

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, 6 DECEMBER 2011 at 7:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact
(01480)**

APOLOGIES

1. MINUTES (Pages 1 - 8)

To approve as a correct record the Minutes of the meeting of the Panel held on 1st November 2011.

**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 9 - 12)

A copy of the current Forward Plan, which was published on 10th November 2011, 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. HOUSING BENEFIT CHANGES AND THE POTENTIAL IMPACT ON HUNTINGDONSHIRE (Pages 13 - 16)

To receive a joint report by the Heads of Customer and Housing Services on the potential impact of housing benefit changes upon Huntingdonshire.

**Mrs J Barber /
J Collen
388105 /
388220**

20 Minutes.

5. NHS CONSULTATION - PROPOSED REDESIGN OF MENTAL HEALTH SERVICES ACROSS CAMBRIDGESHIRE AND PETERBOROUGH (Pages 17 - 46)

To consider a response to NHS Cambridgeshire's consultation on the Redesign of Mental Health Services in Cambridgeshire and Peterborough.

**Miss H Ali
388006**

20 Minutes.

6. **VOLUNTARY SECTOR WORKING GROUP** (Pages 47 - 50)

To receive a report on recent meetings of the Voluntary Sector Working Group.

**Miss H Ali
388006**

15 Minutes.

7. **NEIGHBOURHOOD FORUMS WORKING GROUP** (Pages 51 - 52)

To receive a report on a recent meeting of the Neighbourhood Forums Working Group.

**Miss H Ali
388006**

10 Minutes.

8. **CAMBRIDGESHIRE ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

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

5 Minutes.

9. **WORK PLAN STUDIES** (Pages 53 - 56)

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

**Miss H Ali
388006**

15 Minutes.

10. **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS** (Pages 57 - 66)

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

**Miss H Ali
388006**

15 Minutes.

11. **SCRUTINY** (Pages 67 - 74)

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

5 Minutes.

Dated this 28 day of November
2011



Head of Paid Service

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

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

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

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

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

Emergency Procedure

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

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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, 1 November 2011.

PRESENT: Councillor S J Criswell – Chairman.

Councillors S Akthar, K M Baker,
Mrs J A Dew, J J Dutton, Mrs P A Jordan,
S M Van De Kerkhove, Mrs D C Reynolds
and R J West.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillor I C Bates and Mr R Coxhead and Mrs M Nicholas.

51. MINUTES

The Minutes of the meeting of the Panel held on 4th October 2011 were approved as a correct record and signed by the Chairman.

52. MEMBERS' INTERESTS

Councillor K M Baker declared a personal interest in Minute No. 54 by virtue of being a Trustee of Shopmobility, Huntingdon.

Councillor B S Chapman declared a personal interest in Minute No. 54 by virtue of being a volunteer for the Huntingdonshire Citizens Advice Bureau.

Councillor J J Dutton declared a personal interest in Minute No. 54 by virtue of being a Director of the Huntingdonshire Citizens Advice Bureau and his membership of the Hunts Forum of Voluntary Organisations.

Councillor S Akthar declared a personal interest in Minute No. 60 as Vice-Chairman of the Huntingdon Neighbourhood Forum.

53. 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 Executive Leader of the Council for the period 1st November 2011 to 29th February 2012. In noting the addition of the item entitled Voluntary Sector Support, the Panel requested sight of the report prior to its submission to the Cabinet.

54. VOLUNTARY SECTOR

(Councillor B S Chapman, Executive Councillor for Customer Services, and Councillor T D Sanderson, Executive Councillor for Healthy and Active Communities, were in attendance for

consideration of this item).

Consideration was given to a report containing the findings of the Voluntary Sector Working Group (a copy of which is appended in the Minute Book). The Working Group had been tasked by the Panel to investigate the social value of the functions performed by the voluntary organisations that have Service Level Agreements (SLA) with the Council. It had received evidence from all the organisations and Members had concluded that they made a valuable contribution to the Council's aims. The Council's financial challenges were recognised and the recommendations made took them into account.

In light of the Council's current financial position, Councillor Mrs D C Reynolds restated that when considering the terms of any future agreements the Council should take into account whether services were offered on a District-wide basis.

The Head of Environmental and Community Health Services drew the Panel's attention to the procedure the Council would have to employ if it were to continue to procure the functions contained in the SLAs. The Council would first have to decide to continue with SLAs or return to awarding grants. The procurement rules in respect of SLAs were very prescriptive and included the publication of advertisements in the European Journal. Interested organisations would then be required to submit bids, which would be assessed against specified criteria. Members were also informed that an indicative budget would be sought from the Cabinet in January 2012 for the 2013/14 financial year in order to comply with the procurement rules and contractual obligations that the Council had with the voluntary organisations under the existing Service Level Agreements.

Councillor B S Chapman addressed the Panel on the work of the Huntingdonshire Citizens Advice Bureau in offering support and advice on a wide range of issues to Huntingdonshire residents. In order to take forward their discussions, the Panel requested the Working Group to investigate the potential financial impact that any budgetary cuts would have on the District Council. In addition, the Working Group was tasked with prioritising the activities that were provided through the SLAs. Councillor B S Chapman, in his capacity as Executive Councillor for Customer Services, reported that some preliminary work on this had already been undertaken by the Head of Customer Services and offered his assistance at a future Working Group meeting. Councillor T D Sanderson, Executive Councillor for Healthy and Active Communities also offered to assist the Working Group with its investigations.

55. EXCLUSION OF THE PUBLIC

RESOLVED

that the public be excluded from the meeting because the business to be transacted contains exempt information relating to the financial or business affairs of the authority.

56. FUNDING FOR CCTV

(Councillor T D Sanderson, Executive Councillor for Healthy and

Active Communities and Councillors Mrs B E Boddington, P L E Bucknell, B S Chapman, P G Mitchell and A H Williams were in attendance for consideration of this item).

Consideration was given to a report by the Head of Operations (a copy of which is appended in the annex to the Minute Book) updating Members on the options for the future of the CCTV service. The Head of Operations, Streetscene Manager and the Executive Councillor for Healthy and Active Communities presented the Panel with information on the service, which included an outline of the budgetary savings achieved to date, the commitments received from Partners and options for changes to the way it operated.

The Panel was acquainted with some of the budgetary implications of the options. Having discussed a number of matters including the costs associated with removing CCTV cameras, the obstacles to utilising redundant cameras as a deterrent and the impact of them on perpetrators of crime, Members expressed concern that there might be an adverse effect on crime prevention. The retrospective use of CCTV footage by the Police to obtain convictions and the proposed terms of the Service Level Agreement with Town Councils were also referred to by Members. Having regard to the latter, the Panel suggested that a year's notice period should be specified for the termination of the Agreement.

Members concluded that the current proposal should be accepted in order to preserve the service in the short term but that any additional funding obtained over that already identified within the report should be utilised to extend the service's proactive role.

RESOLVED

that the Cabinet be recommended to

- a) note the estimate of potential income and savings for the CCTV service for 2012/13 and beyond;
- b) approve funding for CCTV for 2012/13 in principle on the basis that contributions from Partners would be forthcoming and staff reductions made to reduce the overall financial burden on the Council to £164k, excluding external re-charges;
- c) approve the draft SLA with Town Councils appended to the report now submitted,
- d) that subject to the Cabinet being able to identify alternative savings to meet the additional cost of funding the CCTV service in 2012/13, the recommendations as set out in the report now submitted be endorsed by the Panel; and
- e) use any additional funding obtained above that already identified within the report to enhance the service's proactive role.

57. RE-ADMITTANCE OF THE PUBLIC

RESOLVED

that the public be re-admitted to the meeting.

58. THE HEALTH IMPLICATIONS OF THE NIGHT-TIME ECONOMY IN HUNTINGDONSHIRE

Consideration was given to a report by the Head of Environmental and Community Health Services (a copy of which is appended in the Minute Book) on the health implications of the night-time economy in Huntingdonshire. The Head of Environmental and Community Health Services outlined the relationship between the night-time economy and health and drew Members' attention to trends in alcohol related health matters that had been identified by the Strategic Needs Assessment undertaken on behalf of the Huntingdonshire Community Safety Partnership (HCSP).

It was reported that whilst there was no specific data relating to binge drinking, the HCSP was now in receipt of data from Hinchingsbrooke Hospital about alcohol related admissions in respect of the location, timing and frequency of incidents. Given that the information sharing practices had been introduced in February 2011, the Head of Environmental and Community Health Services reported that only 29 incidents of alcohol related assaults, which were likely to be associated with the night-time economy, had been recorded to date. Members were advised to treat the figures with caution as they were not regarded as being statistically reliable.

In response to a question by a Member, it was reported that alcohol misuse in Huntingdonshire related primarily to domestic and social misuse outside of the night-time economy. Evidence suggested that individuals who misused alcohol tended to be middle aged and older white males.

Owing to the fact that little information was currently available, Members agreed to continue to monitor the health implications of the night-time economy in Huntingdonshire during their annual scrutiny of the HCSP.

59. ANNUAL EQUALITY PROGRESS REPORT

With the aid of a report prepared by the Senior Policy Officer (a copy of which is appended in the Minute Book) Members were acquainted with progress towards the achievement of the Council's Single Equality Scheme and its associated action plan. In introducing the report, the Senior Policy Officer reported on the legislative background to the Single Equality Scheme, which had been introduced by The Equality Act 2010. Members' attention was drawn to the achievements made against the Action Plan. Of the 51 actions contained within the Plan, 47 had been completed or were ongoing. Of the 19 Equality Impact Assessments undertaken over the course of the 2010/11 financial year, 5 had been prompted by proposed budgetary cuts to some of the Council's services.

Members were reminded of the provisions of the Equality Framework

for Local Government and informed that an external assessment of the Council's equalities arrangements would be undertaken in February 2012. The assessment would seek to validate the Council's current status as an "Achieving" Council and representatives of the Panel would be requested to take part in the assessment.

In response to a question by Councillor R J West, it was reported that training on equality matters had previously been delivered to Members and that a further programme would be rolled out in due course.

RESOLVED

that the Cabinet be recommended to

- (a) note progress with the Single Equality Scheme Action Plan and the findings from the Equality Impact Assessments conducted during 2010/11; and
- (b) note that an external review (Diversity Peer Challenge) will take place on the 28th and 29th February 2012 and be aware of the role of Members during the review.

60. NEIGHBOURHOOD FORUMS - CONSULTATION RESPONSES

(County Councillor Sir P Brown and Councillor P L E Bucknell, Chairmen of the Huntingdon and Ramsey Neighbourhood Forums respectively, were in attendance for consideration of this item).

(At this point (9:00pm) Councillor Mrs J A Dew left the meeting).

Pursuant to Minute No. 11/36 and with the aid of a report prepared by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) the Panel was acquainted with the responses received from District Councillors, relevant County Councillors and Town and Parish Councils to consultation on the Neighbourhood Forums in Huntingdonshire.

County Councillor Sir P Brown and Councillor P L E Bucknell, Chairmen of the Huntingdon and Ramsey Neighbourhood Forums respectively, addressed the Panel on their experiences of the Neighbourhood Forums to date. Both commented that their Forums were in the early stages of development and that efforts were being made to enhance the way they worked to suit their local areas. County Councillor Sir P Brown reported that the Huntingdon Neighbourhood Forum had met the previous week, when a number of wide ranging issues had been discussed. Public attendance levels had increased and it was considered that this was a result of the issues which had been raised for discussion at the meeting. In his concluding remarks, County Councillor Sir P Brown commented that the Forums could be utilised as a vehicle for the delivery of the Localism agenda whilst at the same time providing an opportunity to reshape public services and to enhance public participation levels. Councillor P L E Bucknell concurred with the comments made and expressed support for the devolution of decision making powers to the Neighbourhood Forums.

In opening up the Panel's discussions, the Chairman stated that the purpose of the review was not to dispense with the Forums but to improve the way they worked. He also expressed the view that the Forums needed to engage more directly and effectively with local groups, village associations and the local community. Having regard to public attendance levels, the Panel concurred with the point that this was largely dependent on the subject matter discussed at the meetings. Additionally, comment was made that the public generally preferred face to face engagement with public service providers.

Whilst the Panel were supportive of the suggestion that decision making responsibilities should be devolved to the Neighbourhood Forums, Councillor Mrs D C Reynolds suggested that Members should take into account the budgetary implications that this would have at a time when the Council was trying to achieve efficiencies and generate savings. Members noted the views expressed by some respondents that the Forums might usurp the roles of the Parishes.

In referring to the devolution of decision making responsibilities to the Neighbourhood Forums, the Chairman was of the view that this resonated with Members' desire for decisions to be taken at a localised level. He also reported that the Deputy Executive Leader supported the idea of utilising the Forums as a consultation mechanism for the management of area budgets associated with the Community Infrastructure Levy. He then drew attention to the role of the Area Joint Committees, which might be performed by the Forums.

Owing to the extent of the detailed work required to pursue their investigations, the Panel decided to establish a Working Group. It was, therefore

RESOLVED

that Councillors S J Criswell, J J Dutton, S M Van De Kerkhove and R J West, together with Mr R Coxhead, be appointed onto a Working Group to undertake a review of the Neighbourhood Forums in Huntingdonshire.

61. CAMBRIDGESHIRE ADULTS WELL-BEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Panel received and noted the Minutes of the meeting of the Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee held on 15th September 2011 (a copy of which is appended in the Minute Book). Members were advised that the Home Care Services Working Group had commenced their investigations and that a further update in this respect would be provided at the Panel's December 2011 meeting.

62. WORK PLAN STUDIES

The Panel received and noted a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) containing details of studies that were being undertaken by the Overview and Scrutiny Panels for Economic Well-Being and for Environmental Well-Being.

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

The Panel received and noted a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) which contained details of actions taken in response to recent discussions and decisions. The Scrutiny and Review Manager reported that he was awaiting a response from Circle in respect of the financial provision they had made for the Public Finance Initiative (PFI) relating to the construction of the treatment centre at Hinchingsbrooke Hospital. Additionally, the Scrutiny and Review Manager undertook to make contact with Councillor I C Bates to confirm arrangements for the scrutiny of the Council's budgets relating to the functions that fell within the remit of the Panel.

64. SCRUTINY

The 118th Edition of the Decision Digest was received and noted.

Chairman

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FORWARD PLAN OF KEY DECISIONS

Prepared by
Date of Publication:
For Period:

Councillor J D Ablewhite
10 November 2011
1 December 2011 to 31 March 2012

Membership of the Cabinet is as follows:-

Councillor J D Ablewhite	- Leader of the Council, with responsibility for Strategic Economic Development	3 Pettis Road St. Ives Huntingdon PE27 6SR Tel: 01480 466941 E-mail: Jason.Ablewhite@huntingdonshire.gov.uk
Councillor N J Guyatt	- Deputy Leader of the Council with responsibility for Strategic Planning and Housing	6 Church Lane Stibbington Cambs PE8 6LP Tel: 01780 782827 E-mail: Nick.Guyatt@huntingdonshire.gov.uk
Councillor B S Chapman	- Executive Councillor for Organisational Development	6 Kipling Place St. Neots Huntingdon PE19 7RG Tel: 01480 212540 E-mail: Barry.Chapman@huntingdonshire.gov.uk
Councillor J A Gray	- Executive Councillor for Resources	Shufflewick Cottage Station Row Tilbrook PE28 OJY Tel: 01480 861941 E-mail: Jonathan.Gray@huntingdonshire.gov.uk
Councillor D M Tysoe	- Executive Councillor for Environment	Grove Cottage Maltings Lane Ellington Huntingdon PE28 OAA Tel: 01480 388310 E-mail: Darren.Tysoe@huntingdonshire.gov.uk
Councillor T D Sanderson	- Executive Councillor for Healthy and Active Communities	29 Burmoor Close Stukeley Meadows Huntingdon PE29 6GE Tel: 01480 412135 E-mail: Tom.Sanderson@huntingdonshire.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.

Colin Meadowcroft
Head of Legal and Democratic Services

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
10 Council Tax Base***	Chairman of Corporate Governance and Section 151 Officer	5 Dec 2011	None.	Julia Barber, Head of Customer Services Tel No. 01480 388105 or email Julia.Barber@huntingdonshire.gov.uk		J A Gray	All
Roll Forward of the Council's Core Strategy -Its Local Development Plan	Cabinet	8 Dec 2011	None.	Steve Ingram, Head of Planning Services Tel No 01480 388400 or email Steve.Ingram@huntingdonshire.gov.uk	Update.	N J Guyatt	Environmental Well-Being
Developer Contributions Supplementary Planning Document	Cabinet	8 Dec 2011	Local Infrastructure Framework	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk	Endorse as Council policy.	N J Guyatt	Environmental Well-Being
Waste Collection Policies	Cabinet	8 Dec 2011	None.	Eric Kendall, Head of Operations Tel No. 01480 388635 or email Eric.Kendall@huntingdonshire.gov.uk		D Tysoe	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
Great Fen Supplementary Planning Document	Cabinet	8 Dec 2011	Great Fen SPD	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388340 or email Paul.Bland@huntsdc.gov.uk	Endorse as Council policy (further details required)	N J Guyatt	Environmental Well-Being
RAF Brampton Urban Design Framework	Cabinet	8 Dec 2011	Agreed Urban Design Framework	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk	Adopt as Council Policy.	N J Guyatt	Environmental Well-Being
Draft MTP	Cabinet	8 Dec 2011	None.	Steve Couper, Head of Financial Services Tel No. 01480 388103 or email Steve.Couper@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
ⓄIL Charging Schedule***	Cabinet	19 Jan 2012	Local Investment Framework Viability Reports	Steve Ingram, Head of Planning Services Tel No. 01480 388400 or email Steve.Ingram@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Budget and MTP***	Cabinet	16 Feb 2012	Draft MTP, Previous Year's budget report, Various Annexes	Steve Couper, Head of Financial Services Tel No. 01480 388103 or email Steve.Couper@huntingdonshire.gov.uk	Overview and Scrutiny (Economic Well-Being). 2nd February 2012.	J A Gray	Overview and Scrutiny (Economic Well-Being)
Cambridgeshire Green Infrastructure Strategy	Cabinet	19 Jan 2012	Cambs County Council-Led Project	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388340 or email Paul.Bland@huntsdc.gov.uk	Endorse as Council Policy (subject to County Council progress).	N J Guyatt	Environmental Well-Being
Cambridgeshire Future Transport - Transport for Cambridgeshire	Cabinet	19 Jan 2012	None.	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk	Update on emerging options and recommendations.	N J Guyatt	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
Huntingdon West Master Plan	Cabinet	19 Jan 2012	Huntingdon West Action Plan	Paul Bland, Planning Service Manager (Policy) Tel No 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Voluntary Sector Support	Cabinet	19 Jan 2012	None.	Dan Smith, Community Health Manager Tel No 01480 388377 or email Dan.Smith@huntingdonshire.gov.uk		T D Sanderson	Social Well-Being
Location of the Call Centre	Cabinet	19 Jan 2012	Previous Cabinet Papers	Julia Barber, Head of Customer Services Tel No 01480 388105 or email Julia.Barber@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
Planning for Sustainable Drainage Systems (SuDs)	Cabinet	19 Jan 2012	CCC SuDs Options Paper	Paul Bland, Planning Service Manager (Policy) Tel No 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk	Consider options.	N J Guyatt	Environmental Well-Being
Treasury Management Strategy and Prudential Indicators***	Cabinet	16 Feb 2012	Previous year's Strategy	Steve Couper, Head of Financial Services Tel No. 01480 388103 or email Steve.Couper@huntingdonshire.gov.uk	Overview and Scrutiny (Economic Well-Being). 2nd February 2012.	J A Gray	Overview and Scrutiny (Economic Well-Being)
St. Neots Town Centre Urban Design Framework***	Cabinet	22 Mar 2012	Options Paper	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk	Approve for public consultation.	N J Guyatt	Environmental Well-Being

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

6 DECEMBER 2011

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

5 JANUARY 2012

HOUSING BENEFIT CHANGES AND THE POTENTIAL IMPACT ON HUNTINGDONSHIRE

(Report by the Heads of Customer and Housing Services)

1. INTRODUCTION

- 1.1 The Government's Welfare Reform programme includes significant changes to the Housing Benefit system. The Panel has requested an update on these changes, shown in the table at appendix A, and the potential impact they may have on some of the residents of Huntingdonshire. It focuses purely on the Housing Benefit changes, paid as a 'Local Housing Allowance' to those households that are assessed as being eligible for help with paying their rent. It does not consider the wider welfare benefit reforms concerning the introduction of Universal Credit, contained within the Welfare Reform Bill and currently going through Parliament.

2. IMPACT & TIMESCALES

- 2.1 The council pays approximately £9 million per annum to 1,900 Housing Benefit claimants renting in the private sector. The changes will result in a reduction of £370k per annum being paid in Housing Benefit. Households facing a reduction in their Housing Benefit entitlement will be awarded between £3 and £70 less per week, depending upon their particular circumstances.
- 2.2 The various changes are being introduced between April 2011 and April 2013. The changes will be implemented immediately for new claims made after the date of their introduction whilst existing claimants will have a period of protection to allow them to try and adjust to the changes, or make alternative housing arrangements. The impact will begin to be felt by existing claimants from January 2012 and so this is when some households may begin to fall into rent arrears and face the threat of eviction and possible homelessness if they are unable to afford to maintain their current home, or find cheaper housing.
- 2.3 The government believes private rents have been inflated over recent years by the Local Housing Allowance dictating minimum rents, whereas this should have been at the 50th percentile. One of the aims of the government's policy, apart from reducing the national Housing Benefit bill, is therefore to reduce minimum rents by setting the Local Housing Allowance at the 30th percentile. At present there are no early indications that landlords have started to reduce their rents and it will be important to monitor whether they do as the restrictions start to take effect on existing tenants from January 2012.

3. CONCLUSION

- 3.1 The changes in the Housing Benefit system:

- i) have the potential to make some households' current homes unaffordable, as their levels of entitlement reduce as their period of protection ends, forcing them to look for alternative, cheaper housing; and
 - ii) have the potential to reduce the number of private sector properties available to Housing Benefit claimants, as a result of the lower Local Housing Allowances levels.
- 3.2 The knock-on effect of this may be to increase the number of households faced with homelessness because of the unaffordability of their current home and/or their inability to find a new home within the Housing Benefit levels that apply to their particular circumstances.
- 3.3 With no other alternatives available to them a proportion of these households will turn to the council for help. The council has been successful in preventing homelessness in recent years by helping households into private rented tenancies, given the shortage of social rented housing. This option will not be as widely available given the Housing Benefit changes and so will have duties to some of these households under the safety net of the homelessness legislation. The council will incur costs where it has to place some of these households into temporary accommodation because of their homelessness.

5. RECOMMENDATIONS

- 5.1 The Panel is asked to:
- i) comment on the effect of the changes to the Housing Benefit system; and
 - ii) receive a further report drawing together the wider housing policy implications on the council as a result of these and the other welfare reforms contained within the Welfare Reform Bill.

Contact Officer: Julia Barber
☎ 01480 388105
Steve Plant
☎ 01480 388240

Appendix A

Date change implemented	Summary of change	HB potential impact	Housing potential impact
April 2011	Local Housing Allowance limited to 30% instead of 50% (average rent amounts)	Annual loss of £230k to HB claimants. 703 households will lose between £3 and £70 per week loss in their HB entitlement.	1 Existing tenants forced to vacate – potentially homeless as no longer affordable. 2 Landlords more reluctant to take on tenants claiming HB, reducing effectiveness of homelessness prevention work
April 2011	Increase in Non-dependent deductions	671 claims potentially affected. HB and CTB will reduce and relatives living in the same household will be expected to make up the shortfall.	If shortfall is not made up households may fall into arrears. Parents may ask their grown up children (over 18) to leave the family home. Most will not be priority need, but may require advice on housing options
April 2011	Government to increase Discretionary Housing Payment funds to councils every year	Increase in DHP grant to £41,422 in 2011/12 (from £30,211). 2012/13 grant is £56,646. However annual loss to claimants predicted to be £370k, so not able to offset impact.	Very few tenants likely to benefit from the extra funds, so impact likely to be as for line 1 above.
January 2012	Shared Accommodation Rate to be applied to single people under 35 (extended from those under 25)	Annual loss of £136k to HB claimants. 72 people will be affected by around £36 per week.	Possible increase in homelessness if tenants cannot make up the shortfall in the rent. Limited options for single people under 35 as relatively small number of Houses in Multiple Occupation in the district.
April 2013	HB entitlement reduced for social rented tenants below pensionable age who are under-occupying their homes	Approximately 550 benefit claims in this category. It is proposed that HB will be reduced by a percentage based on whether the claimant is over occupied by one or two bedrooms. No further details are known yet, but will involve rent restrictions for social rented sector for the first time.	This may result in the government's policy on number of rooms etc being at odds with Housing policy. Housing Lettings Policy will be reviewed to ensure we do not let properties to families that will not be able to afford them due to HB restrictions.
April 2013	Local Housing Allowance rates will be uprated in line with CPI	Currently LHA rates are based on actual rents passing in the private sector. This change would effectively remove the rent officer's functions in establishing LHA rates.	If LHA rates don't keep pace with rent levels, over time this will reduce the proportion of private sector properties available to HB claimants. Impact as line 1 of table.

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**NHS CONSULTATION – PROPOSED REDESIGN OF MENTAL HEALTH SERVICES
ACROSS CAMBRIDGESHIRE AND PETERBOROUGH
(Report by the Head of Legal and Democratic Services)**

1. INTRODUCTION

- 1.1 On 17th October 2011, NHS Cambridgeshire launched a consultation on its plans to transform mental health services in Cambridgeshire and Peterborough.
- 1.2 Members may recall that at previous Panel meetings, some concerns were expressed at the temporary closure of the mental health ward at Hinchingbrooke Hospital earlier on in the year. Patients have since been transferred over to Peterborough City Hospital and it has been suggested that this will have an adverse impact on both patients and visitors.
- 1.3 The consultation will run for a period of 13 weeks and will close on 16th January 2012. A copy of the full consultation document is reproduced as an Appendix hereto.
- 1.4 The purpose of this report, therefore, is to provide the Panel with an opportunity to formulate a response to the consultation.

2. BACKGROUND

- 2.1 NHS Cambridgeshire, NHS Peterborough and Cambridgeshire and Peterborough NHS Foundation Trust have been working alongside GPs to develop the proposals which could see mental health services in the area radically transformed over the next three years.
- 2.2 The plans have been developed on the basis of patient feedback, GP experience and recent inspections. These have revealed that current services are complicated, not always easy to access and do not meet local needs. If approved, it is claimed the new services will provide easy to access, high-quality preventative services in the community. They will improve the services received by patients and ensure that inpatient services are delivered in modern, purpose built facilities that meet current standards of patient privacy and dignity.

3. CONSULTATION PROPOSALS

- 3.1 The plans are:
 - to open a new 24/7 advice and intervention centre;
 - to redesign primary care mental health services;
 - to combine some inpatient wards for adults;
 - to combine some inpatient wards for older people, and
 - to re-design community services for people of all ages

3.2 The aims of the proposed changes are to:

- give patients faster access to support, advice and information sooner in order to try and prevent deterioration in their mental health at a later stage;
- improve the responsiveness, quality, reliability and efficiency of community-based mental health service, and
- enable all patients who require admission to hospital to be accommodated in modern purpose-built facilities where they can access the full range of treatments available.

4. CONSULTATION PROCESS

4.1 The Huntingdonshire Health and Well-being Group (Local Health Partnership) last met on 19th October 2011, which meant that it did not have chance to consider the consultation on the redesign of mental health services across Cambridgeshire and Peterborough. However, individual partners on the Group were made aware of the consultation and were urged to respond independently.

4.2 The Shadow Health and Wellbeing Board for Cambridgeshire has only met once, on 14th October 2011. That meeting pre-dated the release of the consultation. The next meeting of the Shadow Board is not yet scheduled but should be around 16th December 2011. It has not, therefore, reached any conclusions on the consultation.

4.3 The Mental Health Services in Cambridgeshire and Peterborough: Joint Overview and Scrutiny Committee will consider the consultation on 29th November 2011. The Panel will be provided with an update on this meeting.

5. CONCLUSION

5.1 Members of the Panel have previously raised concerns at the temporary closure of the mental health ward at Hinchingsbrooke Hospital. The consultation proposals seek formally to relocate the facility to the Lucille van Geest Centre in Peterborough. The Panel is invited to consider whether it wishes to submit a response to NHS Cambridgeshire's consultation on the proposed redesign of mental health services across Cambridgeshire and Peterborough.

BACKGROUND INFORMATION

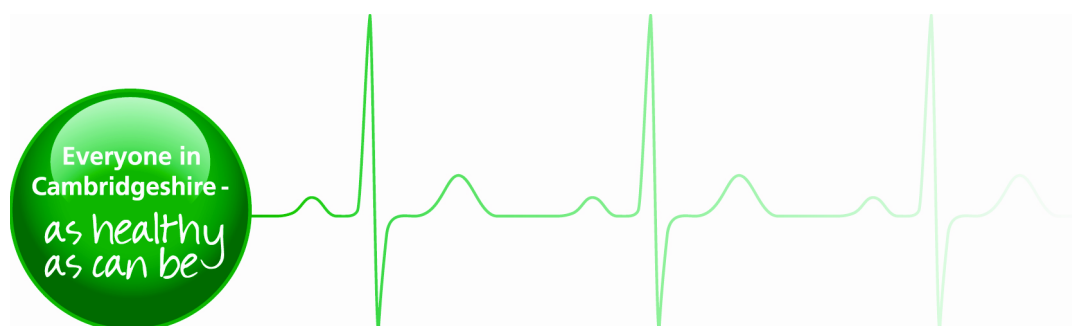
NHS Cambridgeshire Website – www.cambridgeshire.nhs.uk.

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Have your say on...

Proposed redesign of Mental Health Services across Cambridgeshire and Peterborough

A consultation paper



Foreword

NHS Cambridgeshire, NHS Peterborough and the Cambridgeshire and Peterborough NHS Foundation Trust are consulting on a range of proposed changes to how specialist services are provided locally to people with mental health needs. These are services for people with needs greater than those that can usually be met by their GP during normal surgery appointments.

NHS Cambridgeshire (NHSC) and NHS Peterborough (NHSP) are responsible for commissioning (buying) these services for the people of Cambridgeshire and Peterborough and the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is the main provider of NHS mental health services across the county.

We are proposing a radical re-design or “transformation” of local care pathways during the next three years. These proposals would radically change the way we provide mental health services, increasing the emphasis on community-based rather than ward-based services. The focus would be on providing preventative services and simplifying care pathways that are currently complicated, as well as ensuring all services work to the highest standards.

There is evidence from patient feedback, local GP experience and the results of recent external inspections that current pathways may not be addressing local needs as responsively as they could. We are anxious to ensure that people receive the care that they need promptly, and in the most appropriate setting. We do believe that if these proposals are adopted then local services will improve.

Furthermore, in common with the rest of the NHS, all three organisations face significant challenges to deliver efficiency savings during the next three years. The proposed radical changes to mental health services will not only improve services for patients, but will also enable us to make the significant financial savings that are required.

Local GPs and senior clinicians from CPFT have worked in partnership to develop these proposals. Their priorities throughout have been to:

- ensure that there is a patient focused approach with strong partnership links to the local authority and other community and third sector organisations
- ensure mental health services meet the needs of both patients and primary and secondary care professionals
- ensure mental health services commissioned are evidence based and value for money
- seek ways to provide “more for less” whilst maintaining the quality of care provided.

In this consultation document, we have sought to set out in turn:-

1. Why We Have Developed These Proposals, including the national policy background, the scale of the efficiency savings that we are required to make, and the local background and current provision of mental health services.

2. What The Proposals Consist Of, including the future service model or vision that we have developed and the most significant changes to local services that we propose to make, and the timescales for implementing these changes during the next three years.

3. What The Impact Would Be upon patient pathways and the care received by people with mental health problems in each of the localities throughout Cambridgeshire and Peterborough.

4. How You Can Contribute to the Consultation, including a questionnaire you can complete, and how to arrange an individual discussion or meeting.

We want this consultation process to provide a genuine opportunity for discussion with local people on all aspects of local mental health services and the changes that we propose.

Local GPs have worked with us on the development of these proposals as improving the mental health care of their patients is one of their key priorities. From April 2013, GPs will be responsible for commissioning (buying) mental health services for their patients.

We encourage anyone with an interest to take the time to read the consultation document and contribute by completing the questionnaire at the end or by contacting us to arrange a meeting. The details of how to do this are set out at the end of this document.

Sushil Jathanna, Chief Executive, NHS Cambridgeshire and NHS Peterborough

Jenny Raine, Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust

Dr Simon Hambling, GP and Chair of NHS Cambridgeshire GP Senate and GP Cluster Lead for Mental Health, Borderline Commissioning Group

Dr Mike Caskey, GP and Chair of NHS Peterborough GP Board Sub-Committee

Dr Sohrab Panday, NHS Peterborough GP Board Sub-Committee Mental Health Lead

Dr David Irwin, GP and Lead for Mental Health, Hunts Care Partners

Dr. Caroline Lea-Cox, GP Senate and Lead for Mental Health, CATCH

Dr Dee McCormack, GP and Lead for Mental Health, Isle of Ely

Dr John Richmond, GP and Lead for Mental Health, Hunts Health

Dr Emma Tiffin, GP and Lead for Older People's Mental Health, NHS Cambridgeshire

Dr Ray Webb, GP and Lead for Mental Health, Wisbech

Glossary

Acute Functional Illnesses - these are mental health problems that affect people's ability to function on a day-to-day basis. These include depression, anxiety, psychosis, bi-polar disorder.

Primary Care - services provided in local surgeries by family doctors (GPs), dentists, pharmacists, optometrists and ophthalmic medical practitioners together with district nurses, mental health practitioners, health visitors and practice nurses, with administrative support.

Mental Health - refers to a broad range of activities directly or indirectly related to the mental well-being component included in the World Health Organisation's definition of health, which is: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

Primary Care Mental Health Services - these are services delivered in primary care and could include:

- Low and high intensity psychological therapy delivered by qualified therapists
- Employment support to help people at risk of losing their job as a result of a mental health problem or needing help to find new employment
- Signposting to a range of other sources of help to overcome the social isolation often experienced by people with mental health problems.

Social Care - personal care for vulnerable people, including individuals with special needs because of their age or physical or mental abilities and children who need care and protection.

Early onset psychosis - the early stages of psychosis, such as schizophrenia.

Life course pathways - this refers to services that are delivered to all ages, where the service is based on the patient's need rather than age. Where age is a contributing factor to a need, such as dementia, specific specialist services will be available for both age specific conditions and the delivery of services such as primary care for older people.

GP Senate - The GP Commissioning Senate came into effect on 15 February 2011. It is made up of eight GPs who are responsible for providing coordinated and effective leadership for GP Commissioning in Cambridgeshire. The GP Commissioning Senate is a sub committee of NHS Cambridgeshire's Board. The Senate will be responsible for ensuring that all PCT level decisions taken over the next two years are understood and owned by GP commissioners.

Local Commissioning Groups - As of April 2013, GPs will take over the budget and responsibility from NHS Cambridgeshire for commissioning (buying) local health services, as part of the Government's reforms of the NHS, as announced in their White Paper of July 2010 'Equity and Excellence: Liberating the NHS'. Over the next 2 years (up until April 2013 when Primary Care Trusts will be abolished)

the commissioning of healthcare will transfer from NHS Cambridgeshire to GPs through the establishment of local commissioning groups. The local commissioning groups for Cambridgeshire are:

- Cambridgeshire Association to Commission Health (CATCH)
- Cam Health Integrated Care
- Borderline Commissioning Cluster
- Hunts Care Partnership
- Hunts Health
- Isle of Ely
- Wisbech Locality Group

Commissioning groups for Peterborough :

- North, Central & Park Commissioning Cluster
- Central & North Practice Based Commissioning Cluster
- Central City Health Care Group

Brief psychological interventions - this is appropriate psychological therapy or self-help materials.

Social interventions - this is for example, help with managing finances, finding suitable accommodation, linking to local voluntary groups, education or training, or employment support,

About this consultation

The purpose of this consultation is to seek your views on our proposed changes to mental health services in Cambridgeshire and Peterborough. If approved, these changes will be implemented over a period of three years. We would also welcome your views on how the proposed service model can be further improved, in order to provide the prompt and responsive services that local people experiencing mental health problems, and their families and carers expect.

Who is this information for and who would the proposed changes affect?

This document provides information about the proposed changes to mental health services across Cambridgeshire and Peterborough. Changes would affect users of mental health services in these areas, their families and carers, as well as medical professionals treating patients with mental health issues in Cambridgeshire and Peterborough. We are seeking the views of these people, as well as groups, charities and organisations who may be interested in mental health services in these areas.

Why are we proposing change

There are three main elements to these proposals, and we are proposing the changes for three reasons:

1. Improved access and responsiveness

Although the majority of people using local mental health services express satisfaction with the care that is provided, feedback is received from both patients and local GPs that access to services could be made easier.

Offering patients and GPs quicker access to support, advice and information at an earlier stage in illness, including making greater use of modern technology, we could help to prevent deterioration in an individual's mental health at a later stage. This would avoid the need for further and more long term contact with local services. We would therefore like to replace the many current ways of accessing health services with a **single point of access** via a proposed Advice and Brief Intervention Centre. This centre would also allow easier access for previous service users back into services should their mental health deteriorate.

The work of this Centre would be complemented and supported by a new Primary Care Mental Health Service which would cover all age groups. This would be aligned with local GP surgeries and deliver a choice of treatment options at settings within the community.

2. Modern and purpose built facilities

We want to ensure that all local people who require an admission to hospital are cared for in modern, purpose built facilities, that meet current standards of patient privacy and dignity, and where they can access the full range of

available therapeutic treatments. We therefore propose to combine all our mental health wards onto two sites, one in Cambridge (at Fulbourn Hospital) and the other in Peterborough (at the Cavell Centre). This is explained in more detail later in this document.

3. More efficient services

In common with the rest of the NHS, all three organisations leading this consultation face significant challenges to deliver cash-releasing efficiency savings during the next three years. These proposals would deliver these savings. The ways this will be achieved include greater use of modern technology to deliver appropriate care, more use of self-help materials and more prompt signposting to other community resources. We would also introduce new ways of working to promote recovery in the community rather than in a hospital ward, and supporting people with more serious mental health problems who have been stable for a long period of time to be looked after in primary care rather than by specialist mental health services.

The NHS faces significant financial challenges over the next three years, having to make savings of £20 billion across the whole national health system by April 2015. This means that all health services have to find ways to improve services but make sure they are efficient, safe and provide excellent value for money.

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) must make the following savings:

	2012	2013	2014	Total 2012-2014
Overall savings targets	£6,100,000	£4,153,000	£3,929,000	£14,182,000

How CPFT will make these savings

	2012	2013	2014	Total 2012-2014
Ward reconfiguration	£1,587,000	£2,291,000	£0	£3,878,000
Redesign of primary care and community teams	£3,234,000	£1,320,000	£2,132,000	£6,686,000
Consolidation of inpatient wards	£1,587,000	£2,291,000	£0	£3,878,000
Corporate and Support Service savings	£541,000	£221,000	£209,000	£971,000
Other	£0	£0	£300,000	£300,000
Total savings made	£5,362,000	£3,832,000	£2,641,000	£11,835,000

The remainder of these savings will be made by increasing income through business development, as outlined below. This means that CPFT plans to increase income by bringing in business from other areas, by providing specialist services that are not provided elsewhere. This is outlined below:

Income plan	2012	2013	2014	Total 2012-2014
Business development & income growth	£738,000	£321,000	£1,288,000	£2,347,000

What are we proposing

We are proposing the following changes to mental health services:

1. To open a new 24/7 Advice and Brief Intervention Centre
2. To set up a Primary Care Mental Health Service
3. To combine some inpatient wards for adults
4. To combine some inpatient wards for older people
5. To re-design community services for people of all ages.

Local GPs and senior clinicians working in specialist mental health services in Cambridgeshire and Peterborough have worked together to develop these proposals. Local GPs and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) clinicians agree that the model we are proposing is the best way to continue the progress that we have made in recent years towards treating more people in their homes and in the community, and at an earlier stage of their illness.

A number of workshops and other events have been held with local stakeholders since July 2010 to develop these proposals. These have included listening events which were held during February and March 2011 across Cambridgeshire and Peterborough and which over 200 people attended including local GPs, service users, carers, representatives of local authorities, patients, carers, commissioners of local services, local voluntary organisations, and many staff who actually work to deliver local mental health services.

These proposals are explained in the following sections:

1. A new 24/7 Advice and Brief Intervention Centre

We propose to open a new Centre, which would provide a single point of access to local mental health services, enabling people to access these services easily. The centre would initially provide this service to adults but we plan to progressively expand its work to cover all age groups. The centre would also give GPs, nurses, other local medical professionals and carers better advice, support and information. This is where most mental health prevention work, including specialist advice to GPs, self-management, signposting and initial assessment of patients would be provided.

The Centre would:

- provide 24/7 support from a dedicated telephone advice helpline for service users and their carers
- guide people to appropriate treatments for their needs, or provide advice, information and guidance to those referring patients to enable increased self management of common mental health conditions
- be staffed 24 hours a day, 365 days a year by specialist medical professionals to give advice to GPs and other local practitioners with mental health patients
- manage and provide an initial assessment of all referrals to local mental health services.

Some of the benefits of this Centre would be:

- it would enable more people to receive treatment and advice quickly
- it would enable fast access back into services for patients with more serious mental illness

2. Set up a new Primary Care Mental Health Service

We propose to set up a new Primary Care Mental Health Service, which would support the work of the Advice and Brief Intervention Centre. This would bring together the current teams of mental health professionals who deliver services for people typically with mild to moderate mental health problems, either in primary care or elsewhere in local communities. They would provide specialist advice and treatment to people with mild to moderate mental health needs, as well as people with more severe and long term mental health problems who have been stable for a long-time.

The teams would be aligned with local groups of GP surgeries in order to develop stronger relationships with local GPs and others involved in providing care for people with mental health problems. This service would initially be provided to adults but would be expanded over time to serve all age groups.

3. Consolidate inpatient wards for adults

We propose to combine some of the local inpatient wards for adults of working age. We currently have eight inpatient wards and propose to reduce these to six wards, as set out in the table below. The same number of acute beds available locally will be maintained, but the number of beds for rehabilitation will be reduced to 16 from 44, which is a number closer to the average in other areas of the country¹.

¹ Cambridgeshire and Peterborough NHS Foundation Trust compared with comparative set East of England, Audit Commission, June 2011-available on request.

Ward	Location	Function	Current Beds	Proposed Beds
Acute beds:				
Oak 1 Ward	Peterborough	Female Acute Admission	22	22
Oak 2 Ward	Peterborough	Male Acute Admission	22	22
Acer Ward	Huntingdon	Acute Admission	16	0
Lucille van Geest	Peterborough	Acute Admission	0	16
Friends Ward	Cambridge	Acute Admission	24	24
Adrian Ward	Cambridge	Acute Admission	24	24
Total Acute beds			108	108
Sub Acute beds:				
Springbank Ward	Cambridge	Sub-Acute	0	8
Total Sub Acute Beds			0	8
Rehabilitation beds:				
Cobwebs	Cambridge	Rehabilitation	12	0
Cedars recovery Unit	Cambridge	Rehabilitation	16	16
Lucille van Geest	Peterborough	Rehabilitation	16	0
Total Rehab beds			44	16

Our reasons for proposing this are:

- We have reviewed our ability to accommodate people who need to be admitted to hospital. We have found that we have more rehabilitation beds than other areas and that some people who have been in these beds for a long time could be more appropriately cared for within the community². Modern best practice in mental health services increasingly requires that people should be supported to rehabilitate and recover in the community, rather than in hospital.
- We want to ensure that all local people who require an admission to hospital, can be accommodated in modern purpose-built wards. In-patient mental health wards must now meet much higher standards of privacy and dignity, and meet strict infection control and health and safety standards in order to be fit for purpose.

We are proposing to:

1. Combine the two adult rehabilitation wards in Cambridge - Cedars Recovery Unit and Cobwebs - into a single rehabilitation facility based at Fulbourn Hospital in Cambridge, where Cedars Unit is located. This would mean closing Cobwebs and the 14 beds located there.

The reason for this is because Cobwebs does not meet modern accommodation standards and is therefore no longer fit for purpose.

² Acute Care Pathway, Summary of Key Issues. Audit Commission

Cobwebs is a 12-bedroom converted house in Cambridge city centre which provides 24-hour nursed inpatient rehabilitation care for adults aged 18-65 years. We have planned for this so patients will be cared for in other ways, such as within the community, so these 14 beds will no longer be required.

2. Relocate Acer Ward in Huntingdon to the Lucille van Geest Centre in Peterborough.

The reason for this is because Acer Ward does not now meet some important standards of accommodation, for example it still has dormitory style bedrooms. Furthermore, as the only mental health ward at Hinchingsbrooke, Acer is isolated as it does not have the support structures that are available at other larger sites, such as the Cavell Centre in Peterborough. This would require additional travel for patients and their carers from some areas, and we recognise the need to provide additional support in these circumstances.

Acer Ward is currently temporarily closed, pending the outcome of this consultation and local community services are being strengthened.

3. Relocate Lucille van Geest (LVG) to the Cavell Centre Campus in Peterborough, where a new mental health facility will be developed. This would enable all local wards that serve people from Peterborough and the north of Cambridgeshire to be situated together on the same site. We do not expect to be able to implement this relocation until 2014.

The main benefits for local patients should these proposals be adopted are:

- All patients requiring a hospital admission will receive treatment in modern purpose-built facilities
- The standard of accommodation will be consistent for all patients across Cambridgeshire and Peterborough
- More patients will receive specialist treatment and advice from consultants
- The current community services in Huntingdonshire will be strengthened, using some of the resources released by combining some of these wards
- The crisis team in Huntingdonshire will no longer have to cover Acer ward so will be more effective in the community. This may reduce the number of admissions required.

There will however be additional travelling for patients and their carers from some localities. We are mindful of this and are working on a Travel Strategy to enable patients' family and friends to travel to Peterborough if the decision is made to permanently close Acer Ward in Hinchingsbrooke Hospital, Huntingdonshire

4. Consolidate local inpatient wards for older people

We propose to combine some of the local inpatient wards for older people into a new unit, therefore reducing the number of wards from five to four, and the number of beds from 70 to 48, as set out below:

Ward	Location	Function	Current Beds	Proposed Beds
Denbigh Ward	Cambridge	Dementia care	18	18
Maple 1	Peterborough	Dementia care	16	16
Total dementia beds			34	34
James Ward	Cambridge	Acute functional illness	22	0
Maple 2	Peterborough	Acute functional illness	26	26
David Clark House (DCH)	Cambridge	Rehabilitation and recovery	22	0
New Unit (in the current DCH Building)	Cambridge	Acute functional illness	0	22
Total Functional beds			70	48

We are not proposing any changes to our local wards for people with dementia. We are proposing to combine some of our rehabilitation and recovery and acute functional illness (see glossary for definition) wards for older people. We are proposing to combine David Clarke House (Fulbourn hospital) and James Ward (Addenbrooke's hospital), into a single refurbished ward at the David Clarke House building. Both wards primarily care for patients from the Cambridge City, South Cambridgeshire and East Cambridgeshire localities. This new ward will provide acute care and rehabilitation for older people with longer term mental health needs. The new ward will have 22 beds and be based at Fulbourn Hospital. David Clarke House is currently being refurbished so that patients will be treated in modern facilities that compare with the best facilities elsewhere.

The reason for this proposed change is because the environment surrounding James Ward has changed significantly as Addenbrooke's hospital has developed. It is now completely enclosed by other buildings and has little natural light or open space for patients to access with any privacy. Internally the ward is out-dated and no longer meets modern standards of privacy and dignity.

The main benefits for local patients would be:

- All patients requiring an admission to hospital will receive treatment in modern purpose-built facilities
- Patients will receive better access to medical treatment and support services
- An improved working environment for ward staff
- More people will be able to be supported in the community.

There will however be additional travelling for patients and their carers from some areas, and we recognise the need to provide additional support in these circumstances.

We plan to introduce new ways of working to strengthen community support and reduce lengths of stay on these wards, to ensure that this reduction in bed numbers can be safely delivered. The introduction in recent years of community based Intermediate Care Teams has steadily reduced our requirement for in-patient beds for older people. The expanded community services have also enabled us to reduce lengths of stay

The aims of these proposals for change

These proposals, which have been developed in partnership with local GPs and other medical professionals using patient feedback, aim to:

- **Give patients faster access to support, advice and information at an earlier stage in their illness**, in order to try and prevent deterioration in their mental health at a later stage
- **Improve the responsiveness, quality, reliability and efficiency of community-based mental health services**. This includes allowing easier access for previous service users back into services should their mental health deteriorate
- **Enable all patients who require an admission to hospital, to be accommodated in modern purpose-built facilities** where they can access the full range of treatments available.

Timescale for implementation

Subject to the outcome of the public consultation, we would plan to complete all proposed changes by the end of March 2014. A breakdown of the timescale is shown in the table below:

Project	Completion date
Advice and Brief Intervention Centre	January – March 2014
Primary Care Mental Health Service	January – March 2013
Consolidation of inpatient wards	
Permanent closure of Acer Ward	January – March 2012
New way of working at Lucille van Geest	January – March 2012
Permanent closure of Cobwebs Ward	January – March 2012
Permanent closure of David Clarke House and relocation of James Ward	January – March 2012
Relocation of Lucille van Geest to the Cavell Centre site	January – March 2014

What the impact would be

In this section we have set out the main changes that local service users would experience should these proposals be implemented. The main benefits for patients would be:

- patients who go to their GP with a mental health problem that requires more care than the GP can provide, will be able to access and receive appropriate specialist advice and support more quickly and in the most appropriate setting
- primary care and community services will become age inclusive. This means that patients will be signposted to the most appropriate service for their needs, irrespective of age and there will be fewer transition points between services
- all patients requiring an admission to hospital will receive treatment in modern purpose-built facilities
- there will be equitable access to services and a consistent standard of accommodation throughout Cambridgeshire and Peterborough
- the current community services in Huntingdonshire will be strengthened using some of the resources released by the consolidation of inpatient wards.

Patient stories are provided below. These reflect patients' experiences of the current service under different scenarios, and what their experiences will be under the proposed redesigned service:

A - A patient from any locality with mild to moderate mental health needs

Current service: patients are referred to mental health services through GP surgeries. Following referral the patient will then be seen by the Intake and Treatment Team for an assessment, and a plan for their care will be agreed. The patient might be referred for psychological therapy, or provided with self help materials, or referred to a local voluntary sector organisation. This can take up to two weeks

Proposed new service: the referral will be assessed initially at the proposed new Advice and Brief Intervention Centre. Self help materials will be available on the Cambridge and Peterborough NHS Foundation Trust website, and the patient can be directed to the material at their initial referral. After initial assessment, the patient will be referred onto the appropriate voluntary sector organisation or to the proposed new Primary Care Mental Health Service, for further clinical treatment. This will all take up to 48 hours.

B - An adult in Huntingdon needing an inpatient admission

Current service: the patient is seen by Crisis Resolution Home Treatment team (CRHT) in the Huntingdon area, where an assessment is carried out and the patient will continue to remain at home with the support of the CRHT who will see the patient regularly for ongoing assessment and treatment. The patient continues to deteriorate and so requires an admission to Acer Ward at Hinchingbrooke Hospital. When admitted, a further assessment is carried out and the patient is admitted to the ward which is dormitory style with other patients. In this scenario, the patient finds the facilities intimidating with other patients in the room and remains unsettled. The patient is seen regularly by the team and after a week of assessment by the team, a clear plan of care is agreed with the patient and their family. The patient remains on the unit for two weeks and is discharged home to be reviewed by the CRHT. The CRHT follow up regularly.

Proposed new service: the patient is assessed in their home by the enhanced CRHT covering Huntingdon and initially is followed up in the home daily by the team. However, the patient continues to deteriorate and is not responding to the additional clinical treatment and medication, and so requires an admission to the new Dynamic Assessment Unit at the Cavell Centre in Peterborough. They are taken there by their family where the assessment and treatment that has already started, will be continued within this unit. A thorough assessment is carried out within the safe, modern unit including an assessment of the risk of self harm or harm to others with input from the family. After two days, the patient is transferred to the Interventions Unit where brief psychological interventions, support and advice on medication are provided. After one week this leads to early discharge of the patient back to their home with a specific care plan offering support and advice for the family from the enhanced CRHT Team.

C - A rehabilitation patient in Peterborough

Current service: A patient is admitted to Lucille van Geest and will be on the unit for nine months, during which time they will receive a number of psychological and social interventions (see glossary for definition) using a very traditional model of rehabilitation care. The patient does not have appropriate accommodation so will need supported accommodation. The ward team at Lucille van Geest will liaise with the appropriate agencies/providers to help organise this. The patient is discharged from Lucille van Geest after five months, however due to challenges in providing supported accommodation and delays in the system, the patient remains at LVG for a further month, whilst accommodation is arranged.

Proposed new service: The patient will be admitted to the Dynamic Assessment Unit at the Cavell Centre initially and then be transferred to the Recovery Unit, which will deliver innovative rehabilitation and recovery treatment, thus improving the quality of the patients' treatment. Discharge planning will have started when the patient was first admitted to the Dynamic Assessment Unit, with the appropriate community support, at home or in supported accommodation, identified early on in order to reduce the length of stay on the Unit.

D - An older person in James Ward or David Clarke House in Cambridge

Current service: A patient is admitted to Willow Ward (new combined ward at James/David Clarke House ward in Cambridge) after suffering acute depressive illness. The patient was seen by their GP who felt that urgent admission was necessary. On Willow Ward, the patient responds well to the psychological treatment and support the ward team provide. The patient begins to recover on the ward and after 6-8 weeks is well enough to try living back at home independently. The patient returns home for a weekend, then returns to the ward. The patient then returns home for five days and then returns to the ward. Whilst at home the patient is visited each day by a community mental health nurse (CMHN) who checks that the patient is coping. After 14 weeks on the ward the patient is finally discharged with follow-up support from a CMHN and a psychiatrist.

Proposed new service: the same patient is admitted to Willow Ward. On the ward the patient responds well to the psychological treatment and support the ward team

provide. The patient regains their confidence and abilities to self-care and takes more control over their medication. As the patient begins to recover on Willow Ward over the next 2-3 weeks, the older people's mental health Intermediate Care Team (ICT) engage with the patient to plan their discharge with the patient and the ward team. The patient is discharged home after 5 weeks on the ward with the intensive support of the ICT visiting the patient 3 times per day to ensure that the patient feels supported and is able to sustain living well and independently again. Over the next 6 weeks the patient's confidence and well-being continues to improve and as part of regular reviews with the patient of their care plan, the ICT reduces their contact with the patient. The patient attends out-patients clinics where they are reviewed by a psychiatrist and community mental health nurse.

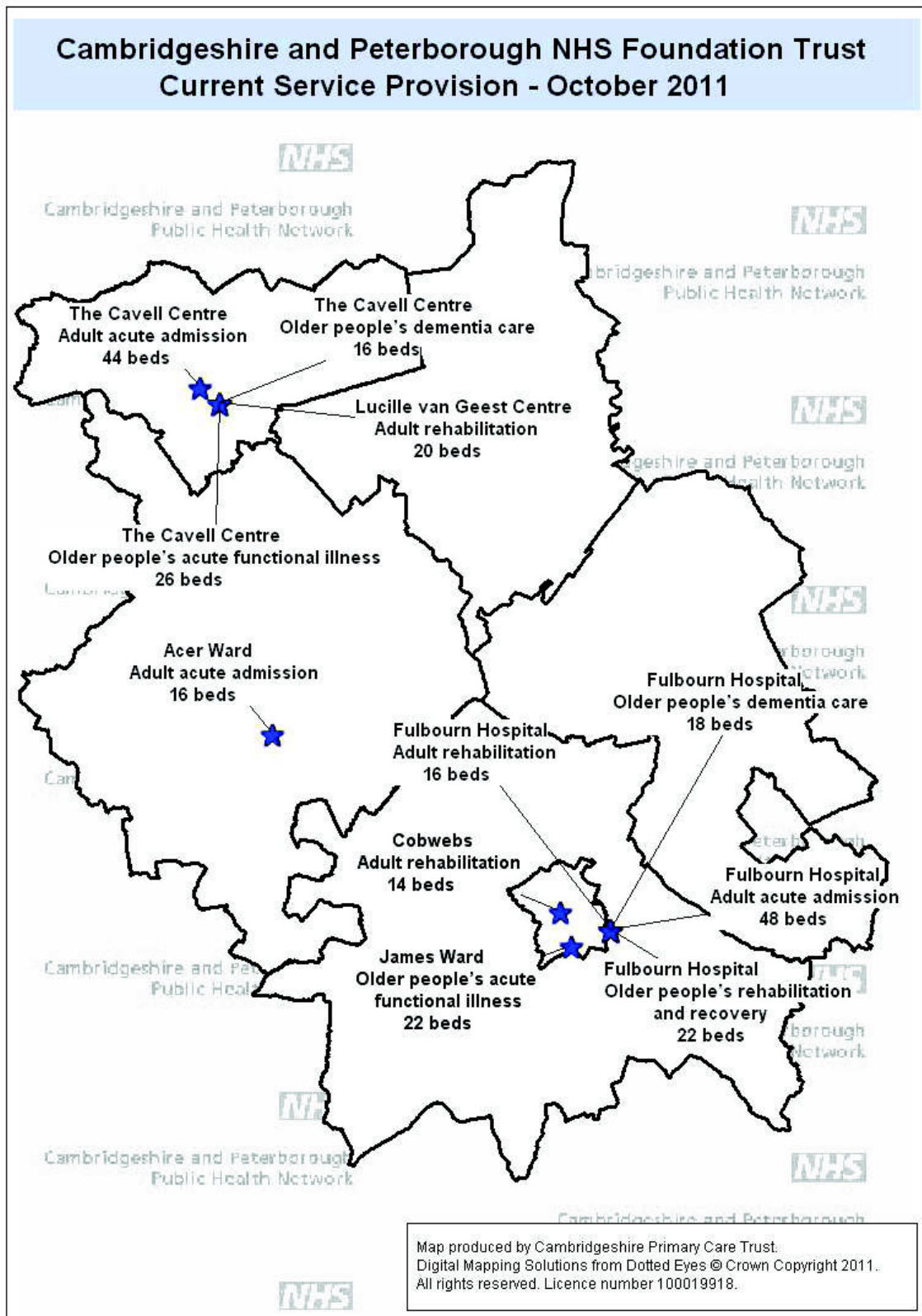
E - An older person in current community services and how their pathway might change with proposed Advice and Brief Intervention Centre and Primary Care Mental Health Service

Current service: An 82 year old person visits their GP struggling to cope after the death of their partner, but is not assessed as having needs serious enough to warrant referral to the local mental health services. The GP prescribes some medication and talks with the patient about what services might help them, such as local groups which could provide the patient with appropriate support.

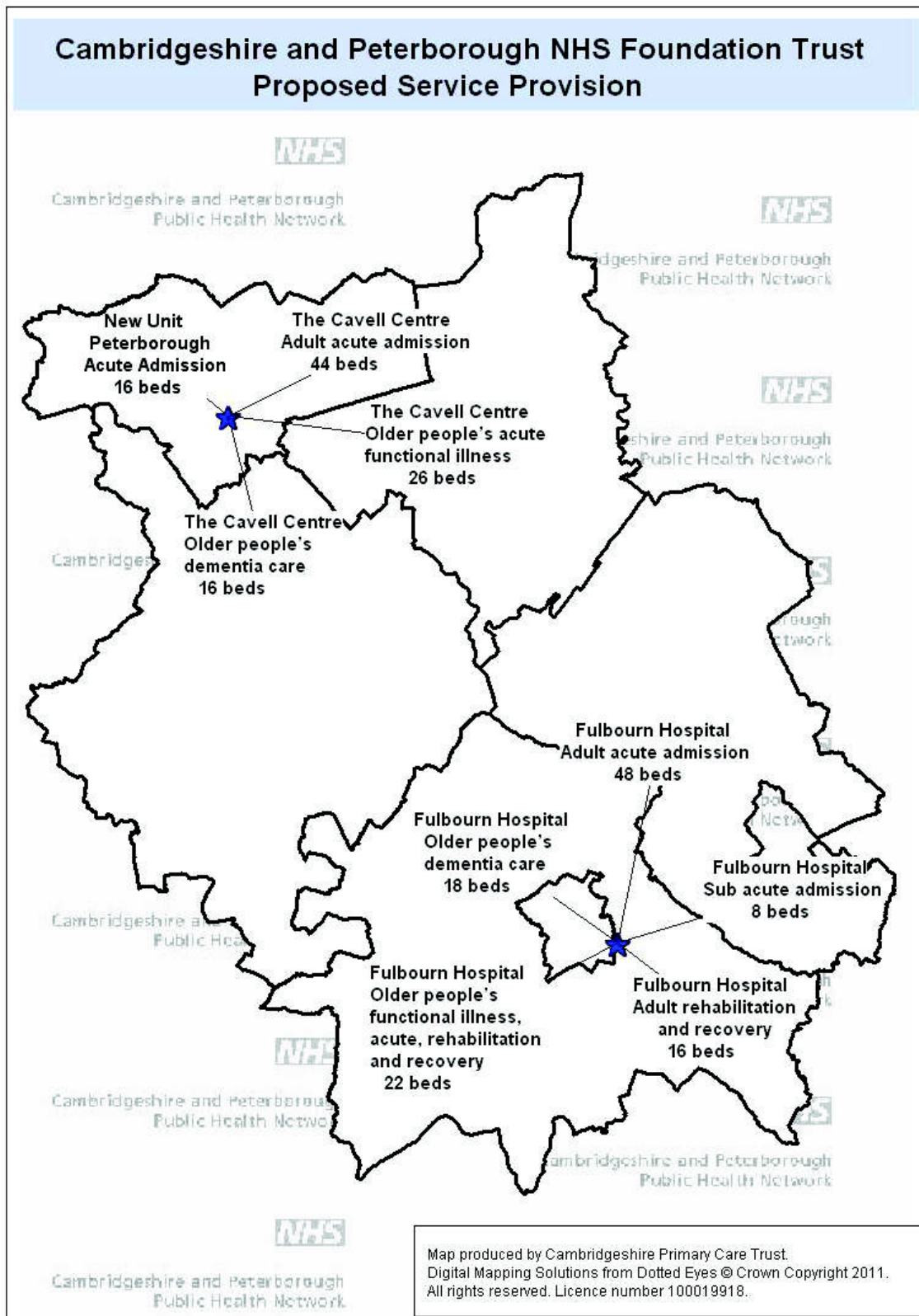
Proposed new service: the same person visits their GP who then refers them by phone to the Advice and Brief Intervention Centre. The referral is reviewed immediately. The patient's local older people's primary mental health care team (PMHC) contacts the patient the next day to arrange a convenient time for a primary mental health care practitioner to visit them at home. The patient and practitioner talk about the patient's situation and what the patient feels might be of help to them. The practitioner is able to tell the patient of local services and groups that could help and leaves information about these with the patient to think about. The practitioner and patient meet again a couple of days later and the patient decides that they would like to attend a local group for people who have suffered bereavement. Through this group the patient feels supported in learning to adapt to living alone. An older people's primary mental health support worker keeps in touch with the patient and their GP to check the patient is making progress. This continues until the patient feels they no longer need PMHC support.

The following two maps set out where the current inpatient facilities are locally at the moment and where they would be if these proposals were adopted. It is important to note that the maps only illustrate the location of in-patient facilities. A very high proportion of mental health service users receive their services at home, in primary care, or elsewhere in the community.

Current situation: location of inpatient wards for mental health



Location of mental health inpatient wards if the proposed changes are implemented:



6. Community Services for People with Severe and Enduring Mental Illness

We propose to re-design current community pathways for people of all ages with severe and long term mental illness, as described below. By community pathways we mean the course of treatment a patient follows while remaining in the community rather than being admitted to hospital.

Adults: we propose to redesign rehabilitation and recovery pathways for adults with serious mental illness that is resistant to treatment. This service would be designed to assess, manage and improve outcomes for people with early symptoms of psychosis (symptoms that have not previously been treated with antipsychotic medication for longer than six months).

Older People: we will review the current pathways designed for older people, and review the skill mix of staff required to deliver these pathways.

Children: our plan is to make better use of resources and skills of staff by delivering more integrated care by working with social care (Cambridgeshire County Council and Peterborough City Council) , voluntary organisations and community services (Cambridgeshire Community Services)

Life Course Pathways

Over the next two years, we plan to:

- integrate the services for treating adolescents and adults with eating disorders;
- extend the services for treating adults with early onset psychosis to also treat children from age 14;
- we would also like to develop a life course pathway for people with neuro-developmental disorders. These are people with an impairment in the growth and or development of the brain, such as Autism Spectrum Disorder. This is to meet the requirements of recent legislation and also address a known local gap in services for these patients. We are currently mapping local services for these groups in order to identify key gaps and develop an appropriate local pathway.

Timeline for the consultation

- **09:00am 17 October 2011 until midnight on 16 January 2012.** This is the time you have to comment on this document using the questionnaire at the end of the document, or by requesting a meeting with us to discuss these proposals
- During the consultation, we will carefully consider your views and the comments you've made

- **January 2012** - NHS Cambridgeshire and NHS Peterborough Boards will look at the outcome of the consultation and will make a decision based on this.

I have some concerns that aren't mentioned here, is there someone I can speak to?

Yes, you can call your local Patient Advice and Liaison Service (PALS) on freephone 0800 279 2535. or 01223 725 588

Tell us what you think

This consultation runs from 09:00am 17 October 2011 until midnight on 16 January 2012. This is the time you have to give us your views. You can do this through a variety of methods:

1. By filling in the questionnaire at the end of this document.
2. By visiting our website www.cambridgeshire.nhs.uk/Have-your-say to participate in the online survey
3. If you belong to a group or organisation, you can invite us along to one of your meetings. If you would like us to come and speak to your members/residents/staff please call our freephone number 0800 279 2535 or 01223 725588
Or you can email us at: c-pct.mhyourviews@nhs.net
4. We have a number of dates and times when we will be available to meet in Peterborough, Cambridge, Huntingdon, Fenland and East Cambridgeshire to discuss these proposals. If you would like to arrange a meeting with us at any of these times, please contact Claire Warner or John Ellis on 01223 725329 / 01223 725336 or email c-pct.mhyourviews@nhs.net

Time	Date	Location
10.00-13.00	27 October	Peterborough
14.00-17.00	3 November	Cambridge
12.00-14.00	8 November	Huntingdon
14.00-16.00	11 November	Cambridge
10.00-13.00	18 November	Fenland
12.00-14.00	24 November	East Cambridgeshire
11.00-13.00	7 December	Huntingdon
12.00-14.00	8 December	Peterborough

5. We will be holding a number of public consultation events during the consultation period. Dates, times and locations of these will be advertised on our website www.cambridgeshire.nhs.uk/Have-your-say and we will also provide posters with details of the events, to GP surgeries in Cambridgeshire and Peterborough for their notice boards. Alternatively,

please telephone us on 0800 279 2535 or 01223 725588 for details of these events, or email c-pct.mhyourviews@nhs.net.

Contacts

For further information, or if you have any questions about this document and our proposals then please contact NHS Cambridgeshire's Patient Advice and Liaison Service (PALS) on 0800 279 2535 or 01223 724588.

Or you can email us at: c-pct.mhyourviews@nhs.net

NHS Cambridgeshire and NHS Peterborough are now clustered organisations. This consultation is being run across Cambridgeshire and Peterborough from our NHS Cambridgeshire office.

If you have any comments or questions about the consultation process, or would like to suggest ways in which we can improve our future communication with you then please contact Jessica Bawden, Director of Communications and Patient Experience, at the following address:

NHS Cambridgeshire
Lockton House
Clarendon Road, Cambridge, CB2 8FH

This consultation document has been drawn up in accordance with the key consultation criteria as laid out in the Cabinet Office Code of Practice on Consultation 2008.³

1. When to consult

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

2. Duration of consultation exercises

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

3. Clarity of scope and impact

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

4. Accessibility of consultation exercises

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

5. The burden of consultation

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

³ The Code of Practice states that these criteria should be reproduced on all consultation documents

6. Responsiveness of consultation exercises

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

7. Capacity to consult

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience. The Code of Practice states that these criteria should be reproduced in all consultation documents.

Find out more about Cabinet Office Code of Practice on consultations:

www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice

Statutory Duties Section 242 and 244

The Local Government and Public Involvement in Health Act 2008 made provision to enhance and clarify sections 242 and 244 of the NHS Act 2006. The Act came into force on 1 April 2008. All organisations working within the NHS have a statutory duty within the Act to involve patients and the public whether by consulting or providing with information, or in other ways as well as the Overview and Scrutiny Committee (OSC).

Section 242 is the duty to involve users. Section 244 is the duty to involve OSC. These duties apply to:

- The planning and provision of services
- The development and consideration of proposals for changes in the way those services are provided
- Decisions to be made by that organisation affecting the operation of those services.

Find out more about section 242 and 244:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081089

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089787

Lansley Criteria for Significant Service Change

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

Please complete and return the Questionnaire

We appreciate you taking the time to tell us what you think. Please be assured that all the information collected is for use by NHS Cambridgeshire only and any views made public as part of a report will be made anonymous. Once completed, please return this questionnaire to our FREEPOST address:

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

1. Do you agree with the idea of a 24/7 Single Point of Access for mental health services?

Yes No Don't know

Comments:

2. If you are a GP, how would you like to access the services provided by the Mental Health Trust?

Comments:

No comments

3. If you are a service user, how would you like to access mental health services?

Comments:

No comments

4. Do you agree with our proposals to set up a new Primary Care Mental Health Service?

Yes No Don't know

If you have any concerns or further comments to make, please provide these below:

5. Do you agree with our proposals to combine a number of inpatient wards for adults?

Yes No Don't know

If you have any concerns or further comments to make, please provide these below:

6. Do you agree with our proposals to combine a number of inpatient wards for older people?

Yes No Don't know

If you have any concerns or further comments to make, please provide these below:

7. Do you have any views on how we could make mental health services more efficient?

No comments

8. Please provide any further comments you may have regarding these proposals:

Tell us about yourself

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

9. Are you responding as:

- A member of the public A health or social care professional
 On behalf of an organisation

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

.....
.....

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

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

11. Are you currently a service user of CPFT or another mental health organisation?

Yes No

12. Are you: (tick all those that apply)

Providing your own response Providing a response for someone else

13. Do you currently work for or within the NHS?

Yes No

14. Please tell us your age:

Under 16		50-59	
16-21		60-69	
21-29		70-80	
30-39		80+	
40-49		Rather not say	

15. Do you consider yourself to have a disability?

Yes No Rather not say

16. If you answered yes to question 15, do you have a:

- Physical Impairment
- Sensory Impairment
- Learning Disability
- Mental Health Condition (Long Term)
- Other Health Condition (Long Term)

17. How would you describe your ethnic background?

Asian or Asian British

- Bangladeshi Indian
- Pakistani Any other Asian Background (please state): _____

White

- White British White Irish
- Any other White Background (please state): _____

Black or Black British

- African Caribbean
- Any other Black Background (please state): _____

Mixed

- White and Asian White and Black African
- White and Black Caribbean Any other Mixed Background (please state): _____

Other Ethnic Group

- Chinese Any other Ethnic Group (please state): _____
 Rather not say

18. Gender

- Female Male Rather not say

19. Gender Reassignment

Do you now, or have you ever considered yourself to be transgender?

- Yes No Rather not say

20. Religion or Beliefs

- Atheism Jainism Agnosticism
 Judaism Buddhism Sikhism
 Christianity Hinduism Humanism
 Islam Any other Religion/Belief (please state): _____
 No religion or belief Rather not say

21. Sexual orientation

- Bisexual Lesbian/Gay Woman Gay Man
 Heterosexual Other Rather not say

22. Are you currently providing support to a partner, child, relative, friend or neighbour who could not manage without your help and/or support?

- Yes No Rather not say

23. Please could you provide us with the first four digits of your postcode in the box below. This will help us ensure we are receiving responses from across Cambridgeshire and Peterborough

Thank you for completing this consultation questionnaire.

Alternate formats

This document can be made available in large text or Braille, or other languages, on request. Contact NHS Cambridgeshire's PALS on 01223 725588 or FREEPHONE 0800279 2535 04 email pals@cambridgeshire.nhs.uk

Issued by NHS Cambridgeshire,
Cambridgeshire Primary Care Trust, Lockton House, Clarendon Road, Cambridge,
CB2 8FH

October 2011

For more information about NHS Cambridgeshire visit
www.cambridgeshire.nhs.uk

OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)

6TH DECEMBER 2011

VOLUNTARY SECTOR WORKING GROUP (Report by the Head of Legal and Democratic Services)

1. INTRODUCTION

- 1.1 At the last meeting, Members will recall that they received a report by the Voluntary Sector Working Group, outlining their findings to date. At that time, it was agreed that the Panel should investigate the potential impact that any budgetary cuts would have on demand for District Council services. In addition, the Working Group was tasked with prioritising the functions that the voluntary organisations perform under the existing Service Level Agreements.
- 1.2 The Working Group has met on two subsequent occasions. The first meeting was held on 9th November 2011 when the Executive Councillors for Healthy and Active Communities and for Customer Services were present. The Heads of Environmental and Community Health Services and Customer Services were also in attendance at the meeting, together with the Healthy Communities Manager. A further meeting was then held on the 23rd November 2011 to continue the Working Group's investigations.

2. WORKING GROUP INVESTIGATIONS

(a) Potential Impact on Demand for Council Services

- 2.1 The Government intends to transfer District Council administered Housing benefits to a Universal Credit scheme managed by the Department for Work and Pensions in 2014. This means that Housing Benefits cases that are currently handled by voluntary organisations will not fall on the Council. However, there will still be implications for the Council in terms of customers' debt problems, for example, through homelessness and individuals being unable to pay Council Tax. The Council does not provide debt advisory services but in recognition of the knock-on effects it has, additional funding of £34,000 has previously been provided to the Huntingdonshire Citizens Advice Bureau (CAB) under the "Weather the Storm" initiative. This funding was awarded over a two year period to assist with meeting increasing levels of demand for debt advice which had been prompted by the economic downturn.
- 2.2 The Executive Councillor for Customer Services has drawn attention to the role of the CAB, particularly in dealing with a significant number of very complex cases and has endorsed the above views on the likely repercussions for the Council from potential budgetary reductions arising from benefits overpayments, court action and homelessness cases.
- 2.3 The Head of Customer Services has undertaken some work to quantify the potential cost to the Council of changes in demand for services as a result of reducing funding to voluntary organisations. As the voluntary organisations have indicated that through achieving efficiencies and making other changes to the way they operate to reduce their costs, they would be able to maintain their existing levels of activity if a reduction of 20% in their funding is imposed on them. It is not however considered that such a reduction would have an impact on demand on the Council.

Moreover, as some of the organisations have indicated that a 50% reduction in their funding would mean they could not continue to operate, the actual effect could equate to complete removal of funding.

- 2.4 It is stressed that the figures provided only relate to those functions that fall within the Council's responsibility and not other matters such as debt, immigration and unemployment. As the report to the Panel in October made clear if Huntingdonshire Citizens Advice Bureau ceases to operate there is a strong possibility that a significant number of the organisation's service-users (approximately 9000 pa) might present themselves to the Council for assistance. **It is estimated such an increase in customers could require additional financial resource in the region of £60k.** This would equate to an additional 2.5 (full time equivalent) members of staff. If the CAB ceases to operate the net annual saving to HDC per year would be £102,250.
- 2.5 If the Council reduces funding to the Hunts Forum for Voluntary Organisations, a very limited service for member organisations and statutory agencies might be provided. It would have to transfer responsibility for the management of the Maple Centre back to the District Council. **The resulting costs to the Council have been estimated to be c£25k pa.** Therefore, a reduction by 50% towards the service-level agreement could actually increase costs to HDC by £3,900 pa. If the organisation folds, the saving would be £17,200 pa.
- 2.6 It is not considered that there would be any other additional resource demands on the Council.

(b) Priority Areas for Voluntary Activity

- 2.7 The Working Group has acknowledged the need for the Council to ensure that any future decisions it takes will have to demonstrate good value for money, together with clear and demonstrable links to the priorities identified within the Council Plan. With these factors in mind, and on the basis of the findings of their investigations, which were reported to the last meeting of the Panel, **the Working Group recommend that the Council should adopt the following general priority areas when deciding to engage voluntary organisations:-**
 - (a) **service providers that are able to provide evidence of financial sustainability for e.g. by actively searching for external and/or match funding opportunities;**
 - (b) **advice services for debt, benefits and unemployment;**
 - (c) **activities and services that facilitate a level of independence for those people otherwise dependent on the service and support of carers and others;**
 - (d) **services and activities that would increase the chances of young people obtaining and/or maintaining paid unemployment, and**
 - (e) **services that support the growth of the voluntary and community sector in Huntingdonshire and provide support mechanisms by which that growth could be achieved, including sourcing funding for other voluntary bodies.**

(c) Grant Aid or Commissioning?

- 2.8 The Executive Councillor for Healthy and Active Communities has reported on informal discussions that have taken place on the possibility of reverting back to a grant process. There are significant differences between the grant aid and commissioning processes in terms of the way agreements are reached and how much ability the Council would have to influence the recipients of funding. A grant system would restrict the ability to compare between organisational bids for funding and would not permit the ongoing monitoring of activity after grant funding has been awarded. Members doubt whether the Council would be able to demonstrate that the grants have achieved good value for money. The situation is complicated by the fact that some grant funded activities could potentially be open to community challenge under the new Localism Act. Commissioning would involve a competitive bidding process, with any bid being evaluated objectively against a set of specified criteria. Members have acknowledged the possibility that continuity of practice being disrupted if some of the voluntary sector organisations that the Council currently commissions are unsuccessful with their bids.
- 2.9 The Working Group has endorsed a suggestion that a combination of the two should be employed plus a community chest introduced through which small grants will be provided. This will be the subject of a report by the Head of Environmental and Community Health Services, which will be submitted to the Panel in January.

(d) Timetable

- 2.10 When the Head of Environmental and Community Health Services submits the report referred to in the previous paragraph to the Cabinet, she will also seek an indicative budget to enable her to commence negotiations with the voluntary organisations in the timescale specified in their SLAs. As has been indicated, the Overview and Scrutiny Panel (Social Well-Being) will have an opportunity to comment on the report before the Cabinet takes a decision.

3. CONCLUSION

- 3.1 As requested by the Panel at its meeting in November 2011, the Working Group has undertaken investigations into the impact of potential budget reductions on demand for Council services and prioritised the functions that the voluntary organisations perform under the existing Service Level Agreements.
- 3.2 The Panel is requested to endorse the findings and views of the Working Group for circulation to all Members for consideration during their deliberations on the budget later in the year.

BACKGROUND PAPERS

Minutes and Reports of the meetings of the Overview and Scrutiny Panel (Social Well-Being) held on 1st February, 1st March and 1st November 2011.

Voluntary Sector Working File held by Democratic Services Section.

Report by the Head of Environmental and Community Health Services – Voluntary Sector Review – to Overview and Scrutiny Panel (Social Well-Being) and Cabinet at their meetings on 4th and 20th October 2011 respectively.

Contact Officer:

Miss H Ali, Democratic Services Officer

☎ 01480 388006

✉ Habbiba.Ali@huntingdonshire.gov.uk

OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)

6TH DECEMBER 2011

NEIGHBOURHOOD FORUMS WORKING GROUP (Report by the Head of Legal and Democratic Services)

1. INTRODUCTION

1.1 At the Panel's last meeting, a Working Group was established to undertake a review of the Neighbourhood Forums in Huntingdonshire. At the Working Group's first meeting, Councillor S J Criswell was appointed as its Chairman. This report contains a brief update on the Working Group's progress.

2. WORKING GROUP INVESTIGATIONS

2.1 The Working Group has received a presentation from the Managing Director (Communities, Partnerships and Projects), the Corporate Team Manager and the Healthy Communities Manager on the Shape My Place initiative currently being piloted in Fenland and the potential advantages of adopting it in Huntingdonshire.

2.2 Discussion has taken place on the implications of the Police's Operation Redesign for its involvement in any future public engagement arrangements adopted by local public authorities, the geographical areas the new arrangements might cover and the views received from interested parties following consultation on the Neighbourhood Forums.

2.3 In order for Members to take their investigations forward, they have asked for:

- diagrams of the settlements identified by interested parties as comprising their local communities compared with the wards represented by District and County Councillors;
- a list of functions that the new bodies might perform;
- suggested constitutional terms for the new bodies, including reporting lines into local public bodies.

2.4 The Working Group will meet with the Police's Huntingdonshire Area Commander early in the New Year to discuss their work.

3. CONCLUSION

3.1 Having reviewed the presentation materials on the Shape My Place initiative, the Working Group is of the view that it will promote community engagement by enabling public bodies to establish a dialogue with a sector of local residents who would not normally be inclined to attend the existing Neighbourhood Forums. Furthermore, it will allow members of the public to feed into the democratic process and provide a means to report back to them on outcomes. **The Council is, therefore, recommended to adopt the Shape My Place initiative.**

BACKGROUND PAPERS

Overview and Scrutiny Panel (Social Well-Being) 1/11/2011 - Minutes and Reports.

Contact Officer: Miss H Ali, Democratic Services Officer - 01480 388006
✉ Habbiba.Ali@huntingdonshire.gov.uk

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OVERVIEW AND SCRUTINY PANELS

(ECONOMIC WELL-BEING)
(ENVIRONMENTAL WELL-BEING)
(SOCIAL WELL-BEING)

1st DECEMBER 2011
5th DECEMBER 2011
6th DECEMBER 2011

WORK PLAN STUDIES (Report by the Head of Legal and Democratic 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 Overview and Scrutiny remits. Details of ongoing studies being undertaken by the two other Panels are set out in the attached Appendix.
- 2.3 Members are reminded that if they have a specific interest in any study area which is not being considered by their Panel there are opportunities for involvement in all the studies being undertaken.

3. RECOMMENDATION

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

BACKGROUND DOCUMENTS

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

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

Mrs A Jerrom, Member Development Officer
01480 388009

Mrs C Bulman, Democratic Services Officer
01480 388234

ONGOING STUDIES

STUDY	OBJECTIVES	PANEL	STATUS	TYPE
Visitor Development & Town Centre Vibrancy	To consider issues relating to Visitor Development & Town Centre Vibrancy.	Economic Well-Being	<p>Further information requested on the cost of the tourism service and the benefits it brings to both the Council and to the District.</p> <p>Noted that Tourism activity is not currently being undertaken. Study is on hold until circumstances change.</p>	Whole Panel Study
Leisure Centre Financial Performance and Employment Structure	<p>To review the overall financial performance and monitoring arrangements. To consider the current / future business structure.</p> <p>To consider whether an increase in income might be made by charging non-residents of the District a higher rate to use the Council's leisure centres.</p>	Economic Well-Being and Social Well-Being	<p>Interim report submitted to Cabinet on 23rd June 2011. Cabinet requested the Executive Councillor for Organisational Development to review the Council's IT costs, including the basis upon which the IT network service is re-charged to users.</p> <p>Meetings of the Working Group held on 3rd March, 28th April, 23rd June, 1st September and 7th November 2011.</p> <p>Further meeting to be held on 8th December 2011. Final report to be submitted to January Panel meetings.</p>	Joint Working Group

A14 improvements.	To review the implications to the local economy of the decision not to proceed with the A14 improvements.	Economic Well-Being	Agreed to invite a representative of the Highways Agency to a future meeting to discuss their plans in the event of an interruption to traffic flow.	Whole Panel Study.
Tree Strategy	To form a strategy in conjunction with the Tree Officers for the retention and planting of trees.	Environmental Well-Being	Working Group met on 27 July 2011. Draft Tree Strategy circulated to officers for comment. Councillor Davies reported to September meeting and Strategy will be presented to the Panel in due course.	Working Group.
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	Scoping report to be submitted to a future meeting.	To be determined.
Rural Transport	To review the provision of transportation in rural areas.	Environmental Well-Being	Transport for Cambridgeshire report received in July 2011. Comments conveyed to Cabinet. Final report expected shortly.	To be determined.
Maintenance of Water Courses	To receive a presentation on the maintenance arrangements in place for Water Courses within the District.	Environmental Well-Being	Presentation given to October meeting. SUDs report due in January 2012.	To be determined.

Waste Collection and Recycling Policies	To investigate the Council's waste collection and recycling policies.	Environmental Well-Being	Working Group met in October. Policies being prepared by Eric Kendall to be presented to the Working Group for comment prior to submission to the Panel.	Working Group
District Council Support Services	To review the services provided by the District Councils Document Centre to form a view on its efficiency and cost effectiveness.	Economic Well-Being	Working Group established. First meeting to be held on 15 th December 2011.	Working Group

FUTURE STUDIES

Design Principles for Future Developments	To be determined.	Environmental Well-Being	Working Group to be established in January 2012. Councillors Curtis, Godfrey, Harlock appointed.	To be determined.
Business Rates	To consider the implications to the Authority from changes to Business Rates.	Economic Well-Being	Report to be prepared when further information is available.	To be determined.

Panel Date	Decision	Action	Response	Date for Future Action
	<p><u>Future Governance of Hinchingsbrooke Hospital: Consultation Arrangements</u></p> <p>13/05/09 This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery). Dr Stephen Dunn, Hinchingsbrooke Next Steps Project Co-ordinator and Ms Jessica Bawden, NHS Cambridgeshire attended the Panel's January meeting to provide background to the consultation on the future governance arrangements for Hinchingsbrooke Hospital. Advised the Panel that the consultation was likely to commence at some point in the middle of the current calendar year.</p> <p>01/09/09 Panel advised that Councillor S J Criswell had been appointed as the District Council representative on the Stakeholder Panel.</p> <p>07/12/10 Subject to approval from the Department of Health and other regulators, Chairman announced that Circle has been appointed to take over the management contract of Hinchingsbrooke Hospital with effect from 1st June 2011.</p> <p>5/04/11 Representatives of Circle presented details of their operating model and vision to be employed once they have assumed responsibility for the governance of Hinchingsbrooke Hospital. Agreed to come back to the Panel to update Members on progress with the mobilisation phase of the project.</p>	<p>Panel to partake in the consultation when it emerges. Matter to be raised at a future Panel meeting.</p>	<p>Circle to take over the management of Hinchingsbrooke Hospital on 1st February 2012.</p>	<p>4/09/12</p>

Panel Date	Decision	Action	Response	Date for Future Action
<p>18/05/11</p> <p>7/06/11</p>	<p><u>Corporate Plan – Growing Success</u></p> <p>Councillors S J Criswell and R J West appointed to Corporate Plan Working Group.</p> <p>The Panel expressed their wish for continued involvement by overview and scrutiny in monitoring the performance of the new Council Plan.</p>	<p>Process of monitoring yet to be determined.</p>		<p>TBC</p>
<p>6/7/10</p> <p>7/12/10</p>	<p><u>Consultation Processes</u></p> <p>Panel requested 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>Councillor B S Chapman, Mr R Coxhead and Councillors Mrs P A Jordan, P G Mitchell, P D Reeve and R J West have been appointed onto a Working Group to pursue investigations further. The Working Group has been tasked with reviewing the Council's guidance on consultation methodology and to evaluate examples of previous consultations.</p>	<p>Working Group met on 15th December 2010, 18th January, 16th February 2011 and 1st April 2011. Further meetings held on 21st April and 2nd June 2011.</p>	<p>Final report submitted to Cabinet in July. Managing Director (Resources) to undertake investigations as to how the current process can be improved and to report to the Overview and Scrutiny Panel (Social Well-Being) and Executive Councillors on the outcomes.</p>	<p>6/03/12</p>

Panel Date	Decision	Action	Response	Date for Future Action
<u>One Leisure Performance</u>				
4/01/11	Panel received a presentation on the performance of One Leisure. This presentation was also delivered to the January meeting of the Economic Well-Being Panel.			
1/02/11	Advised that the Economic Well-Being Panel established a joint working group to review the information presented to both Panels in greater depth. Councillors B S Chapman and J J Dutton and Mr R Coxhead were subsequently appointed on to the Working Group.	Meetings held on 3 rd March and 28 th April 2011.	Interim report submitted to the Panel and Cabinet at their meetings in June 2011.	
07/06/11	Councillor Mrs D C Reynolds appointed to the Working Group.	Meetings held on 23 rd June, 1 st September and 7 th November 2011. Next meeting to be held on 8 th December.	Final report to be submitted to January Panel meeting.	3/01/12
<u>Health Implications of the Night Time Economy</u>				
4/01/11	With the agreement of the Overview and Scrutiny Panel (Economic Well-Being), Members agreed upon the transfer of the study on the health implications of the night time economy to be transferred to the Panel's work programme.	Background information to be submitted to a future meeting.	Request submitted to the Head of Environmental and Community Health Services.	

Panel Date	Decision	Action	Response	Date for Future Action
1/11/11	Background information submitted to Panel's November 2011 meeting. Owing to a lack of data available, agreed to monitor the situation via the Community Safety Partnership on an annual basis.			03/04/12
	<p><u>Voluntary Sector</u></p> <p>7/12/10 Noted that an approach had been made by the Voluntary Sector to raise this item at a future Panel meeting. The matter was debated at the Council meeting in December 2010. The Chief Executive of the Hunts Forum of Voluntary Organisation will also be addressing the Panel at its February meeting.</p> <p>1/02/11 Presentation received. Panel agreed to investigate the full impact of the Council's budgetary proposals (which would take effect from 2013/14) and alternative ways of supporting the Voluntary Sector, to include Localism and the Big Society, at its March meeting.</p> <p>1/03/11 Working Group appointed comprising Councillors S Cawley, Mrs K E Cooper, P G Mitchell and R J West and Mrs M Nicholas who have been tasked with investigating matters raised during the course of the meeting.</p> <p>7/06/11 Councillors Mrs P A Jordan and K M Baker appointed to the Working Group.</p>	<p>First meeting held on 28th March 2011 at the Maple Centre, Huntingdon.</p> <p>Further meetings held 22nd July and 23rd August 2011. Site visits</p>		

Panel Date	Decision	Action	Response	Date for Future Action
1/11/11	Findings of the Working Group's investigations considered. Agreed that further investigations be undertaken into the potential financial impact of the proposed budgetary cuts upon demand for Council services and to undertake a prioritisation exercise of what voluntary services were needed to meet current and future demands for services in Huntingdonshire.	undertaken in September. Workings Group meetings held on 9 th and 23 rd November 2011.	This item appears elsewhere on the Agenda.	6/12/11
6/7/10	<u>Gypsy and Traveller Welfare</u> Agreed that gypsy and traveller welfare should be included within the Panel's work programme, with a view to informing any future Council policy on the identification of sites.	Report requested for submission to a future meeting. Following consultation with the Chairman, agreed that the study would proceed once Government guidance has been issued on future provision requirements.		TBC

Panel Date	Decision	Action	Response	Date for Future Action
18/05/11	<p><u>Grant Aid</u></p> <p>This item was transferred over from the Economic Well-Being Panel in light of changes made to the Cabinet Portfolio responsibilities. Annual Report on organisations supported by grants through Service Level Agreements to be received by Panel.</p>		Report anticipated July 2012.	3/07/12
1/11/11	<p><u>Future of the CCTV Service</u></p> <p>Update received on the options for the future operation of the CCTV service. Efforts made to reduce the cost of the service to the Council was noted by the Panel.</p>		Further update anticipated after the budget is set by the Council in February.	6/03/12 or 3/04/12
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.	Report anticipated in January 2012.	3/01/12

Panel Date	Decision	Action	Response	Date for Future Action
	<p data-bbox="369 245 1068 309"><u>Review of Neighbourhood Forums In Huntingdonshire</u></p> <p data-bbox="369 344 1068 443">7/06/11 The Cabinet, at its meeting on 19th May 2011, requested the Panel to undertake a review of the Neighbourhood Forums in Huntingdonshire.</p> <p data-bbox="369 483 1068 715">6/09/11 Background report considered. Councillors S J Criswell, J J Dutton and R J West appointed onto a Working Group to initiate the Panel's investigations. County and District Council Members and Town and Parish Councils views on the Neighbourhood Forums will initially be sought and reported back to the Panel in November.</p> <p data-bbox="369 786 1068 1023">1/11/11 Views of interested parties reported at meeting. Chairmen of the Neighbourhood Forums for Huntingdon and Ramsey were in attendance for this item. Working Group established comprising Councillors S J Criswell, J J Dutton, S M Van De Kerkhove and R J West, together with Mr R Coxhead to pursue investigations.</p>	<p data-bbox="1086 483 1370 746">Working Group meeting held on 19th September 2011. Letter sent to all those with an interest in the Forum on 21st September 2011.</p> <p data-bbox="1086 786 1370 885">First Working Group meeting held on 23rd November 2011.</p>	<p data-bbox="1388 786 1879 850">This item appears elsewhere on the Agenda.</p>	<p data-bbox="1919 786 2022 815">6/12/11</p>
<p data-bbox="215 1198 318 1227">7/06/11</p>	<p data-bbox="369 1096 1068 1160"><u>Housing Benefit Changes and the Potential Implication on Huntingdonshire</u></p> <p data-bbox="369 1198 1068 1294">Requested a background report to be provided on the emerging issue of homelessness arising as a result of changes to the Housing Benefit system.</p>	<p data-bbox="1086 1163 1370 1294">Request submitted to the Heads of Housing and Customer Services.</p>	<p data-bbox="1388 1198 1879 1262">This item appears elsewhere on the Agenda.</p>	<p data-bbox="1919 1198 2022 1227">6/12/11</p>

Panel Date	Decision	Action	Response	Date for Future Action
4/10/11	<p><u>Monitoring of Section 106 Agreements</u></p> <p>Panel agreed to reinstate the Monitoring of Section 106 Agreements that provide leisure/play equipment within its work plan.</p>	Section 106 Agreement Advisory Group due to meet on 9 th January 2012.	Report anticipated at the Panel's February 2012 meeting.	6/02/12
4/10/11	<p><u>Scrutiny of Council Budgets within the Panel's Remit</u></p> <p>Panel agreed to scrutinise the budgets associated with the Council functions that fall within the remit of the Panel on an annual basis.</p>			TBC
7/06/11	<p><u>Cambridgeshire Safer and Stronger Overview and Scrutiny Committee Study – Domestic Abuse</u></p> <p>Councillor Mrs D C Reynolds appointed as the Panel's representative on the study being undertaken by the County Council.</p>	Meeting held on 17 th November 2011.	A brief update will be delivered at the meeting.	06/12/11
	<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.</p>			

Panel Date	Decision	Action	Response	Date for Future Action
05/04/11	<p>Huntingdonshire Community Safety Partnership</p> <p>Annual review of the work of the Partnership undertaken. Members have expressed their satisfaction that appropriate accountability and reporting mechanisms are in place.</p>			03/04/12
05/10/10	<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.</p>	Invitation extended to the Chairman and Lead Officer of the thematic group.	Thematic Group is currently undergoing significant changes and in the process of re-establishing its priorities. Agreed to address the Panel once these changes have been implemented within their work.	06/06/12
1/01/11	<p>Health and Well-Being</p> <p>Background information received on the thematic group's outcome and objectives, terms of reference, membership and current matters being discussed.</p>			
1/11/11	<p><u>Forward Plan</u></p> <p>Voluntary Sector Support</p>	Request submitted to the Head of Environmental and Community Health Services.	Report anticipated in January 2012.	03/01/12

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Decision Digest

Edition 119

Monthly summary of the decisions taken at meetings of the Council, Cabinet, Overview & Scrutiny and other Panels for the period 1st to 25th November 2011.

UPDATE ON LOCAL ENTERPRISE ZONE IN ALCONBURY

An update on the development of the Alconbury Enterprise Zone has been received by the Overview & Scrutiny Panel (Economic Well-Being). At the same time, the Panel was acquainted with a range of issues relating to the establishment of the zone by the Greater Cambridgeshire & Greater Peterborough Local Enterprise Partnership (LEP) including the :

- ❖ advantages for businesses relocating to the area;
- ❖ planning and governance arrangements;
- ❖ steps which will be taken to maximise new business on the site;
- ❖ opportunities for businesses off site; and
- ❖ the potential for job growth in the area.

As a consequence of the presentation, the Panel has considered the planning processes which would be adopted for the Local Enterprise Zone and the infrastructure arrangements which would be in place for the site.

A discussion also took place with regard to the decision to target start up businesses, the type of businesses which the Local Enterprise Partnership would seek to attract to the area and

whether effective links were being made with local Universities to ensure the development of appropriate employment skills. Having noted that the Local Enterprise Partnership would have responsibility for distributing the retained business rates within the LEP area, a Member queried whether there was a potential for the District Council to lose business rates revenue.

The Panel has also discussed the expected improvements in broadband which were associated with the development of the site. Members have asked for a definition of “superfast broadband” and a briefing on the National Broadband Delivery Project at a future meeting.

FUNDING FOR CCTV

The Overview & Scrutiny Panels for Social and Economic Well-Being have considered the options for the future operation of the CCTV Service.

The Economic Well-Being Panel has discussed the financial implications of the proposals which included the current position with regard to securing additional funding from partners, the potential for joint working, the co-location of services and the possibility of outsourcing the function.

The Panel has also discussed the potential to introduce an alternative means of image transmission to reduce the cost of using fibre optic cables to transmit images from cameras to the control room. However Members have

been informed that owing to the costs that would be incurred, it will not be possible to make such a change until the long term future of the service has been determined.

The Social Well-Being Panel has welcomed the efforts made to reduce the cost of the service. Discussion has taken place on employee shift patterns, the well established communicative links that CCTV staff have with the Police and Huntingdonshire Business Against Crime together with the skills employed by staff to identify incidents. Other matters that were discussed include the costs associated with removing CCTV cameras, the impact of cameras as a deterrent to perpetrators of crime, the retrospective use of CCTV footage by the Police to obtain successful convictions and the proposed terms of the Service Level Agreement.

On the basis that the current proposal will maintain the service and enable the Council to complete its investigations, and on the understanding that the Cabinet is able to identify alternative savings to meet the additional cost of funding the service in 2012/13, the Panels have endorsed the recommendations in the report.

Subsequently, the Cabinet has approved in principle the funding for CCTV for 2012/13 subject to later consideration of the Council's budget. With this in mind and having been advised that some Town Councils have agreed in principle to support the CCTV service, the Cabinet has approved the contents of a draft Service Level Agreement for Town Councils.

TREASURY MANAGEMENT - REVIEW OF PERFORMANCE

The Overview & Scrutiny Panel (Economic Well-Being) has reviewed the performance of the Council's

Investments for the period 1st April to 30th September 2011. Members noted that the financial markets continued to remain uncertain and their attention was drawn to a recent announcement by Moody's, a leading credit agency which identified the Skipton Building Society as one of the societies which they consider would be unlikely to receive Government Support if it got into difficulties.

As a consequence of the difficulty in differentiating cash flow borrowing, the Panel was advised of a proposal to combine the indicators for 'Cash flow borrowing' and 'Borrowing to fund capital schemes'. An explanation of the role of the Capital Receipts Advisory Group was also received by the Panel. Details of the Council's net position over the next few years will be presented as part of the report on the Council's budget in February 2012.

Subsequently the Cabinet has approved the contents of the report and the merging of the indicators.

REVIEW OF SUPPORT SERVICES

The Overview & Scrutiny Panel (Economic Well Being) has received a range of background information to enable them to undertake a review of the Council's Support Services. The Panel has agreed that the best way to do this is to consider each support service in turn with a view to forming an opinion on its efficiency and cost effectiveness.

Having discussed those areas where it might be appropriate to conduct a pilot review, the Panel has selected the District Council's Document Centre for the purpose. Councillors G Bull, S Greenall, R Howe, A MacKender-Lawrence, T V Rogers and A Williams have been appointed to a working group for this purpose.

REVIEW OF COUNCIL CONSTITUTION

The Corporate Governance Panel has undertaken a review of the Constitution and has recommended a series of changes to the Council, which related to the Scheme of Delegations, training for Members who serve on regulatory and other Committees of a quasi-judicial nature, the terms of reference for the Overview and Scrutiny Panels and approval of the Council Tax Base. Subsequently, these recommendations were endorsed by the Council.

VOLUNTARY SECTOR

The Overview and Scrutiny Panel (Social Well-Being) has received the findings of the Voluntary Sector Working Group which was tasked by the Panel to investigate the social value of the functions performed by the voluntary organisations that have Service Level Agreements with the Council.

It was reported that an indicative budget will be sought from the Cabinet in January for funding for the 2013/14 financial year. Discussion has ensued on whether future funding should be awarded through a grant aid process or through an open procurement process and an outline of both options has been delivered to Members.

The Working Group has been tasked with making further investigations into the potential financial impact that any proposed budgetary cuts would have upon demand for District Council services and to undertake a prioritisation exercise of what voluntary services are needed to meet current and future demands for services in Huntingdonshire.

THE HEALTH IMPLICATIONS OF THE NIGHT TIME ECONOMY

Members of the Overview and Scrutiny Panel (Social Well-Being) received background information on the health implications of the night time economy in Huntingdonshire. Data revealed that since February 2011, 29 incidents of alcohol related assaults could be attributed to the night-time economy. Members are mindful that this figure is not statistically reliable given that information sharing practices with Hinchingbrooke Hospital were only adopted at this time. It was agreed that the situation would continue to be monitored as part of the Panel's annual work on the scrutiny of the Huntingdonshire Community Safety Partnership.

ANNUAL EQUALITY PROGRESS REPORT

Progress towards the achievement of the Council's Single Equality Scheme and associated action plan has been noted by the Overview and Scrutiny Panel (Social Well-Being) and Cabinet. Of the 51 actions contained within the Plan, 47 had been completed or are ongoing. Details of an external assessment due to be undertaken in February 2012 were noted by the Panel.

NEIGHBOURHOOD FORUMS - CONSULTATION RESPONSES

The views of District Councillors, relevant County Councillors, Town and Parish Councils and Partners have been noted by the Overview and Scrutiny Panel (Social Well-Being). Members have been addressed by the Chairmen of the Ramsey and Huntingdon Neighbourhood Forums outlining their views and experiences of the Neighbourhood Forums to date.

The Panel has discussed a number of matters which included the need to engage more directly and effectively with the local community, public

attendance levels and the devolution of decision making responsibilities to the Forums. The need to engage more effectively with the Town and Parish Councils was further discussed by Members.

Owing to the extent of the detailed work required to pursue their investigations, the Panel has appointed Councillors S J Criswell, J J Dutton, S M Van De Kerkhove and R J West, together with Mr R Coxhead onto a Working Group to undertake a review of the Neighbourhood Forums in Huntingdonshire.

GREAT FEN PROJECT PRESENTATION

The Overview and Scrutiny (Environmental Well-being) Panel has received an update on the Great Fen Project by the project's Manager. With the assistance of the Chairman of the Great Fen Project Board Members were advised of the current and future plans for the area which covers 3,700 hectares of wetland including two existing national nature reserves, between Huntingdon and Peterborough.

The Panel has been assured that the combined strengths and skills of the partners involved in the project will be utilised in order to achieve the environmental, social and economic aims as set out in the Masterplan for the area. The Council's Economic Development Manager gave details of her teams plans to help maximise the opportunities for tourism that the area will bring.

GREAT FEN SUPPLEMENTARY PLANNING DOCUMENT

Having received the aforementioned presentation the Overview and Scrutiny (Environmental Well-being) Panel has endorsed for submission to Cabinet a

report updating the Panel on the extensive consultation that had been undertaken in respect of the Great Fen Masterplan. Members have been advised that, if adopted, the document will provide planning guidance to inform Council policy and provide material consideration in respect of any planning proposals in the area. Having previously voiced concerns over the speed with which the project was moving, whereby agricultural land was being taken out of production prior to provision being made for alternate use for the area, Members expressed their support for the new socioeconomic study that is being undertaken.

The Development Management Panel has endorsed the content of the Supplementary Planning Guidance and recommended that it be adopted by the Cabinet as District Council Planning Policy. During the Panel's discussion, Members were aware of the commercial possibilities presented by the Fen and in particular the opportunity to provide water storage for local farmers and businesses and it was understood that discussions already were underway with the Environment Agency towards such a project.

CARBON MANAGEMENT PLAN

The Overview and Scrutiny (Environmental Well-being) Panel has approved for submission to Cabinet a report updating them on progress against the targets set out in the Council's Carbon Management Plan (CMP).

The Panel has been advised of the 15% reduction in the Council's carbon emissions which place it on course to deliver the 30% CO₂e reduction required up to 2013. Members were made aware of ongoing work to determine the most appropriate efficiency saving measures for the Council's sites, and the implications for

the proposals to install solar photovoltaic panels at a number of the Council's sites, given the recent changes to feed in tariffs made by the Government.

In noting the progress of the Plan, the Cabinet has supported the undertaking of cross functional energy reviews as a way of maximising cost savings and the continued use of the Salix ring-fenced funding and Environment Strategy Capital Funding to implement further energy savings projects.

With regard to the scheme for solar panels, the Cabinet has authorised the Managing Directors (Resources) and (Communities, Partnerships and Projects), after consultation with Executive Councillors, to approve the installation of the panels on the Council's main sites. The timing of this decision will be dependent upon the deadline for registering the scheme for Government's subsidies and a further report on this matter will be considered at the Cabinet's next meeting.

LOVES FARM, ST NEOTS

The Overview and Scrutiny (Environmental Well-being) Panel has decided that a working group should be convened in order to learn from mistakes made over the design of past planning developments and to inform future housing developments.

The decision was made following the Panel's consideration of problems affecting the Loves Farm development in St Neots which were brought to the Panel's attention by fellow councillors concerned at the density of housing on the development and the associated problems, including those of road access and standards, and the aesthetics of the area.

Members requested that all problems within the area be summarised for consideration by the working group.

LAND AT THE WHADDONS/THONGSLEY HUNTINGDON

The Cabinet has approved the disposal of an area of Council land at the Whaddons/Thongsley to the Luminus Group, subject to the Executive Councillor for Resources being satisfied that the Council's legal costs for the sale are being met.

HUNTINGDONSHIRE COMMUNITY INFRASTRUCTURE LEVY DRAFT CHARGING SCHEDULE

Following its consideration by the Overview and Scrutiny (Environmental Well-being) Panel, the Huntingdonshire Community Infrastructure Levy – Draft Charging Schedule has been approved by the Cabinet for a four week statutory consultation period in November/December 2011.

Having been made aware that the final document will require to be reformatted in accordance with advice received from the Department of Communities and Local Government, the Cabinet has authorised the Head of Planning Services, after consultation with the Executive Councillor for Planning and Housing to make the necessary amendments and to prepare the document for submission for Examination.

EMERGENCY PLANNING – MEMORANDUM OF UNDERSTANDING

The Managing Director (People, Performance and Partnerships) has been authorised to sign a Memorandum of Understanding for Emergency Management.

The Memorandum has been developed by Cambridgeshire County Council and Cambridgeshire's District Councils to deliver emergency planning in accordance with relevant legislation and to ensure the provision of mutual aid in the event of an incident.

RAF BRAMPTON URBAN DEVELOPMENT FRAMEWORK (UDF)

Having regard to the responses received during recent consultation, the Development Management Panel has recommended the Cabinet to authorise the Head of Planning Services, after consultation with the Executive Councillor for Strategic Planning and Housing and Chairman of the Panel to finalise the content of the RAF Brampton UDF.

The UDF will provide a framework to enable the delivery of a high quality sustainable mixed development for what is considered to be an important and sensitive site in Brampton. The Panel was made aware that the one area of objection which remains concerns the Brampton Park Theatre and Members concurred with a suggestion that the final version should include reference to potential options for retention of the theatre and maybe the delivery of a community building. Tribute was paid by the Executive Councillor, Chairman of the Panel and Councillor Shellens to the contributions made to and the success of the Working Group which had helped bring this document to fruition.

DEVELOPER CONTRIBUTIONS SUPPLEMENTARY PLANNING DOCUMENT (SPD)

As it has been necessary to update the Developer Contributions SPD to complement the Draft Charging Schedule for the Huntingdonshire CIL, the Development Management Panel

has endorsed the content of new SPD for adoption by the Cabinet.

In their discussion, the Panel made representations about the requirement for infrastructure improvements in St Neots and particularly to the A428 and understood that leading Members were continuing to lobby the Highways Agency on this and other major routes in the District.

HARTFORD MARINA – PROGRESS

The Development Management Panel has noted the current position in respect of the outstanding enforcement issues at Hartford Marina. Following a public meeting with interested parties it had been agreed that the effective date for planning consent for residential use, should any applications be approved, would be 22nd August 2011. It was the expectation that a series of applications to regularise the situation would be submitted early in the new year.

DEVELOPER APPLICATIONS AND MONITORING

Of the nine applications determined by the Development Management Panel, seven were approved and two refused and significantly the Head of Planning Services was authorised to determine, subject to conditions and an agreement relating to car parking provision, a proposal to demolish Chequers Court in Huntingdon and to replace the buildings with a new supermarket, seven retail units, a restaurant/cafe and two kiosks. As the principle of development at this location was a long standing aspiration of the Council, the proposals were welcomed by the Panel.

The Panel also regularly monitor the activities of the Development Management Division and having noted a reduction in the percentage of major applications determined in 13 weeks in comparison with the previous quarter,

the Panel has noted that overall, the District Council continued to meet the annual targets established by the government for the determination of such applications.

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