beds with care home beds, but to provide beds within care homes for respite use. Some patients were currently in high-level mental health wards who did not need to be there; their needs could be better met elsewhere. Acute beds would continue to be available in Peterborough for patients in Huntingdonshire and Fenland who required them.

Question: What would happen if actual demand for services exceeded the estimated demand?

Answer: CPFT had a record of living within its financial means.

Question: To what extent did the investment allocation figures represent fixed costs or throughput costs?

Answer: The costs of clinics in local towns were fixed. Staff costs were based on forecasts of the numbers of older people in the area and the evidence of the St Ives pilot. It was possible that more people than expected would present, but numbers were likely to be fewer initially as people became accustomed to the new services.

Transport

Question: What would the £15,000 estimated transport funds for carers and family listed in the investment allocation provide?

Answer: The transport funds for carers and family were intended for families to visit hospital in-patients. A starting-point for calculating them had been the average rate per mile and average distance to Peterborough multiplied by two visits per bed per week.

Question: Bearing in mind the still-unresolved difficulties with transport to Doddington identified in the course of the South Fenland Review in 2009, what was being done to ensure that the transport needs of patients would be met?

Answer: Transport was currently provided for eligible patients attending day therapy services, and transport would continue to be provided for those patients to the relocated services. However, transport in general was a problem in the Huntingdonshire and Fenland area; meetings were taking place with other organisations and with the County Council transport team.

Identifying mental health needs

Question: The consultation document referred to older people in hospital with unidentified mental health needs, but if it were to emerge that a person attending accident and emergency had a mental health problem, was it likely that this would be identified?

Answer: The Clinical Director, OPMH Services, pointed out that it was already the case that the mental health needs of A&E patients were not always identified, with the result that they did not receive the support they required.

A project was being undertaken at Hinchingsbrooke to raise staff awareness of possible mental health needs; it was currently estimated that about half of the 150 older patients in Hinchingsbrooke had mental health needs. The National Dementia Strategy required acute trusts to take account of the needs of people with dementia, but the needs of those with depression were also of concern locally. The Alzheimer's Society had produced a report *Counting the Cost* on the quality of care for people with dementia in hospital.

The Committee was also advised that a separate frequent attenders' programme was looking at the needs of those who often had contacts with public services such as the Police and NHS. A pilot scheme under which GPs were present in A&E departments at busy periods had resulted in a significant number of admissions being avoided.

Current provision

Question: Was the low take-up of day therapy places on Hinchingsbrooke's Hawthorn Ward a reflection of a problem in the referral process?

Answer: The way in which the day provision was structured might lead to some reluctance to refer people to Hawthorn Ward; it was far from ideal to have a hospital ward as the base for community therapy. If the ward were to be used at the same rate as day therapy elsewhere in the county, where day therapy facilities were located away from hospital wards, then there would be 3,500 – 4,000 attendances a year rather than the current 300 attendances.

Other contributing factors to low take-up of places at Hinchingsbrooke for an individual patient might be distance from home, or the non-availability of the therapy needed.

Aspects and risks of proposed provision

Comment: There had been advantages to having in-patient beds closer to home; for example, Doddington had provided a valued service and relieved pressure on Peterborough.

Answer: Doddington beds had been community rehabilitation beds, over which CPFT had no control. Feedback from GPs and patients was that they welcomed services in more accessible primary care and community settings, but for patients who did require acute care, the Peterborough beds were able to provide a better standard of accommodation and care than was available in Huntingdon or Wisbech.

In-patient acute beds for men had for some time been at Peterborough rather than Hinchingsbrooke. Feedback from these patients had been positive; although further from home than Hinchingsbrooke, the Peterborough facilities were better. There had been only one complaint, from a relative about the distance to visit the patient.

Comment: The voluntary sector could have an important part to play in supporting the delivery of the proposed services.

Answer: Various mental health voluntary organisations were or would become involved in delivery of services; the Alzheimer's Society was already supplying support workers as part of the pilot service in St Ives. The HuntsComm GP lead for OPMH observed that part of the gateway worker's role was to signpost people to other services, included voluntary ones, and help them find their way round what might be available to them.

At the Chairman's invitation, Gill Lintott, the Alzheimer's Society's Locality Manager for Cambridgeshire and Peterborough, informed members that the involvement of the Alzheimer's Society had been of great benefit; through their workers, people had become more aware

of the services offered by the Society at an earlier stage. There had been an increase of 50 – 100% in the referral rate to services in Huntingdonshire in two months in 2010 compared with the same two months in 2009, partly because of the pilot service and partly because of a general increase in awareness of dementia. However, the Society needed sufficient resources to meet the increased demand.

The HuntsComm GP lead for OPMH said that it was a huge benefit to have the Alzheimer's Society involved in the St Ives pilot.

Question: Were there any plans to improve training for domiciliary care workers?

Answer: Work was in progress on ways of taking forward increased training in primary community care, given the huge number of organisations delivering this care, possibly using Commissioning for Quality and Innovation (CQUIN) money to do so. Ideally, the PCT would insist on specific training standards before employing an agency, but that point had not yet been reached.

Question: What risks had been identified in relation to the successful implementation of the preferred option? What was the transition plan? It would greatly assist the Committee's working group to draft the response to the consultation if it could have sight of any outline implementation plan and risk assessment.

JE

Answer: The Head of Mental Health Commissioning advised the Committee that once the PCT had made its decision after the consultation period, there would be an implementation plan and risk register, and it would not be proper to pre-empt the PCT's decision. However, a draft plan already existed and its summary could be shared with the working group on a confidential basis.

Question: What measures were in place to mitigate the effects of the possible impact on carers of caring for people at home? Would enough respite care be made available to help them?

Question: How would the success of any changes following the consultation be determined? What outcome measures would be used?

Answer: Arrangements were in hand for external evaluation of changes resulting from the consultation proposals; this would include evaluation of the impact on the whole health economy. The St Ives primary care pilot was already being evaluated, with feedback published on a quarterly basis. Patients also provided ongoing informal feedback to medical staff, and would continue to do so.

Members asked that any evaluation take account of the impact on carers and also include evaluation of out of hours provision and the ease of accessing help out of hours. The Head of Mental Health Commissioning said that it was important that commissioners of care and contract monitors monitor delivery of services and make use of feedback from patients and carers.

At the Chairman's invitation, other representatives of organisations present contributed questions and comments.

Robert Boorman of COPE said that he had received the consultation information on 5th October and had decided to get the questionnaire out to COPE members at COPE's expense; he had contacted some members and found that they had been unaware of the consultation. He pointed out that many older people did not use the internet. He raised concerns about transport – taxis were expensive; dial-a-ride was well-established in Fenland but not everywhere in the county, and anyway was not available in the middle of the night; discharge from hospital did not necessarily happen at the promised time. It was necessary to look more at the patients' concerns.

Responding, the Head of Mental Health Commissioning said that a meeting was already planned with COPE when these issues could be raised. The Director of Communications offered to print material for COPE and said that the PCT needed to provide a concrete solution to transport to meet COPE's concerns.

David Jordan, Chair of the Mental Health Group of Cambridgeshire LINK, reported that he had exchanged letters with some of the officers present and had every confidence that they would look after patients' interests. He was impressed by the sympathetic, practical and considerate way the consultation was being handled, and would personally recommend its proposals as the best way forward.

Establishment of working group

The Committee agreed that Councillors Heathcock, King, K Reynolds, Shepherd, Walker, J West and R West form the working group to draft a response for consideration at the Committee meeting on 30th November.

The Chairman thanked all participants for their contributions to the meeting.

34. CALLED IN DECISIONS

Members noted that no decisions had been called in since the despatch of the agenda.

35. DATE OF NEXT MEETING

It was noted that the next meeting of the Committee would be held on Tuesday 30th November 2010 at 2.30pm.

Members of the Committee in attendance: County Councillors G Heathcock (Chairman), S King, V McGuire, J West, F Whelan (substituting for Cllr Shepherd) and K Wilkins; District Councillors S Brown (Cambridge City) and R West (Huntingdonshire)

Apologies: County Councillors S Austen, G Kenney and C Shepherd; District Councillors M Archer (Fenland), R Hall (South Cambridgeshire) and J Petts (East Cambridgeshire)

Time: 10.30am – 12.40pm

Place: March Youth and Community Centre, Station Road, March

Chairman

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

7TH DECEMBER 2010
7TH DECEMBER 2010
9TH DECEMBER 2010

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 Details of ongoing studies are set out in the attached Appendix.

2.4 Members are reminded that if they have a specific interest in any study area which is not being considered by their Panel there are opportunities for involvement in all the studies being undertaken.

3. RECOMMENDATION

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

BACKGROUND DOCUMENTS

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

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

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

**Mrs C Bulman, Democratic Services Officer
01480 388234**

ONGOING STUDIES

STUDY	OBJECTIVES	PANEL	STATUS	TYPE
Car Parking at Hinchingsbrooke Hospital	To investigate the causes of public complaints regarding the provision of parking facilities at the Hospital.	Social Well-Being	Six month review of new pricing structure to be conducted with the Hospital in December.	Whole Panel Study
Visitor Development & Town Centre Vibrancy	To consider issues relating to Visitor Development & Town Centre Vibrancy.	Economic Well-Being	Further information requested on the cost of the tourism service and the benefits it brings to both the Council and to the District.	Whole Panel Study
Consultation Processes	To review the Council's current consultation processes with a view to determining whether the approach taken to consultation is suitable and consistent across the authority.	Social Well-Being	Panel has begun to scope this study. Report to be considered at Panel's December meeting. The Policy and Strategic Services Manager will be in attendance at the meeting.	Whole Panel Study
Gypsy & Traveller Welfare	To be determined pending receipt of background information on existing gypsy and traveller sites already established within the District.	Social Well-Being	Report requested for submission to a future meeting. Following consultation with the Chairman, agreed that the report would be deferred until further notice.	To be determined.

Health Implications of the Night Time Economy	To follow up the previous study undertaken by the former Overview and Scrutiny (Service Support)	Economic Well-Being	Further information requested with regards to the rate of alcohol-specific hospital admissions for under 18s and the availability of any available qualitative data on alcohol consumption in rural areas. Alcohol Harm Reduction Co-ordinator asked to attend a future meeting to discuss the Alcohol Harm Reduction Strategy.	Whole Panel Study
Planning Conservation	To consider & evaluate the role of the Council's Planning Conservation Team in the preservation of Huntingdonshire's built heritage with particular reference to conservation areas and listed buildings.	Environmental Well-Being	Working Group meetings held on 29 th July, 5 th August, 2 nd September, 7 th and 22 nd October, 11 th and 18 th November 2010.	Working Group.
Leisure Centre Financial Performance and Employment Structure	To review the overall financial performance and monitoring arrangements. To consider the current Employment Structure.	Economic Well-Being	Requested further information for submission to future meeting.	Whole Panel Study.
CCTV Provision within the District	To review the impact of the Council's proposal to cease the CCTV service with effect from April 2010.	Social Well-Being	The views of the Police and the Huntingdonshire Community Safety Partnership have been sought on the impact of the Council's proposals. A report to this effect will be submitted to the Panel's	Whole Panel Study.

			December meeting.	
Proposals to replace EEDA with LEPs.	To establish the implications of these proposals.	Economic Well-Being	Presentation to be given to December meeting.	To be determined.
A14 improvements.	To review the implications to the local economy of the decision not to proceed with the A14 improvements.	Economic Well-Being	Report requested for submission to a future meeting,	To be determined,
The Use of Consultants	To review the criteria used in the appointment of consultants and assess the cost and value gained from using them.	Economic Well-Being	Working Group established. First meeting to be held on 30 th November 2010. Discussion to be conducted at Panel meeting with Head of Law, Property & Governance, Head of Planning Services and Executive Councillor for Planning Strategy & Transportation.	Working Group.
The Financial Implications of the Council's Future Housing Responsibilities.	To be determined.	Economic Well-Being	Councillor M F Shellens to discuss with Chairman the possible terms of the study.	To be determined.
Tree Strategy	To form a strategy in conjunction with the Tree Officers for the retention and planting of trees.	Environmental Well-Being	Working Group meetings on 5 th and 24 th November 2010.	Working Group.

POSSIBLE FUTURE STUDIES

The Employees Performance Development Review Process	To review the current process.	Economic Well-Being	Outcome of Officer Review to be reported to the Panel when this is concluded. Work is expected to conclude in February 2011.	To be determined.
Land Use for Agricultural Purpose in the context of planning policies and its contribution to the local economy.	To review the lack of promotion and protection of land for this purpose.	Environmental Well-Being	Not being pursued as a study at the current time.	To be determined.
Rural Transport	To review the lack of transportation in rural areas.	Environmental Well-Being	Not being pursued as a study at the current time.	To be determined.

Panel Date	Decision	Action	Response	Date for Future Action
<p>13/05/09</p> <p>01/09/09</p>	<p><u>Future Governance of Hinchingbrooke Hospital: Consultation Arrangements</u></p> <p>This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery). Dr Stephen Dunn, Hinchingbrooke 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 Hinchingbrooke Hospital. Advised the 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>Panel to partake in the consultation when it emerges. Matter to be raised at a future Panel meeting.</p>	<p>Public meeting of the Stakeholder Panel held on 26th November 2009 at 2pm, Huntingdon Library. Future public meetings scheduled as follows:-</p> <ul style="list-style-type: none"> • 25th February 2010 • 26th May 2010 • 5th July 2010 • 27th October 2010 • 6th January 2011 	<p>TBC</p>

Panel Date	Decision	Action	Response	Date for Future Action
19/05/10	<p><u>Corporate Plan – Growing Success</u></p> <p>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>Meeting of the Corporate Plan held on 29th November 2010.</p>	This item appears elsewhere on the Agenda.	7/12/10
13/05/09	<p><u>Provision of Play Facilities for Young People</u></p> <p>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. 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</p>	First meeting of the Working Group held on 30 th April 2009.	Head of Operations and Service Development Manager undertook to investigate further, the likely insurance, resource (inspection) and maintenance costs of facilities located within the smaller Parishes.	

Panel Date	Decision	Action	Response	Date for Future Action
	<p>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>			
2/06/09	<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>	<p>Request submitted to the Head of Operations.</p>	<p>Meeting of the Working Group held on 13th August 2009.</p>	
6/10/09	<p>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.</p>	<p>Working Group met with the Executive Councillor for Operational and Countryside Services.</p>		
2/02/10	<p>Further report considered. The Panel has recommended to the Cabinet that an agreement should be offered to Parishes to assist with the revenue costs of their facilities. It has also been recommended that the Council should also explore the co-ordination of a group insurance policy, with a view to achieving a lower premium.</p>	<p>Final report to be considered by Cabinet on 22nd April 2010.</p>		

Panel Date	Decision	Action	Response	Date for Future Action
1/06/10	<p>Councillors P G Mitchell and R J West have been nominated to present the final report to the Cabinet.</p> <p>The Panel considered a progress report on the two recommendations that were endorsed by the Cabinet. The Panel has discussed whether to revisit its previous recommendations regarding the maintenance of outdoor youth facilities. Further financial details awaited before proceeding further.</p>	Request submitted to Service Development Manager.		
5/10/10	Attention was drawn to a Member led review being undertaken by the County Council's Children and Young Peoples Services Committee on integrating children and young peoples services and social infrastructure provision into the County's new communities. This report has been requested for circulation to Panel Members for background purposes.	Copy of report and the County Council's Cabinet response was circulated electronically to the Panel on 24 th November 2010.		
2/11/10	Details of estimated annual revenue costs associated with outdoor youth facilities received. Scrutiny and Review Manager was asked to circulate details of organisations providing services for inspection, assessment and insurance of these facilities around to the Panel.	Circulated electronically to Members on 3 rd November 2010.		

Panel Date	Decision	Action	Response	Date for Future Action
	<p data-bbox="369 279 918 311"><u>Monitoring of Section 106 Agreements</u></p> <p data-bbox="369 343 918 646">3/11/09 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> <p data-bbox="369 678 918 853">1/12/09 The Panel has requested that when the quarterly monitoring reports are due for consideration, a representative from the Operations Division should attend the Panel's meeting.</p> <p data-bbox="369 885 918 1021">2/02/10 First monitoring report considered. Agreed that greater details on progress of schemes completed earliest should be included in the next monitoring report.</p> <p data-bbox="369 1053 918 1260">1/06/10 Requests made for details of the developer involved in each Agreement to be included in future monitoring reports, together with further information on particular schemes which are currently pending allocation.</p>	<p data-bbox="936 343 1256 518">Councillor P G Mitchell raised the matter at the Development Management Panel's November meeting.</p> <p data-bbox="936 885 1256 949">Request submitted to the Policy Officer.</p> <p data-bbox="936 1053 1256 1316">Request submitted to the Policy Officer and Service Development Manager. A response to the latter was circulated electronically to Members on 21st June 2010.</p>	<p data-bbox="1274 343 1874 438">The Development Management Panel expressed their support for the Social Well-Being Panel to consider these schemes.</p>	

Panel Date	Decision	Action	Response	Date for Future Action
6/07/10	Agreed that additional information would be required to assist the Panel in scrutinising allocated schemes and existing maintenance agreements. Councillor P G Mitchell to meet with Scrutiny and Review Manager outside of the meeting to discuss this further.	Meeting held on 7 th September 2010, together with the Chairman of the Section 106 Agreement Advisory Group.		
7/09/10	It has been suggested for a project plan to be developed for each scheme to include the project's objectives, total cost, developer contributor(s), other funding sources and its trigger points. The Panel has endorsed the proposal which was considered by the Section 106 Agreement Advisory Group on 11 th October 2010.			
2/11/10	The outcome of the Advisory Group's deliberations on the Panel's proposal has been received. The Advisory Group did not concur with the Panel's suggestion and expressed satisfaction with the current arrangements. Councillor P G Mitchell has undertaken to raise the matter at the Development Management Panel.		Section 106 Agreement Advisory next due to meet on 10 th January 2011. Next quarterly monitoring report anticipated February 2011.	01/02/11

Panel Date	Decision	Action	Response	Date for Future Action
	<p data-bbox="369 245 918 309"><u>Car Parking at Hinchingbrooke Hospital</u></p> <p data-bbox="369 347 918 443">2/06/09 Identified as a potential study area. Requested that a scoping report should be submitted to a future Panel meeting.</p> <p data-bbox="369 584 918 884">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.</p> <p data-bbox="369 922 918 1018">3/11/09 The Panel sought clarification on a number of issues relating to the Hospital's Green Travel Plan.</p> <p data-bbox="369 1056 918 1257">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 data-bbox="369 1295 918 1324">1/12/09 The Chairman advised Members that the</p>	<p data-bbox="936 347 1258 549">Scoping report considered by Panel in July 2009. Further information requested on the current parking situation.</p> <p data-bbox="936 922 1258 1018">Letter submitted to Hinchingbrooke Hospital.</p> <p data-bbox="936 1056 1258 1187">Invitation to be extended to Hinchingbrooke NHS Trust.</p>	<p data-bbox="1276 922 1881 986">Response from the Hospital received and noted.</p>	

Panel Date	Decision	Action	Response	Date for Future Action
2/02/10	<p>Hospital were conducting their own review of the parking arrangements and requested the Scrutiny and Review Manager to investigate this further.</p> <p>Mr C Plunkett, Facilities Business Manager attended the Panel meeting, along with representatives of Cambridgeshire LINK. The findings of the review undertaken by the Hospital was submitted to the Hospital's Senior Executive Group at the end of February. Agreed that the Panel's findings should also be forwarded to the Hospital.</p>	The Panel's final report has been circulated electronically to Members and a copy sent to the Hospital.		
1/06/10	Members concurred with a suggestion that the Chairman should approach the Facilities Business Manager requesting an update on the Panel's recommendations.			
6/07/10	Chairman reported that he had met with the Head of Facilities and Facilities Business Manager to discuss the revised pricing structure and car park concession which had come into effect on 1 st July 2010. Panel expressed support for the changes made and noted that they would be involved in the 6 monthly review undertaken by the Hospital.	Scrutiny and Review Manager to clarify with the Hospital the approach to be undertaken in respect of the review. The Huntingdon Neighbourhood Forum will be receiving a similar presentation at their meeting on 12 th	This item appears elsewhere on the Agenda.	7/12/10

Panel Date	Decision	Action	Response	Date for Future Action
		January 2011.		
	<p data-bbox="369 352 707 379"><u>Consultation Processes</u></p> <p data-bbox="369 419 920 751">6/7/10 Panel requested for a scoping report on the Council's current consultation processes to be submitted to a future meeting. Members questioned whether the Council's approach to consultation was consistent across the authority and wished to be informed of what the current process was, what methods were used and how materials were prepared for this purpose.</p> <p data-bbox="369 791 920 1023">7/09/10 Background information on the role of the Policy and Research Team in offering advice and guidance to internal service departments on consultation and research methodologies was received. The Panel has agreed to pursue this as a full Panel investigation.</p> <p data-bbox="369 1062 920 1327">5/10/10 Panel has begun to scope its study. Members have requested Officers to circulate a copy of the Communications and Marketing Strategy for background purposes. Agreed to invite the Policy and Strategic Services Manager to attend a future Panel meeting. Scrutiny and Review Manager to circulate</p>	<p data-bbox="943 1062 1258 1193">Copy of the Strategy was circulated to Members electronically on 18th October 2010.</p>	<p data-bbox="1283 1062 1879 1161">This item appears elsewhere on the Agenda. The Policy and Strategic Services Manager will be in attendance at the meeting.</p>	<p data-bbox="1921 1062 2027 1090">7/12/10</p>

Panel Date	Decision	Action	Response	Date for Future Action
	electronically to Members a copy of the study template.			
2/11/10	<p><u>CCTV Provision</u></p> <p>Panel expressed some concern at the recent budgetary announcement made by the Council to reduce CCTV provision within the District in 2011-12 with a view to ceasing the service from April 2012. Similar concerns were echoed by Members of the Economic Well-Being Panel.</p>	Report requested for submission to a future meeting.	This item appears elsewhere on the Agenda.	07/12/10
2/11/10	<p><u>Cambridgeshire Local Investment Plan</u></p> <p>Panel has requested for a separate report on the implications of the Investment Plan upon local housing, to include the potential shortfalls in the delivery of affordable housing within the District, identify what housing is due to come forward and to include reference to the underlying links between housing and planning.</p>	Request submitted to the Head of Housing Services. Advised that the Investment Agreement was due to be signed off in March 2011 and that the earliest the report would be available would be April 2011.	Report anticipated in April 2011.	05/04/11

Panel Date	Decision	Action	Response	Date for Future Action
6/7/10	<p><u>Gypsy and Traveller Welfare</u></p> <p>Agreed that gypsy and traveller welfare should be included within the Panel's work programme, with a view to looking at the sites already established within the District.</p>	Report requested for submission to a future meeting. Following consultation with the Chairman, agreed to defer the report until further notice.		TBC
06/04/10	<p><u>Huntingdonshire Strategic Partnership (HSP)</u></p> <p>The Panel has a legal duty to scrutinise the work of the HSP, with three thematic groups of the HSP falling within its remit. Arrangements for scrutinising the HSP are yet to be formalised between Overview and Scrutiny Members and Partners of the HSP, but in the meantime the Panel has received some background information on the work of the thematic groups as follows:-</p> <p>Huntingdonshire Community Safety Partnership / Inclusive, Safe and Cohesive Communities</p> <p>Panel received details of the Community Safety Plan 2010-11 and its strategic links to the Inclusive, Safe and Cohesive</p>			

Panel Date	Decision	Action	Response	Date for Future Action
05/10/10	<p>Communities thematic group of the HSP. Acknowledged that a multi agency approach to the work of the Partnership was adopted and that appropriate monitoring and accountability mechanisms were in place.</p> <p>Children and Young People</p> <p>Details of the thematic group's outcomes and objectives have been received together with the latest report of the group, outlining its terms of reference, membership and current matters being discussed. The next report of the group has been requested for circulation, together with an update on progress on the action plan for the group which is currently in its development stages. Panel also agreed to extend an invitation to the relevant Executive Member to attend a future meeting.</p> <p>Health and Well-Being</p> <p>Panel is yet to receive background information on the work of this thematic group.</p>	<p>An update on the matters raised was circulated electronically to Panel Members on 18th October 2010. Invitation to be extended to Executive Member in due course.</p>		TBC

Panel Date	Decision	Action	Response	Date for Future Action
	<p><u>Forward Plan</u></p> <p>One Leisure, St Ives – Proposals for Development</p>	Request submitted to the General Manager, Leisure.	Deferred on the Forward Plan until January 2011.	4/01/11
6/04/10	Home Improvement Agency Review – Future Delivery Model Consultation	Request submitted to the Head of Housing Services.	Report anticipated January 2011.	4/01/11
6/07/10	Open Space Strategy	Request submitted to the Head of People, Performance and Partnerships.	Report anticipated February 2011.	1/02/11

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