A meeting of the **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)** will be held in **CIVIC SUITE 0.1A, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, CAMBS, PE29 3TN** on **TUESDAY, 4 DECEMBER 2012** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

Contact (01480)

APOLOGIES

1. MINUTES (Pages 1 - 6)

To approve as a correct record the Minutes of the meeting of the Panel held on 6th November 2012. **Miss H Ali 388006**

2 Minutes.

2. MEMBERS' INTERESTS

To receive from Members declarations as to disclosable pecuniary, non-disclosable pecuniary or non-pecuniary interests in relation to any Agenda Items. See Notes below.

2 Minutes.

3. NOTICE OF EXECUTIVE DECISIONS (Pages 7 - 12)

A copy of the current Notice of Executive Decisions, which was published on 14th November 2012 is attached. Members are invited to note the Decisions and to comment as appropriate on any items contained therein. **Mrs H Taylor 388008**

10 Minutes.

4. NHS CAMBRIDGESHIRE AND PETERBOROUGH: FINANCE AND PERFORMANCE COMMITTEE REPORT (Pages 13 - 68)

To receive Finance and Performance Reports from NHS Cambridgeshire and Peterborough in relation to Hinchingbrooke Hospital.

The reports as submitted to NHS Cambridgeshire's Board meeting on 26th September 2012 are attached. The next meeting will be held on 5th December 2012 – papers will be made available via the following link from 30th November 2012 onwards: - http://www.cambridgeshire.nhs.uk/About-us/board-meetings.htm.

Mrs S Shuttleworth, Cambridgeshire and Peterborough Clinical Commissioning Groups, will be in attendance for this item.

30 Minutes.

5. HUNTINGDONSHIRE CITIZENS ADVICE BUREAU

Pursuant to the last meeting, the Panel will receive a further update on recent developments with the Citizens Advice Bureau (CAB) in Huntingdonshire.

Dr S Lammin / D Smith 388280 / 388377

Councillors J D Ablewhite, Executive Leader of the Council and Mr M Mealing, Chairman of the Huntingdonshire CAB will be in attendance at the meeting.

20 Minutes.

6. COUNCIL TAX SUPPORT FROM 1ST APRIL 2013 (Pages 69 - 80)

To receive a report from the Head of Customer Services on Council Tax Support from 1st April 2013.

Mrs J Barber 388105

Members of the Overview and Scrutiny Panel (Economic Well-Being) have been invited to attend for discussion on this item.

20 Minutes.

7. POTENTIAL MERGER BETWEEN CAMBRIDGESHIRE AND SUFFOLK FIRE AND RESCUE SERVICES: CONSULTATION RESPONSE (Pages 81 - 96)

Pursuant to the last meeting, to endorse the content of a response to the consultation currently being undertaken by the Cambridgeshire Fire and Rescue Service on the proposed merger between Cambridgeshire and Suffolk Fire and Rescue Services.

Miss H Ali 388006

20 Minutes.

8. CAMBRIDGESHIRE ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Pages 97 - 104)

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 105 - 112)

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

10 Minutes.

10. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS (Pages 113 - 120)

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

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

5 Minutes.

Dated this 23 day of November 2012

Head of Paid Service

Notes

A. Disclosable Pecuniary Interests

(1) Members are required to declare any disclosable pecuniary interests and unless you have obtained dispensation, cannot discuss or vote on the matter at the meeting and must also leave the room whilst the matter is being debated or voted on.

(2) A Member has a disclosable pecuniary interest if it

(a) relates to you, or
(b) is an interest of -

(i) your spouse or civil partner; or
(ii) a person with whom you are living as husband and wife; or
(iii) a person with whom you are living as if you were civil partners

and you are aware that the other person has the interest.

(3) Disclosable pecuniary interests includes -

(a) any employment or profession carried out for profit or gain;
(b) any financial benefit received by the Member in respect of expenses incurred carrying out his or her duties as a Member (except from the Council);
(c) any current contracts with the Council;
(d) any beneficial interest in land/property within the Council's area;
(e) any licence for a month or longer to occupy land in the Council's area;
(f) any tenancy where the Council is landlord and the Member (or person in (2)(b) above) has a beneficial interest; or
(g) a beneficial interest (above the specified level) in the shares of any body which has a place of business or land in the Council's area.

B. Other Interests

(4) If a Member has a non-disclosable pecuniary interest or a non-pecuniary interest then you are required to declare that interest, but may remain to discuss and vote.

(5) A Member has a non-disclosable pecuniary interest or a non-pecuniary interest where -

(a) a decision in relation to the business being considered might reasonably be regarded as affecting the well-being or financial standing of you or a member of your family or a person with whom you have a close association to a greater extent than it would affect the majority of the council tax payers, rate payers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the authority's administrative area, or

(b) it relates to or is likely to affect any of the descriptions referred to above, but in respect of a member of your family (other than specified in (2)(b) above) or a person with whom you have a close association

and that interest is not a disclosable pecuniary 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.

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in Meeting Rooms 0.1 A and B, Ground Floor, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 6 November 2012.

PRESENT: Councillor S J Criswell – Chairman.

Councillors S Akthar, K M Baker, P Kadewere, Ms L Kadic, M C Oliver, J W G Pethard and R J West.

R Coxhead and Mrs M Nicholas – Co-opted Members.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors R C Carter and Mrs P A Jordan.

52. MINUTES

The Minutes of the meeting of the Panel held on 2nd October 2012 were approved as a correct record and signed by the Chairman.

53. MEMBERS' INTERESTS

Councillors S J Criswell, Mrs L Kadic and R J West declared non-disclosable pecuniary interests in Minute No. 12/58 by virtue of their Membership of Cambridgeshire County Council's Safer and Stronger Overview and Scrutiny Committee.

54. NOTICE OF EXECUTIVE DECISIONS

The Panel considered and noted the current Notice of Executive 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 2012 to 28th February 2013.

55. POTENTIAL MERGER BETWEEN CAMBRIDGESHIRE AND SUFFOLK FIRE AND RESCUE SERVICES

(Councillor F Brown, Chairman of Cambridgeshire Fire Authority, and Mr M Warren, Director of Resources and Treasurer to the Cambridgeshire Fire Authority, were in attendance for consideration of this item).

(Councillor P J Downes was in attendance for this item)

Councillor F Brown and Mr M Warren delivered a presentation to Members on the background to the consultation currently being undertaken by Cambridgeshire Fire and Rescue Service on proposals for further collaboration up to a full merger between Cambridgeshire and Suffolk Fire and Rescue Services. By way of background,

Members were advised that the proposals had been developed because of anticipated reductions in the level of Government grant expected to be awarded to both Fire and Rescue Services in future years. It was explained that there was an expectation that the spending formula for allocating Fire Service funding would change and be less favourable for Cambridgeshire in 2013/14 and 2014/15. These financial pressures had led the Fire Authority to consider its options for further collaboration, up to a full merger, with Suffolk Fire and Rescue Service.

Members expressed the view that the consultation had been undertaken too early in light of the fact that no specific information was available at the present time. Furthermore, Members queried whether there would be a further opportunity to comment on the proposals if a business plan was produced. In response, it was reported that the exercise had been undertaken to meet central Government deadlines. It was also confirmed that a further consultation exercise would be undertaken if it was decided to proceed.

Members were informed that concerns existed over the property and fleet of the Suffolk Fire and Rescue Service. They were advised of potential liabilities for these assets which were reported as being in a poor condition. Historically, Cambridgeshire had invested heavily in its assets and, therefore, a merger could be detrimental to Cambridgeshire.

Members also expressed reservations over the ability of collaboration to respond to calls in a timely manner and the associated negative impacts on the current performance levels achieved by the Cambridgeshire Fire and Rescue Service. Councillor F Brown reported that these concerns also existed within the Cambridgeshire Fire Authority. He then went on to indicate that Suffolk had advised that they were able to run their services at one third of the cost of the Cambridgeshire service. Clarification in this respect was currently being sought from Suffolk.

It was suggested that extensive investigations should continue to be undertaken by the Cambridgeshire Fire and Rescue Service, with a view to ensuring that any decisions made in the future were for the benefit of Cambridgeshire residents. Members expressed strong views that a sound business plan, which demonstrated financial and operational resilience, was required before any final decisions were made. Whilst it was reported that preliminary enquiries with other neighbouring Fire Authority areas had not elicited any interest in collaboration, Members were of the view that this option should further be explored by the Cambridgeshire Fire and Rescue Service.

Given that the consultation period would close on 14th January 2013, it was agreed that a draft response to the consultation would be submitted back to the Panel's meeting in December 2012.

Having thanked Councillor F Brown and Mr M Warren for their attendance at the meeting, it was

RESOLVED

that a draft response to the consultation undertaken by Cambridgeshire Fire and Rescue Service on the proposals for further collaboration up to a full merger between Cambridgeshire and Suffolk Fire and Rescue Services be submitted to the Panel's next meeting.

56. HUNTINGDONSHIRE CITIZENS ADVICE BUREAU

(Councillor T D Sanderson, Executive Member for Healthy and Active Communities, and Mr M Mealing, Chairman of the Huntingdonshire Citizens Advice Bureau, were in attendance for consideration of this item).

(Councillor P J Downes was in attendance for this item).

Pursuant to Minute No.12/46, the Panel received a further update on recent developments in connection with the Citizens Advice Bureau (CAB) in Huntingdonshire. In so doing, Mr M Mealing, Chairman of the CAB reported that the CAB Board would be meeting with the organisation's potential liquidators the following week with a view to determining the final steps to be taken to wind down the organisation. Whilst it had originally been anticipated that a service would be provided until December 2012, it was now likely that it would cease to operate at the end of November 2012. Assurances were delivered that the existing client base was continuing to be serviced; however, new clients were referred to other service providers, including neighbouring CABs.

The Community Health Manager then provided an outline of the Council's new voluntary sector funding arrangements, which would take effect from 1st April 2013 onwards. Five submissions had been received from various organisations to deliver advice and information services across the District. All funding applications received would be determined by the relevant Executive Members at the end of the month. A challenge remained to secure the service until 31st March 2013. Whilst some expressions of interest had been received in taking on this temporary role, it was reported that this matter would be reviewed pending the outcome of Executive Members' deliberations on the voluntary sector funding applications. Particular consideration would need to be given to the interim arrangements for December 2012.

The Panel discussed a number of matters including the storage arrangements for confidential files held by the CAB, the requirement for successful funding applications to offer District-wide services, the value placed upon the CAB's volunteers, the organisation's pension liabilities, the utilisation of surplus funding to assist with the interim arrangements and the importance of maintaining positive communications with the public.

Having thanked the Executive Councillor for Healthy and Active Communities, the Community Health Manager and Mr M Mealing for their attendance at the meeting, it was agreed that a further update would be provided at the Panel's meeting in December 2012.

57. HUNTINGDONSHIRE TOWN AND PARISH CHARTER

(Councillor T D Sanderson, Executive Member for Healthy and Active Communities, was in attendance for consideration of this item).

With the aid of a report by the Head of Environmental and Community Health Services (a copy of which is appended in the Minute Book) the Panel was apprised of details of the draft Huntingdonshire Town and Parish Charter, which was currently in its early stages of development.

In introducing the report, the Executive Councillor for Healthy and Active Communities reported upon the background to the Charter, which had emerged as a result of the Localism Act 2012. A Parish Charter Working Group had been established, comprising representatives of the three tiers of local government to develop the Charter document. The Community Health Manager reported that owing to delays by the Department for Communities and Local Government in the publication of guidance on neighbourhood planning and the Community Infrastructure Levy, the Charter could not yet be finalised. It was expected that the document would obtain the Cabinet's endorsement in April 2013.

Members were encouraged to note that positive support had been received from the Town and Parish Councils on the Charter, which outlined how the three tiers of local government would work together for the benefit of the local community whilst recognising and respecting their individual rights as separate democratic bodies. Following a suggestion made by the Chairman, it was agreed that reference to the pilot Local Joint Committee in North Huntingdonshire should be included within the document.

A Member then suggested that each Town and Parish Council should appoint a "champion" to embed the Charter within their respective organisations. It was held that this would help them to embrace and gain an understanding of Localism. Furthermore, through the Charter, Parishes could be encouraged to adopt a more holistic vision of their communities, such as taking a more active interest in the health and wellbeing needs of their residents and including measures for their promotion within their community plans.

Other matters that were discussed included the level of engagement with all Town and Parish Councils on the proposed Charter, including the feedback received, the proposed extension to the number of days given to Town and Parish Councils to comment upon planning applications and the importance of communication between the three tiers of local government.

RESOLVED

that the content of the report now submitted be noted.

58. CONSIDERATION OF DOMESTIC ABUSE JOINT MEMBER LED REVIEW: FINAL REPORT

(See Members' Interests)

Pursuant to Minute No. 12/33, the Panel received a report by the Head of Environmental and Community Health Services (a copy of which is appended in the Minute Book) outlining the feedback received from the Huntingdonshire Community Safety Partnership on the findings of the joint Member-led review on domestic abuse by Cambridgeshire County Council and Huntingdonshire and Fenland District Councils.

Whilst the Partnership has expressed their support for a number of the recommendations arising from the review, the Head of Environmental and Community Health Services who was also the Chairman of the Partnership, reported upon her concerns relating to the action plan which had been reproduced for the Domestic Abuse Steering Group. It was felt that too much emphasis had been placed upon promoting the Domestic Abuse Partnership and that instead there should have been more focus on clients and achieving outcomes. In noting that the Chairman of the Partnership had been invited to join the Steering Group, the Panel supported a suggestion that she should seek to refocus the Action Plan in the way which was suggested. An area of particular concern to Huntingdonshire was the level of repeat cases of domestic abuse. As this currently represented 40% of cases, it was suggested that it should be adopted as a priority.

Members' attention was drawn to the fact that the District Council's only funding for domestic abuse was through the Huntingdonshire Community Safety Partnership. In light of the fact that this funding would not be available next year, there was little chance of establishing a pooled budget with contributions from the District Council. Furthermore, it was noted that there currently was no invest-to-save justification for the District Council to fund measures to reduce domestic abuse as costs were only incurred when victims presented themselves to the Council as homeless and this equated to around 6% of homelessness applications received. The Panel, therefore, endorsed a suggestion that the Executive Leader of the Council, as the District Council's representative on the Police and Crime Panel, should exert influence on the Police and Crime Commissioner to fund measures to tackle domestic abuse.

The Panel agreed that in order that all relevant organisations' practices relating to domestic abuse were as efficient and effective as possible, there should be improved links between those working in the field of domestic abuse and social services. It was therefore concluded that there should be appropriate representation at Huntingdonshire Community Safety Partnership meetings, with the Area Manager for Localities and Partnerships and a representative of Social Services attending meetings.

In their concluding remarks, Members indicated their wish to have sight of the County Council's Scrutiny review next year of progress against the study's recommendations. Members also concurred with a suggestion that they should revisit this matter as part of their annual scrutiny of the Huntingdonshire Community Safety Partnership.

RESOLVED

that the report now submitted be noted.

59. CAMBRIDGESHIRE ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

A brief update was delivered by Councillor R J West on the meeting of the Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee held on 25th October 2012. He drew attention to the fact that the Committee had discussed changes to emergency services proposed by East of England Ambulance Services NHS Trust, received a presentation from the Cambridgeshire and Peterborough Clinical Commissioning Groups on governance, accountability and patient and public involvement and considered an update on the Cambridgeshire Health and Wellbeing Strategy.

60. 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) which contained details of studies being undertaken by the Overview and Scrutiny Panels for Economic Well-Being and for Environmental Well-Being.

61. 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 Chairman reported upon the outcome of a joint scrutiny meeting held the previous day with Members from the County Council's Adults, Wellbeing and Health Overview and Scrutiny Committee to discuss the financial performance and operational activities of Hinchingbrooke Hospital. A copy of the notes from this meeting were tabled and are also appended in the Minute Book.

Members were informed that a meeting of the Corporate Plan Working Group would be held on 12th November 2012 to refine further the Council Delivery Plan and to consider future monitoring arrangements.

The Panel agreed to remove the potential future study on Gypsy and Traveller Welfare from the Panel's work programme as this was expected to be addressed within the new Local Plan.

62. SCRUTINY

The 128th Edition of the Decision Digest was received and noted.

Chairman

Huntingdonshire
DISTRICT COUNCIL

NOTICE OF EXECUTIVE DECISIONS INCLUDING THOSE TO BE CONSIDERED IN PRIVATE

Prepared by **Councillor J D Ablewhite**
Date of Publication: **14 November 2012**
For Period: **1 December 2012 to 31 March 2013**

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 Customer Services	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 0AA 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

Notice is hereby given of:

- Key decisions that will be taken by the Cabinet (or other decision maker)
- Confidential or exempt executive decisions that will be taken in a meeting from which the public will be excluded (for whole or part).

A notice/agenda together with reports and supporting documents for each meeting will be published at least five working days before the date of the meeting. In order to enquire about the availability of documents and subject to any restrictions on their disclosure, copies may be requested by contacting Mrs Helen Taylor, Senior Democratic Services Officer on 01480 388008 or E-mail Helen.Taylor@huntingdonshire.gov.uk.

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

Formal notice is hereby given under The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that, where indicated part of the meetings listed in this notice will be held in private because the agenda and reports for the meeting will contain confidential or exempt information under Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. See the relevant paragraphs below.

Any person who wishes to make representations to the decision maker about a decision which is to be made or wishes to object to an item being considered in private may do so by emailing Legal&DemServDemocratic@huntingdonshire.gov.uk or by writing to the Senior Democratic Services Officer. If representations are received at least eight working days before the date of the meeting, they will be published with the agenda together with a statement of the District Council's response. Any representations received after this time will be verbally reported and considered at the meeting.

Paragraphs of Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) (Reason for the report to be considered in private)

0. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the Financial and Business Affairs of any particular person (including the Authority holding that information)
4. Information relating to any consultations or negotiations or contemplated consultations or negotiations in connection with any labour relations that are arising between the Authority or a Minister of the Crown and employees of or office holders under the Authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the Authority proposes:-
   (a) To give under any announcement a notice under or by virtue of which requirements are imposed on a person; or
   (b) To make an Order or Direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Colin Meadowcroft
Head of Legal and Democratic Services

Huntingdonshire District Council
Pathfinder House
St Mary's Street
Huntingdon PE29 3TN.

Notes:- (i) Additions changes from the previous Forward Plan are annotated ***
(ii) Part II confidential items which will be considered in private are annotated ## and shown in italic.

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Council Tax Base***	Chairman of Corporate Governance and Section 151 Officer	12 Dec 2012	None	Julia Barber, Head of Customer Services Tel No. 01480 388105 or email Julia.Barber@huntingdonshire.gov.uk		J A Gray	All
Review of Lettings Policy	Cabinet	13 Dec 2012	Overview and Scrutiny Report - 4th September 2012	Julia Barber, Head of Customer Services Tel No 01480 388105 or email Julia.Barber@huntingdonshire.gov.uk		B S Chapman	Social Well-Being
Sale of Land, St. Mary's Street, Huntingdon***###	Cabinet	13 Dec 2012	None.	Chris Allen, Project and Assets Manager Tel No. 01480 388380 or email Chris.Allen@huntingdonshire.gov.uk	Exempt under paragraph 3	J A Gray	Economic Well-Being
Business Plan One Leisure - Quarterly Performance Reports##	Cabinet	13 Dec 2012	None	Simon Bell, General Manager, One Leisure Tel No. 01480 388049 or email Simon.Bell@huntingdonshire.gov.uk	Exempt under paragraph 4.	T D Sanderson	Economic Well-Being
Waste Collection - Round Optimisation	Cabinet	13 Dec 2012	None	Eric Kendall, Head of Operations Tel No. 01480 388635 or e-mail Eric.Kendall@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being
Council Tax Support	Cabinet	13 Dec 2012	None.	Julia Barber, Head of Customer Services Tel No. 01480 388105 or email Julia.Barber@huntingdonshire.gov.uk		B S Chapman	Economic and Social Well-Being
Local Government Finance Act 2012 NNDR1 Approval	Cabinet	13 Dec 2012	None.	Julia Barber, Head of Customer Services Tel No. 01480 388105 or email Julia.Barber@huntingdonshire.gov.uk		J A Gray	Economic Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Ratification of Technical Reforms of Council Tax	Cabinet	13 Dec 2012	None.	Julia Barber, Head of Customer Services Tel No. 01480 388105 or email Julia.Barber@huntingdonshire.gov.uk		B S Chapman	Economic Well-Being
Carbon Management	Cabinet	13 Dec 2012	None.	Chris Jablonski, Environment Team Leader Tel No. 01480 388368 or e-mail Chris.Jablonski@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being
Draft MTP	Cabinet	13 Dec 2012	None	Steve Couper, Head of Financial Services Tel No. 01480 388103 or e-mail Steve.Couper@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
Revision of the Wind Power Supplementary Planning Document***	Cabinet	24 Jan 2013	None.	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
A14	Cabinet	24 Jan 2013	None.	Steve Ingram, Head of Planning Services 01480 388400 or email Steve.Ingram@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Bearscroft Farm Urban Design Framework	Cabinet	14 Feb 2013	None.	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Budget and MTP	Cabinet	14 Feb 2013	Draft MTP - previous year's budget report - various annexes	Steve Couper, Head of Financial Services Tel No. 01480 388103 or e-mail Steve.Couper@huntingdonshire.gov.uk		J A Gray	Economic Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Treasury Management Strategy and Prudential Indicators	Cabinet	14 Feb 2013	Previous year's Strategy	Steve Couper, Head of Financial Services Tel No. 01480 388103 or e-mail Steve.Couper@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
Local Plan***	Cabinet	21 Mar 2013	None	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
St. Neots Town Centre Urban Design Framework***	Cabinet	21 Mar 2013	None.	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being

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NHS Cambridgeshire and NHS Peterborough
working in partnership

MEETING: **BOARD MEETING IN PUBLIC**

AGENDA ITEM: **3.1** **SECTION:** **FINANCE & PERFORMANCE**

DATE: **26 SEPTEMBER 2012**

TITLE: **FINANCE AND PERFORMANCE SUB-COMMITTEE**

FROM: **PETER SOUTHWICK**
CHAIR OF FINANCE & PERFORMANCE SUB-COMMITTEE

FOR: **FOR INFORMATION**

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1 ISSUE

1.1 The Finance and Performance Committee is a formal sub-committee of the PCT Board. It meets on a monthly basis and its aim is to monitor finance and performance on behalf of the Board, to forecast future performance, and engender a high performance culture.

1.2 The latest meeting of the sub-committee will take place on Tuesday 25 September 2012 and a verbal report will be provided at the Board meeting.

1.3 The minutes of meetings that have been approved since the July Cluster Board are attached as **Appendix A**, 26 June 2012 and **Appendix B,** 17 July 2012.

2. CORPORATE OBJECTIVE AND BOARD ASSURANCE FRAMEWORK LINK

2.1 This Report links specifically to the following risks set out in the Combined Board Assurance Framework:

BAF 1 – Risk of delivery of QIPP and system reform
BAF 2 – Risk to delivering financial balance in 2012/13
BAF 4 – Failure to achieve key performance targets
BAF 5 – Risk to Specialised Commissioning Group financial position and governance arrangements

2.2 It is also directly linked to Corporate Object three – Finance and QIPP.

3 RECOMMENDATION

3.1 The Board is asked to note that a verbal report on the September Sub-Committee meeting will be provided at the Board meeting on Wednesday 26 September 2012.

Author: ***Simon Barlow***
Integrated Governance Manager
18 September 2012

Appendix A – *Finance and Performance Committee minutes of 26 June 2012*
Appendix B – *Finance and Performance Committee minutes of 17 July 2012*

Appendix A

NHS Cambridgeshire and NHS Peterborough
working in partnership

Minutes of the Finance and Performance Sub Committee Meeting held on Tuesday, 26 June 2012 at 8.30 am in The Ramparts Room, (Bailey Suite), Shire Hall, Castle Hill, Cambridge, CB3 OAP

Present:- Peter Southwick (Chair),
John Barratt
Dr Sushil Jathanna
John Leslie
Anna Gillard (from 10,00 am)
Dr Gerald Linehan
Keith Mansfield
Alan Mack
Dr Neil Modha
Maureen Donnelly
Andy Vowles
Catherine Mitchell
Sarah Shuttlewood
Professor Colin-Coulson Thomas
Melissa Mottram

1. Apologies for Absence

Apologies for absence were received from Glen Clark, Sally Williams Dr Neil Modha and Russ Platt. Peter Southwick chaired the meeting in Glen Clark's absence/

2. Declarations of Interest

There were no declarations of interest.

3. Notification of Any Other Items of Business

There were no items of any other business to be discussed during the meeting.

4. Minutes of the Last Meeting

The minutes of the last meeting were agreed as a true record.

5. Matters Arising

5.1 Actions List

The Action List was updated and is appended to the minutes.

5.2 Budget Allocation 2012/13 – Outcome from CCG

The Committee noted that work was underway to finalise the CCG and LCG budget allocations and they would be sent out by 30 June 2012.

6. Finance Reports

6.1 NHS Cambridgeshire

John Leslie presented the Finance Report for Month 2. The Committee **noted** that the PCT was currently forecasting breakeven, with a small surplus. There were, however, a number of risks to achieving financial balance, most notably the over-performance on acute contracts which has come to light at CUHFT and Hinchingbrooke.

John Leslie advised the Committee that there was currently no Month 2 Data for Specialised Commissioning. Dr Sushil Jathanna agreed to raise this at the SCG Board meeting, and to also flag this to Paul Watson. **ACTION: Dr Sushil Jathanna**

Peter Southwick commented on the Fast Track data, noting that the Hinchingbrooke Conversion rate was up by 2% since the day that CIRCLE took over. He added that GP referral rates to CUHFT were up by 10% and non-GP referrals were up 30%. First Attendant Outpatient Rates were also 15% over plan.

6.2 NHS Peterborough

John Leslie presented the Finance Report for Month 2. The Committee noted that the PCT was currently forecasting breakeven, with a small surplus. There were, however, a number of risks to achieving financial balance, most notably the over-performance on acute contracts which has come to light at CUHFT and Hinchingbrooke.

7. QIPP 2012-2013

In Russ Platt's absence, John Leslie provided a brief summary on QIPP progress. The Committee expressed concern about the current status of the QIPP Savings Programme. The Committee discussed that the External Auditors had issued a qualified value for money opinion in relation to QIPP delivery. The Committee **noted** the update.

8. Combined Acute Contract Performance Report

The Committee **noted** the Combined Acute Contract Performance Report which had been circulated prior to the meeting.

Sarah Shuttlewood advised the Committee that the GP in ED pilot at PSHFT was not working and an escalation meeting would be held next week.

9. Emergency Readmissions

Anna Gillard presented the latest activity data in relation to emergency readmissions. The Committee **noted** the Report.

10. Combined Performance Report

Alan Mack presented the Combined Performance Report for NHS Cambridgeshire and NHS Peterborough. The Committee **noted** the following issues:-

Referral to Treatment (RTT) - Admitted performance for NHSP is below the operational standard at PSHFT and CUHFT. Recovery plans are in place for both Trusts. CUHFT performance is forecast to improve over Quarter 1 for the majority of services and extending into Quarter 2 for Orthopaedics, Ear, Nose and Throat (ENT) and Urology. This means national standards for every specialty will not be met during this period. At PSHFT, admitted performance will be resolved during Quarter one at Trust level.

A&E 4 Hour Waits - The 95% operational standard is not being delivered at CUHFT or PSHFT. Quarter 1 to 6th May 2012 is 90.41% for CUHFT and 91.34% for PSHFT, although daily and weekly performance is notably improved on the recent past. An action plan has been developed and agreed between the PCT and PSHFT following the Intensive Support Team (IST) review. At CUHFT an Action plan to improve processes is underway and is being closely monitored by the PCT. There will also be an Intensive Support Team visit to the Trust.

Cancer - Cluster level performance has been above threshold for all standards except 62 days. CUHFT has not delivered the 62 day standard for five consecutive months to February 2012 and 62 day screening for three consecutive months. HHT and PSHFT also failed the 62 day standard in February. Long term sustainable recovery plan is in place for CUHFT cancer services, where particular issues exist around urology capacity. Additional consultant appointments are underway, with posts anticipated being taken up in June/July. HHT has a remedial action plan in place which the PCT monitors through the Service and Performance Review Group (SPRG) and the Cambridgeshire Cancer Board.

Stroke - Further progress needs to be made in order to meet targets at all main providers to NHSC. Whilst there have been improvements, there is an ongoing failure to deliver the high risk Transient Ischemic Attack measure. As such, specific project support has been arranged for the Anglia Stroke and Heart Network to work with CUHFT on a TIA improvement plan which is being closely monitored by the PCT. NHS Peterborough performance against the TIA indicator has dipped and reasons are currently being investigated.

Delayed Transfers of Care (DTOC) – DTOC levels have reduced at NHSC providers, but remain high compared to other providers in the region. Work is being undertaken to review demand on step down services from CUHFT patients and to model capacity requirements going forward.

Hospital Acquired Infections - All organisations have performed well for CDifficile showing a considerable reduction in cases. NHSP is over the full year ceiling for MRSA (4 cases). For 2012/13 all elements of the cluster have challenging HCAI ceilings which will require further notable improvements. Full investigation of the reported cases will be performed and necessary actions taken in order

Andy Vowles advised the Committee that an escalation review meeting had been held with CUH, in light of the breadth of issues that Trust faces – performance, quality and finance. It had been agreed to hold review meetings with the Trust every two weeks.

The Committee **noted** the Combined Performance Report.

11. Choose and Book

A report setting out the key issues in relation to Choose and Book had been circulated prior to the meeting.

12. Board Assurance Framework

Sharon Fox presented the Board Assurance Framework working document.

The Committee made the following comments:-

BAF1 QIPP The Committee noted that the Audit Committee had requested that this risk be raised to 25

BAF2 Finance The Committee noted that the Audit Committee had requested that this risk be raised to 25

BAF 5 Specialised Commissioning -The Committee requested that the risk was increased to reflect the lack of Month 2 data.

BAF4 – Performance – The Committee requested that the risk was increased to reflect current performance

ACTION: Sharon Fox to update.

The Committee **noted** the Version 2 Assurance Framework

12. Workforce Performance Reports

Alan Mack presented the workforce performance reports for NHS Cambridgeshire and NHS Peterborough. The Committee commented that the section on appraisals had not been completed with the latest statistics. **ACTION: Alan Mack to address.**

13. Finance and Performance Sub-Committee – Annual Cycle of Business

The Committee **noted** the Annual Cycle of Business

14. Date of Next Meeting

The date of the next meeting was confirmed as Tuesday 17 July 2012 at 8.30 am in the Ramparts Room, Shire Hall, Cambridge

Sharon Fox, Trust Board Secretary
20 June 2012

Circulation

Glen Clark (Chair)
John Barratt
Dr Peter David Southwick
Maureen Donnelly
Sally Williams
Prof Colin Coulson-Thomas
Sushil Jathanna
John Leslie
Alan Mack
Sharon Fox
Catherine Mitchell
Sarah Shuttlewood
Anna Gillard
Dr Gerald Linehan
Dr Neil Modha
Andy Vowles
Russ Platt

For Info: Jill Houghton
For Info: Keith Mansfield

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Appendix B

NHS Cambridgeshire and NHS Peterborough
working in partnership

Minutes of the Finance and Performance Sub Committee Meeting held on Tuesday, 17 July 2012 at 8.30 am in The Ramparts Room, (Bailey Suite), Shire Hall, Castle Hill, Cambridge, CB3 OAP

Present:- Glen Clark
Professor Colin-Coulson Thomas
Dr Sushil Jathanna
Dr Gerald Linehan
Keith Mansfield
Andy Vowles
Catherine Mitchell
Sarah Shuttlewood
Peter Wightman
Sharon Fox

Kevin Downing
Alex Ridgeon
Melissa Mottram
Sarah Goddard

1. Apologies for Absence

Apologies for absence were received from Maureen Donnelly, Peter Southwick, John Barratt and Sally Williams and John Leslie.

2. Declarations of Interest

There were no declarations of interest.

3. Notification of Any Other Items of Business

An update on Minor Injuries and Illness Procurement was requested.

4. Minutes of the Last Meeting

The summary minutes of the last meeting were amended as follows:-

Referral to Treatment to read “For the Clustered PCT”>

The summary minutes were agreed as a true record. **ACTION: Simon Barlow to review against notes.**

5. Matters Arising

5.1 Actions List

The Action List was updated and is appended to the minutes.

6. Finance Report

The Finance Reports for NHS Cambridgeshire and NHS Peterborough had been circulated prior to the meeting. Kevin Downing presented the Reports. He advised the Committees that NHSC was forecasting breakeven at the end of the year, with a £29k surplus at Month 3 NHSP was forecasting breakeven at the end of the year, with a £14k surplus at Month 3. Key risks to the financial position in both PCTs were:-

- over-performance on acute contracts
- non-delivery of QIPP savings (special Development Session being planned with Board and CCG.
- over performance in our Acute Trust providers against agreed contract values poses a considerable risk to the cluster PCT unless this is appropriately managed. We are reviewing all referrals and demand management interventions to ensure that these are appropriate.
- risk around PSHFT block contract – procedure invoked to review block by PSHFT.
- PSHFT System-wide Activity Action Plan being developed.
- prescribing appears to be on target – prudent forecasts in both PCTs. Still awaiting Month 2 data from the PPA
- Specialised Commissioning – currently forecasting under but up and down across East of England
- the retrospective review of Continuing Healthcare – the BAF risk remains high to reflect uncertainty.

The Chair thanked Kevin Downing for his Report. The Committee **noted** the Finance Reports for Month 3 for NHS Cambridgeshire and NHS Peterborough.

The Committee **noted** that a detailed discussion on QIPP would take place at the Board Development Session tomorrow.

7. Acute Performance Report / Performance Report

The Committee received the Acute Performance Report and the Integrated Performance Report which had been circulated prior to the meeting. Sarah Shuttlewood advised the Committee that data awaited so some areas not updated since last report. The key issues highlighted to the through both reports Committee are set out below:-

PSHFT

- RTT should deliver within recovery plan,
- A&E and Cancer Waits still not achieving targets
- Concern regarding Cost Improvement Plans.
- A further Never Event reported

CUHFT

- RTT - concerned regarding ability to improve performance.
- A&E Intensive Support Team visited and recommendations made. Need to resolve issues by end of August
- A number of issues remain. Escalation meetings continuing with the Trust on fortnightly basis.
- Information Notice issued – contract penalties if not improved

HHT

- Nearly reached CDifficile Ceiling – 6 cases against 7 for annual target. Root Cause analysis underway.

The Committee discussed the Reports. There was significant concern about the performance of PSHFT and CUHFT in relation to A&E and Referral to Treatment. The Committee **noted** the Acute Performance and Integrated Performance Reports.

8. Wheelchair Contract

A paper setting out information in relation to the Wheelchair Contract had been prepared by Catherine Mitchell and circulated prior to the meeting. She advised the Committee that the issue had been referred by the Quality and Patient Safety Committee due to 7 PALS issues which had arisen in the last quarter. Further investigation had identified only 3 cases linked to new service and these issues had been addressed by the Provider.

The Chair thanked Catherin Mitchell for her paper. Following a short discussion, the Committee **determined** that no further action was required other than regular contract monitoring.

9. ECF Diabetic Retinopathy Screening Contract

A paper updating the Committee on the ECF Diabetic Retinopathy Screening Contract had been prepared by Sarah Goddard and circulated prior to the meeting. She advised the Committee that the issue had been referred by the Quality and Patient Safety Committee as there were a number of issues which had been highlighted. These included Issues around backlog, information governance, data matching and quality. NHS Mid Essex was the Lead Commissioner. Performance being monitored by Programme Board which was meeting later in the day.

Following a short discussion, the Chair said that the Committee **determined** that there were no immediate safety concerns. The Committee agreed no further action was required at this stage but agreed that the PCG must hold contractors to account through proactive contract monitoring and the Programme Board. There was also a need to highlight performance issues to the National Commissioning Board through the Handover process.

10. Primary Care Premises

The Committee received and **noted** a paper on Primary Care Premises. The Committee **supported** the proposals in principle in relation to East Peterborough and Orton Bushfield.

The Committee requested that the financial information was checked and that access issues had been addressed. There was a need to strengthen agreements and to highlight the proposals to the National Commissioning Board. **ACTION: Dr Sushil Jathanna.**

10. Any Other Business

10.1 Minor Injuries and Illness Centre Procurement

Sarah Shuttlewood updated the Committee on the Minor Injuries and Illness Centre Procurement which was in line with the Primary Care and Urgent Care Strategy. A new service would be procured from April 2013. The Strategic Projects Team engaged to undertake procurement – costs £150k. The Committee supported the approach to proceed to PQQ. A full update would be provided to CCG and Board in August.

11. Date of Next Meeting

The date of the next meeting was confirmed as Tuesday 28 August 2012 – Meeting Room A, Town Hall, Peterborough

Sharon Fox
Trust Board Secretary
17 July 2012

NHS Cambridgeshire and NHS Peterborough
working in partnership

MEETING: **FINANCE AND PERFORMANCE COMMITTEE**

AGENDA ITEM: **3.2A**

DATE: **26 SEPTEMBER 2012**

TITLE: **FINANCE REPORT – NHS CAMBRIDGESHIRE**

FROM: **JOHN LESLIE**
DIRECTOR OF FINANCE

FOR: **INFORMATION**

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1 ISSUE

The purpose of this report is to present to the Finance and Performance Committee the financial position of NHS Cambridgeshire for the five months to August 2012, including the financial performance of the main budget areas, an update of the savings programmes, and the risks in achieving the forecast position.

2 CORPORATE OBJECTIVE AND BOARD ASSURANCE FRAMEWORK LINK

This report links to a number of risks in the Board Assurance Framework (BAF) including:-

BAF05 – Risk to specialist commissioning financial position and governance arrangements,
BAF07 – Financial position for 2012/13 and beyond,

3 KEY POINTS

The overall PCT revenue position to date is a £29k underspend and with a combination of non-recurrent resources and identifying further savings, the forecast is now to deliver a breakeven position at year end.

Table 1 below summarises the PCT's main budget performance:

Gross Budgets	Annual	Year to Date			Forecast Month 12	
	Budget £'000	Budget £'000	Actual £'000	Variance £'000	Outturn £'000	Variance £'000
Acute Commissioning	356,246	154,107	158,557	(4,450)	368,049	(11,803)
Other Commissioning	189,593	78,998	79,028	(30)	190,236	(643)
NCB Specialist Commissioning	68,561	27,156	27,157	(1)	68,562	(1)
NCB Primary Care Other	132,395	55,164	56,737	(1,573)	135,147	(2,752)
NCB Primary Care Prescribing	83,291	34,954	34,075	879	82,666	625
Management Costs	20,832	8,722	8,908	(186)	20,661	171
Transitional Fund	17,483	3,885	1,553	2,332	17,483	-
Other Budget Areas	36,169	10,524	7,466	3,058	21,766	14,403
Total Resources/spend	**904,570**	**373,510**	**373,481**	**29**	**904,570**	**0**

Table 1

4 RECOMMENDATION

The Committee is asked to note the financial position of the PCT for the five months to August 2012 and the forecast position for the year ended March 2013.

5 REASON FOR RECOMMENDATION

It is acknowledged that this forecast position is being achieved with a combination of savings delivery and by utilising a portion of the contingency and identifying additional non-recurrent savings. The PCT must ensure recurrent delivery of its savings plans to achieve financial balance in the future.

6 BACKGROUND INFORMATION

6.1 ACUTE COMMISSIONING

- **Cambridge University Hospital FT**

  The month 5 fast track data received from CUHFT is forecasting an overspend of £7,198m. This assumes that only £550k QIPP was achieved against the forecast plan for the first 5mths of the year and only £4.0m further will be achieved to the year end.

- **Hinchingbrooke**

  The forecast outturn for this contract shows an overspend of £1,843k, which includes the assumption that only 75% of QIPP will be achieved by the year end. Current overspend of £1.555m The main forecast outturn variances from the contract include:

  A & E - £421k overspend

Non-Electives - £2.2m overspend

Critical Care – now reduced to a £110k overspend.

Outpatients - £293k overspend

- **Queen Elizabeth Hospital**

  The forecast outturn for the QEH contract has been matched to the contract value. The M4 monitoring file shows a £510k overspend, expenditure is expected to continue to overspend to the year end. The main forecast variances from the contract include:

  Electives - £335k overspend

  Non–Electives - £164k overspend

  Outpatients - £329k overspend

  Direct Access Diagnostic Imaging - £164k overspend

6.2 SPECIALIST COMMISSIONING

- **Specialist Commissioning Consortia**

  Figures have been received from the Specialist Commissioning Consortia to month 4 showing a break even position with a similar break even position at year end. Some of the contract and activity figures are currently under review and areas of overspend are being checked.

6.3 COMMUNITY

This budget area includes the PCT's contract with its main community provider, Cambridgeshire Community Services NHS Trust (CCS) which totals £68.3m. This is a block contract.

7 SAVINGS PLAN

A detailed summary of the revised QIPP Programmes for 2012/13 is included in Appendix 3 attached. The total savings delivery forecast is £23.0m.

8 CONCLUSION

The committee are asked to note the financial position as at month 5 which utilises the phased contingency in full. The reported shortfall will require additional savings plans to be completed.

Author ***John Leslie***
Director of Finance
17 September 2012

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Board Summary 2012-13
Financial Position as at 31st August 2012

	Agreed Plan £'000	Virements to Month 5 £'000	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	Forecast Outturn £'000	Variance £'000
ACUTE SERVICES								
Cambridge Universtiy Hospitals FT	190,245	- 8,110	182,135	75,890	78,349	(2,459)	189,333	(7,198)
Hinchingbrooke Hospital	81,399	-	81,399	34,248	35,803	(1,555)	83,242	(1,843)
Queen Elizabeth Hospital FT, King's Lynn	25,134	1	25,135	10,240	10,750	(510)	25,790	(655)
Peterborough City Hospital FT	30,088	433	30,521	12,510	12,510	-	30,521	-
Papworth Hospital FT	10,124	-	10,124	4,183	4,529	(346)	11,033	(909)
Acute Qipp	-13,756	4,281	(9,475)	-	-	-	(9,475)	-
High Cost Drugs Qipp	-4,100	-	(4,100)	-	-	-	(3,100)	(1,000)
Other NHS Acute SLAs in high cost drugs	19,634	-	19,634	8,339	7,919	420	19,831	(197)
East of England Ambulance Trust	16,945	-	16,945	7,060	7,060	-	16,945	-
Readmissions	3,929	- 1	3,928	1,637	1,637	-	3,929	(1)
Sub Total	**359,642**	**(3,396)**	**356,246**	**154,107**	**158,557**	**(4,450)**	**368,049**	**(11,803)**
Other Commissioning								
Cambridgeshire & Peterborough NHS FT	50,850	13	50,863	21,193	21,198	(5)	50,874	(11)
Other Mental Health	11,537	-	11,537	4,807	4,841	(34)	11,650	(113)
LD Pooled Budget	14,164	-	14,164	5,902	6,088	(186)	14,350	(186)
Cambridge Community Services	68,157	179	68,336	28,473	28,473	-	68,336	-
Other NHS Community Services	7,206	-	7,206	3,003	2,979	24	7,256	(50)
Other Non NHS services	9,297	- 1	9,296	3,874	4,107	(233)	9,712	(416)
Third Sector Budgets	2,693	-	2,693	1,122	1,137	(15)	2,728	(35)
Continuing Care Placements	20,384	-	20,384	8,493	8,091	402	20,384	-
Special Needs Placements	3,657	-	3,657	1,524	1,497	27	3,458	199
GPSI	1,457	-	1,457	607	617	(10)	1,488	(31)
Sub Total	**189,402**	**191**	**189,593**	**78,998**	**79,028**	**(30)**	**190,236**	**(643)**
NCB Specialist Commissioning								
Sub Total	**65,175**	**3,386**	**68,561**	**27,156**	**27,157**	**(1)**	**68,562**	**(1)**
NCB Primary Care Prescribing								
Prescribing	79,740	-	79,740	33,475	32,812	663	79,634	106
Other prescribing including support	3,551	-	3,551	1,479	1,263	216	3,032	519
Sub Total	**83,291**	**-**	**83,291**	**34,954**	**34,075**	**879**	**82,666**	**625**
NCB Primary Care (Other)								
Primary Care	85,490	-	85,490	35,621	36,304	(683)	87,155	(1,665)
Dental	23,760	-	23,760	9,900	10,629	(729)	24,473	(713)
General Ophthalmic	4,506	-	4,506	1,877	1,872	5	4,512	(6)
Pharmaceutical services	18,639	-	18,639	7,766	7,932	(166)	19,007	(368)
Sub Total	**132,395**	**-**	**132,395**	**55,164**	**56,737**	**(1,573)**	**135,147**	**(2,752)**
Running Costs								
PCT Support Costs	11,998	49	12,047	5,061	5,292	(231)	11,633	414
Public Health	2,832	- 91	2,741	1,143	1,098	45	2,742	(1)
Anglia Support Partnership	741	-	741	309	309	-	741	-
GP Commissioning	2,929	-	2,929	1,220	1,220	-	3,171	(242)
Anglia Support Partnership (Estates)	2,374	-	2,374	989	989	-	2,374	-
Sub Total	**20,874**	**(42)**	**20,832**	**8,722**	**8,908**	**(186)**	**20,661**	**171**
TRANSITIONAL FUND 2%	**17,674**	- 191	**17,483**	**3,885**	**1,553**	**2,332**	**17,483**	**-**
OTHER Budget Areas								
National Programme for IT	1,156	-	1,156	482	313	169	1,156	-
Saving / Improving Lives (Darzi Review)	4,728	-	4,728	1,559	499	1,060	3,378	1,350
Earmarked Reserves	5,717	4,762	10,479	2,493	2,174	319	6,481	3,998
Contingency	9,055	-	9,055	1,510	-	1,510	-	9,055
New Central initiatives	4,713	-	4,713	1,964	1,964	-	4,713	-
Contribution to SSD	6,038	-	6,038	2,516	2,516	-	6,038	-
Sub Total	**31,407**	**4,762**	**36,169**	**10,524**	**7,466**	**3,058**	**21,766**	**14,403**

Sub Total	**899,860**	**4,710**	**904,570**	**373,510**	**373,481**	**29**	**904,570**	0
Recurrent Resources	**907,860**	**4,710**	**912,570**				**912,570**	**-**
Deficit before loan repayment	**8,000**	**-**	**8,000**				**8,000**	**-**
Loan Repayment	**(8,000)**	**-**	**(8,000)**				**(8,000)**	**-**
Total	**-**	**-**	**(0)**				**(0)**	**-**

CUHFT Latest Contract Position
Month 5 Fastrack

	Annual plan	Month 5 Plan	Month 5 Actual	Variance	Variance %	Annual £ Plan	Month 5 Plan	Month 5 Actual	Variance	Variance %	Forecast Variance
ELECTIVE											
Spells	35,093	14,168	15,491	**(1,324)**	**-9%**	35,821,543	14,916,803	15,491,913	-575,110	(3.9%)	(1,502,210)
Excess Bed Days	1,750	653	1,078	**(425)**	**-65%**	425,837	158,513	265,556	-107,044	(67.5%)	(172,541)
Package Price	28	11	13	**(1)**	**-11%**	91,700	38,209	41,809	-3,600	(9.4%)	(8,640)
	36,871	**14,831**	**16,581**	**-1,750**		**36,339,080**	**15,113,524**	**15,799,278**	**-685,754**	**(80.8%)**	**-1,683,391**
NON-ELECTIVE											
Spell	28,509	11,870	13,823	**(1,953)**	**-16%**	55,482,259	23,078,019	22,740,908	337,111	1.5%	332,513
Emergency Readmissions	0	0	2,618	**(2,618)**	**0%**	-1,779,068	-753,738	-705,874	-47,864	6.4%	(112,974)
Excess Bed Days	9,576	4,058	5,410	**(1,353)**	**-33%**	2,366,202	1,002,489	1,332,024	-329,535	(32.9%)	(477,811)
Emmergency Threshold		0	0	**0**	**0%**	-1,148,907	-486,758	0	-486,758	100.0%	(1,000,000)
	38,085	**15,928**	**21,850**	**-5,923**		**54,920,486**	**22,840,013**	**23,367,058**	**-527,045**	**74.9%**	**-1,258,272**
Accident And Emergency	**66,470**	28,005	27,048	**958**	**3%**	**8,034,771**	3,485,183	**3,360,783**	124,400	3.6%	57,914
Rehabilitation	**4,863**	2,026	2,648	**(621)**	**-31%**	**948,131**	395,055	**516,130**	-121,075	(30.6%)	(145,290)
OUTPATIENTS											
First Attendance	74,832	36,651	37,388	**(736)**	**-2%**	12,196,080	5,594,983	5,560,829	34,154	0.6%	(278,753)
Follow up Attendance	186,271	75,126	73,603	**1,524**	**2%**	18,509,603	7,454,540	7,020,710	433,830	5.8%	(40,149)
IBD Helpline	1,575	613	223	**390**	**64%**	39,375	15,310	5,563	9,748	63.7%	25,069
Package Price	523	218	246	**(29)**	**-13%**	505,219	294,153	155,693	138,461	47.1%	120,936
Cost Per Case	93	39	43	**(4)**	**-10%**	67,890	28,288	31,025	-2,738	(9.7%)	(6,570)
Outpatient Procedures	49,875	20,326	55,501	**(35,175)**	**-173%**	7,869,707	3,194,750	3,850,007	-655,257	(20.5%)	(361,148)
New to Follow up ratio Adj		0	-1,579	**1,579**	**0%**	-886,277	-344,616	-152,856	-191,760	55.6%	(153,408)
Audiology	14,341	0	0	**0**	**0%**	1,405,672	0	0	0	0.0%	150,895
	327,510	**132,973**	**165,424**	**-32,451**		**39,707,269**	**16,237,407**	**16,470,970**	**-233,563**	142.6%	**-543,128**
Critical Care	**5,310**	2,104	2,394	**(290)**	**-14%**	**6,738,787**	2,670,245	**3,144,896**	-474,651	(17.8%)	(598,929)
Direct Access											
Pathology	1,790,588	700,085	790,594	**(90,509)**	**-13%**	4,593,478	1,887,314	1,912,923	-25,609	(1.4%)	(224,575)
Radiology	21,968	8,868	11,978	**(3,110)**	**-35%**	1,116,953	480,220	607,854	-127,634	(26.6%)	(158,027)
Cardiology	1,295	534	833	**(299)**	**-56%**	55,394	22,803	33,496	-10,694	(46.9%)	(12,989)
Total Direct Access	**1,813,851**	**709,486**	**803,404**	**-93,918**	**-13%**	**5,765,825**	**2,390,336**	**2,554,273**	**-163,936**	(74.8%)	**-395,591**
Chemotherapy	**13,170**	**5,431**	**6,148**	**(716)**	**-13%**	**7,788,573**	**3,252,089**	**3,596,496**	**-344,408**	**(10.6%)**	**(824,837)**
Radiotherapy	**19,447**	**8,121**	**13,386**	**(5,265)**	**-65%**	**4,102,716**	**2,020,035**	**1,435,455**	**584,580**	**28.9%**	**678,795**
Other Costs											
Block Items	41,063	17,164	5,579	**11,585**	**67%**	3,991,223	1,913,008	1,383,229	529,779	27.7%	0
Breast Screening	22,343	9,310	5,531	**3,779**	**41%**	1,881,310	1,033,879	465,731	568,148	55.0%	254,000
Drugs	366	143	158,258	**(158,115)**		12,137,113	4,747,670	4,354,233	393,437	8.3%	0
Devices		0	7,620	**(7,620)**	**0%**	1,758,943	930,908	247,290	683,618	73.4%	0
Patient Transport Services	0	0	31,816	**(31,816)**	**0**	1,197,293	498,873	569,741	-70,869	(14.2%)	(170,085)
Other items	26,396	10,759	6,875	**3,884**	**0**	588,883	460,495	202,414	258,081	56.0%	312,100
Readmissions other providers	0	0	-104	**104**	**0**	-243,732	-101,555	-31,224	-70,331	69.3%	118,643
	90,168	**37,375**	**215,575**	**-178,200**		**21,311,033**	**9,483,276**	**7,191,414**	**2,291,862**	**275.5%**	**514,658**
Sub-Total	**2,415,745**	**956,280**	**1,274,456**	**-318,176**		**185,656,671**	**77,887,162**	**77,436,752**	**450,410**	0.6%	**(4,198,070)**
CQUIN	**0**					**4,610,672**	**2,221,113**	**1,468,641**	**752,472**	33.9%	
Sub-Total including CQUIN	**2,415,745**	**956,280**	**1,274,456**	**(318,176)**		**190,234,858**	**80,108,275**	**78,905,393**	**1,202,882**	1.5%	**(4,198,070)**
QIPP						**-8,100,000**	**-4,218,750**	**-556,552**	**-3,662,198**	86.8%	**(3,000,000)**
Total	**2,415,745**	**956,280**	**1,274,456**	**(318,176)**		**182,134,858**	**75,889,525**	**78,348,841**	**-2,459,316**	(3.2%)	**(7,198,070)**

Hinchingbrooke Contract Monitoring 2
June Data
FOR MONTH 5 REPORT

POD		Annual plan	Month 5 Plan	Month 5 Actual	Variance	Variance %	Annual £ Plan	Month 5(£)Plan	Month 5 (£) Actual	Variance (£)	Variance %	Forecast Spend	Forecast Variance
Elective	Spells	23,142	9,793	10,364	(571)	(5.8%)	21,877,534	9,274,878	9,229,053	45,825	0.5%	21,762,808	114,726
	Excess Bed Days	783	333	203	130	39.1%	190,824	81,160	50,099	31,061	38.3%	117,793	73,031
	Elective Readmissions		0	0	0	0.0%	(192,722)	(78,454)	(78,454)	0	0.0%	(192,722)	0
Total		**23,925**	**10,125**	**10,566**	**(441)**	**(4.4%)**	**21,875,636**	**9,277,584**	**9,200,698**	**76,886**	**0.8%**	**21,687,879**	**187,757**
Non-Elective	Spells	12,856	5,379	6,843	(1,464)	(27.2%)	23,631,957	9,885,959	11,161,154	(1,275,195)	(12.9%)	25,800,764	(2,168,807)
	Excess Bed Days	7,808	3,263	2,729	534	16.4%	1,854,676	774,899	633,278	141,621	18.3%	1,515,713	338,963
	Threshold				0	0.0%		0	(341,131)	341,131	0.0%	(818,715)	818,715
	Emergency Readmission				0	0.0%	(547,263)	(222,783)	(222,783)	0	0.0%	(547,263)	0
Total		**20,664**	**8,641**	**9,571**	**-930**	**(10.8%)**	**24,939,370**	**10,438,075**	**11,230,518**	**(792,443)**	**(7.6%)**	**25,950,499**	**(1,011,129)**
A&E	Attendances	**35,124**	**14,675**	**15,483**	**(808)**	**(5.5%)**	**3,551,080**	**1,483,670**	**1,659,863**	**(176,193)**	**(11.9%)**	**3,972,786**	**(421,706)**
Outpatients	First Attendances	43,268	18,456	19,686	(1,230)	(6.7%)	6,525,227	2,783,526	2,972,460	(188,934)	(6.8%)	6,627,733	(102,506)
	Follow Ups	61,980	26,435	28,139	(1,704)	(6.4%)	5,391,178	2,299,569	2,427,256	(127,688)	(5.6%)	5,417,285	(26,107)
	Package Price				0	0.0%				0	0.0%	0	0
	Outpatient Procedures	12,913	5,491	5,814	(323)	(5.9%)	2,140,182	910,244	980,513	(70,269)	(7.7%)	2,305,400	(165,218)
Total		**118,161**	**50,383**	**53,639**	**(3,256)**	**(6.5%)**	**14,056,587**	**5,993,339**	**6,380,229**	**(386,890)**	**(6.5%)**	**14,350,418**	**(293,831)**
Critical Care	Bed Days	**1,893**	**791**	**940**	**(149)**	**(18.8%)**	**2,935,591**	**1,226,514**	**1,389,096**	**(162,583)**	**(13.3%)**	**3,046,034**	**(110,443)**
Direct Access	Pathology	698,727	286,478	260,919	25,559	8.9%	1,989,298	815,613	725,341	90,271	11.1%	1,769,125	220,173
	Radiology	28,447	11,664	13,729	(2,065)	(17.7%)	1,250,144	512,559	627,894	(115,335)	(22.5%)	1,531,448	(281,304)
Total		**727,174**	**298,141**	**274,648**	**23,494**	**0**	**3,239,442**	**1,328,171**	**1,353,235**	**(25,064)**	**(1.9%)**	**3,300,573**	**(61,131)**
Non Tariff	Audiology	0	0	0	0	0	303,197	126,333	126,333	0	0.0%	303,198	(1)
	Block Items	0			0	0	3,604,708	1,501,961	1,501,961	0	0.0%	3,604,708	0
	Chemotherapy	0	0	0	0	0	1,357,012	565,421	595,373	(29,951)	(5.3%)	1,428,894	(71,882)
	Drugs and Devices	0	0	0	0	0	2,691,021	1,121,259	1,121,259	0	0.0%	2,691,021	0
	Elective Threshold balance f	0	0	0	0	0	0	0	0	0	0.0%	0	0
	Excluded Inpatients		16		16	0.0%			9,731	(9,731)	0.0%		0
	Excluded Outpatients	92	38	20	18	0.0%	22,313	9,490	4,878	4,613	48.6%		22,313
	Blood Products	0	0	0	0	0.0%	0	0	22,500	(22,500)	0.0%	54,000	(54,000)
	ITU Threshold				0	0.0%				0	0.0%		0
	Phototherapy Treatment			0	0	0.0%				0	0.0%		0
	Planned Procedures not carr	0	0	0	0	0.0%	0	0	0	0	0.0%	0	0
	Virtual Clinics LCG Plan Red	5,614	2,285	420	1,865	0.0%	139,489	56,784	10,429	46,355	81.6%	25,618	113,871
	Telephone Consultations	1,308	536	610	(74)	0.0%	32,482	13,318	15,149	(1,831)	(13.8%)	36,948	(4,466)
	Transport Service	0	0	0	0	0.0%	665,610	270,960	308,836	(37,876)	(14.0%)	758,654	(93,044)
Total		**7,014**	**2,876**	**1,050**	**1,826**	**0**	**8,815,832**	**3,665,525**	**3,716,448**	**(50,923)**	**(1.4%)**	**8,903,042**	**(87,210)**
Total		**933,955**	**385,632**	**365,896**			**79,413,538**	**33,412,878**	**34,930,085**	**-1,517,208**	**1**	**81,211,231**	**(1,797,693)**
CQUIN							1,985,338	835,322	873,252	(37,930)	(0)	2,030,281	(44,943)
Total including CQUIN							**81,398,876**	**34,248,199**	**35,803,337**	**(1,555,138)**	**(0)**	**83,241,511**	**(1,842,635)**
Queried Disputes										0		0	0
Strategic Change Programmes								**0**	0	0		0	0
Forecast incl disputes							**81,398,876**	**34,248,199**	**35,803,337**	**(1,555,138)**		**83,241,511**	**(1,842,635)**

QEH Contract Monitoring 5

July monitoring multiplied upwards

POD		Annual plan	Month 5 Plan	Month 5 Actual	Variance	Variance %	Annual £ Plan	Month 5 £ Plan	Month 5 £ Actual	Variance £	Variance %	Forecast Spend	Forecast Variance
Elective	Spells	6,434	2,679	2,740	(61)	(2.3%)	5,186,620	2,180,729	2,320,471	(139,743)	(6.4%)	5,498,202	(311,582)
	Excess Bed Days	112	50	85	(35)	(70.0%)	26,812	11,929	22,313	(10,384)	(87.0%)	50,150	(23,338)
Total		**6,546**	**2,729**	**2,825**	**(96)**	**(3.5%)**	**5,213,432**	**2,192,658**	**2,342,784**	**(150,126)**	**(6.8%)**	**5,548,351**	**(334,919)**
Non-Elective	Spells	5,556	2,298	2,403	(105)	(4.6%)	8,855,924	3,684,129	3,793,250	(109,121)	(3.0%)	9,117,718	(261,794)
	Excess Bed Days	2,845	1,186	1,205	(19)	(1.6%)	645,524	269,433	277,313	(7,880)	(2.9%)	664,404	(18,880)
	Threshold				0	#DIV/0!	(425,756)	(196,643)	(225,999)	29,356	(14.9%)	(542,397)	116,641
Total		**8,401**	**3,484**	**3,608**	**(124)**	**(3.6%)**	**9,075,692**	**3,756,919**	**3,844,564**	**(87,645)**	**(2.3%)**	**9,239,725**	**(164,033)**
A&E	Attendances	**8,444**	**3,529**	**3,745**	**(216)**	**(6.1%)**	**867,269**	**362,406**	**379,760**	**(17,354)**	**(4.8%)**	**908,798**	**(41,529)**
Outpatients	First Attendances	11,578	4,704	4,758	(54)	(1.1%)	1,935,898	784,735	794,556	(9,821)	(1.3%)	1,960,102	(24,204)
	Follow Ups	29,693	11,989	12,948	(959)	(8.0%)	2,399,318	967,900	1,042,396	(74,496)	(7.7%)	2,587,987	(188,669)
	Outpatient Procedures	5,269	2,140	2,369	(229)	(10.7%)	847,091	344,400	391,691	(47,291)	(13.7%)	963,411	(116,320)
Total		**46,540**	**18,833**	**20,074**	**(1,241)**	**(6.6%)**	**5,182,307**	**2,097,035**	**2,228,644**	**(131,609)**	**(6.3%)**	**5,511,499**	**(329,192)**
Critical Care	Bed Days	**812**	**340**	**375**	**(35)**	**(10.3%)**	**890,083**	**372,704**	**399,495**	**(26,791)**	**(7.2%)**	**954,065**	**(63,982)**
Direct Access	Pathology	74,888	31,204	32,011	(808)	(2.6%)	677,699	282,399	286,265	(3,866)	(1.4%)	686,974	(9,275)
	Diagnostic	1,225	514	3,116	(2,603)	(506.6%)	66,569	28,249	106,326	(78,078)	(276.4%)	250,568	(183,999)
	Other	129	54	48	6	11.6%	7,544	3,144	2,778	366	11.7%	6,666	878
Total		**76,242**	**31,771**	**35,175**	**(3,404)**	**(0)**	**751,812**	**313,791**	**395,369**	**(81,578)**	**(26.0%)**	**944,208**	**(192,396)**
Non Tariff	Audiology	1060	443	316	126	0	58,046	24,186	23,948	238	1.0%	57,474	572
	Block Items	0	0	0	0	#DIV/0!	841,055	326,624	326,624	0	0.0%	841,055	0
	Drugs and Devices	0	0	0	0	#DIV/0!	855,047	356,269	417,323	(61,054)	(17.1%)	855,047	0
	Excluded Inpatients	0			0	#DIV/0!	0	0		0	0.0%		0
	Appliances & Aids	0	30	40	(10)	(33.3%)	93,029	23,794	23,794	0	#REF!	57,105	35,924
	Emergency Readmissions	0						(136,415)	(136,415)	0	#REF!	(384,396)	384,396
	Maternity matters						55,948	23,312	0	23,312		55,948	0
	MRSA	2,267	971	995	(24)	(2.4%)	96,484	40,166	42,348	(2,181)	(5.4%)	101,724	(5,240)
	Nuchal Screening	0	-	0	-	#DIV/0!	60,500	25,209	25,209	0	0.0%	60,501	(1)
	Paediatric Diabetic Medicine	360	150	98		0.0%	98,153	40,898	17,723	23,175		42,534	55,619
	Stroke 24/7	0	0	-	-	#DIV/0!	116,958	48,733	34,075	14,658	30.1%	81,780	35,178
	Telephone Consultations	538	261	276	(15)	(5.7%)	12,697	6,165	6,520	(355)	(5.8%)	15,923	(3,226)
	Transport Service	0	0	0	0	#DIV/0!	277,641	115,684	115,684	0	0.0%	269,356	8,285
Total		**4,225**	**1,855**	**1,725**	**78**	**#DIV/0!**	**2,565,558**	**894,623**	**896,830**	**(2,208)**	**(0.2%)**	**2,054,050**	**511,508**
Total		**151,210**	**62,540**	**67,526**			**24,546,153**	**9,990,135**	**10,487,445**	**(497,310)**	**(5.0%)**	**25,160,696**	**(614,543)**
CQUIN							588,523	249,753	262,186	(12,433)	**(5.0%)**	629,017	(40,494)
Total including CQUIN							**25,134,676**	**10,239,888**	**10,749,631**	**(509,743)**	**(5.0%)**	**25,789,714**	**(655,038)**
		aud											
Queried Disputes										0			0
Strategic Change Programmes								**0**	0	0		0	0
Forecast incl disputes							**25,134,676**	**10,239,888**	**10,749,631**	**(509,743)**		**25,789,714**	**(655,038)**

Appendix 3

NHSC Savings Delivery Programme 12/13 as at M5 (July 2012)

	Annual Savings Target	Savings target Year to date	Actual Savings to date	Variance year to date	Forecast Outturn	Variance against Annual Savings Target	Status
	£'000	£'000	£'000	£'000	£'000	£'000	
Prescribing	4,100	1,708	2,000	292	4,205	105	Removed from baseline budget prior to devolving to LCGs/Practices
Primary Care							
Dental	500	208	0	-208	0	-500	Budget reduction - monitored monthly against forecast outturn
GMS	500	208	0	-208	0	-500	Budget reduction - monitored monthly against forecast outturn
Other	0	0	0	0	0	0	
Management Costs	1,104	245	460	215	1,104	0	Budget reduction - profiled to begin to realise savings on completion of restructuring
Acute	17,914	8,343	6,706	-1,637	14,575	-3,339	£4.158m of saving represents gains achieved in final contract negotiations
High Cost Drugs	4,100	911	0	-911	3,100	-1,000	
Total as returned to Midland & East	28,218	11,624	9,166	-2,458	22,984	-5,234	

CAMBRIDGESHIRE PCT
SUMMARY OF FINANCIAL RISKS

	Reported position / Most Likely £000's	Best Case £000's	Worst Case £000's
Acute	(11,802)	(8,000)	(12,000)
Other Commissioning	(642)	0	(2,000)
Primary care prescribing	624	1,000	(500)
Transitional Fund	0	0	0
Other Budget areas	14,401	14,400	10,000
NHSCB	(2,753)	(1,500)	(3,000)
Running Costs	172	1,000	(100)
Total	**0**	**6,900**	**(7,600)**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED

	At 31st August 2(£000	2012/13 £000
Cashflow from operating activities		
Net operating cost before interest	(225,313)	(900,363)
Other cash flow adjustments	413	1,653
Movements in Working Capital	8,757	(8,858)
Provisions utilised	-	(292)
Interest paid	-	
Net cash outflow from operating activities	**(216,143)**	**(907,860)**
Cash flows from investing activities		
Payments to purchase property, plant and equipment	(275)	(2,905)
Payments to purchase intangible assets	-	
Proceeds of disposal PPE & intangible assets	-	
Purchase of financial investments (LIFT)	-	
Sale of financial investments (LIFT)	-	
Loans made in respect of LIFT	-	
Loans repaid in respect of LIFT	-	
Payments for other financial assets	-	
Proceeds from disposal of other financial assets	-	
Interest received	-	
Rental Income	-	
Net cash inflow/(outflow) from investing activities	**(275)**	
Net cash inflow/(outflow) before financing	**(216,418)**	**(907,860)**
Cash flows from financing activities		
Net Parliamentary Funding	216,594	907,860
Other capital receipts surrendered		
Capital grants received		
Capital element of payments in respect of finance leases, on-SoFP PFI and LIFT		
Cash transfers (to)/from other NHS bodies		
Net cash inflow/(outflow) from financing	**216,594**	**907,860**
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	176	0

STATEMENT OF FINANCIAL POSITION AS AT

	At June 2012 £000	FORECAST to 31 March 2013 £000	31 March 2012 £000
Non-current assets:			
Property, plant and equipment	43,521	44,877	43,672
Total non-current assets	**43,521**	**44,877**	**43,672**
Current assets:			
Inventories	182	182	182
Trade and other receivables	4,535	6,386	19,514
Cash and cash equivalents	180	4	4
Total current assets	**4,897**	**6,572**	**19,700**
Total assets	**48,418**	**51,449**	**63,372**
Current liabilities			
Trade and other payables	(55,970)	(40,206)	(62,192)
Provisions	(292)	(292)	(292)
Total current liabilities	**(56,262)**	**(40,498)**	**(62,484)**
Non-current assets plus/less net current assets/liabilities	**(7,844)**	**10,951**	**888**
Non-current liabilities			
Trade and other payables	(4,758)	(4,758)	(4,758)
Provisions	(804)	(586)	(878)
Total non-current liabilities	**(5,562)**	**(5,344)**	**(5,636)**
Total Assets Employed:	**(13,406)**	**5,607**	**(4,748)**
FINANCED BY:			
TAXPAYERS' EQUITY			
General fund	(26,646)	(7,633)	(17,988)
Revaluation reserve	13,240	13,240	13,240
Total Taxpayers' Equity:	**(13,406)**	**5,607**	**(4,748)**
	0	0	0

Public Section Payment Policy (PSPP)

Cumulative position as at 31st August 2012

	Number	**£000's**
Non NHS Invoices		
Total bills paid in year	4,619	27,251
Total bills paid within target	4,404	25,432
Percentage paid within target	**95.35%**	**93.33%**
NHS Invoices		
Total bills paid in year	1,175	157,470
Total bills paid within target	970	153,313
Percentage paid within target	**82.55%**	**97.36%**
10 Days	**90.10%**	**88.78%**

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NHS Cambridgeshire and NHS Peterborough
working in partnership

MEETING: **PCT CLUSTER BOARD MEETING IN PUBLIC**

AGENDA ITEM: **3.3**

MEETING DATE: **26 SEPTEMBER 2012**

TITLE: **PERFORMANCE REPORT**

FROM: **ALAN MACK**
DIRECTOR OF CORPORATE DEVELOPMENT & PERFORMANCE

FOR: **INFORMATION AND ACTION**

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1 PURPOSE AND KEY ISSUES:

1.1 The purpose of this report is to brief the Committee on progress against the key Cambridgeshire and Peterborough performance deliverables in 2012/13 and contract notices being applied to service providers.

1.2 The Appendix contains a dashboard on the 2012/13 service performance indicators for each of the following organisations:

- Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
- NHS Cambridgeshire (NHSC)
- NHS Peterborough (NHSP)
- Cambridge University Hospitals NHS Foundation Trust (CUHFT)
- Hinchingbrooke Health Care NHS Trust (HHCT)
- Peterborough and Stamford Hospitals Foundation NHS Trust (PSHFT)
- Papworth Hospital NHS Foundation Trust
- Cambridgeshire Community Services NHS Trust (CCS)
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

1.3 The dashboard integrates key Performance Indicators and Quality and Patient Safety indicators into a single dashboard which will be used at both the Finance and Performance Committee and the Quality and Patient Safety Committee.

1.4 This month, the dashboard only shows those areas where performance has not been as required, however, information relating to all indicators is available upon request

1.5 The indicators either cover the population of NHS Cambridgeshire (NHSC) or NHS Peterborough (NHSP) as Commissioners or they cover all patients for one of the main provider contracts as outlined above. Aggregated Cambridgeshire and Peterborough indicators do not yet include data for patients of Northamptonshire and Hertfordshire practices in Cambridgeshire and Peterborough CCG. This will be dependent on Department of Health (DH) changes to national data flows.

2 KEY POINTS

2.1 Areas for improvement

2.1.1 Each table below highlights areas where performance has not been as required and provides further detail on the reasons for poor performance and how good performance will be recovered. Areas commented on include:

- Referral to Treatment (RTT)
- Diagnostic Tests
- Cancer Services
- Waits in Accident and Emergency (A&E)
- Choose and Book
- Delayed Transfers of Care
- Health Checks Received
- Never Events
- Clostridium Difficile infections
- Pressure Ulcers
- Crisis Resolution
- Stroke Services

2.1.2 There are a number of areas where the situation and intelligence on performance has not changed from the previous month and no further information has been provided in this report.

2.1.3 Due to organisational changes at the Strategic Health Authority (SHA) provider data previously available to Commissioners from the SHA is not readily available. Alternative data flows from providers are being developed.

Referral to Treatment (Admitted, non-admitted and incomplete) - Percentage of treatment functions which are not failing the 18 week targets – RED					
Integrated Performance Headline Measure		**Direction of travel**			
		NHSC		**NHSP**	
					
		Improved		**Improved**	
TARGET:		**LATEST PERFORMANCE:**		**PERIOD COVERED:**	
			July	*YTD*	
Admitted	90%	**C&P CCG**	90.6%	89.9%	*July 2012*
Non-Admitted	95%		97.9%	97.8%	*July 2012*
Incomplete	92%		96.1%	96.2%	*July 2012*
Admitted	90%	**NHSC**	90.5%	90.1%	*July 2012*
Non-Admitted	95%		98.1%	98.1%	*July 2012*
Incomplete	92%		95.8%	95.9%	*July 2012*
Admitted	90%	**NHSP**	90.8%	89.7%	*July 2012*
Non-Admitted	95%		97.2%	97.5%	*July 2012*
Incomplete	92%		96.7%	96.6%	*July 2012*

REASON FOR POOR PERFORMANCE:

On a year to date basis C&P CCG is under the 90% standard for admitted patients. The standard is not being met in six specialties. These are Cardiothoracic Surgery (Papworth), Ear, Nose and Throat (CUHFT and PSHFT), Gynaecology (CUHFT & Queen Elizabeth Hospital), Oral surgery (CUHFT), Orthopaedics (CUHFT and Queen Elizabeth Hospital) and Urology (CUHFT).

CUHFT

For July, CUHFT is under the standard for admitted patients in the following specialties: ENT (Ear, nose and throat), Gynaecology, Neurosurgery, Oral Surgery, Trauma and Orthopaedics (T&O) and Urology attaining 85.3% overall and 86.1% year to date (YTD). The initial reasons for poor performance have been outlined in previous reports.

PSHFT

PSHFT is under the operational standard for admitted patients in ENT, General Surgery and Oral Surgery for July but achieved the target overall attaining 90.8%. However, on a YTD basis PSHFT is under the standard (89.7%). As highlighted in previous reports, there were bed capacity issues in Quarter 4 which were being addressed during Quarter 1.

Papworth

Papworth met the standard overall for admitted patients for July (93.7%), however, the standard for Cardiothoracic Surgery was not met (85.2%) due to capacity constraints.

Queen Elizabeth Hospital (QEH)

QEH met the standard overall for admitted patients for July (96.4%), but did not meet the standard in Gynaecology (87.5%) and T&O (82.6%). Gynaecology and T&O backlog clearance work has caused the Trust performance to dip, as would be expected. Both specialties suffered cancellations during Quarter 1 which hindered the speed of the clearance.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

CUHFT

As highlighted in last month's report, an exception report was issued on 15th August as the Trust had failed to comply with remedial action plans.

The Trust have now outlined a substantial programme of work to improve performance and a

significant number of actions in the Remedial Action Plan are progressing to plan, however, this has not delivered the planned reduction in backlog.

There are two weekly meetings led by clinicians with the Trust's contracting team. The Trust has identified certain specialties that have longer standing problems and a longer term solution is being looked into for these.

At a strategic level the Chief Clinical Officer and the Vice Chair of the CCG is meeting on a two weekly basis with the Chief Executive Officer and Finance Director to assess progress on performance.

Line by line penalties will be looked into for areas of poor performance and this is being clinically led integrated alongside the contracting team.

PSHFT

Performance is being strictly monitored and clinicians are working closely through contract management meetings and performance reviews to discuss the areas with hospital clinicians and management.

An update on the 3 underperforming specialities is provided below:

- ENT – the plan and trajectory predicted ENT to be back to 90% by July 2012. In order to manage the issue the Trust are adding additional operating sessions to increase the total volume of patients seen. Unvalidated data indicates the standard was achieved for August 2012.
- General Surgery – the plan and trajectory is for this speciality to be achieving 90% consistently from October 2012. As highlighted in previous reports, the main area of concern is consultant capacity to undertake laparoscopic surgery. A new consultant starts in October with the skills to undertake this surgery. Outsourcing to Independent Sector (IS) providers is helping with reducing some of the back log however this is not sufficient to achieve the timeline originally agreed. The revised position is December 2012 – the new consultant will be working solely on clearing the back log.
- Oral Surgery did not achieve 90% in July (84.2%), but is expected to achieve for August – this was due to an administrative error and has been addressed.

As previously reported, it has been agreed that the PCT would only serve contractual consequences on poor performance with RTT and ED after 6 months as the leadership changed, however the PCT are informing PSHFT on a monthly basis what would be deducted if this agreement wasn't in place.

Papworth

The Specialised Commissioning Group (SCG) as the host commissioner, are lading work with the Trust to recover performance. The SCG have received an action plan from the Trust and are monitoring recovery on behalf of the Cluster.

Queen Elizabeth Hospital (QEH)

NHS Norfolk are leading work with the Trust to ensure that the backlog is cleared and performance is recovered by the end of Quarter 2.

RECOVERY DATE:

CUHFT

It is unlikely that the agreed target recovery dates will be achieved.

- Gynaecology will be compliant by September and Oral Surgery will be compliant by August 2012. Neurosurgery will be compliant by October.
- It had previously been indicated that Urology and ENT would be compliant by the end of Quarter 2 in line with agreed recovery dates, otherwise the CCG will be looking to use contractual levers. Clinician to clinician meetings are in place.
- Orthopaedics will be compliant by January 2013 rather than from October 2012. Commissioners are working towards moving this forward. Clinician to clinician meetings are in place to understand the backlog and solutions.

PSHFT

- ENT will be at 90% from August.
- The General Surgery backlog is slowly being reduced and a revised plan is being implemented to achieve the standard from December 2012.
- Oral Surgery will be at 90% from August.

Queen Elizabeth Hospital (QEH)
NHS Norfolk, as lead commissioner, have been working with the Trust to ensure performance is recovered by Quarter 2.

Number of Patients waiting 6 weeks + for 15 key diagnostic tests- RED				
Local Performance Measure		**Direction of travel**		
		NHSC		**NHSP**
				
		Worse		**Improved**
TARGET: 0		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: N/A**	**C&P CCG**	**35**	*July 2012*
NHSC	**Year to date: N/A**	**NHSC**	**31**	*July 2012*
NHSP	**Year to date: N/A**	**NHSP**	**4**	*July 2012*
% of Patients waiting 6 weeks + for 15 key diagnostic tests- RED				
TARGET: < 1%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: N/A**	**C&P CCG**	**0.3%**	*July 2012*
NHSC	**Year to date: N/A**	**NHSC**	**0.3%**	*July 2012*
NHSP	**Year to date: N/A**	**NHSP**	**0.2%**	*July 2012*

REASON FOR POOR PERFORMANCE:

For July, the national standard of less than 1% of patients waiting 6 weeks + for key diagnostic tests was met for NHSC, NHSP and across the C&P cluster.

For NHSC, 31 patients were waiting more than 6 weeks: 8 were Magnetic Resonance Imaging breaches (1 at PSHFT, 1 at HHCT, 4 at Papworth, 2 at Nuffield), 1 was for Computed Tomography (HHCT), 8 were Non–obstetric breaches (HHCT), 9 were in Cardiology-echocardiography (8 at CUHFT, 1 at QEH), 1 was a Urodynamics breach – pressures and flows (CUHFT), there was 1 Colonoscopy breach (HHCT) and 3 Cystoscopy breaches (CUHFT).

For NHSP there were 4 breaches in Computed Tomography (Fitzwilliam Hospital).

Reasons for the breaches have been received and can be provided upon request.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

The national standard of less than 1% of patients waiting 6 weeks + for key diagnostic tests was met across the Cluster.

RECOVERY DATE:

September 2012

Maximum 2 week wait from a referral for evaluation of "breast symptoms" by a primary care professional to date first seen – RED				
Integrated Performance Headline Measure		**Direction of travel**		
		HHCT		
		↓		
		Worse		
TARGET: 93%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
HHCT	**Year to date: 94%**	**HHCT**	**90.2%**	*July 2012*
REASON FOR POOR PERFORMANCE:				
There were five breaches of the breast symptom two week wait at HHCT. Four of the breaches were patient choice and one was due to the cancellation of a clinic.				
HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?				
The Cluster are working with HHCT to ensure performance is recovered.				
RECOVERY DATE:				
August 2012				

All patients receiving their subsequent treatment (Radiotherapy) for cancer within one months (31 days) of a decision to treat – RED				
Integrated Performance Headline Measure		**Direction of travel**		
		NHSC	**NHSP**	
		↑	↓	
		Improved	**Worse**	
TARGET: 94%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 93.1%**	**C&P CCG**	**96.4%**	*July 2012*
NHSC	**Year to date: 94.9%**	**NHSC**	**96.4%**	*July 2012*
NHSP	**Year to date: 86.8%**	**NHSP**	**96.3%**	*July 2012*
REASON FOR POOR PERFORMANCE:				
• NHSC met the target for July achieving 96.4%. • NHSP met the target for June achieving 100% and July achieving 96.3%.				
HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?				
Investment appraisal has been verbally agreed internally at PSHFT for an additional 2 Linacs. The team are still working longer hours to full capacity. No breaches are expected for August. Servicing and maintenance are now happening at weekends to assist with available capacity. An agreement for additional staffing recruitment has been granted with interviews being held soon.				
RECOVERY DATE:				
• NHSC achieved this target for July 2012. • PSHFT achieved the standard for June and July 2012.				

All patients receiving their first definitive treatment for cancer within two months (62 days) of a GP or dentist urgent referral – RED				
Integrated Performance Headline Measure		**Direction of travel**		
		NHSC		**NHSP**
		↓		↓
		Worse		**Worse**
TARGET: 85%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 83.4%**	**C&P CCG**	**81%**	*July 2012*
NHSC	**Year to date: 82.2%**	**NHSC**	**79.2%**	*July 2012*
NHSP	**Year to date: 87.9%**	**NHSP**	**87.9%**	*July 2012*

REASON FOR POOR PERFORMANCE:

HHCT: July performance was 77.4%. 14 patients were treated at >62 days: 4 in Haematology, 4 in lower Gastro Intestinal (GI), 2 in upper GI, 4 in Urology. The reasons for the breaches were: capacity delays for radiotherapy at PSHFT; histology delays at CUHFT, complex diagnostic pathways and patients choice.

CUHFT: In July 26 patients were treated >62 days: 2 Haematology, 2 Head and Neck, 8 lower GI, 4 Lung, 4 Upper GI, 6 Urology.

The main issues continue to be around internal capacity problems particularly for Endoscopy and Urology.

Papworth – 0% July performance related to 2 Lung patients treated >62 days. The Cluster have requested the July breach report from Papworth.

QEH- 55% - 10 patients were treated >62 days: 2 Lung patients, 8 Urology patients.

The Cluster has requested breach reports from providers.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

CUHFT have a cancer remedial action plan which is being reviewed by commissioners on a weekly basis.

Increasing Urology capacity actions include:

- Securing additional clinic space
- Manpower recruitment – An additional consultant starts in October and 2 Non Consultant Career Grade (NCCG) posts will commence by the end of September.

Endoscopy capacity remains a pressure. 1 new suite is complete and the other is being refurbished. One new post was due to go to medical manpower in late August. In the interim, the medical staff continue to offer additional ad hoc sessions.

RECOVERY DATE:

It is expected that HHCT will recover in August.

The recovery date for CUHFT is now the end of Quarter Four.

Four hours maximum stay in the A&E department – AMBER				
Integrated Performance Headline Measure		**Direction of travel**		
		NHSC		**NHSP**
		↑		↑
		Improved		**Improved**
TARGET: 95%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 95.8%**	**C&P CCG**	**98%**	*August 2012*
NHSC	**Year to date: 95.6%**	**NHSC**	**97.9%**	*August 2012*
NHSP	**Year to date: 96%**	**NHSP**	**98%**	*August 2012*
CUHFT	**Year to date: 93.4%**	**CUHFT**	**97.2%**	*August 2012*
HHCT	**Year to date: 98.9%**	**HHCT**	**98.6%**	*August 2012*
PSHFT	**Year to date: 92.3%**	**PSHFT**	**96.2%**	*August 2012*

REASON FOR POOR PERFORMANCE:

As previously reported, NHSC performance had been impacted by the poor monthly performance seen at CUHFT. This, itself, was partially down to patient flow issues within the Trust and a Delayed Transfers Of Care (DTOC) issue that the system has been working to resolve. An additional impact on capacity that had delayed recovery of this target is the Major Trauma Centre (MTC) capital works developments. The MTC should have no further impact on the delivery of the A&E standards, once the capital program is completed in the middle of September. CUHFT met the standard for August and have begun September with performance at 99%. The standard for Quarter 2 has been recovered.

With regard to NHSP, performance at PSHFT continues to be well below the expected standard of 95%. Performance in May did improve however this was not sustained into June and July which has also been variable and significantly below the 95% standard. The main reasons are around medical staffing (there are still 4 consultant posts vacant and middle grade vacancies being filled with locums) and capacity (there has been an unusual spike in medical admissions that has continued into the summer. There is no obvious reason for the increase apart from the road developments from Spalding to Peterborough that mean it is easier to get patients to PSHFT than Lincolnshire Trusts).

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

CUHFT

Previous reports have highlighted those areas that have the potential to bring some improvement into pathways and flows into and out of the ED and CUHFT is working to develop these further. These included:

- *Review of the bypass agreements with EEAST and HHT:*
  Completed. Agreement is now in place across all 3 Trusts.
- *Extension of GP at front door*
  Completed. GP cover is now available 7 days a week.

A Contract Query Notice was issued to CUHFT on 13th June 2012. NHSC has been meeting with the Trust, on a fortnightly basis, to establish action plans and a full response to the Emergency Care Intensive Support Team (ECIST) recommendations. There is now a comprehensive action plan that addresses the whole emergency department and many urgent care pathways within the Trust. Many of the actions are medium term and require much clinical attention, but there is senior commitment at the Trust to ensure that these are delivered and performance is recovered.

NHSC has applied the Section B Part 8.2 Penalty (PHQ23), from the 2012/13 contract, for Month 1 and Month 2 and an escalation meeting took place on 1st August 2012.

CUHFT performance has shown improvements since the end of July 2012, with the week

ending 9th of September seeing performance of 99%.

For PSHFT, a work programme continues to build on that reported last month:

- Development of further ambulatory care sensitive pathways, which will result in patients being redirected from A&E to alternative pathways, resulting in avoided admissions.
- Revised remedial action plan requested by Commissioner from PSHFT as the current one is not delivering the desired results.
- Awaiting the results of Quarter 2 quarterly A&E performance target and will move to withhold contract monies for failure to deliver this target.
- Development of a joint system improvement plan to reduce demand on Acute services which contains targeted actions to reduce inappropriate attendances at A&E
- Development of a targeted Choose Well communication plan based on analysis of Output Area Classification (OAC) ward data to determine the best messages and social marketing approach to take in next round of Choose Well. Funding proposals are going to the next Urgent Care Network in September.
- Practice visits to all practices who have average attendances above the LCG (Local Commissioning Group) average. Specific actions around analysis and interventions by practices on inappropriate attenders have been agreed.
- The implementation programme for connection to the Urgent Care dashboard and training are being planned currently.
- Pathfinder is being rolled out to all GP practices and will promote the use of pathways which aim to manage activity in the community rather than A&E (Paediatrics' pathways for common childhood illnesses)

RECOVERY DATE:

CUHFT have recovered their Quarter 2 performance, achieving 95%+ on a rolling average over the last 6 weeks. The standard was achieved in August, with the first two weeks of September also showing excellent performance of 99% each week. It is forecast that the YTD position will be recovered in November and maintained throughout the remainder of 2012/13.

PSHFT will not deliver in Quarter 2 because of poor performance in July, but will deliver from August onwards.

GP referrals to first OP appointments booked using Choose and Book – RED

Local Performance Measure		**Direction of travel**		
		NHSC		**NHSP**
		↓		↓
		Worse		**Worse**
TARGET: 90%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 45.3%**	**C&P CCG**	**42%**	*August 2012*
NHSC	**Year to date: 74.6%**	**NHSC**	**70%**	*August 2012*
NHSP	**Year to date: 16.0%**	**NHSP**	**14%**	*August 2012*

REASON FOR POOR PERFORMANCE:

Reasons for poor performance have been highlighted in previous reports and the issues remain the same.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

Actions have been highlighted in previous reports and are continuing. Additional actions are as follows:

- CUHFT Named Clinicians – Only one clinician remains outstanding.
- Advice and Guidance (A&G) – CUHFT went live with the remaining specialties in August. 68 A&G requests were received by the Trust in August of which only 10 were converted

into appointments. The Trust will continue to provide an analysis of the referrals to see what reduction has been made in outpatient appointments and this will be fed back to GP Practices.

- Appointment Slot Issues – With effect from 1st April, providers were expected to achieve the 0.03 slot issues performance target. CUHFT and HHCT continue to fail to achieve this figure. A cancer performance remedial action plan was submitted on the 22nd August by CUHFT which shows 32 extra 2 week wait (2ww) slots in skin per week had been scheduled which should show a saving of 10 2ww breaches per month. The Trust have advertised for an additional post but have been unable to appoint. Further interviews are taking place in September. The Trust has confirmed they will be controlling more of the pathway for Dermatology referrals and can therefore provide services outside of the Trust for 2ww referrals which should help capacity.
- Urology is another area highlighted with capacity issues. The Trust has agreed to publish Heamaturia – Urology at the end of September, which may help resolve inappropriate referrals into Urology. A revised proforma is required, which could delay publishing.
- The Trust have been successful in recruiting Multi-Disciplinary Team coordinator positions to help deal with the increased work load especially in Urology.
- CUHFT - Slot unavailability is resulting in referrals being managed outside of C&B causing frustration in Primary Care and duplication of work. In July slot issues were at 0.08 with a slight reduction in August (0.07).
- CUHFT utilisation for the month was 58% and Hinchingbrooke 91%. At the Project Board Meeting the NHSC C&B manager requested a breakdown of performance in specialties as there is significant difference between the two Trusts and the Cluster needs to understand the reasons why.
- In the month of July NHSC C&B performance showed that across NHSC and NHSP 1084 referrals had been deferred to provider as no appointments were available for booking, out of which only 686 had been converted into appointments. It is important to recognise that slot issues are causing a significant drop in both practice and organisational performance.
- HHCT submitted a remedial action plan confirming they have added 2 additional clinics a month for Gastroenterology and will review capacity & demand to look at realigning clinics. The Trust has been asked to provide a date of when the review will take place and the outcome reported. Cardiology and Neurology has appointed a new locum and Consultant Neurologist to clear the backlogs in referrals. The Trust reported that Ophthalmology is in the process of submitting a business case for a Medical Retinal Associate Specialist Grade to provide additional capacity to meet the demand. NHSC has asked the Trust to confirm a date.
- There is a need to understand how Clinical Business Units will feed into C&B. A member of staff needs to be identified from the Trust who will be able to attend meetings and answer questions relating to C&B since the current C&B Manager will no longer be providing this role. Ownership needs to be identified to allow the Cluster to continue to raise daily patient issues and resolve within 24 – 48 hours to ensure a seamless pathway for patients. NHSC attended a meeting on the 14th September and raised the above. Further discussions will take place with the Trust. The Trust was also informed of the high number of slot issues which appear not to have been converted in C&B. They will raise this with their analysis team.
- The NHSC C&B Manager raised concern with the SHA C&B Lead on the 10th September that no minutes had been fed back following the meeting between PSHFT and the SHA. The NHSC C&B manager reiterated the importance of having services available for booking on C&B. NHSC & NHSP practices are finding the exclusions of services frustrating.
- NHSP practice and provider usage continues to remain low, practices continue to raise concerns around using C&B without an incentive payment.

- At a recent visit to 2 Peterborough practices, both raised concern about payment, however, both recognised that patients received better outcomes by having an electronic referral. One practice is moving to system one in October and is strongly considering using C&B and the other practice is looking at internal resource to manage the system.

Referring electronically reduces the patients pathway by almost 3 weeks.

- CCS Community MSK service for the Peterborough area has now given an earlier date of the 9th October as a go live date. The Head of Service has made contact with the SHA for support.
- The C&B Manager again informed the SHA C&B lead that The Queen Elizabeth hospital continues to publish their 2ww cancer services as a telephone assessment service. The SHA has requested that a formal letter is submitted to the SHA for further follow up. Slot issues at the Queen Elizabeth in August were 0.24. A number of patients have reported that they are not being contacted within the required timeframe when the referral has been deferred by the practice to the Trust. The NHSC C&B manager has again contacted the Trust but has not received a response. The contract lead has been informed so the issues can be raised. No further feedback has been received regarding capacity plans or reviews being undertaken by the Trust relating to their booking processes and procedures.

RECOVERY DATE:

As discussed at last month's meeting this will be dependent on local response to national policy, following the closure of the current national consultation on Choice. The response has not yet been published.

Delayed transfers of care from hospitals (No. of patients per 100,000 population over 18 years old) – RED

Local Performance Measure		Direction of travel		
		NHSC		NHSP
		↓		↑
		Worse		Improved
TARGET: **C&P CCG – 9 NHSC - 10 NHSP - 6**		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 12**	**C&P CCG**	**14.1**	*July 2012*
NHSC	**Year to date: 13.8**	**NHSC**	**16.7**	*July 2012*
NHSP	**Year to date: 5.1**	**NHSP**	**4.6**	*July 2012*

REASON FOR POOR PERFORMANCE:

At the beginning of July both acute Trusts saw a spike in attendance and admission rates at the hospitals which has resulted in a rise in delayed transfers of care (DTOC) in the latter half of July.

CUHFT continues to have a high number of delays. As highlighted in previous reports, issues accessing domiciliary care continue and are causing blockages across the Cambridge City and Cambridge South areas. Delays were seen in the Intermediate Care Team (ICT) / reablement service for people needing to access domiciliary care and as such this caused delays in the acute sector for people waiting for domiciliary care and ICT/reablement.

HHCT have changed their internal processes under Circle management so referrals for people with ongoing care needs are now much slicker. This meant in July that the team had to work with more referrals than normal as the new processes were embedded. This has now levelled out again.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

HHCT is being supported with additional money to access the independent sector to support ICT / reablement capacity whilst they go through a process of recruitment.
Additional interim beds have also recently been purchased in the Huntingdonshire area to improve flow.
Furthermore, discussions are also underway with the team at HHCT regarding unused wards and whether this space can be utilised to support people in a step down / social care environment.

As previously reported, there has been a deep dive into issues at CUHFT overseen by the Chief Executive Officers (CEOs). The discharge planning team who were managed by CCS

are now being seconded to work under the management of CUHFT with the expectation that organisational barriers to timely transfer will reduce. Commissioners are also working with the discharge planning staff to ensure they and hospital teams are planning discharge from admission. Furthermore, pathway redesign is being undertaken in the hospital to take out any lost bed days due to processes inside the hospital with input from the whole system.

The presentation given to CEOs from the CUHFT catchment in May, identified demand on step down community services just from CUHFT and what the required capacity was to meet this demand. This has led to a pilot whereby the PCT is commissioning additional inpatient community rehabilitation beds from the independent sector. If this model is successful the PCT will increase capacity of these beds to help with demand over winter. Work is also being carried out by Cambridgeshire County Council which will see reablement as the single exit service for people going home with care from the acute. No person will be discharged from the acute with domiciliary care. This will reduce assessment requirement in hospital and mean the pathway for this cohort of patients is much more streamlined. Reinvestment of money currently spent on domiciliary care will be used to increase the reablement staffing resource. The required additional whole time equivalent (wte) staffing to meet this need is 99.

If the same model is applied at HHCT and PSHFT (so that all people who are currently being discharged out to domiciliary care are discharged into reablement), the teams supporting HHCT and PSHFT would need to increase by 53 whole time equivalent to deal with the demand.

RECOVERY DATE:

December 2012

Health checks received – RED

Local Performance Measure		**Direction of travel**		
		NHSC		**NHSP**
		↓		↓
		Worse		**Worse**
2012/13 TARGET: **NHSC: 26959** **NHSP: 5160**		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
NHSC	**August target: 2002**	**NHSC**	**969**	*August 2012*
NHSP	**August target: 430**	**NHSP**	**247**	*August 2012*

REASON FOR POOR PERFORMANCE:

For NHSC patients, the number of health check invitations issued is on trajectory at 12,020, the conversion to checks delivered is below target at 5959. These figures are not complete for month four as 14 practices (19%) have not yet reported. From the above it would appear that surgeries are inviting the appropriate number of patients to achieve the target but are unable to convert the invitations into health checks. Some practices significantly overachieved during 2011/12 and this may impact on delivery in 2012/13. There may be issues around limited capacity within some practices or eligible patients may simply not wish to have a health check.

As highlighted in previous reports, with regard to NHSP, the Service Level Agreements for all practices to participate in the 2012/13 programme did not go out to practices until May therefore practices were not aware of the targets and performance required. Practices have now commenced programmes to achieve targets.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

For NHSC patients, all practices have been contacted and those who are underperforming have given assurance that they will deliver their targets with large events planned for the Autumn. However if they do not increase their levels it has been made clear that targets will be adjusted and practices with a higher capacity will be allocated increased targets.

Having reviewed July and August data, NHSP is 65.8% against the target of 2150 checks for August. There are nine practices underperforming in delivering health checks. These practices will receive follow up visits to improve performance and improvement is expected by the end of Quarter 2 in line with the planned target of 3010 completed checks. A meeting took place on 12th September at NHSP to implement the plan to offer checks to Travellers/Gypsies over the next six months, which will be delivered by 3 practices located close to these communities.

RECOVERY DATE:

September 2012

Number of Never Events Reported - RED				
Local Performance Measure		**Direction of travel**		
		CUHFT		**PSHFT**
		↓		↑
		Worse		**Improved**
TARGET: 0		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
CUHFT	**Year to date: 3**	**CUHFT**	**1**	*August 2012*
PSHFT	**Year to date: 1**	**PSHFT**	**0**	*August 2012*

REASON FOR POOR PERFORMANCE:

The Never Event at CUHFT related to a retained foreign object post-procedure.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

As highlighted in previous reports, CUHFT have submitted an Action Plan to the CQC and staff have been reminded of the need to follow existing policy.

Counting processes at the Trust are under review.

Last month we reported a Never Event at PSHFT for July relating to a retained guide wire. Subsequent investigation revealed that the case was actually a Lincolnshire patient and the Never Event will be managed by NHS Lincolnshire.

RECOVERY DATE:

August 2012

Clostridium Difficile infections – RED				
Integrated Performance Headline Measure		**Direction of travel**		
		NHSC		**NHSP**
		↓		↑
		Worse		**Improved**
Annual TARGET: C&P CCG 132 NHSC 103 NHSP 29		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 48 (target 48)**	**C&P CCG**	**15 (target 12)**	*July 2012*
NHSC	**Year to date: 43 (target 36)**	**NHSC**	**13 (target 9)**	*July 2012*
NHSP	**Year to date: 5 (target 12)**	**NHSP**	**2 (target 3)**	*July 2012*
CUHFT	**Year to date: 16 (target 16)**	**CUHFT**	**6 (target 4)**	*July 2012*
HHCT	**Year to date: 5 (target 3)**	**HHCT**	**0 (target 1)**	*July 2012*
PSHFT	**Year to date: 10 (target 10)**	**PSHFT**	**6 (target 3)**	*July 2012*
Papworth	**Year to date: 4 (target 3)**	**Papworth**	**1 (target 1)**	*July 2012*

REASON FOR POOR PERFORMANCE:

NHSC, HHCT and Papworth have all breached their Year to date (YTD) ceiling.
The issues at HHCT have been highlighted in previous reports.

Both CUHFT and PSHFT had 6 cases each in July. Reviews of these cases have not highlighted any concerns with regards to antibiotic prescribing.

Of the 6 cases at CUHFT, none were linked to cross infection and all were understood to have had appropriate antibiotics for the right treatment.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

Root cause analyses are undertaken on every case for all providers and actions are taken accordingly.

The scrutiny panel in Peterborough has highlighted their concern over the number of cases which is also 6 for August and the Trust is pulling together a top team review including the Chief Executive and representation from the PCT.

CUHFT has not identified any concerns.

Cases reviewed by the PCT have not highlighted any antibiotic prescribing concerns but note that 2 patients had been recent in-patients for long periods of time and for 1 there was no recent history of antibiotic use.

RECOVERY DATE:

It is expected that NHSC, NHSP, CUHFT and PSHFT will not breach their ceiling for the full year.

HHCT will recover the trajectory in November 2012 providing no further cases are identified. Papworth are unlikely to recover performance until October 2012.

2.9 High Risk Patients having TIA Scanned & Treated within 24 hours – RED

Integrated Performance Headline Measure		**Direction of travel**		
		NHSC		**NHSP**
		↑		↓
		Improved		**Improved**
TARGET: 60%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 65.4%**	**C&P CCG**	**35.7%**	*July 2012*
NHSC	**Year to date: 64.2%**	**NHSC**	**71.4%**	*July 2012*
NHSP	**Year to date: 66.7%**	**NHSP**	**0%**	*July 2012*

REASON FOR POOR PERFORMANCE:

The Cluster are reviewing the position with the provider with regard to the causes and a verbal update will be provided at the meeting.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

The Cluster are considering using contractual levers.

RECOVERY DATE:

A verbal update will be provided at the meeting.

2.11 Patients who spend 90%+ of time in a stroke unit – AMBER

Integrated Performance Headline Measure Quality	**Direction of travel**	
	NHSC	**NHSP**
	↑	↓
	Improved	**Worse**

TARGET: 80%		LATEST PERFORMANCE:		PERIOD COVERED:
C&P CCG	Year to date: 82.3%	C&P CCG	82.2%	*July 2012*
NHSC	Year to date: 77.7%	NHSC	78.7%	*July 2012*
NHSP	Year to date: 86.8%	NHSP	85.7%	*July 2012*

REASON FOR POOR PERFORMANCE:

CUHFT achieved 75.6% for July, HHCT achieved 56.3%, PSHFT achieved 87.8%

The main issue for NHSC is the failure of this target at CUHFT as the Trust is still struggling with capacity on the stroke unit.

PSHFT exceeded the target for July.

The Cluster are reviewing the position with HHCT with regard to the causes and a verbal update will be provided at the meeting.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

With regard to CUHFT, the implementation of Early Supported Discharge will alleviate the bottleneck as patients length of stay would reduce. A business case has been requested from CCS and CUHFT by the end of September. There have also been discussions about moving the neuro-rehab patients off the stroke ward to relieve some of the bed pressures.

The Cluster are awaiting an update from HHCT and an update will be provided at the meeting.

RECOVERY DATE:

CUHFT – September 2012

Numbers of avoidable Grade three and four pressure ulcers - RED

Integrated Performance Headline Measure	Direction of travel	
	NHSC	NHSP
	↓	↑
	Worse	Improved

TARGET: 0		LATEST PERFORMANCE:		PERIOD COVERED:
C&P CCG	Year to date: 61	C&P CCG	13	*July 2012*
NHSC	Year to date: 34	NHSC	10	*July 2012*
NHSP	Year to date: 27	NHSP	3	*July 2012*
CUHFT	Year to date: 13	CUHFT	4	*July 2012*
HHCT	Year to date: 5	HHCT	1	*July 2012*
PSHFT	Year to date: 11	PSHFT	2	*July 2012*
CCS	Year to date: 10	CCS	1	*July 2012*

REASON FOR POOR PERFORMANCE:

The following themes have been identified from Pressure ulcers (PU) Serious Incidents (SI) investigations:

- Training of staff in doing risk assessments and prevention of pressure ulcers
- Lack of thorough risk assessments
- Lack of timely provision of pressure relieving equipment
- Non-compliance of patients in the accepting of professional advice and use of equipment

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

This issue is discussed with providers and monitored at the monthly Clinical Quality Review meetings where trends are identified and action plans are discussed.

Additionally, the following actions are undertaken: • Monitoring of information from the monthly point prevalence data from the NHS Safety Thermometer • Monitoring of numbers of PU SIs reported by Provider • SI learning event with discussion of PUs
RECOVERY DATE:
This will be clearer once full analysis of the Serious Incident reports has been reviewed. As the data continues to be collated and awareness of reporting grows, figures are expected to increase and it is unlikely that an improvement in figures will be seen until October 2012. In the meantime, the Cluster is continually monitoring the numbers of PU SIs reported by Providers.

3. Contractual Compliance

3.1 The table below provides a summary of the formal outstanding contractual notices with CUHFT.

Subject Matter	Contract Query Notice	Position if status not closed
A&E 4 Hour Waits	Continued failure of 4 hour wait standard	Fortnightly meetings take place to review progress.
18 Weeks RTT (Admitted)	Failure of standard for Admitted Pathways	Exception report issued 15-8-12 for failure to deliver improvements. The slippage in delivery has not been rectified. Fortnightly meetings take place to review progress.
Cancer 62 day Urgent	Failure of 62 day wait standard	Issued 15-8-12. Remedial Action Plan was reviewed by Commissioners and further revisions are required.

3.2 The table below shows the current outstanding contract queries with HHCT.

Subject Matter	Contract Query	Position if status not closed
Choose and Book – Appointment Slot Issues	Letter sent 02.08.12 in relation to the failure to maintain a monthly Appointment Slot Issue rate of 0.03 or less.	A Remedial Action Plan was received 28.08.12 (post the deadline of 16.08.12 due to staff on leave). At the last combined Technical/SPRG Meeting the C&B RAP was reviewed and a request was made for the Trust to provide NHSC with a trajectory for bringing the ASI performance within contractual requirements of 0.3 or less. This was received on 11th September. A C&B Meeting is scheduled with the Trust for 14th September where a further update will be provided.
Provision of Cardiac Rehabilitation, Phase 1 and 3	Letter sent 10.08.12 in relation to provision of the service.	A letter dated 07.09.12 was received from HHCT. Internal discussions are taking place following this feedback from the Trust.

3.3 The table below shows current outstanding contract issues with CCS.

Contract Issue (including	Contractual Actions taken	Resolution – target date / outcome

detail of frequency and time period).	and timelines	
1. Health Visiting Service - HV Developmental Checks 2.5-3yr	Performance notice issued November 2011. Remedial action plan agreed with CCS to achieve performance improvements.	Remedial action plan is currently being updated.
2. Breach of 13 week RTT target for Paediatric Outpatients in April, May and June 2012. All but one of breaches arose due to cancelled clinics.	Contract query issued 14 August 2012.	Remedial action plan to be agreed by 28 August 2012.
6. CQR Review of Compliance Non-compliant with Outcome 13: Staffing levels. Area District Nursing	CCS submitted compliance report and letter to CQC in June 2012	CQC are currently carrying out an unannounced compliance review of several outcomes (including outcome 13), on completion of which they will confirm as to whether they are in agreement with compliance report submitted as submitted in June 2012 respect of outcome 13. Stabilisation plan agreed in principle by NHSC. Staffing levels improved. Vacant posts recruited into. Business Case required for additional staffing.

3.4 The table below provides a summary of the formal outstanding contractual notices issued under clause 32 of 2011-12 contract (clause 47 in 2012-13 contract) 'Performance Management' of the acute services contract with PSHFT.

Subject Matter	Contract Query Notice	Exception Notice 1	Exception Notice 2	Position if status not closed
A&E 4 Hour Waits	Continued failure of 4 hour wait	FER 01 issued 15/6/11	SER01 issued 26/03/12	Remedial plan continues to be monitored. August achieved 95% for the first time this financial year.

4 RECOMMENDATION

4.1 The Board is asked to note progress against the key deliverables and standards in 2012-13.

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Annex 1

NHS Cambridgeshire and NHS Peterborough
Performance Indicators Report
2012/13

Table No.	Contents
1	Cambridgeshire & Peterborough Clinical Commissioning Group Indicators
2	NHS Cambridgeshire Indicators
3	NHS Peterborough Indicators
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5	Hinchingbrooke Healthcare NHS Trust Indicators
6	Peterborough and Stamford Hospitals NHS Foundation Trust Indicators
7	Papworth Hospital NHS Foundation Trust
8	Cambridgeshire Community Services NHS Trust Indicators
9	Cambridgeshire and Peterborough NHS Foundation Trust Indicators

Data Sources

Weekly SitRep from UNIFY2	IPMR Returns
Ambulance Trust website	Commissioner Diagnostic Returns (UNIFY2)
CUHFT Weekly Report	Commissioner 18 Week Returns (UNIFY2)
Hinchingbrooke Weekly Report	Commissioner GUMAMM returns (UNIFY2)
National Weekly Choose and Book Reports	EoE SHA (Infection Control)
18 week PTL Reports from UNIFY2	Department of Health Website
MINAP	Department of Health VS Returns
Public Health Databases	ASP Smoking Cessation Database
Cancer Waits Database	Trust Monitoring Reports

Last Updated 18 Sep 2012 4:29 PM

Cambridgeshire and Peterborough Clinical Commissioning Group Quality and Performance Dashboard 2012/13
Table 1

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	89.2%	90.0%	89.6%	90%	90.6%	↑	90%	89.9%	*Jul-12*
		Number of Treatment Functions where standards are not delivered (Admitted, Non-admitted and Incomplete Pathways)	Monthly	>20	Between 1 and 20	0	10	0	22	0	23	↓	0	10	*Jul-12*
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	28	0	158	0	35	↑			*Jul-12*
PHQ09	Cancer Treatment Services	All patients receiving their subsequent treatment (Radiotherapy) for cancer within one month (31 days) of a decision to treat	Monthly	<94%	N/A	>=94%	98.2%	94.0%	96.7%	94%	96.4%	↓	94%	93.1%	*Jul-12*
PHQ03		All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	86.5%	85.0%	85.9%	85%	81.0%	↓	85%	83.4%	*Jul-12*
	Patients' Choice	Proportion of GP referrals to first OP appointments booked using Choose and Book	Monthly	<94%	>94% and <95%	>= 95%	45.3%	90.0%	45.5%	90%	42.0%	↓	90%	45.3%	*Aug-12*
		Deaths at Home	Quarterly	<94%	>94% and <95%	>= 95%	45.7%	46.3%		45%	0.0%		45%	0.0%	*Apr - June (Q1)*
		Delayed transfers of care from hospitals (No. of Patients whose transfer of care was delayed - 2010/11 Trajectory)	Monthly	>5% of the Target	Between Montly Plan and 5% of the	<=Monthly Plan	76	56.3	71.0	59.8	87.5	↓	58.0	74.4	*Jul-12*
		Delayed transfers of care from hospitals (No. of Patients per 100,000 population over 18 years old)	Monthly	>5% of the Target	Between Montly Plan and 5% of the	<=Monthly Plan	12.2	9.1	11.4	9.6	14.1	↓	9.3	12.0	*Jul-12*
Domain:		**Public Health Indicators**													
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthy Plan	Between Monthly Plan and 5% of the	>= Monthly Plan	5029	5348	281	421	308	↑	1758	1236	*Jul-12*
	Breast Feeding	Prevalence of breast feeding at 6 - 8 weeks from birth	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=53.3%	50.00%	53.3%		53.3%	48.05%		53.3%	48.05%	*Apr - June (Q1)*
Domain:		**Quality & Patient Safety Performance Indicators**													
	Health Care Acquired Infections	C. Diff Infections	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	141	132	9	12	15	↓	48	48	*Jul-12*
	Additional Quality Metrics	Delayed transfers of care from hospitals (No. of Patients whose transfer of care was delayed - 2010/11 Trajectory)	Monthly	>5% of the Target	Between Montly Plan and 5% of the	<=Monthly Plan	76	56.3		59.8	87.5	↓	58.0	74.4	*Jul-12*
		Delayed transfers of care from hospitals (No. of Patients per 100,000 population over 18 years old)	Monthly	>5% of the Target	Between Montly Plan and 5% of the	<=Monthly Plan	12	9.1		9.6	14.1	↓	9.3	12.0	*Jul-12*
		Deaths at Home	Quarterly	<5% of the Target	Between 46.3% and 5% of the	>=46.3%		46%			0.0%		45%	0.0%	*Apr - June (Q1)*
		Percentage of Non-admitted patients having TIA treated within 24 hours	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=60%	40.0%	60.0%	72.2%	60.0%	35.7%	↓	60.0%	65.4%	*Jul-12*
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0		0	13	↑	0	61	*Jul-12*

NHS Cambridgeshire Quality and Performance Dashboard 2012/13
Table 2

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
	Referral to treatment	Number of Treatment Functions where standards are not delivered (Admitted, Non-admitted and Incomplete Pathways)	Monthly	>20	Between 1 and 20	0	12	0	10	0	11	↓	0	10	*Jul-12*
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	16	0	19	0	31	↓			*Jul-12*
PHQ03	Cancer Treatment Services	All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	84.6%	85.0%	85.4%	85%	79.2%	↓	85%	82.2%	*Jul-12*
	Patients' Choice	Proportion of GP referrals to first OP appointments booked using Choose and Book	Monthly	<5% of the Target	Between Target and 5% of the	>=Target	69.2%	90.0%	74.0%	90%	70.0%	↓	90%	74.6%	*Aug-12*
		Deaths at Home	Quarterly	<5% of the Target	Between 47.6% and 5% of the	>=47.6%	47.6%	50.0%		49%	0.0%		49%	0.0%	*Apr - June (Q1)*
	Screening	Health checks received					23555	26959	1503	2002	969	↓	11230	6928	*Aug-12*
		Percentage of women who have seen midwife or maternity healthcare professional by 12 weeks of pregnancy	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=93.2%	92.6%	93.2%		93.2%	86.6%		93.2%	86.6%	*Apr - June (Q1)*
	Delayed Transfer of Care	Delayed transfers of care from hospitals (No. of Patients whose transfer of care was delayed - 2010/11 Trajectory)	Monthly	>5% of the Target	Between Montly Plan and 5% of the	<=Monthly Plan	69	48.5	81.5	53.0	93.8	↓	50.8	72.9	*Aug-12*
		Delayed transfers of care from hospitals (No. of Patients per 100,000 population over 18 years old)	Monthly	>5% of the Target		<=Monthly Plan	14.0	9.9	16.7	10.9	19.2	↓	10.4	14.9	*Aug-12*
Domain:		**Public Health Indicators**													
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthy Plan	Between Monthly Plan and 5% of the	>= Monthly Plan	3942	3914	211	326	250	↑	1305	898	*Jul-12*
	Breast Feeding	Prevalence of breast feeding at 6 - 8 weeks from birth	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=58.6%	57.05%	58.6%		58.6%	53.60%		58.6%	53.60%	*Apr - June (Q1)*
Domain:		**Quality & Patient Safety Performance Indicators**													
	Health Care Acquired Infections	C. Diff Infections	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	101	103	8	9	13	↓	36	43	*Jul-12*
	Additional Quality Metrics	Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=80%	77.6%	80.0%	71.7%	80.0%	78.7%	↑	80.0%	77.7%	*Jul-12*
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	0	0		0	10	↔	0	34	*Jul-12*

NHS Peterborough Quality and Performance Dashboard 2012/13
Table 3

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reporte
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	91.3%	90.0%	89.7%	90%	90.8%	↑	90%	89.7%	*Jul-12*
		Number of Treatment Functions where standards are not delivered (Admitted, Non-admitted and Incomplete Pathways)	Monthly	>20	Between 1 and 20	0	14	0	12	0	12	↔	0	13	*Jul-12*
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	12	0	139	0	4	↑			*Jul-12*
PHQ09	Cancer Treatment Services	All patients receiving their subsequent treatment (Radiotherapy) for cancer within one month (31 days) of a decision to treat	Monthly	<94%	N/A	>=94%	99.2%	94.0%	100.0%	94%	96.3%	↓	94%	86.8%	*Jul-12*
	Patients' Choice	Proportion of GP referrals to first OP appointments booked using Choose and Book	Monthly	<5% of the Target	Between Target and 5% of the	>=Target	21.5%	90.0%	17.0%	90%	14.0%	↓	90%	16.0%	*Aug-12*
		Deaths at Home	Quarterly	<5% of the Target	Between 43.7% and 5% of the	>=43.7%	43.7%	42.7%		42%	0.0%		42%	0.0%	*Apr - June (Q1)*
	Screening	Health checks received	Monthly	<5% of the Target	Between 90% and 5% of the	>=5160	4313	5160	268	430	249.0	↓	2150	1417	*Aug-12*
		100% of Diabetics to be offered Retinopathy screening	Quarterly	<5% of the Target	Between 90% and 5% of the	>=100%	99.8%	100.0%		100.0%	99.8%		100.0%	99.8%	*Apr - June (Q1)*
Domain:		**Public Health Indicators**													
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthy Plan	Between Monthly Plan and	>= Monthly Plan	1087	1434		95	58	↓	453	338	*Jul-12*
	Breast Feeding	Prevalence of breast feeding at 6 - 8 weeks from birth	Quarterly	<5% of the Target	Between 90% and 5% of the	>=48%	42.96%	48.0%		48.0%	42.50%		48.0%	42.50%	*Apr - June (Q1)*
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	Additional Quality Metrics	Percentage of patients (not admitted) having TIA treated within 24 hours	Monthly	<5% of the Target	Between 90% and 5% of the	>=60%	51.0%	60.0%	100.0%	60.0%	0.0%	↓	60.0%	66.7%	*Jul-12*
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0		0	3	↑	0	27	*Jul-12*

Cambridge University Hospitals NHS Foundation Trust Quality and Performance Dashboard 2012/13
Table 4

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	88.1%	90.0%	85.5%	90%	85.3%	↓	90%	86.1%	*Jul-12*
PHQ06	Cancer Treatment Services	All patients receiving their first definitive treatment for cancer within one month (31 days) of a decision to treat	Monthly	<96%	N/A	>=96%	96.3%	96%	96.7%	96%	95.4%	↓	96%	96.2%	*Jun-12*
PHQ08		All patients receiving their subsequent Surgical treatment for cancer within one month (31 days) of a decision to treat	Monthly	<94%	N/A	>=94%	95.5%	94%	97.4%	94%	93.7%	↓	94%	96.6%	*Jun-12*
PHQ03		All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	81.9%	85%	78.0%	85%	74.5%	↓	85%	77.1%	*Jun-12*
	Emergency Services	The proportion of patients spending four hours or less in all types of A&E department	Monthly	<94%	>94% and <95%	>= 95%	95.6%	95%	92.5%	95%	97.25%	↑	95%	93.36%	*Aug-12*
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	Serious Incident Management & learning	Number of Never Events Reported	Monthly	>1	N/A	0	5	0	0	0	1	↓	0	3	*Aug-12*
	Health Care Acquired Infections	C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	48	45	3	4	6	↓	16	16	*Jul-12*
	Additional Quality Measures	Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=80%	77.2%	80.0%	66.7%	80.0%	75.6%	↑	80.0%	76.4%	*Jul-12*
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	4	0	4	↔	0	13	*Jul-12*
Domain:		**Providing care in a safe environment**													
QI 8a	Infection control and prevention	Assurance of robust systems and measures for Infection Control	Quarterly	Any requirement of Section 11 audit does not	Action plan in place to reach adequate for	Minimum of adequate for all 37 requirements,			Green		Amber	↓			*Jun-12*
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure	Monthly	1+ open and under investigation.	All investigations completed with	All action plans fully implemented or			Amber		Red	↓			*Jun-12*
QI 12b	SI Management	Never Events Management	Monthly	No evidence of thematic learning	No analysis across risk areas. No action	Analysis of all risk intelligence, action plan for			Red		Red	↔			*Jun-12*

Hinchingbrooke Healthcare NHS Trust Quality and Performance Dashboard 2012/13
Table 5

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
	Cancer Treatment Services	Maximum two week wait from a referral for evaluation of "breast symptoms" by a primary care professional to date first seen	Monthly	<93%	N/A	>=93%	94.7%	93%	94.4%	93%	90.2%	↓	93%	94.0%	*Jul-12*
PHQ03		All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	81.6%	85%	85.1%	85%	82.3%	↓	85%	87.0%	*Jul-12*
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	Health Care Acquired Infections	C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	7	7	1	1	0	↑	3	5	*Jul-12*
	Additional Quality Measures	Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the	>=80%	80.8%	80.0%	75.0%	80.0%	56.3%	↓	80.0%	77.2%	*Jul-12*
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	1	0	1	↔	0	5	*Jul-12*
Domain:		**Providing care in a safe environment**													
QI 12b	SI Management	Never Events Management	Monthly	No evidence of thematic learning	No analysis across risk areas. No action plan for areas of concern.	Analysis of all risk intelligence, action plan for areas of concern			Amber		Amber	↔			*Jul-12*
QI 14a	Guidance and alerts	Review against and progress towards compliance with relevant emerging national and regional frameworks and guidance, including NICE TAGs and guidance	Quarterly	Not all relevant guidance covered or no detail of implementation.	Detail of implementation but not actions or risks / concerns.	Detail of implementation, action plans, risks and concerns highlighted			Amber		Not scored				*Jul-12*
QI 14b	Guidance and alerts	Implementation of Safety Alerts within required timescales	Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			Amber		Not scored				*Jul-12*
QI 15a	Themed Review	Thematic reviews: Clinical Audit	Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.					Amber				*Jun-12*

Peterborough and Stamford Hospitals NHS Foundation Trust Quality and Performance Dashboard 2012/13
Table 6

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	91.1%	90.0%	89.6%	90%	91.3%	↑	90%	89.2%	*Jul-12*
	Emergency Services	The proportion of patients spending four hours or less in all types of A&E department	Monthly	<94%	>94% and <95%	>= 95%	95.8%	95%	91.3%	95%	96.15%	↑	95%	92.68%	*Aug-12*
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	SI Management & learning	Number of Never Events Reported	Monthly	>1	N/A	0	3	0	1	0	1	↔	0	2	*Aug-12*
	Health Care Acquired Infections	C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	33	29	1	3	6	↓	10	10	*Jul-12*
	Additional Quality Measures	Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	4	0	2	↑	0	11	*Jul-12*
Domain:		**Overarching Clinical Quality Review Metrics**													
QI 3a	CQC Essential Standards Compliance	Concerns raised by CQC	Monthly	One or more major concerns	No major but 1+ minor or moderate	No CQC concerns			Amber		Amber	↔			*Jul-12*
Domain:		**Ensuring a Positive Experience**													
QI 5	Patirent experience	Friends and Family net Promoter	Monthly	For Information - Most recent results to be provided, with action plan where concerns					56.7		53.1	↓			*Jun-12*
Domain:		**Providing care in a safe environment**													
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure	Monthly	1+ open and under investigation. Ation plan not progressing to timescale	All investigations completed with action plan	All action plans fully implemented or no Never Events reported.			Amber		Amber	↔			*Jul-12*
QI 12b	SI Management	Never Events Management	Monthly	No evidence of thematic learning	No analysis across risk areas. No action plan for areas of concern.	Analysis of all risk intelligence, action plan for areas of concern			Red		Red	↔			*Jul-12*

Papworth Hospital NHS Foundation Trust Quality and Performance Dashboard 2012/13
Table 7

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ03	Cancer Treatment Services	All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	85.9%	85%	87.5%	85%	50.0%	↓	85%	73.6%	*Jun-12*
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	Health Care Acquired Infections	C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	8	5	2	1	1	↑	3	4	*Jul-12*
	Additional Quality Measures	Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	0	0	0	0	1	↓	0	1	*Jul-12*
Domain:		**Ensuring a Positive Experience**													
QI 5	Patirent Experience	Friends and Family net Promoter	Monthly	For Information - Most recent results to be provided, with action plan where concerns					78.5		86.3	↑			*Jun-12*

Cambridgeshire Community Services NHS Trust Quality and Performance Dashboard 2012/13
Table 8

Domain:		Performance Indicators														
REF	METRIC	MEASURE	Commissioner	FREQUENCY	THRESHOLDS RED	THRESHOLDS AMBER	THRESHOLDS GREEN	Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
Domain:		**Quality & Patient Safety Generic Performance Indicators**														
		Numbers of avoidable Grade three and four pressure ulcers	NHS Cambridgeshire	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	3	0	1	↑	0	10	*Jul-12*
Domain:		**Overarching Clinical Quality Review Metrics**														
QI 2	Clinical Quality Review Process	Evidence for meetings is received by Commissioner at least 5 days before meeting. Evidence for CQR is complete. All Quality review meetings are quorate from Provider	NHS Cambridgeshire	Monthly	0 or 1 measure met	2 measures met	3 measures met			Green		Red	↓			*Aug-12*
QI 3a	CQC Essential Standards Compliance	Concerns raised by CQC	NHS Cambridgeshire	Monthly	One or more major concerns	No major but 1+ minor or moderate	No CQC concerns			Amber		Amber	↔			*Aug-12*
QI 3c	CQC Quality and Risk Profiles	Number of Amber or Red Risk Estimates in latest CQC Q&RP		Monthly	Any red and no action plan	Red or amber with action plan	No red or amber			Amber		Amber	↔			*Aug-12*
Domain:		**Providing care in a safe environment**														
QI 10a	Safeguarding children	Protect Children from Avoidable harm through compliance with section 11 and CQC Regulations	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			*Jun-12*
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Red		Red	↔			*Jun-12*
QI 10c	Safeguarding children	Percentage of clinical staff receiving safeguarding supervision		Quarterly	Safeguarding procedures not adequate	Policies and procedures in place but not implemented	Policy and procedures in place and implemented			Red		Red	↔			*Jun-12*
QI 11a	Safeguarding adults	Protect adults from avoidable harm		Quarterly	< 75%	75% – 95%	>=95%			Red		Red	↔			*Aug-12*
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act		Quarterly	<75% SIs met reporting timescales, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns			Red		Red	↔			*Aug-12*
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure		Monthly	1+ open and under investigation. Ation plan not progressing to timescale	All investigations completed with action plan	All action plans fully implemented or no Never Events reported.			Amber		Red	↓			*Aug-12*
QI 13	Thematic Analysis	Thematic learning from all risk intelligence including Sis, incidents, complaints, claims and PALS enquiries		Quarterly	Not all relevant guidance covered or no detail of implementation.	Detail of implementation but not actions or risks / concerns.	Detail of implementation, action plans, risks and concerns highlighted			Amber		Amber	↔			*Jul-12*
QI 14a	Guidance and alerts	Review against and progress towards compliance with relevant emerging national and regional frameworks and guidance, including NICE TAGs and guidance		Quarterly	Not all relevant guidance covered or no detail of implementation.	Detail of implementation but not actions or risks / concerns.	Detail of implementation, action plans, risks and concerns highlighted			Amber		Amber	↔			*Jul-12*

REF	METRIC	MEASURE	Commissioner	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
					RED	AMBER	GREEN									
QI 14b	Guidance and alerts	Implementation of Safety Alerts within required timescales		Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			Amber		Amber	↔			*Jul-12*
QI 15a	Themed Review	Thematic reviews: Clinical Audit		Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			NA		Amber				*Jun-12*
QI 15b	Themed Review	Thematic Reviews: Risk Management		Monthly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			NA		Amber				*Jun-12*
QI 16	Clinical Audit	Clinical audit programme shows learning from national and local audits		Quarterly	No evidence of board / clinical discussion	Evidence of board / clinical discussion. Actions plans not on target against timescales	Evidence of board / clinical discussion. Actions plans on target, or no action required.			Green		Amber	↓			*Aug-12*
QI 20	Out-of-hours care	Achievement of OOH NQRs		Monthly	One or more NQRs not achieved	NA	All NQRs achieved			Green		Amber	↔			
Domain:		**CQUINs**														
QI 20f	CQUINs	Older / Vulnerable People		Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Amber				*Apr-Jun 17*

Cambridgeshire and Peterborough NHS Foundation Trust Quality and Performance Dashboard 2012/13
Table 9

Domain:		Performance Indicators														
REF	METRIC	MEASURE	Commissioner	FREQUENCY	THRESHOLDS RED	THRESHOLDS AMBER	THRESHOLDS GREEN	Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
		The proportion of admissions to the Trust's acute ward that were gatekept by the crisis resolution home treatment teams	C&P CCG	Monthly	<5% of the Target	Between 95% and 5% of the Target	>=Target	94.8%	95%	92.5%	95%	93.7%	↑	95%	92.3%	*Jul-12*
		The proportion of admissions to the Trust's acute ward that were gatekept by the crisis resolution home treatment teams	NHS Cambridgeshire	Monthly	<5% of the Target	Between 95% and 5% of the Target	>=Target	93.2%	95%	93.1%	95%	92.5%	↓	95%	91.7%	*Jul-12*
		The proportion of admissions to the Trust's acute ward that were gatekept by the crisis resolution home treatment teams	NHS Peterborough	Monthly	<5% of the Target	Between 95% and 5% of the Target	>=Target	96.3%	95%	92.0%	95%	94.9%	↑	95%	93.0%	*Jul-12*
Domain:		**Overarching Clinical Quality Review Metrics**														
QI 3a	CQC Essential Standards Compliance	Concerns raised by CQC	NHS Cambridgeshire	Monthly	One or more major concerns	No major but 1+ minor or moderate	No CQC concerns			Amber		Amber	↔			*Jul-12*
QI 3c	CQC Quality and Risk Profiles	Number of Amber or Red Risk Estimates in latest CQC Q&RP	NHS Cambridgeshire	Monthly	Any red and no action plan	Red or amber with action plan	No red or amber			Amber		Amber	↔			*Jul-12*
Domain:		**Providing care in a safe environment**														
QI 8a	Infection control and prevention	Assurance of robust systems and measures for Infection Control		Quarterly	Any requirement of Section 11 audit does not meet adequate rating.	Action plan in place to reach adequate for requirements not met under Section 11 audit.	Minimum of adequate for all 37 requirements, 4 related audits per year			Amber		Amber	↔			*Jul-12*
QI 10a	Safeguarding children	Protect Children from Avoidable harm through compliance with section 11 and CQC Regulations	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			*Jul-12*
QI 11a	Safeguarding adults	Protect adults from avoidable harm		Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			*Jul-12*
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure		Monthly	1+ open and under investigation. Ation plan not progressing to timescale	All investigations completed with action plan	All action plans fully implemented or no Never Events reported.			Amber		Amber	↔			*Jul-12*
QI 13	Thematic Analysis	Thematic learning from all risk intelligence including Sis, incidents, complaints, claims and PALS enquiries		Quarterly	Not all relevant guidance covered or no detail of implementation .	Detail of implementation but not actions or risks / concerns.	Detail of implementation , action plans, risks and concerns highlighted			Amber		Amber	↔			*Jul-12*
QI 14b	Guidance and alerts	Implementation of Safety Alerts within required timescales		Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			Amber		Amber	↔			*Jul-12*

REF	METRIC	MEASURE	Commissioner	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
					RED	AMBER	GREEN									
QI 15a	Themed Review	Thematic reviews: Clinical Audit		Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.					Amber				*Jun-12*
QI 15b	Themed Review	Thematic Reviews: Risk Management		Monthly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.					Amber				*Jun-12*

OVERVIEW & SCRUTINY PANEL (SOCIAL WELL-BEING) **4 DECEMBER 2012**

CABINET **13 DECEMBER 2012**

COUNCIL **19 DECEMBER 2012**

COUNCIL TAX SUPPORT FROM 1 APRIL 2013
(Report by the Head of Customer Services)

1. INTRODUCTION

1.1 The current national Council Tax Benefit (CTB) scheme is to be abolished on 31 March 2013 and will be replaced by a local Council Tax Support scheme on 1 April 2013. The Local Government Finance Act 2012 has now received Royal Assent.

1.2 The Council has undertaken a statutory consultation exercise on the Draft Council Tax Support (CTS) scheme, The results have informed the design of the final scheme and are included in this report for Members' consideration.

1.3 The scheme must be in place by 31 January 2013 and have received full Council approval. Failure to do so will result in the Government's default scheme being imposed which will follow Council Tax Benefit rules and therefore cost more.

1.4 Financial information is contained within this report. A separate paper is also on the Cabinet agenda regarding the Council Tax Technical Reforms which enable local authorities to amend some of the discounts currently granted on properties. These changes generate more income to the Council and will be used to mitigate the impact of the budget cuts in relation to the CTS scheme.

1.5 Pensioners must be protected from any changes and receive the same amount of support that they would under the current CTB scheme. They are not impacted by CTS.

2. FINANCIAL UPDATE

2.1 In October 2012, the Secretary of State for Communities and Local Government announced that transitional funding would be made available to councils whose schemes met three specific criteria. One of the criteria was to limit the amount of CTS to not less than 91.5% of the full council tax charge.

2.2 Assuming all criteria were met, HDC and its major preceptors would have been eligible for additional funding of £189K. This grant would be for 2013/14 only, and the Council would have to revert to an alternative scheme the following year.

2.3 The table shows the impact on the collection fund for both the HDC proposed scheme and the government transitional scheme.

	Proposed Scheme £'000	Transitional Scheme £'000
Impact on Collection Fund*		
Council Tax support	7721	8141
Council Tax Technical Reforms	-814	-814
	6907	7327
Government grants to HDC and precepting authorities	-6984	-6984
Extra transitional grant		-189
Net Impact	-77	154
Impact on individual authorities		
Towns / parishes	-42	-42
County	-54	109
Fire	-3	6
Police	-9	18
HDC **	31	63
	-77	154

* Assumes all preceptors increase Council Tax by 2%

** In addition, HDC faces additional costs of around £195k in either case

2.4 It is therefore proposed that HDC approve the HDC scheme and reject the transitional grant proposed by the Government.

3. SCHEME DETAILS

3.1 The following principles were at the core of designing the HDC draft Council Tax Support scheme and were the subject of the consultation:

- everyone of working age should pay something towards their Council Tax (although there was some protection for the most vulnerable)
- the scheme should provide some protection for the most vulnerable in society
- the scheme should incentivise and support people moving into work and help those on low paid work.

A summary of the differences between the current CTB scheme and the proposed CTS scheme which the Council consulted on is shown at Appendix A

3.2 CTS for pensioners will be worked out using a set of prescribed regulations which in effect mirrors the current CTB regulations.

3.3 In order to make the necessary savings and to be able to provide some protection for the most vulnerable claimants, the scheme for working age people will mean that the majority of claimants will have their CTS entitlement based on 80% of the Council Tax charge. Households with a child under the age of 5 will have their entitlement based on 85% of the charge and people in receipt of the Severe Disability or Disabled Child Premium will have their CTS based on the full charge.

3.4 This means that a large number of people who currently don't have to pay anything towards the Council Tax will have to; this includes people on Income Support, Jobseeker's Allowance or Employment Support Allowance.

3.5 Officers have prepared an Equality Impact Assessment (EIA) that shows the impact of the proposals on affected groups of people with protected characteristics under the Equality Act 2010. Members are required to have "Due Regard" to this assessment when making their decision. The EIA is available on this link

3.6 In particular, members are requested to note the findings on page 11 of the EIA document, and have due regard to the comments about child benefit and child maintenance income.

4. CONSULTATION

4.1 The consultation took place between 20 August and 14 October 2012, and we received 424 responses. A complete report showing the analysis of the consultation and the comments received can be found here. A summary of the responses is at Appendix B

4.2 In the main, responses to the consultation have been reasonably positive. As expected, groups who are to be most affected by the changes have been less inclined to support any reduction. Having considered the feedback received, the Project Board recommends that the draft scheme be (in the main) adopted.

4.3 However, the following exceptions to the draft CTS scheme are being put forward for the reasons set out below;

- Backdating of up to six months should be allowed as currently under the Council Tax Benefit scheme. This is to allow parity with the Housing Benefit scheme and to prevent small, hard to collect debts being created.

- The capital limit should not be reduced to £10k but remain at the existing CTB level of £16k and include tariff income from capital. This will allow parity with the Housing Benefit scheme and should make administration easier once Universal Credit is implemented.

4.4 A full version of the proposed CTS scheme can be found via this link

5. RECOMMENDATION

5.1 That, having paid due regard to the Equality Impact Assessment, the HDC Proposed Council Tax Support Scheme be approved.

5.2 That, in accordance with Section 10 and Schedule 4 of the Local Government Finance Act 2012, the Head of Customer Services be authorised to administer the Council Tax Support Scheme and the Council's scheme of delegation be amended accordingly.'

Background papers:
http://www.huntingdonshire.gov.uk/Money%20and%20Benefits/Pages/CouncilTaxSupportConsultation.aspx

Contact Officer: **Julia Barber**

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Appendix A

Summary of the Main Changes between Council Tax Benefit and the Draft Council Tax Support Scheme 2013/14

The table below shows a brief overview of how certain rules in the current Council Tax Benefit scheme will be dealt with under Huntingdonshire District Council's draft Council Tax Support Scheme. For full details on the proposals of our draft scheme please refer to the 'Draft Council Tax Support Scheme' document.

Feature of Draft Scheme	Council Tax Benefit Scheme	Local Council Tax Support Scheme	Paragraph in Draft Scheme
Pension age customers	Assessed under a national set of rules.	No change.	2.2
Working age customers	Assessed under a national set of rules.	Entitlement will be assessed under locally defined rules.	2.4
Council Tax amount used in benefit calculation for most customers	Benefit entitlement assessed using 100% of the Council Tax charge.	No change for pension age customers but entitlement assessed using 80% of the Council Tax charge for most working age customers.	2.8
Council Tax amount used in benefit calculation for vulnerable customers	Benefit entitlement assessed using 100% of the Council Tax charge.	No change for pension age customers but entitlement assessed using 85% of the Council Tax charge for working age customers with children under the age of 5. Working age customers who receive a severe disability or disabled child premium in the assessment of their Council Tax Support, Income Support, Job Seekers Allowance (IB) or Employment Support Allowance (IR) to have entitlement based on 100% of the Council Tax charge.	2.8, 3.1

Feature of Draft Scheme	Council Tax Benefit Scheme	Local Council Tax Support Scheme	Paragraph in Draft Scheme
Child Benefit income	Not counted as part of the benefit assessment.	Child Benefit in respect of the eldest child will not be counted in the income assessment but all other Child Benefit will be included.	2.10
Child Maintenance income	Not counted as part of the benefit assessment.	Only the first £10 per week will not be counted in the income assessment.	2.11
Earned income disregards	Different amounts of earnings are not included in the benefit assessment depending on certain circumstances. The main earned disregards are £5 per week for single people and £10 per week for couples. An additional earnings disregard can also be awarded where: ➢ It is included in Working Tax Credit, or ➢ Customers (or their partner) with children are working 16 hours or more each week, or ➢ Single people are aged 25 or more and work at least 30 hours each week, or ➢ Couples without children are working, and the person in work is aged at least 25 and working at least 30 hours each week	The first £10 received each week in respect of a single person and the first £20 received each week in respect of couples will not be counted in the income assessment. This doubles the amount currently disregarded under Council Tax Benefit. Similar qualification rules for an additional earnings disregard will apply as under Council Tax Benefit but, customers (or their partner) with children must be working 24 hours or more each week.	2.12 2.13
Savings	No entitlement to benefit where savings are at or above £16,000. In addition, £1 per week is added to the income assessment for every £250 where savings exceed £6000.	No entitlement to support where savings are at or above £10,000. No additional income will be added to the income assessment.	2.15
Non-dependants (people who live in the customers	A range of deductions from benefit can be made based on a non-dependants age, whether they are working and their level of income. No deduction is made where the non-dependant is	There will be two levels of deduction for working age customers - £5 per week for each non-dependant not in work, and £7 per week for each non-dependant in work.	2.16

Feature of Draft Scheme	Council Tax Benefit Scheme	Local Council Tax Support Scheme	Paragraph in Draft Scheme
household)	receiving Pension Credit, Income Support, Income Based Job Seekers Allowance or Income Related Employment Support Allowance.		
Second Adult Rebate	Rebate that assesses the income of second adult(s) in the property and allows for Council Tax reduction of up to 25%.	Second Adult Rebate will be abolished for working age customers.	2.17
Discretionary Support Fund	Additional benefit can be awarded in exceptional circumstances but is based on local discretion and limited funds.	We are considering the possibility of setting up a limited fund to provide additional help in exceptional circumstances. No details have been decided at this stage.	2.20

APPENDIX B

SUMMARY OF RESPONSES

The detail supporting the summaries can be found in the appendices to the Consultation report which is available via this link.

Q	To what extent do you agree or disagree that…	Strongly agree/ agree	Disagree/ strongly disagree	Summary
1	The most vulnerable people should not be affected by the reduction in funding to the same extent as other working age customers	85%	6%	A high proportion agreed that the most vulnerable people should not be affected. This high level of agreement was similar over all the categories. There were slightly higher levels of disagreement among those who pay CT but don't receive CTB and those with children aged under 5 in their households. Overall, c9% neither agreed nor disagreed.
3	Our local scheme should incentivise and support people moving into work, and help those in low paid work	78%	10%	A high proportion agreed with this principle. There were slightly higher levels of disagreement among female CTB claimants, CTB claimants with children under 5 in their households and working age CTB claimants. Overall, c12% neither agreed nor disagreed.
4	Child Benefit for all except the eldest child in a household should be included in the assessment of a claimant's income	53%	34%	Overall, there was a higher level of agreement than disagreement with this statement. However, results varied between different groups. The highest levels of support were from those not in receipt of CTB, in a pensioner only household or aged 60+. The highest levels of disagreement were from CTB claimants and households with children. Overall, c13% neither agreed nor disagreed.
5	Only the first £10 per week of any income from child maintenance payments should not be included	50%	33%	Overall, there was a higher level of agreement than disagreement with this statement. There was little difference in whether respondents were in receipt of CTB

Q	To what extent do you agree or disagree that…	Strongly agree/ agree	Disagree/ strongly disagree	Summary
	in the assessment of a claimant's income			or not. The strongest support came from pensioner only households while those with children under 5 in their households were most likely to disagree. Overall, c17% neither agreed nor disagreed.
6	Those with savings of over £10,000 should not be eligible for any Council Tax Support	67%	23%	A high proportion agreed with this principle. Households with children and pensioner only households were most likely to agree and those aged 16-34 were most likely to disagree. Overall, 10% neither agreed nor disagreed.
7	The Second Adult Rebate for working age people should be abolished	56%	25%	There was a higher level of agreement than disagreement with this statement. The highest levels of support were among those paying CT but not receiving CTB, males and those living in pensioner only households. The lowest levels of support were among those claiming CTB, single parents and disabled respondents. Overall, 19% neither agreed nor disagreed.
8	Deductions from Council Tax Support should be made where working age claimants have non-dependants living with them	57%	21%	There was a higher level of agreement than disagreement with this statement. The highest levels of support were among those paying CT but not receiving CTB, males, those in the 60+ age group and those from pensioner only households. The lowest levels of support were among those claiming CTB and those who said they are disabled. Overall, c22% neither agreed nor disagreed.

Q2a. Do you agree with the principle that everyone of working age should pay something towards their Council Tax bill?

	Do you agree with the principle that everyone of working age should pay something towards their Council Tax bill?	'Yes' 69%	

Overall a high percentage agreed that working age people should pay something towards their council tax bill. The strongest support came from those who pay Council Tax but are not in receipt of CTB, those aged 60+ and pensioner households. Those on CTB, single parents and disabled respondents were closer to a 50/50 split between the numbers agreeing and disagreeing with this principle.

Q2b. If yes, how much is the minimum you think they should pay?

Q2b	If yes, how much is the minimum you think they should pay?	'10%' 41%	'20%' 31%	'30%' 28%

If respondents agreed with paying something towards council tax we also wanted to understand at what level it was felt this should be set at – 10%, 20% or 30%.

Overall, 41% selected the lowest amount of 10% but 59% selected a higher amount than this.

Among those in receipt of CTB, not surprisingly, the lower 10% option received more support than average (61%) but nearly four out of ten selected a higher amount. Those paying CT but not in receipt of CTB were less likely to select the lowest amount (32%), with more than two-thirds selecting a higher amount.

Comparing results by age group shows that those aged 35-59 were most likely to select the lower 10% option (45%) but the majority still selected a higher amount. Those aged 60+ were most likely to select the higher 30% option (35%).

Nearly half of the respondents from households with children selected the lower 10% option (48%) although nearly a third of these selected the highest 30% option (30%). 60% of single parents selected the lower 10% option but more than a quarter selected the highest 30% option (27%). Pensioner only households were least likely to select the lower 10% option (29%), with 72% selecting a higher amount.

More than half of disabled respondents selected the lower 10% option (56%), nearly a third selected 20% (30%) and less than one in six opted for a 30% contribution (14%).

Summary of findings

- Some areas have provoked a clear trend, with the majority of people in all groups agreeing that we should protect the most vulnerable, encourage people back to work and not provide Council Tax Support to those with savings over £10,000.

- There are areas where there is a less clear response overall and where responses from different groups vary considerably. These are taking child benefit into consideration, ignoring the first £10 a week of child maintenance income, removing second adult rebate and making deductions where non-dependants are in residence.

- There is overall support for people to pay something towards their Council Tax bill. However, as would be expected there is a large difference between the views of those paying Council Tax but not in receipt of CTB and those who are in receipt of CTB. Similarly, views on the level of contribution vary considerably with those in receipt of CTB nearly twice as likely to select the lowest contribution level.

- The survey asked for comments and suggestions which have been categorised and reported at Appendix 11 and are also listed in full at Appendix 12. A wide range of comments were received, with some supporting our proposals and others posing arguments against particular elements of our scheme.

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OVERVIEW AND SCRUTINY PANEL
(SOCIAL WELL-BEING) **4TH DECEMBER 2012**

POTENTIAL MERGER BETWEEN CAMBRIDGESHIRE AND SUFFOLK FIRE AND RESCUE SERVICES: CONSULTATION RESPONSE

(Report by the Head of Legal and Democratic Services)

1. INTRODUCTION

1.1 At its meeting on 6th November 2012, the Panel was acquainted with details of the consultation being undertaken by Cambridgeshire Fire and Rescue Service on the proposals for further collaboration up to a full merger between Cambridgeshire and Suffolk Fire and Rescue Services. Councillor Fred Brown, Chairman of the Fire Authority and Mr Matthew Warren, Director of Resources and Treasurer to the Fire Authority, delivered a presentation to Members at the meeting on the background to the proposals, which included an outline of the Fire Authority's current financial position.

1.2 All Members of the Council were invited to attend the meeting to partake in the Panel's discussions. Councillor P J Downes was in attendance and contributed to discussions accordingly.

1.3 Given that the consultation period closes on 14th January 2013, it was agreed that a draft response to the consultation would be submitted back to the Panel outlining Members' preliminary views on the proposals. A copy of the consultation document is attached as an Appendix.

2. BACKGROUND

2.1 Councillor Fred Brown and Mr Matthew Warren reported that the proposals emerged following anticipated reductions in the level of Government grant awarded to both Fire and Rescue Services in future years. On the basis of the 2010 Comprehensive Spending Review, the Cambridgeshire Fire and Rescue Service has predicted it needs to save a minimum of £4.2 million over the next four years and it is confident it can do this without affecting the delivery of front line services. It is expected that the spending formula for allocating Fire Service funding will change and be less favourable for Cambridgeshire in 2013/14 and 2014/15. As a result further savings of up to £2 million are likely to be required. These financial pressures have led the Fire Authority to consider the options of further collaboration, up to a full merger, with Suffolk Fire and Rescue Service.

3. DRAFT RESPONSE TO THE CONSULTATION

3.1 This section of the report is structured around the consultation statements/questions posed within the consultation document. Members' views have been incorporated into the relevant sections.

(a) All viable options for making savings, from collaboration through to a voluntary merger, should be explored in order to protect front line Fire Services from being cut.

3.2 Members “strongly agree” with this statement. Wherever possible, front line services should be protected, provided that it is the most viable option and in the best interests of Cambridgeshire and Peterborough to do so.

(b) I understand why Cambridgeshire and Suffolk Fire and Rescue Service are looking to work closer together and are considering the option of a full merger.

3.3 The Panel “strongly agree” with this statement. Members are sympathetic of Cambridgeshire Fire and Rescue Service’s financial position and understand the need to identify savings and create efficiencies.

(c) In principle, I believe there is a strong case for merging Cambridgeshire and Suffolk Fire and Rescue Services if this will produce significant savings and benefits that will minimise the impact on the front line from future budget cuts.

3.4 Members “neither agree nor disagree” with this statement. As no final business plan exists for the proposed merger, it is difficult for Members to agree that there is a strong case for it. Members do however agree with the principle of this option being favourable if significant savings can be identified to help protect and maintain front line services, whilst having the best interests of Cambridgeshire and Peterborough at heart. The Panel is supportive of the principle of working with other Fire and Rescue Services but feels that there should be a long term vision. It is suggested that work should be undertaken to ascertain the optimal size for a modern Fire and Rescue Service. This should take account of management structure, geographical location and operational efficiency.

How does a merger with Suffolk fit in with the long term vision? Would such a merger provide short term gains, but compromise future possibilities? If a merger with Suffolk does prove a sensible stepping stone towards a longer term vision, are you engaging with others who could also be a part of that vision?

(d) Is there anything that concerns you about the proposed merger, or anything else you feel we should consider in our decision-making?

3.5 In the absence of a full business case to assist Members with taking an informed view of the consultation, Members queried whether there will be a further opportunity to comment on the proposals once the business plan is available. The Panel is keen to ensure that the proposals demonstrate the best use of tax payers’ money. Although having been informed that the exercise is being undertaken to meet central government deadlines, views were expressed that the consultation was being undertaken too early given that no specific information can be presented at this point in time. The validity of undertaking the consultation exercise has therefore been questioned by Members. It is suggested that a further public consultation should be undertaken when the full business plan is available.

3.6 Some concerns exist over the property and fleet arrangements of the Suffolk Fire and Rescue Service. Members have been advised of the potential liability for assets held by Suffolk, which were reported as being in a poor condition. Historically, Cambridgeshire has invested heavily into all of its assets and Members are concerned that the proposals for a merger, if agreed, might be to the detriment of the area that it currently serves. Members wish to preserve front-line services that best serve the residents of Cambridgeshire and Peterborough and will of course take particular interest in the effect of any changes upon residents and businesses in Huntingdonshire. Whilst Suffolk may be willing partners, they do however have

significant differences in their governance, property and information technology arrangements.

3.7 The Panel has reservations over the future service provision and the ability for calls for service to be responded to in a timely manner and in particular the possible negative impact upon the current performance levels achieved by the Cambridgeshire Fire and Rescue Service - both from an operational and financial perspective. These concerns also exist within the Cambridgeshire Fire Authority. This is further exacerbated by the indication given by Suffolk that they run their service at one third of the cost of the Cambridgeshire service. Clarification is required of how these conclusions have been reached.

3.8 Extensive investigations should continue to be undertaken by the Cambridgeshire Fire and Rescue Service, with a view to ensuring that any decisions made in the future are for the benefit of Cambridgeshire residents. Members have strong views that a sound business plan, which demonstrates financial and operational resilience, is required before any final decisions are made. Whilst preliminary enquiries with other neighbouring Fire Authority areas have not progressed, Members are of the view that this option should further be explored by the Cambridgeshire Fire and Rescue Service.

3.9 Finally, the Panel questions who would have overall responsibility for the merged service? Shared responsibility has been shown to be problematic in other areas in the past. Clarity of responsibility and accountability is required.

4. OTHER COMMENTS

4.1 A copy of the draft consultation response was submitted to the Head of Environmental and Community Health Services (and Chairman of the Huntingdonshire Community Safety Partnership) for prior review. Whilst there are no comments to note from the Partnership, she has drawn attention to one possible issue relating to Cambridgeshire Constabulary, stating that “if and when Cambridgeshire Constabulary ever do merge with Bedfordshire Police and Hertfordshire Police, then the Police service in Cambridgeshire would not be co-terminus with Fire as another emergency service.” This is a point that the Panel may wish to also include within their consultation response.

5. CONCLUSION AND RECOMMENDATIONS

5.1 As requested by the Panel, this report sets out the preliminary views expressed at the last meeting on the consultation currently being undertaken by Cambridgeshire Fire and Rescue Service. A number of comments have been made and each of the consultation statements/questions have been responded to. The Panel is

RECOMMENDED

(a) to consider and endorse Sections 3 and 4 of the report as the basis for the Council’s response to the consultation on the proposals for further collaboration up to a full merger between Cambridgeshire Fire and Rescue Service and Suffolk Fire and Rescue Service; and

(b) to authorise Officers to submit the response directly to the Cambridgeshire Fire and Rescue Service.

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

BACKGROUND INFORMATION

Minutes and Reports of the Overview and Scrutiny Panel (Social Well-Being) held on 6th November 2012.

CAMBRIDGESHIRE
FIRE & RESCUE SERVICE
Working together to improve community safety

Delivering the best fire service to you

Have your say on proposals for further collaboration up to a full merger between Cambridgeshire Fire and Rescue Service and Suffolk Fire and Rescue Service

Foreword

We would like to thank you for your interest in this consultation. We're asking for your comments on a proposal for Cambridgeshire and Suffolk fire and rescue services to work together more closely in the future. This includes an option to create a fully merged fire and rescue service covering the two counties if it will generate significant financial savings and other organisational benefits.

Graham Stagg,
Chief Fire Officer

Councillor Fred Brown,
Chairman of the Fire Authority

Over the years, we have worked hard to deliver a fire and rescue service that you value, at a cost which council tax payers can afford to pay. We are delighted that the public continues to hold the fire and rescue service in such high regard, and we want to continue to provide an outstanding service to people who live in, work in and visit Cambridgeshire.

Like all public services, we are facing increasing pressures to manage the fire service with less money and further significant budget cuts are expected beyond 2015. Our priority is to protect people by safeguarding front line services as much as we can. By collaborating further, or merging with another fire and rescue service we could potentially make savings in management and support areas, without having to cut the front line.

This consultation document outlines a proposal for Cambridgshire and Suffolk fire and rescue services to work together more closely in the future, potentially through to a fully merged fire and rescue service, while retaining the excellent service that local people value.

We're asking you to have your say on this proposal in principle. Your views will be incorporated into the full business case which will be presented to members of Cambridgeshire and Peterborough Fire Authority and Suffolk County Council's Cabinet and Full Council in the New Year.

You can let us know you views by completing the questionnaire on page nine or by contacting us by using the contact information on the back page. You can also visit **www.cambsfire.gov.uk** for more information and to fill in the questionnaire online.

I hope you will take this opportunity to have your say on the fire and rescue service you want to see in the future.

"Our priority is to protect people by safeguarding front line services as much as we can."

Background

In October 2012, Cambridgeshire and Peterborough Fire Authority and Suffolk County Council's Cabinet reviewed plans by Cambridgeshire and Suffolk fire and rescue services, which explained two proposals to work closer together.

The first proposal was for greater collaboration between the two fire services, which would involve:

- Sharing, where possible, functions and procedures
- Making, where possible, savings in support areas
- Maintaining individual fire authorities and senior management teams.

The second proposal involved a full merger between the two fire services.

Both authorities agreed to carry out more work to consider the opportunities and challenges associated with both options and to fully establish if any significant savings can be made. This work will culminate in the production of a full business case in the New Year.

At this stage, we are asking for your views on the principle of further collaboration, up to a full merger, between the two fire services, if the business case reveals this option would result in significant savings that could help protect front line services from future budget cuts.

The consultation will run over a 12 week period from 22 October 2012 to 14 January 2013.

No decision has been made yet to merge the two fire and rescue services, it will depend on a number of key factors which will be included in the business case. These are:

- Confirming future government funding arrangements for a merged fire and rescue service
- Assessing the impact that any changes will have on the quality and resilience of the service provided to the public
- Estimating efficiency savings and transition costs
- Reviewing public consultation

Why are Cambridgeshire and Suffolk fire and rescue services investigating further collaboration, up to a full merger?

In the last two years both fire services have already introduced many changes to manage the reduction in Government funding set out in the Comprehensive Spending review in 2010.

Cambridgeshire Fire and Rescue Service (CFRS) has predicted it needs to find a minimum of £4.2 million over the next four years following changes to its funding formula. At this level of saving, there would be no impact on front line service delivery.

However, it could need to find an extra £2 million on top of this figure (a total of about £6 million), or potentially even more, if the spending formula for allocating fire service funding is changed and falls unfavourably for Cambridgeshire in 2013/14 and 2014/15.

Cambridgeshire and Suffolk fire and rescue services continue to be two of the most cost effective fire services in the country. For many years, both services have been two of the most cost effective fire services in the country, and this continues to be the case.

Indications from central government are that further significant budget cuts are expected through to 2020. With the major savings both services have made already, there are few options remaining to make further savings without impacting on front line services. Therefore both services are working together to see if collaborating, or merging completely, would generate further savings that may offset the pressure to make cuts to the front line.

Both fire services have already worked together to open a Combined Fire Control in Huntingdon in 2011 to take 999 calls and mobilise fire engines and officers. There is a good history of partnership working between the two authorities and building on this will benefit local communities and firefighters alike.
The proposals outlined in this document aim to safeguard the front line as far as possible from the impact of funding reductions. The key aims for any changes would be to:

- Minimise future financial pressure on taxpayers
- Maintain front line service delivery and reduce costs associated with management, support arrangements and inefficient working practices
- Improve organisational resilience and performance
- Meet the needs of the public and our partners such as the police and ambulance services.

However, these aims will be met only if Government funding does not continue to decline in the same way it has in this current Comprehensive Spending Review period. If it does, the cuts may well impact on the front line.

What would the merger mean in practice?

A merger between the two fire services would mean the following:

- Sharing resources and functions across across both fire services fire service
- Managing the services through a single senior management team reporting to a single authority representative of all the constituent authorities – in other words, one fire and rescue service covering both counties.

In addition to a shared Combined Fire Control centre, the two counties share much in common, including their geography, resources, fire stations, people and budgets. A merged fire and rescue service would remain accountable to local people, as elected members from Cambridgeshire and Peterborough and Suffolk would make up the single Fire Authority.

What will the final decision depend on?

The final decision on the future of both Cambridgeshire and Suffolk fire and rescue services will depend on a number of important issues being satisfactorily addressed across both services. The main areas are detailed below:

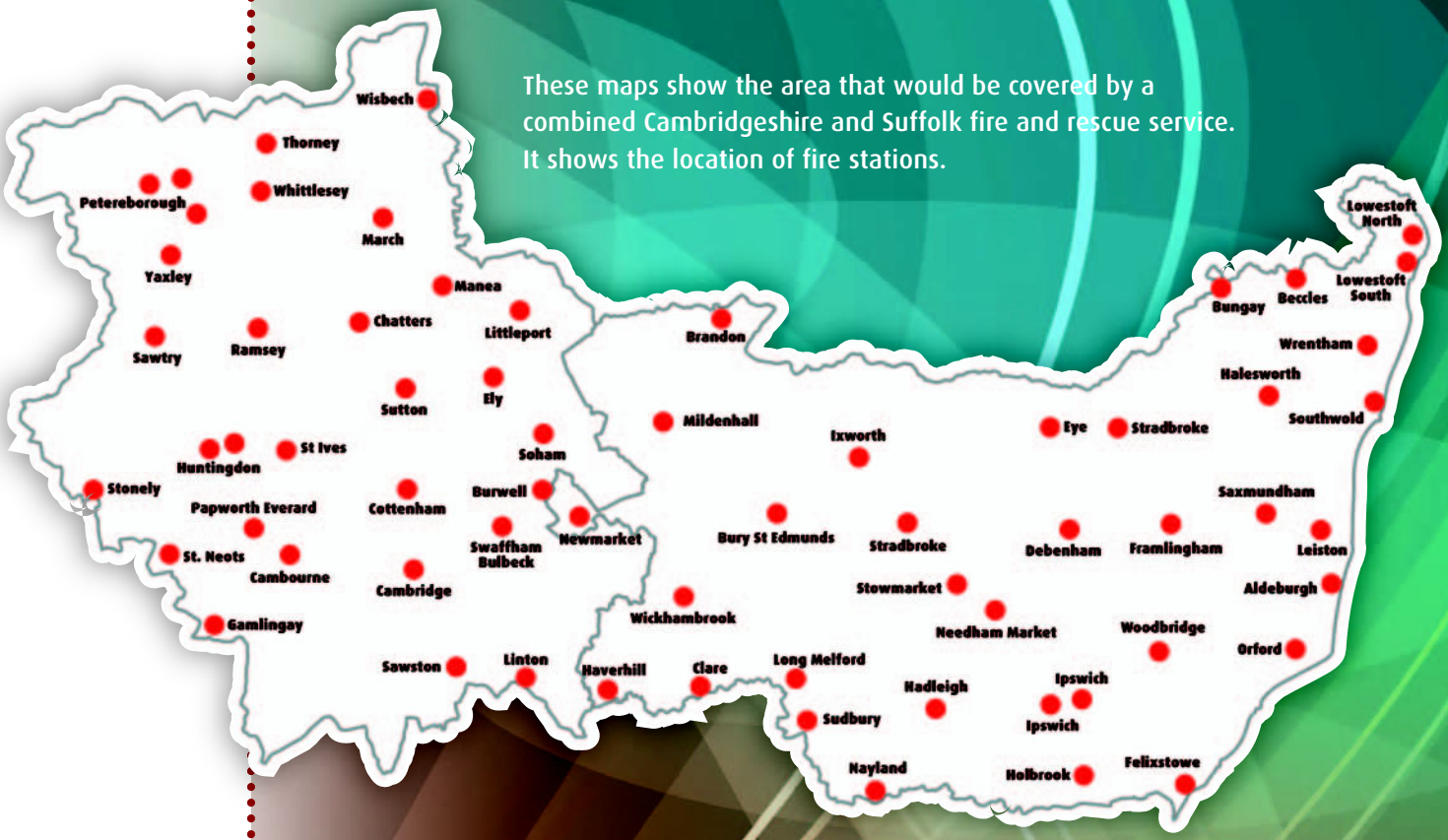
- Public and stakeholder consultation
- Financial implications
- Property arrangements
- Fleet arrangements
- Suffolk Fire and Rescue Service Private Finance Initiative arrangements
- Information technology (IT) arrangements

Cambridgeshire and Peterborough Fire and Rescue Service

- Responsible for delivering a fire and rescue service to 700,000 residents
- Attend over 8,000 incidents per year
- Made up of 28 operational fire stations, four of which are crewed full-time (24 hours a day, seven days a week), three of which are crewed during the day, either five days a week or seven days a week
- 214 wholetime firefighters and 309 on call firefighters, including 12 volunteers on call
- Work with local community groups to organise safety awareness events throughout the year

Area covered by Cambridgeshire and Suffolk

These maps show the area that would be covered by a combined Cambridgeshire and Suffolk fire and rescue service. It shows the location of fire stations.



Questions and Answers

Q Will I see any difference in the service I get from my local fire station or firefighters?

A One of the main reasons for considering a merger is to protect the front line service as much as possible; the greatest reduction will be in management, support staff arrangements and other general areas. Savings made in these areas would certainly offset the pressure to cut the front line.

Q Will local fire stations and firefighters see any difference in their working arrangements?

A There will inevitably be some minor changes to the way they work, but these are not expected to be significant and will not diminish the service they deliver to the public.

Q Would firefighters from another county be sent out to put out a fire in our area? Won't this increase attendance times?

A Firefighters already cross the border to attend incidents in areas of Cambridgeshire and Suffolk as we send the closest fire engine, irrespective of where they are. This would not change under any new proposals, nor would we expect to see any increase in attendance times.

Q Will this mean paying more council tax to fund the fire service?

A It is important that neither Cambridgeshire nor Suffolk residents are unfairly penalised. The impact on council tax brought about by any merger is not known at this stage, but residents may end up paying a little more council tax for their merged fire service. Equally, this may be the case even if the fire services are not merged.

Q How much do I currently pay in council tax for my local fire service?

A Cambridgeshire Fire and Rescue Service is not part of the County Council and, as a stand alone Authority, it sets its own council tax level. Currently (2012/13), a Band D property owner in Cambridgeshire contributes £59.31 a year through council tax which is around £1.14 a week for the fire and rescue service.

In Suffolk this is not clear as the council tax costs for the fire and rescue service are included in the Suffolk County Council precept (the amount the county council raises as a whole) as the fire service is run by the council.

Q How would the fire services of Cambridgeshire and Suffolk be managed and governed if the option for a full merger was agreed?

A The merged service would be managed by a single senior management team and governed by a single combined fire authority comprising elected members from Cambridgeshire and Peterborough and Suffolk. The elected member ratio would be proportionate to the size of each constituent authority.

Q Would a merger mean fewer managers?

A Yes.

Q How long would it take to introduce a merger across the two services?

A If the business case for a merger is agreed, the business case would then be submitted to the Department of Communities & Local Government. Subject to the necessary parliamentary processes and government approval, a shadow combined fire authority would be established approximately six months after the business case is submitted to Government. The new combined fire authority would be in place in the April following Government approval. It would then take a further three to five years to fully merge the service and drive out all potential efficiencies.

Q Why are Cambridgeshire and Suffolk looking at merging with each other and not other fire services they neighbour?

A Cambridgeshire and Suffolk already share a Combined Fire Control and there are also many other areas of similarity which

supports a natural alignment of the two services. This does of course not prevent either Cambridgeshire or Suffolk from further collaborative opportunities with neighbouring services.

Q Why are you not considering collaborating with other emergency services – the police or ambulance service?

A The similarities between neighbouring fire services present greater opportunities than those with other emergency services. There is already some collaboration in both counties with both the police and ambulance services, such as sharing stations and facilities, and there is no reason why this would not continue under a merged Cambridgeshire and Suffolk fire and rescue service.

Q What would happen if a merger is not recommended?

A If a merger does not go ahead then both fire and rescue services will seek opportunities for greater collaboration to make financial savings and improve organisational effectiveness and resilience.

Q What would happen if the merger is not agreed or the proposed merger does not secure sufficient savings?

A If the merger does not go ahead, each fire service would need to manage future funding reductions independently. In this scenario, it is possible that front line services, which may otherwise remain unchanged if a merger took place, would be affected.

If the business case for a full merger does not show significant savings are likely, then a full merger will not be recommended anyway.

Q If you do not know the full financial impact at this point, why are you carrying out a public consultation now?

A We will not have the full details of any financial savings a merger may bring until the full business case is complete early next year. Understanding the costs of both services is complex and it takes time to identify where, if any, savings may be made. However, when we submit the full business case to the Government for approval - if it agreed by elected members in both counties - we must include the results of a public consultation.

Therefore, we need to consult with the public now to allow time for the results to be collated and included in the full business case in February.

We appreciate that it may be difficult to form an opinion without seeing any financial data, but we are asking for your opinion in theory – i.e. if the business case reveals significant savings can be made by merging the two fire and rescue services, would you support the move?

Have your say

Tell us what you think about the proposals outlined in this document by completing the questionnaire below, and sending it back using the FREEPOST address provided. Alternatively, you can complete the same survey online at **www.surveymonkey.com/s/fireservicemerger**

1. Where do you live?

☐ Cambridgeshire ☐ Suffolk ☐ Other (please state) _____

Please state the extent to which you agree with the following statements:

2. All viable options for making savings, from collaboration through to a voluntary merger, should be explored in order to protect front line fire services from being cut.

☐ strongly agree ☐ Tend to agree ☐ Neither agree nor disagree ☐ Tend to disagree ☐ strongly disagree

Comments:

3. I understand why Cambridgeshire and Suffolk fire and rescue service are looking to work closer together and are considering the option of a full merger.

☐ strongly disagree ☐ Tend to disagree ☐ Neither agree nor disagree ☐ Tend to agree ☐ strongly agree

Comments:

4. In principle, I believe there is a strong case for merging Cambridgeshire and Suffolk fire and rescue services if this will produce significant savings and benefits that will minimise the impact on the front line from future budget cuts

☐ strongly agree ☐ end to agree ☐ Neither agree nor disagree ☐ Tend to disagree ☐ strongly disagree

Comments:

5. Is there anything that concerns you about the proposed merger, or anything else you feel we should consider in our decision-making? (please state in the space below)

Comments:

6. Would you like anyone to contact you to discuss this consultation? ☐ Yes ☐ No

7. If you answered 'yes' to the above, please enter your name and preferred contact details below

Please complete and return the separate equality monitoring questions form with your answers using the FREEPOST address provided.

Please complete and return your form online via **www.cambsfire.gov.uk** or by sending this form in an envelope to the FREEPOST address below. NB No stamp is needed.

Suffolk County Council
FREEPOST NAT18364
Suffolk Fire & Rescue Service,
Endeavour House,
Ipswich
IP1 2BX

FOLD

Fold the centre of the page along the dotted line, then stick this edge to the top edge.

Glossary of terms

Business case – A document capturing the reasoning for starting a project or task. It often includes the anticipated cost, risks, benefits, timescale and likely outcome of an action or project.

Comprehensive Spending Review – In this context, a review of government spending in response to wider economic factors

Fire Authority – A statutory body made up of a committee of local councillors which oversees the policy and service delivery of a fire and rescue service.

Front line services – This means firefighters and fire service staff working to protect people within their area, normally from their local fire station

Full time firefighter – Someone who works in a full time capacity supporting one of the county's fire stations. The firefighter will have completed an extensive three month training course in using specialist kit and equipment.

On call firefighter – On-call firefighters are part time firefighters who respond to incidents as they are needed, and are not based at a fire station. The majority of Cambridgeshire's fire stations are crewed on an on call basis.

Organisational resilience – The strength of an organisation to maintain services during a period of adversity, from economic and staffing matters to IT and other technological factors

Private Finance Initiative - A method of providing funds for major capital investments where firms are contracted to complete and manage the projects. The public services are leased to the public and the government authority makes annual payments to the private company.

Contact us

Cambridgeshire Fire & Rescue Service
Hinchingbrooke Cottage
Brampton Road
Huntingdon
Cambridgeshire
PE29 2NA.
Tel: 01480 444 500.
Email: **pressoffice@cambsfire.gov.uk**

If you need help to understand this information in another language please call **08456 066 067**

Se precisar de ajuda para ler estas informações em outra língua, por favor telefone para o número abaixo. **Portuguese**

Jeżeli potrzebujesz pomocy w zrozumieniu tych informacji w swoim języku zadzwoń na podany poniżej numer. **Polish**

এই লেখাটি যদি অন্য ভাষাতে বুঝতে চান তাহলে নিচের নম্বরে ফোন করুন **Bengali**

ئەگەر پێویستت بەمەیارمەتی هەیە بۆ تێگەیشتن لەم زانیاریەش بەم خوارەوە پەیوەندی بکە.ژمارەی تەلەفۆنەکە بنووسە **Kurdish**

如果你需要其他語言來幫助你了解這些資訊，請撥以下電話。 **Chinese**

اگر شما نیاز دارید که این اطلاعات را به زبان دیگری دریافت کنید لطفا به شماره زیر تلفن کنید. **Farsi**

If you would like this information in another format, including audio or large print, please call **08456 066 067**.

recycle for Suffolk · Positive about disabled people · Stonewall DIVERSITY CHAMPION

Overview and Scrutiny Committee

ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Cambridgeshire County Council

25th October 2012

Action

88. DECLARATIONS OF INTEREST

Councillor S Brown declared a non-statutory disclosable interest as a member of the Cambridgeshire and Peterborough Mental Health Trust and as a participant in the Cambridgeshire Local Involvement Network (LINk).

89. MINUTES OF THE LAST MEETING – 12 SEPTEMBER 2012

The minutes of the meeting held on 12 September 2012 were confirmed as a correct record and signed by the Chairman.

90. EAST OF ENGLAND AMBULANCE SERVICES NHS TRUST: CHANGES TO EMERGENCY SERVICES

In response to a request by a member of the public reported at its previous meeting, the Committee considered a report from the East of England Ambulance Service NHS Trust (EEAST) on recent and planned developments in the provision of emergency ambulance services.

A letter from Hayden Newton, Chief Executive of EEAST, dated 25th September 2012, sent in reply to the Chairman's letter of 17th September, was circulated to members and is attached as Appendix 1 to these minutes.

EEAST officers present to introduce the report and respond to members' questions and comments were

- Chris Hartley, Associate Director of Communications and Engagement
- Paul Leaman, Associate Director of Urgent Care
- Phil Parr, Assistant General Manager (operations manager for the North Cambridgeshire, Peterborough and March area).

Apologies were given from Dave Fountain, the General Manager whose area included Cambridgeshire, who had been prevented by illness from attending.

Introducing the report, EEAST officers outlined the background to the recent redesign of services. Members noted that the aim was to ensure that the same level of care was delivered to patients in all parts of the region; there were challenges in Cambridgeshire arising from the mixed urban and rural nature of the county. Work was being undertaken to provide a service to callers that was more tailored to individual need, balanced against the requirement to spend and save wisely at a time of reduced income and increased activity. Until recently, calls from

Cambridgeshire had been split between two control centres, Norwich (covering most of the county) and Bedford (covering south Cambridgeshire), but all Cambridgeshire calls were now being dealt with by Bedford, on the grounds that resources could be deployed around the county more easily if one centre were responsible for the whole county.

In the course of discussion, members

- pointed out that other emergency services were under similar financial pressures and enquired whether combined emergency services control might be a solution. The Associate Director of Urgent Care said that no options would be ruled out. EEAST was in regular dialogue with Fire and Police colleagues and undertook joint training, with the Fire Service providing breathing apparatus training to some EEAST teams. Other areas, e.g. Wiltshire, shared control facilities, but the demand for ambulance services far outstripped that for fire
- sought more information on the reasons for delays in handover of patients from ambulance to hospital staff at Addenbrooke's as compared with the two district hospitals (Hinchingbrooke and Peterborough); the local member's observation was that ambulances were not obstructed on their way in and out of the site, which suggested that the delays were occurring after arrival.

  Officers acknowledged that there were handover delays as set out in the report, particularly at Addenbrooke's, though some hospitals in the region performed even less well in patient handover. Some of the issues did relate to the building works at Addenbrooke's, but there were also questions of speeding up the process by which a patient passed through Accident and Emergency. Ambulances were now also using other routes to transfer a patient, for example by taking some patients booked in by GPs to the medical assessment unit, or to the minor injuries unit, or direct to the ward.

  Members were advised that meetings were held between Addenbrooke's and EEAST at Chief Executive level to establish the principle whereby ambulance crews would be released after 15 minutes, but they were still sometimes being kept for over two hours. Efforts were also being made to reach tripartite agreement between NHS Cambridgeshire (NHSC), the Ambulance Trust and the Hospital Trust about keeping each other informed of problems at an early stage. The Ambulance Service had put a liaison officer in to Addenbrooke's to work preventatively and proactively with the hospital

  The Assistant General Manager said that significant handover problems had been experienced at Peterborough District Hospital two years ago, largely caused in his view by processes within the A&E department or by capacity – the physical number of patients in A&E at one time. Addenbrooke's had been invited to see the work done to remedy the problems in Peterborough, which was now being held up as a showcase system. Peterborough City was not immune from handover delays, however, with several ambulances waiting for over an hour recently because of the large number of people arriving at once
- noted that patients being brought to Addenbrooke's because they needed its centre of excellence facilities would not be delayed in A&E. A seriously ill trauma patient would bypass any queue, and stroke patients, for example, would be taken straight to the hyperacute unit
- expressed the wish to receive responses from all three hospitals on their experiences with patient handover, to assist members in forming a picture of what was happening across the county

- in relation to those patients who had been identified as requiring an emergency response within 8 minutes, noted that the calls were not treated as lower priority if there was no likelihood of reaching them within 8 minutes. The call remained prioritised as life-threatening; the caller would be contacted once it had become clear that the response would not arrive within 8 minutes, and the enhanced medical triage team would talk to the patient meanwhile.

  Once a 999 call had been made it could not be ignored, but it was necessary to ensure that care was delivered in the most appropriate way. Community First Responders (CFRs) were volunteer lay people within local communities trained to deliver immediate care; using these volunteers to support the Ambulance Service made it possible to deliver much better care. If a CFR could arrive more quickly than an ambulance, then one would be sent to provide care urgently

- given the nearly 20% difference between the Cambridgeshire and Peterborough areas in achieving the 8-minute response target, enquired what proportion of that 20% was affected by the delayed handover, commenting that if there was a correlation, resolving that problem would go a long way to improve response times. The Associate Director of Urgent Care confirmed that performance would be much improved if the hours lost waiting outside A&E could be recovered. He and the Associate Director of Communications and Engagement undertook to translate delays into hours lost and supply that information to the Committee **CH, PL**

- enquired whether finding a patient's exact location in a rural area ever proved a problem. Officers advised that this was not usually a major difficulty. The use of satellite navigation could be supplemented by map grid co-ordinates (eastings and northings), which were useful for the air ambulance service. There would always be a need for updates, but local crews would pick up maps from developers of local sites

- noted that the procedure when an ambulance arrived to find that a patient had died depended on whether the death was unexpected or not. If the patient had been seen by their GP within the previous fortnight and the death was expected, the ambulance crew would call the GP and depart, leaving the patient in situ; ambulance staff were able to declare life extinct, but were not empowered to sign a death certificate. If a death was unexpected or suspicious, then the Police would be called, and the crew would remain at the scene, sometimes also caring for a member of the deceased's family. A duty officer from the Operations Manager's team would sometimes be sent to take the crew's place In order to release the crew for further calls

- noted that ambulance staff were usually very resilient, but employees were able to self-refer to the occupational health service as necessary, and the employee assistance programme included psychological support

- suggested that the high level of public expectation of the ambulance service, and the fly-on-the-wall presence of the media, might at times be unhelpful, giving the impression sometimes that a major response was required even to a relatively minor injury, such as sending the air ambulance to a footballer with a sprained ankle.

  The Associate Director of Urgent Care said that the level of public expectation was huge, and the public had a right to expect a response, but 50% to 60% of cases did not require hospital treatment. There was a need to educate the public – the message was not that people should not call the ambulance

service, but that they should not expect that the response would be always to send an ambulance, or that the ambulance would always take them to hospital. A new non-emergency number, 111, was being introduced for the ambulance service from April 2013, with 101 as the police equivalent

- enquired how the 8-minute response time worked in practice in Fenland, a rural area with high levels of isolation and deprivation, whose patients went to one of four hospitals (Hinchingbrooke, Addenbrooke's, Peterborough and the Queen Elizabeth in Kings Lynn), and asked whether resources were easily available in Fenland.

  Officers advised that resources were not always easily available because they were often held elsewhere, and ambulance crews also required breaks for food and drink. In 1996, when the response time standard was new, ambulance services had recognised that targets were more easily met in urban than in rural areas. Essex Ambulance Service developed Community First Responders, and their use was adopted by EEAST; few ambulance services made use of volunteers in the way that EEAST did. In Fenland, ambulances were sited at response posts as well as in ambulance stations, which increased flexibility. For example, when a March ambulance was already on its way to Peterborough, if needed an ambulance could be sent towards March from the response post at Whittlesey Fire Station.

  Use was being made of multi-disciplinary team meetings to address the demands on the service posed by frequent callers, and efforts were being made to secure help in their own homes for frequent fallers. Efforts were also being made to manage staff sickness absence. Improved turnaround times in Peterborough made it possible for crews to return to their bases more quickly, and rotas were being redesigned to adjust cover to later in the day, when demand was higher

- noted that savings would not be sought at the expense of reducing vehicle maintenance or keeping vehicles longer – they were already worked hard. However, the deployment of a mixture of vehicles was being developed; Intermediate Tier Vehicles (ITVs) were cheaper both to buy or lease and to maintain. They would be equipped for emergency care, and might well transport patients to hospital if required, but would not be used for blue light emergency calls. No backroom staff were currently being recruited, but no savings were being made that would have an adverse effect on patients

- enquired about arrangements for liaison with Magpas. The Associate Director of Urgent Care said that he met regularly with the Magpas Chief Executive Officer, Daryl Brown, and that the Chairmen of EEAST and Magpas also met. In general working relationships with Magpas were good, though occasionally issues arose which required discussion. EEAST valued the contribution of the third sector highly.

The Committee welcomed an invitation for members to visit the Bedford control centre, where they could see calls being taken and ambulances despatched. They were also invited to spend time on a vehicle or go to hospital and talk to ambulance crews. The Chairman thanked the EEAST officers for answering the Committee's questions and said that he would be following up the invitation to Bedford.

91. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP: GOVERNANCE, ACCOUNTABILITY AND PATIENT AND PUBLIC INVOLVEMENT

The Committee received a presentation on the development of clinical commissioning which focused on governance and accountability. Officers of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) attended to respond to members' questions and comments:

- Dr Neil Modha, Chief Clinical Officer (designate)
- Andy Vowles, Chief Operating Officer (designate)
- Jessica Bawden, Director of Communications, Membership and Engagement (designate).

The Committee noted that

- as part of the CCG authorisation process, a panel of assessors from the NHS Commissioning Board (NHSCB) was due to make a site visit on 26th October
- the CCG would be undertaking about 70% of the commissioning work formerly done by NHSC, with the remaining 30% undertaken by the NHSCB
- the CCG's structures were not dissimilar to those of the primary care trust, NHSC, but the reasons for abolishing primary care trusts had not been connected with their governance arrangements
- 106 of the 109 GP practices in the CCG area had a patient reference group
- the central CCG Engagement Team was very small, but each Local Commissioning Group (LCG) would have a person with responsibility for engagement at local level.

Responding to the presentation, members of the Committee

- commented that a focus on patient groups, which tended to be composed largely of middle-class, white, retired people, could leave some individuals feeling disenfranchised. Officers advised that the CCG was commissioning a complaints service and providing an in-house patient advice line. If it appeared that particular issues were emerging, they would be taken up with service providers or brought to the CCG Quality Committee; these arrangements would be reviewed after the first year of operation. An alternative route for a dissatisfied patient would be through their GP, who would have a role as an advocate for the patient
- looking at the CCG governance structure, suggested that it was excessively complicated, that it needed an audit and risk committee, and that being split across three groups could result in no group taking responsibility.

  The Chief Clinical Officer explained that the CCG was still in transition, with the primary care trust still as the parent body. The CCG was reluctant to cause a major upheaval in structures, but prompted by the member's suggestions, officers were re-examining arrangements. The Chief Operating Officer explained that the CCG's Audit Committee had responsibility for all financial and operation risk; it was the committee to which both Internal Audit and External Audit made their reports. There was a statutory requirement that the CCG have a separate remuneration committee
- enquired what arrangements were in place to ensure equality of clinical care across the CCG area. Officers said that for example the LCGs that made most use of Addenbrooke's (CATCH and Camhealth) tackled Addenbrooke's problems with CCG support, including strategic meetings led by the Chief

Clinical Officer. The CCG had responsibility for all LCGs, and conducted quarterly performance reviews with each LCG. An escalation regime was in place, under which the initial response to LCG problems would be to provide more support, but if necessary, the CCG had the right to withdraw some of the LCG's delegated powers

- asked whether the CCG structure corresponded to what the Government had meant by putting the health service in the hands of local GPs, and asked what the difference was between the CCG and the primary care trust, apart from a more complicated structure. The Chief Clinical Officer said that changes had been evolving in Cambridgeshire since 2009, with clinicians now leading decisions on how services were to develop; for example, the mental health service redesign had been clinician-led under delegated responsibility from NHSC. It was complicated to capture the level of local involvement, and the presentation's focus on governance arrangements made the CCG organisation appear top heavy, but the old order had been turned upside down – instead of one GP serving on the board of NHSC, local GPs were running their LCG board.

Change in running order: As the previous items had taken longer than expected, the Committee agreed to the Chairman's suggestion of taking the Health and Wellbeing Strategy next, followed by the Forward work programme.

92. CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

The Cabinet Member for Health and Wellbeing, Councillor Steve Tierney, introduced a report on the Cambridgeshire Health and Wellbeing Strategy, which had been agreed in its final form by the Cambridgeshire shadow Health and Wellbeing Board at its meeting on 11th October 2012. He thanked those members who had responded to his earlier request to seek feedback on the draft strategy from local communities; their efforts had been very helpful.

The Cabinet Member said that a whole new priority, Working Together Differently, had been added as the result of consultation, and the Overview and Scrutiny Committee's observations had also been included. The Director of Public Health, Dr Liz Robin, added that the process of action planning had already started; the first action plan would be taken to the shadow Health and Wellbeing Board in January 2013.

Commenting on the report, individual members

- looking at the reference in priority 3 to encouraging healthy lifestyles "while respecting people's personal choices", suggested that people must take responsibility for the choices they made, including in drug and alcohol consumption, which cost money and were detrimental.

  The Cabinet Member replied that it was necessary to find a balance between leaving people to make their own choices and intervening in the interests of their health. The Director of Public Health added that the background science and knowledge showed that if people were to change, it was important that they felt motivated and wanted to make that change

- pointed out that for it to be useful, a public health strategy needed to target those people who needed help, and that the language in the report was not always helpful, because some things were not always realistic choices for an individual, but were responses to life circumstances. The Cabinet Member said

that the priority was to help those in the poorest circumstances most quickly; the intention was to help people to be healthy, but without interfering in their choices. A member pointed out that when somebody was unable to buy fresh produce because it was not available locally, this was not a free choice

- suggested that the report's use of percentages was unhelpful, e.g. "most people (96%) were happy with the strategy overall", when 52 of the 234 responses had come from local groups rather than individuals. The Cabinet Member responded that the percentages had been given under the consultation findings, and that these results were all that was available to form a picture of people's views
- welcomed efforts to engage people in responding to the consultation, though the overall numbers responding had been low; it was necessary to consider how to conduct consultation more effectively. The Director of Public Health pointed out that many of the responses had been made on behalf of a larger number of people
- noting that respondents' postcodes had been obtained, asked whether it might have been helpful to ask about income or employment. It was however pointed out that asking for too much personal detail could discourage people from responding
- expressed some concern that the strategy's priorities had been influenced by the age profile and special interests of the respondents
- noted that the chart showing the age profile for unplanned hospital admissions (figure 2 of the strategy) included admissions for maternity
- welcomed the commitment to seeking evidence-based solutions, commenting that people did not always appreciate that assembling proper evidence required time, for example five years rather than one, and that evidence-based solutions could be derailed by a public view that did not take evidence seriously – there was a need for public education
- pointed out that there was a budgetary cost to running a prevention strategy, and that spending on prevention could benefit other organisations' budgets; it was necessary to move away from silo budgeting. The Cabinet Member pointed out that the Health and Wellbeing Board was a mechanism for bringing partners together to work together; one sign of its long-term success would be if budgets were to be shared between the partners
- drew attention to the fact that the element of priority 3 that dealt with promoting sexual health referred only to pregnancy-related issues, and omitted any mention of the sexual health of lesbian or gay people; it was likely that sexually transmitted disease was of greater concern than pregnancy to gay men. The Cabinet Member acknowledged the point
- suggested that it might be appropriate to develop some sort of community contract, setting out what the local authority would do and what the individual would do – this approach had been seen to work well with some groups. The Cabinet Member invited the member to give him a more detailed proposal and undertook to look into it

Several members explicitly welcomed the document, describing it as a good document, highly aspirational, and very comprehensive. The Cabinet Member said that it was largely a strategic document; the next stage would be to look at outcomes and action planning from January 2013 onwards.

93. FORWARD WORK PROGRAMME

a) Committee Priorities and Work Programme 2012/13

The Committee reviewed its work programme. The Chairman advised that the next meeting, on 13th December, would be devoted to the Business Plan (known in previous years as the Integrated Plan), unless some other urgent business were to arise which would also demand the Committee's attention.

Discussing the business plan process, members pointed out that the Committee now had an overview role, so it was particularly important that it received information early enough to enable it to influence the emerging plan. It was suggested that it was important for the chairmen of all five Overview and Scrutiny Committees to get together and try to look at priorities for savings; the Chairman advised that such meetings had taken place in previous years, but had not gone into proposals in detail. Others commented that it might be helpful if the group did not consist solely of Overview and Scrutiny chairmen.

Presenting officers were reminded that, at the meeting, it was not necessarily productive to go through material in detail which had already been supplied to members in advance.

b) Cabinet Agenda Plan

A member drew attention to the Community Right to Challenge (on the Cabinet agenda for 27th November) and the Cambridgeshire Statement of Community Involvement (18th December), and in relation to the Transport Strategy for Cambridge and South Cambridgeshire Draft Strategy (28th May 2013) pointed out the importance of transport in relation to accessing health care.

94. CALLED IN DECISIONS

There were no called in decisions.

95. DATE OF NEXT MEETING

The next meeting of the Committee would be held at 11am on Thursday 13th December, preceded by a preparatory meeting for members of the Committee at 10.00 am.

Members of the Committee in attendance: County Councillors K Reynolds (Chairman), N Guyatt, G Heathcock (substituting for Cllr Batchelor), C Hutton, G Kenney (Vice-chairman), V McGuire, P Reeve, P Sales, S Sedgwick-Jell and F Yeulett; District Councillors S Brown (Cambridge City), R Hall (South Cambridgeshire) and R West (Huntingdonshire)

Apologies: County Councillors S Austen, J Batchelor and F Whelan; District Councillor M Cornwell (Fenland)
Also in attendance: County Councillor S Tierney

Time: 10.05am – 12.35pm
Place: Kreis Viersen Room, Shire Hall, Cambridge

Chairman

OVERVIEW AND SCRUTINY PANELS
(SOCIAL WELL-BEING) 4TH DECEMBER 2012
(ECONOMIC WELL-BEING) 6TH DECEMBER 2012
(ENVIRONMENTAL WELL-BEING) 11TH DECEMBER 2012

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

1. INTRODUCTION

1.1 The purpose of this report is to inform Members 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 J Walker, Democratic Services Assistant
01480 387049

Mrs C Bulman, Democratic Services Officer
01480 388234

ONGOING STUDIES

STUDY	OBJECTIVES	PANEL	STATUS	TYPE
Leisure Centre Financial Performance and Employment Structure	To consider the future business model for "One Leisure" and the development of a methodology for the quantification of Social Value.	Economic Well-Being and Social Well-Being	Working Group met on 28th February 2012. Agreed to split into two sub groups to investigate each area. Meeting of the Sub-Group looking at the 'Social Methodology' held on 23rd August 2012. It has been agreed that the review of the business model will be put on hold, pending the completion of the Business Plan for the Service. The Business Plan will be considered by the Overview & Scrutiny Panel (Economic Well-Being) in January.	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	The Panel has requested a presentation on developments relating to the A14 for all Members of the Council at an appropriate time. Updates on recent developments to continue to be provided by email.	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	The draft tree strategy is being prepared - it should be ready for consultation by the end of 2012.	Working Group.
Land Use for Agricultural Purposes 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	The final report of the Working Group was considered at the Panel's November meeting. The report's recommendations have been endorsed by the Head of Planning and Housing Strategy.	Working Group.
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 in due course.	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	Following consideration of the St Neots Surface Water Management Plan and discussions on widespread drainage problems within the District, a working group was convened to engage with Anglian Water in order to establish their general powers, responsibilities and the limitations on its ability to prevent flooding. Meetings have been held with representatives from	Working Group

			Anglian Water and the Environment Agency. The Working Group has produced a report on its findings but is awaiting the outcome of negotiations between Anglian Water and the County Council on drainage in Yaxley.	
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 has formed two sub groups to consider:- a) the financial cost of the service; and b) the operation of the service The Working Group met on 14th November. A summary of their findings is currently being compiled.	Working Group
Design Principles for Future Developments	To examine issues that have arisen at Loves Farm, St Neots and to make recommendations to inform future developments.	Environmental Well-Being	The Working Group has produced a report detailing its findings to date. The Working Group will now focus on detailed aspects of the design guide with the Council's Urban Design, Trees and Landscape Team Leader.	Working Group.
Economic Development	To be determined.	Economic Well-Being	The findings from the Local Economic Assessment were presented to the Panel	Whole Panel.

			in November. The Panel will consider the new Local Economy Strategy at a meeting in the Spring.	
Corporate Plan	To assist the Corporate Office with the development of a new Corporate Plan.	All O&S Panels	Meeting of the Working Group held on 12th November 2012. Agreed that a bi-monthly programme of meetings be arranged with a view to calling Executive Members to account on their respective activities contained within the Delivery Plan.	Working Group
Fraud Prevention	To consider the implications from forthcoming changes to the Housing Benefits system.	Economic Well-Being	The Corporate Governance Panel have agreed to establish a working group to consider fraud risks, current and future approaches and single fraud issues. Their report will be considered by the Panel at their meeting in January.	To be determined.
Community Infrastructure Levy (CIL)	To consider the implications of planning social housing requirements on Community Infrastructure Levy income and the housing waiting list.	Economic Well-Being	Managing Director (Communities, Partnerships & Projects) to discuss with Councillor M F Shellens directly.	To be determined.

Waste Collection	To identify options for improving the Council's waste collection and recycling arrangements and for enhancing public satisfaction with the service.	Environmental Well-Being	The Working Group has decided to focus on how best to engage with residents as to what should be placed in which bin. The Group may go on to study waste collection procedures in more detail, this is dependent on the work of RECAP. The Panel expressed its support for the use of wheelie bin stickers to convey messages with community benefits, such as speed restrictions. Contact will be made with Hilton Parish Council to determine the outcome of the Speedwatch pilot initiative undertaken there.	Working Group
Council Borrowing	Agreed to establish a working group to develop an understanding of the District Council's approach to borrowing.	Economic Well-Being.	First meeting held on 17th October 2012. The Group discussed various aspects of general approaches to borrowing and have asked for a report on a number of matters relating to the Council's borrowing. A further meeting will be held when this information is available.	Working Group.

Budget Savings	To identify possible Budgetary Savings	Economic Well-Being	An Informal Meeting of the Panel will be held on Thursday 29th November 2012. Members have been asked to submit suggestions by email in advance.	Whole Panel

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Panel Date	Decision	Action	Response	Date for Future Action
	Management of Hinchingbrooke Hospital			
5/04/11 & 2/10/12	With effect from 1st February 2012, Circle took over the management of Hinchingbrooke Hospital. Representatives of Circle and Hinchingbrooke attended the Panel's meeting to deliver the Hospital's Business Plan. Agreed to come back to report on progress against the Business Plan in the future. At a meeting of the O&S Joint Chairmen held on 10th September, the Chairman and Vice-Chairman agreed that half yearly/annual reports from PALS/Healthwatch should be submitted to the Panel.	Invitation extended to Circle to attend the Panel's March 2013 meeting – awaiting confirmation.		**5/03/13**
6/11/12	A meeting between relevant County Members and the Panel was held on 5th November 2012 to share information and issues relating to services at Hinchingbrooke Hospital. A report to this effect was tabled to Members at the meeting.			
	Huntingdonshire Citizens Advice Bureau			
2/10/12 & 6/11/12	Executive Leader addressed the Panel on the announcement by Huntingdonshire CAB to go into voluntary liquidisation. Attempts are being made to work positively with the CAB to manage the situation and to identify the next steps forward. Panel concerned over the implications of the announcement to residents of the District and its effect on the Council. Further update received in November 2012.	Panel requested to be kept informed of recent developments.	This item appears elsewhere on the Agenda. Executive Leader and Chairman of the CAB, Michael Mealing, will be in attendance at the meeting.	**4/12/12**

Panel Date	Decision	Action	Response	Date for Future Action
	Corporate Plan			
16/05/12	Councillors S J Criswell and R J West appointed to Corporate Plan Working Group.			
7/06/11	The Panel expressed their wish for continued involvement by overview and scrutiny in monitoring the performance of the new Council Plan.	Meetings of the Corporate Plan Working Group held on 1st and 28th August 2012. Draft considered by Executive Leaders Strategy Group on 10th September 2012.	Meeting of the Working Group held on 12th November 2012 to refine the Council Delivery Plan and to discuss future monitoring arrangements. Agreed that a bi-monthly programme of meetings be arranged with a view to calling Executive Members to account on their respective activities contained within the Delivery Plan. A brief update will be delivered at the meeting.	**4/12/12**
	Consultation Processes			
6/03/12	Update received on a previous study undertaken by the Panel. Panel to partake in the review of the Consultation and Engagement Strategy.	Panel to appoint Members to undertake this work.		
12/06/12	Councillors Mrs P A Jordan, P Kadewere, J W G Pethard and R J West appointed on to the Consultation Processes Working Group.	Meeting of the Working Group held on 5th September 2012.	Strategy and Guidance in the process of being reviewed. Draft expected to be ready for consideration by the Working Group mid- December 2012. Meeting being arranged.	

Panel Date	Decision	Action	Response	Date for Future Action
	Social Value			
03/01/12	This study emerged following completion of a joint study with the Economic Well-Being Panel on One Leisure. Working Group tasked with the development of a methodology for the quantification of Social Value.			
12/06/12	Membership of the Social Well-Being Sub-Group reviewed. Mr R Coxhead is the only member of the Working Group to date.			
03/07/12	Councillors S J Criswell and R J West appointed to the Social Value Sub-Group. Meeting held on 2nd August 2012. Officers tasked with making a number of investigations into possible methodologies.	Meeting of the Working Group held on 23rd November 2012.	A brief update will be delivered at the meeting.	**4/12/12**
	Grant Aid			
04/09/12	Annual Report on organisations supported by grants through Service Level Agreements received and noted by the Panel. Requested future reports under the new grants system to include evidence of need and demand for voluntary services.		Next monitoring report expected July 2013.	**2/07/12**
	Potential Merger Between Cambridgeshire and Suffolk Fire and Rescue Services			
6/11/12	Councillor F Brown, Chairman of the Fire Authority and Mr M Warren, Director of Resources and		This item appears elsewhere on the Agenda.	**4/12/12**

Panel Date	Decision	Action	Response	Date for Future Action
	Treasurer to the Fire Authority delivered a presentation on the current consultation being undertaken by Cambridgeshire Fire and Rescue Service on proposals for further collaboration up to a full merger between Cambridgeshire and Suffolk Fire and Rescue Services. Agreed that a draft response would be presented to the Panel at its December 2012 meeting for endorsement given that the consultation closes on 14th January 2013.			
	Future of the CCTV Service			
1/11/11	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.			
7/02/12	Further update delivered to the Panel following discussions with Town Councils. Panel requested for a further report on service changes in 2012/13 to be submitted to a future meeting.	Request submitted to the Head of Operations.	Report expected at Panel's February 2013 meeting.	**5/02/13**
	Review of Neighbourhood Forums In Huntingdonshire			
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.			
6/09/11	Background report considered. Councillors S J	Working Group		

Panel Date	Decision	Action	Response	Date for Future Action
	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.	meeting held on 19th September 2011. Letter sent to all those with an interest in the Forum on 21st September 2011.		
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.	Meetings of Working Group held on 23rd November, 12th December 2011 and 19th January and 27th February 2012.		
6/03/12	Draft proposals presented to Panel for comment prior to consultation commencing with the Town and Parish Councils and Partners.	Proposals considered by Executive Leaders Strategy Group and Corporate Governance Panel on 12th and 28th March 2012 respectively. Also by Cabinet on 19th April 2012.	Consultation launched on 30th April to 8th June 2012 inclusive. Responses considered by Panel in July. Meeting of the Working Group held on 12th June.	
03/07/12 04/09/12	Consultation response report endorsed for submission to the Cabinet for determination. Cabinet agreed that a pilot scheme will be trialled in the Norman Cross County Division for a twelve month	Deputy Leader met with the existing Neighbourhood Forum Chairmen on		

Panel Date	Decision	Action	Response	Date for Future Action
	period with the existing Neighbourhood Forums being subject to urgent review by the Deputy Executive Leader. Panel has been requested to undertake a review of the Norman Cross Pilot during its twelve months of operation.	1st November 2012. Pilot meeting held on 7th November 2012.		
12/06/12	**<u>Equality Framework for Local Government – Peer Assessment</u>** Noted the recent accreditation achieved by the Council as an "Achieving" authority under the Equality Framework for Local Government. Councillors Mrs P A Jordan, P Kadewere and R J West appointed on to a Working Group to review the action plan arising from the assessment.	Meeting of the Working Group held on 29th August 2012.	Councillor Mrs P A Jordan has agreed to attend the Equality Framework Steering Group on behalf of the Working Group. Action Plan has recently been updated and will be subject to further review by the Working Group – a copy has been circulated around electronically to the Working Group.	
7/06/11 **6/12/11** **12/06/12**	**<u>Housing Benefit Changes and the Potential Impact on Huntingdonshire</u>** Requested a background report to be provided on the emerging issue of homelessness arising as a result of changes to the Housing Benefit system. Report considered by the Panel. Further report on the wider housing policy implications arising from the Government's Welfare Reform Bill submitted to the Panel in June 2012. Quarterly updates will continue to be provided.	Request submitted to the Head of Customer Services.	Members of the Economic Well-Being Panel will be invited to attend for this item. Next quarterly report anticipated January 2013.	**8/01/13**

Panel Date	Decision	Action	Response	Date for Future Action
04/09/12 and 6/11/12	**Forward Plan** **Town and Parish Council Charter** Panel requested sight of the report prior to its submission to the Cabinet. An update on the Charter's development was presented to the Panel at its November 2012 meeting.	Request submitted to the Head of Environmental and Community Health Services.	Report expected to be presented to Panel and Cabinet in April 2013.	**2/04/13**
03/04/11	**Huntingdonshire Strategic Partnership (HSP)** The Panel has a legal duty to scrutinise the work of the HSP, with three thematic groups of the HSP falling within its remit. **Huntingdonshire Community Safety Partnership** Annual review of the work of the Partnership undertaken. Members have expressed their satisfaction that appropriate accountability and reporting mechanisms are in place.		Due for consideration by the Panel in April 2013.	**2/04/13**
6/11/12	Feedback received from the Partnership on the findings of a joint Member-led review on domestic abuse with the County and Fenland District Councils. Some concerns exist over the action plan developed for the Domestic Abuse Steering Group and the lack of funding currently available for the service. Panel wishes to have sight of the County Council's review		Due to be considered by the Panel in December 2012/January 2013 – awaiting confirmation.	**04/12/12 or 08/01/13**

Panel Date	Decision	Action	Response	Date for Future Action
	next year and agreed that they will revisit the matter as part of its annual scrutiny of the Partnership.			
05/10/10	**Children and Young People**			
	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.	Invitation extended to the Lead Officer of the thematic group.		**TBC**
7/02/12	**Health and Well-Being**			
	Background information received on the thematic group's outcomes, terms of reference, membership and Action Plan.	Invitation to be extended to representatives of the Group.		**05/02/12 or 05/03/12**