

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, PE29 3TN** on **TUESDAY, 10 JUNE 2014** 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 meetings of the Panel held on 1st April and 4th June 2014.

**Miss H Ali
388006**

The Minutes of the 4th June 2014 meeting will be **"TO FOLLOW"**.

2 Minutes.

2. MEMBERS' INTERESTS

To receive from Members declarations as to disclosable pecuniary or other interests in relation to any Agenda item. Please see Notes below.

2 Minutes.

3. NOTICE OF KEY EXECUTIVE DECISIONS (Pages 7 - 14)

A copy of the current Notice of Key Executive Decisions, which was published on 15th May 2014 is attached. Members are invited to note the decisions and to comment as appropriate on any items contained therein.

**Mrs H Taylor
388008**

5 Minutes.

4. MENTAL HEALTH SERVICE USER GROUPS

To discuss the impact of the redesign of mental health services following the closure of Acer Ward at Hinchingsbrooke Hospital.

Representatives of the Mental Health Service User Network (SUN) (Ms Lois Sidney) and Hunts Mind (Ms Sarah Hughes) will be in attendance for consideration of this item.

40 Minutes.

5. 2013/14 REVIEW OF VOLUNTARY ORGANISATIONS IN RECEIPT OF THREE YEAR FUNDING AWARDS (Pages 15 - 38)

To receive a report from the Healthy Communities Manager informing Members of the performance of voluntary organisations in receipt of three year funding arrangements with the Council.

**D Smith
388377**

20 Minutes.

6. CORPORATE CONSULTATION AND ENGAGEMENT STRATEGY (Pages 39 - 62)

To receive a report from the Corporate Project Officer (Policy & Performance) on the Corporate Consultation and Engagement Strategy.

**Mrs L Sboui
388032**

20 Minutes.

7. HOUSING BENEFIT AND COUNCIL TAX SUPPORT CHANGES AND THE IMPACT ON HUNTINGDONSHIRE (Pages 63 - 72)

To receive a report from the Head of Customer Services on Housing Benefit and Council Tax Support Changes and the impact on Huntingdonshire.

**J Collen
388220
Mrs A Burns
388122**

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

20 Minutes.

8. PROPOSALS TO IMPROVE OLDER PEOPLES HEALTHCARE AND ADULT COMMUNITY SERVICES - CONSULTATION RESPONSE (Pages 73 - 80)

To consider and comment upon the Panel's draft response to Cambridgeshire and Peterborough Clinical Commissioning Group's current consultation on Proposals to Improve Older Peoples Healthcare and Adult Community Services.

**Miss H Ali
388006**

10 Minutes.

9. HEALTH SCRUTINY

(a) Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee (Pages 81 - 106)

To receive and note the Minutes of the meetings of the Cambridgeshire, Adults Well-Being and Health Overview and Scrutiny Committee held on 13th March and 1st April 2014.

5 Minutes.

(b) Cambridgeshire Health Committee

To receive an update on the outcome of recent meetings of the Cambridgeshire Health Committee.

5 Minutes.

10. WORK PLAN STUDIES (Pages 107 - 108)

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.

11. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS (Pages 109 - 116)

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.

12. 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 2 day of June 2014



Head of Paid Service

Notes

1. 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.

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.

2. Filming, Photography and Recording at Council Meetings

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Please contact Miss H Ali, Democratic Services Officer, Tel No: (01480) 388006 / email: Habbiba.Ali@huntingdonshire.gov.uk if you have a general query on any Agenda Item, wish to tender your apologies for absence from the meeting, or would like information on any decision taken by the Panel.

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

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

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

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

Emergency Procedure

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

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Agenda Item 1

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in the Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 1 April 2014.

PRESENT: Councillor S J Criswell – Chairman.

Councillors R C Carter, I J Curtis, R Fuller, C R Hyams, Mrs P A Jordan, P Kadewere, S M Van De Kerkhove and M C Oliver.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors K M Baker, D B Dew and J W G Pethard.

IN ATTENDANCE: Councillor Mrs B Boddington.

105. MINUTES

The Minutes of the meeting of the Panel held on 4th March 2014 were approved as a correct record and signed by the Chairman.

106. MEMBERS' INTERESTS

Councillor C R Hyams declared a non disclosable pecuniary interest in respect of Minute No. 13/108 as a Committee Member of the Acorn Cancer Support Group.

Councillor Mrs P A Jordan declared a non disclosable pecuniary interest in respect of Minute No. 13/108 by virtue of her employment with the NHS.

107. NOTICE OF KEY EXECUTIVE DECISIONS

The Panel considered and noted the current Notice of Key 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 April to 31st August 2014. The Panel would have sight of the Consultation and Engagement Strategy and Cambridgeshire Home Improvement Agency – 2 Year Review at future meetings.

108. HINCHINGBROOKE HOSPITAL: REVIEW OF THE YEAR AND 16 POINT PLAN FOR 2014/15

(Dr S Bashford, Elderly Care Physician, Hinchingsbrooke Hospital, Mr M Burrows, Chair of Hinchingsbrooke Hospital NHS Trust Board, Dr J Challener and Mr J Pye, Non- Executive Directors of Hinchingsbrooke Hospital NHS Trust Board, Mrs J Raine, Chief Financial Officer and Deputy Chief Executive for Hinchingsbrooke Hospital, and Mr M Watson, Head of Operations for Circle Healthcare, were in attendance for consideration of this item).

(Councillor Mrs B E Boddington was also in attendance for this item).

(At 7.35pm, during discussion on this item, Councillor P Kadewere took his seat at the meeting).

The Panel received a presentation from representatives of Circle Healthcare and Hinchingsbrooke Hospital reviewing the activities of the Hospital over the 2013 calendar year. Mr M Watson, Head of Operations for Circle Healthcare, reminded Members that it had been two years since Circle took over responsibility for operating Hinchingsbrooke Health Care NHS Trust through a ten-year franchise agreement. Circle's management approach was one of empowerment, where clinicians would take responsibility for and made decisions on the services and facilities they were involved with at the Hospital.

It was reported that the Hospital continued to strive to become one of the top ten District General Hospitals in the Country. Circle's 16 point plan for 2014/15 set out how this would be achieved. There had been a noticeable improvement in standards over the previous two years with the Care Quality Commission ranking the quality of care at the Hospital as "green", which was the highest available ranking. The Maternity Ward had been awarded Clinical Negligence Scheme for Trusts Level 3 status for safety and the Hospital's Accident and Emergency targets were continually being met, with Hinchingsbrooke regularly featuring within the top ten best performing facilities across the nation. In addition, patient referral waiting times from GPs were being achieved while the Hospital had achieved an 80% referral rate in its "Friends and Family" test, which demonstrated positive patient experiences. It was then confirmed that no outbreaks of infections had arisen within the Hospital and that all relevant targets were being met.

Mr Watson went on to report that significant improvements had been made to the Hospital's finances over the previous two years. In order to achieve a balanced budget last year, Circle had invested £3.7m of its own funds into the Hospital. This year's outturn position was likely to reveal a £700,000 deficit, which again would be met by Circle. In response to questions, it was confirmed that the total £4.4m would be paid back to Circle in future years before the Hospital received any profits. Negotiations were ongoing on amending the commissioning agreement with the Clinical Commissioning Group to take into account the increase in demand for services caused by patients choosing to be treated at the Hospital. Projections had been underestimated last year resulting in over activity in some service areas thereby impacting upon the Hospital's use of temporary and agency staff.

The Panel discussed recent headlines in the local press concerning staff morale, the types of issues raised by patients not wishing to refer their friends and family to the Hospital, increases in demand for services, the level of expenditure relating to temporary and agency staff and the adoption of a 24/7 approach to care. A suggestion was made that estimated waiting times should be displayed in the Accident and Emergency Department. Members then requested the Hospital to look into the absence of support from Macmillan Nurses for the Acorn Cancer Support Group, concerns over waiting times for

patients referred from GPs to the Accident and Emergency Department, whether staffing levels were adequate for patients suffering from dementia or Alzheimer's together with the common feeling of isolation amongst these patients and the adequacy of care in the community provision to prevent unnecessary Hospital admissions.

Finally, the Panel recommended that revalidation processes were introduced to promote learning and that enhanced general levels of communication between GPs and consultants were needed. Representatives of the Hospital and Circle acknowledged that communications was an area that needed improvement, A work stream was being developed to improve communications next year.

At the conclusion of the Panel's discussions, the Chairman thanked the representatives of Circle and Hinchingsbrooke Hospital for attending the meeting and invited them back in a year's time to deliver a further update on the Hospital's progress and plans for the future.

(At this point during the meeting (8.00pm), Councillor R Fuller left the meeting).

109. CLINICAL COMMISSIONING GROUP PUBLIC CONSULTATION - PROPOSALS TO IMPROVE OLDER PEOPLES HEALTHCARE AND ADULT COMMUNITY SERVICES

(Dr A Fertig, Clinical Lead for the Older Peoples Programme, and Mrs S Last, Assistant Director for Public Engagement, Cambridgeshire and Peterborough Clinical Commissioning Group, were in attendance for consideration of this item).

(At 8.35pm, during discussion on this item, Councillor S M Van De Kerkhove left the meeting).

Pursuant to Minute No. 13/101, representatives of Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) delivered a presentation on the consultation currently being undertaken on proposals to improve older people's healthcare and adult community services. Dr A Fertig, Clinical Lead for the Older Peoples Programme, explained why there was a need to improve care for older people within the CCG area together with what services were involved. These included community services for older people and adults, emergency hospital care for patients aged 65 and over, older people's mental health services and various other services that supported the care of older people. Members then received details of the events leading up to the consultation, which included a procurement exercise. Accord Health, Care for Life, Uniting Care Partnership and Virgin Care Limited were the shortlisted bidders.

The CCG sought to identify a lead organisation, which would be responsible for joining up care to enable different parts of the NHS better to work together. It was hoped that improved clinical outcomes and patient experiences would be achieved. These would be measured through an Outcomes Framework. A number of common themes had arisen from the initial submissions by the shortlisted bidders, which included delivering more joined up care for patients, better planning and communication, support older people to remain

independent and improved community services and end of life care.

The shortlisted bidders would submit full proposals to the CCG in July 2014 with the preferred bidder being selected in September 2014. The new service was expected to start operating in January 2015.

The Panel reiterated its previously expressed concerns over the lack of elected Member involvement in the process and the tight timescales for the mobilisation of the contract. Members welcomed the intention for services to be more joined up in their approach to delivery and noted the benefits that a multi-disciplinary team could bring to patients in terms of enhancing their experiences and providing improved levels of care.

It was expected that there would be notable improvements to older peoples and adult services from January 2015 onwards. It was also intended to reduce risk to patients. Members stressed the importance of providing training for staff on new systems and practices. They then recommended that the implications of the proposals for Cambridgeshire Community Services should be clarified and that the new provider should positively engage with local communities to build community resilience. Reference was made to the need for appropriate accountability mechanisms to be introduced relating to joint working between the voluntary sector and the new provider.

Given that the consultation period would run from 17th March to 16th June 2014 inclusive and having thanked representatives of the CCG for their attendance at the meeting, the Panel requested the Working Group appointed at the previous meeting to convene and formulate a draft response to the consultation with a view to submitting it to the June 2014 meeting for consideration.

110. CAMBRIDGESHIRE ADULTS, WELL-BEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Panel received and noted the Minutes of the meeting of the Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee held on 13th March 2014 (a copy of which is appended in the Minute Book).

111. 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 Environmental Well-Being. The Chairman reported upon the review he and the Vice-Chairman were undertaking in conjunction with the other Overview and Scrutiny Panel Chairmen and Vice-Chairmen on the operation of the Overview and Scrutiny Panels. It was being suggested that they should act more like Select Committees. In response to questions, it was confirmed that the Panels would continue with external scrutiny work and that any changes were intended to improve the Council's internal scrutiny practices. Concerns were raised over recent delays two of the Panel's Working Groups had experienced in concluding their studies. Members were reminded that Officers were accountable to Members and that any

concerns should be raised with the relevant Executive Member. A suggestion was then made that the Panels should be more proactive at issuing press releases when issues of local concern were being considered at meetings. Members were encouraged to forward on any further comments directly to the Chairman.

112. 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 on the work being undertaken by the Economic Well-Being Panel to monitor the Facing the Future project and advised that the Social Well-Being Panel would continue to receive service related reports on matters falling within its remit.

Pursuant to Minute No. 13/99, Councillor I J Curtis reported on the outcome of the meeting of the Cambridgeshire Police and Crime Panel in March 2014 when he had been present to submit questions on behalf of the Panel on the Commissioner's approach to engaging with the public and what the Commissioner regards as political decisions as opposed to operational ones. On the former, it was reported that the Commissioner had appointed an individual to undertake public engagement work on his behalf and, in terms of the latter, it was noted that the Police and Crime Panel had appointed a Working Group to define the boundaries between political and operational decisions.

Pursuant to Minute No. 13/100, the Chairman reported that he had presented a proposal to establish a scheme of funding for Parishes to encourage and support them in developing Community Plans at the March 2014 meeting of the Executive Leader's Strategy Group. The Executive had acknowledged that some form of support should be provided to Parishes and agreed that a follow up workshop event should be arranged for Parishes to deliver training on how to develop Community Plans. This would be undertaken in conjunction with partners including the County Council.

(At this point during the meeting (9.10pm) Councillor Mrs P A Jordan left the meeting).

113. SCRUTINY

The 143rd Edition of the Decision Digest was received and noted.

114. COUNCILLOR C R HYAMS

In noting that this would be Councillor C R Hyams' last meeting as a Panel Member and that he would not be seeking re-election to the District Council at the elections in May 2014, Members placed on record their gratitude to Councillor Hyams for his contributions during his time on the Panel and wished him well for the future.

Chairman

NOTICE OF EXECUTIVE KEY DECISIONS INCLUDING THOSE TO BE CONSIDERED IN PRIVATE

Prepared by Councillor J D Ablewhite
Date of Publication: 15 May 2014
For Period: 1 June to 31 December 2014

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 Cams 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	Vine Cottage 2 Station Road Catworth PE28 OPE Tel: 01480 861941 E-mail: Jonathan.Gray@huntingdonshire.gov.uk
Councillor R Howe	- Executive Councillor for Healthy and Active Communities	The Old Barn High Street Upwood Huntingdon PE26 2QE Tel: 01487 814393 E-mail: Robin.Howe@huntingdonshire.gov.uk

<p>Councillor T D Sanderson</p> <p>- Executive Councillor for Strategic Economic Development and Legal</p>	<p>29 Burmoor Close Stukeley Meadows Huntingdon PE29 6GE</p> <p>Tel: 01480 412135 E-mail: Tom.Sanderson@huntingdonshire.gov.uk</p>
<p>Councillor D M Tysoe</p> <p>- Executive Councillor for Environment</p>	<p>Grove Cottage Maltings Lane Ellington Huntingdon PE28 0AA</p> <p>Tel: 01480 388310 E-mail: Darren.Tysoe@huntingdonshire.gov.uk</p>

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)

1. 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
Community Chest Allocation 2014/2015	Grants	Jun 2014		Dan Smith, Community Health Manager Tel No. 01480 388377 or email Dan.Smith@huntingdonshire.gov.uk		T D Sanderson	Social Well-Being
Service Delivery Options###	Cabinet	19 Jun 2014		Mrs Joanne Lancaster, Managing Director Tel No 01480 388300 or email Joanne.Lancaster@huntingdonshire.gov.uk		J D Ablewhite	Economic Well-Being
Civil Parking Enforcements	Cabinet	19 Jun 2014		Stuart Bell, Transportation Team Leader Tel No. 01480 388387 or email Stuart.Bell@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Green Deal	Cabinet	19 Jun 2014		Chris Jablonski, Environment Team Leader Tel No. 01480 388368 or email Chris.Jablonski@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Consultation and Engagement Strategy	Cabinet	19 Jun 2014		Louise Sboui, Senior Policy Officer Tel No. 01480 388032 or email Louise.Sboui@huntingdonshire.gov.uk		J D Ablewhite	Social Well-Being
A14	Cabinet	19 Jun 2014		Steve Ingram, Assistant Director, Environment, Growth and Planning Tel No. 01480 388400 or email Steve.Ingram@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Wind Turbines SPD	Cabinet	19 Jun 2014	Draft SPD	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
A Tree Strategy for Huntingdonshire	Cabinet	19 Jun 2014		Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Recycling Contract Award###	Cabinet	19 Jun 2014		Eric Kendall, Head of Operations Tel No. 01480 388635 or email Eric.Kendall@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being
Waste Policies	Cabinet	19 Jun 2014		Tel No. 01480 388365 or email Eric.Kendall@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being
Hermitage Road, Earith - Sale of land for affordable housing***###	Cabinet	19 Jun 2014		Jo Emmerton, Housing Strategy Manager Tel No. 01480 388203 or email Jo.Emmerton@huntingdonshire.gov.uk		N J Guyatt	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
Sale of development land in District and provision of social housing***	Cabinet	19 Jun 2014		Chris Allen, Project and Assets Manager Tel No. 01480 388380 or email Chris.Allen@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
Huntingdon and Godmanchester Market Town Transport Strategy	Cabinet	17 Jul 2014	Market Town Transport Strategy	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Cambs Home Improvement Agency 2 Year Review	Cabinet	17 Jul 2014		Trish Reed, Housing Strategy Manager Tel No. 01480 388203 or email Trish.Reed@huntingdonshire.gov.uk		N J Guyatt	Social Well-Being
Cambridgeshire Long-Term Transport Strategy	Cabinet	17 Jul 2014		Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Carbon Management Plan	Cabinet	17 Jul 2014		Chris Jablonski, Environment Team Leader Tel No. 01480 388368 or email Chris.Jablonski@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
HDC/South Cambs District Council Partnership****	Cabinet	17 Jul 2014		Mrs Joanne Lancaster, Managing Director Tel No. 01480 388301 or email Joanne.Lancaster@huntingdonshire.gov.uk		J Ablewhite	Economic Well-Being
Shared Services Building Control Project - South Cambridgeshire and Huntingdonshire****	Cabinet	17 Jul 2014		Mrs Joanne Lancaster, Managing Director Tel No. 01480 388301 or email Joanne.Lancaster@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being
Huntingdon West Masterplan	Cabinet	11 Sep 2014	Following consultation. Preferred option.	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Financial Strategy***	Cabinet	11 Sep 2014		Clive Mason, Accountancy Manager Tel No. 01480 388157 or email Clive.Mason@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
Huntingdonshire Infrastructure Business Plan	Cabinet	23 Oct 2014		Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Local Plan to 2036 - Proposed Submission	Cabinet	20 Nov 2014	Submission - Draft Local Plan	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Draft Budget & MTP***	Cabinet	11 Dec 2014		Clive Mason, Accountancy Manager Tel No. 01480 388157 or email Clive.Mason@huntingdonshire.gov.uk		J A Gray	Economic Well-Being

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**Public
Key Decision - No***

HUNTINGDONSHIRE DISTRICT COUNCIL

Title: 2013-14 review of voluntary organisations in receipt of 3 year funding awards

Meeting/Date: COMT – 27 May 2014
Overview and Scrutiny Panel (Social Wellbeing) - 10 June 2014

Executive Portfolio: Councillor R Howe

Report by: Healthy Communities Manager

Ward(s) affected: All

Executive Summary:

The purpose of this report is to inform members on the performance of organisations against the targets agreed between the individual organisations and the authority, who are in receipt of 3 year funding arrangements.

Recommendation(s):

1. Members of the Overview and Scrutiny Panel note the contents of this report.
2. Members are aware that from April 2015 there monitoring process will concentrate on the outcomes of activities delivered rather than the outputs achieved by organisations in receipt of funding.

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1. WHAT IS THIS REPORT ABOUT/PURPOSE?

- 1.1 Council Officers provide Members of the Overview and Scrutiny Panel with details on the 2013-14 performance of organisations in receipt of 3 year funding awards. Appendix '1' of this report provides details of the organisations performance in 2013-14.

2. BACKGROUND

- 2.1 Members are aware that the following organisations are in receipt of 3 year grant aid awards that commenced on the 1 April 2013:-

• Hunts Forum for Voluntary Organisations	£ 41,200
• Care Network	£ 10,000
• Huntingdonshire Volunteer Bureau	£ 37,140
• Huntingdon Shopmobility	£ 42,000
• Rural Cambridgeshire Citizens Advice Bureau	£ 115,000
• Disability Information Service Huntingdonshire	£ 19,000

Total £ 264,140

- 2.2 In addition to the services delivered by the organisations Members agreed the level of year 3 funding should reflect the activities of the organisation ability to attract external funding to support their activities, all organisations are expected to attract 50% for District Council funds allocated in the first 2 years of funding agreement to receive their full 2015-16 award, details of funds acquired in 2013-14 and expected in 2014-15 are set out in Appendix 1. For example an organisation awarded £50,000 a year for 3 years will in the first 2 years of the award have to raise £50K to get their full award in year 3 there is a sliding scale of reduction if the target amount is not achieved.

3. ANALYSIS

- 3.1 The present monitoring process is limited to ensuring that the organisations in receipt of funding deliver the services and activities for which funding was awarded, this approach has limitations in that only outputs are measured and not the outcome of the service delivered. E.g. Rural Cambs Cab renegotiated £2million pounds worth of debt for Huntingdonshire residents in future monitoring will concentrate on what was the outcome for the individuals and what impact it would have on District Council resources. The Head of Audit services and the Healthy Communities Manager are currently undertaking work to identify measures to assess the impact and social value of grant awards, Members will be informed when this work is completed.

4. KEY RISKS? HOW WILL THEY BE ADDRESSED?

- 4.1 As outlined to Members of the O&S Social Wellbeing working party who meet with the organisations outlined in section 2.1 above last financial year, the key risk to 4 of the above organisations is the uncertainty of ongoing funding from Cambridgeshire County Council, and should funding be terminated or reduced significantly a number of the organisations indicated they would have to cease operating.

- 4.2 To mitigate the financial risk to the authority all awards are paid in quartly instalments therefore should an organisation cease to operate the authority would not be excessively impacted upon.

6. WHAT ACTIONS WILL BE TAKEN/TIMETABLE FOR IMPLEMENTATION

- 6.1 It is expected that the work set out in section 3.2 of this report will be completed by the end of July 2014 details of which will be reported to this O&S Panel along with the 6 monthly monitoring reports. From September to December consultations will be undertaken with organisations to ensure they are aware of the new requirements. The new monitoring requirements will become standard conditions of awards from April 2016 when the new funding process commences.

7. LINK TO THE LEADERSHIP DIRECTION

- 7.1 The councils support for voluntary organisations links directly to the councils partnership working direction.

8. CONSULTATION

- 8.1 As outlined in section 6.1 above consultation with grant aid recipients will commence September 2014.

9. LEGAL IMPLICATIONS

None

10. RESOURCE IMPLICATIONS

- 10.1 Financial summary

2013-14 End of year Grant Aid financial information				
Organisation	HDC Income	CCC Income	Other	Total Non HDC
Dish	19,000	10,098	23,363	33,461
Shopmobility*	42,000	0	5,860	5,860
HFVO**	41,200	15,058	14,250	29,308
Rural Cambs CAB	115,000	0	83,034	83,034
Care Network	10,000	8,628	3,678	12,306
Hunts Volunteer	37,140	22,845	6,674	29,519
Total	264,340	56,629	136,859	193,488

*£12k of total amount retained against accommodations costs.

**HFVO assisted 4 organisations to access £74,000 in external finance during year (Not included in HFVO figures above).

2014-15 Income projections				
Organisation	HDC Income	CCC Income	Other	Total Non HDC
Dish	19,000	10,098	8,000	18,098
Shopmobility*	42,000	0	6,500	6,500
HFVO	42,000	11,293	21,250	32,543
Rural Cambs CAB	115,000	0	38,332	38,332
Care Network	10,000	16,536	14,712	31,248
Hunts Volunteer	37,140	21,857	5,400	27,257
Total	265,140	59,784	94,194	153,978

*£12k of total amount retained against accommodations costs.

2015-16 HDC proposed budget expenditure	
Organisation	Budget
Dish	19,000
Shopmobility*	42,000
HFVO	38,000
Rural Cambs CAB	115,000
Care Network	10,000
Hunts Volunteer	37,140
Total	261,140

The above amounts are subject to performance in attracting external funding as set out in section 2.2 of this report.

13. LIST OF APPENDICES INCLUDED

Appendix 1 – 2013-14 Performance Information reports

BACKGROUND PAPERS

2013-14 Monitoring reports

CONTACT OFFICER

Dan Smith – Healthy Communities Manager
Tel No.01480 388377

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Appendix 1 Performance Information

Organisation – Hunts Forum for Voluntary organisations

2013 -14 Performance details

Target	Objective	Delivered
Increase capacity of the Voluntary sector to deliver services & activities		
Financial advice – Stage 1		
Funding Alerts	Minimum 12 per annum	12 Funding Alerts Funding Alerts
Grant finder searches	Minimum 12 per annum	20 Grant finder searches <ul style="list-style-type: none"> Rural Support Group, Thongsley School Breakfast Club, START, St Neots Scouts Hut, St Barnabas Learning Centre, Ramsey Rural Museum, Natural High Transitions Project, Natural High Core funding, Kick Youth, HACT, Friends of Hitchingbrooke, DISH, Carers Trust, Cornerstone Pregnancy Advice, Life After Debt, Moor Community Centre & Cafe, Hunts Society for Blind, Commemoration Hall Charity, Hunts Breathe for Life, Medway Christian Fellowship (Community Shop)
Government funding applications	Minimum 12 per annum	15 Government funding applications <ul style="list-style-type: none"> Hartford Church, Life After Debt, Fibromites, Moor Community Centre & Cafe, Ramsey Cricket Club, Ramsey Walled Garden, K9, St Ives Timebank, Kick Youth, Peterborough Rape Crisis, Ramsey Pre-school Playgroup, Hunts Breathe for Life, Ramsey Rural Museum, St Neots Timebank, Natural High
Stage 2 Funding Reviews		
Funding reviews undertaken	Minimum 12 per annum	13 reviews undertaken Peterborough Rape Crisis, Kick Youth, St Ives Timebank, St Neots Scout Hut, Life After Debt, Moor Community Centre & Cafe, Medway Christian Fellowship (Community Shop), Ramsey Pre-school Playgroup, Hunts Breathe for Life, Ramsey Rural Museum, St Neots Timebank, Natural High, Alconbury Field Recreation Trust
Accounts 1.1 advice service	Minimum 6 per annum	5 (St Barnabas and Alliance are ongoing due to the serious incidents) St Barnabas Learning Centre, Polish Saturday Club, Cambs Alliance, St Ives Timebank, Alconbury Field Recreation Trust

Training & Development		
Training sessions identified by annual member survey	Minimum 4 per annum	13 Training sessions – Full cost recovery, Presentation Skills, Safeguarding Vulnerable Adults, Measuring Your Outcomes, Duties of Trustees, Funding Your Group x 5, Shape Your Place, How to Run a Small Group, Introduction to Social Media 2 Funding Fairs – 56 organisations received advice from Funders and Hunts Forum staff
General Support		
Organisations supported to develop appropriate policies and procedures	Minimum 12 per annum	15 organisations supported Friends of Denton Church, Disability Alliance, St John's Little Learners, St Barnabas Learning Centre, Polish Saturday Club, Colts Football Club, All Ears, Life After Debt, Millfield Park Social Club, Alconbury Field Recreation Trust, Narcolepsy UK, Moor Community Centre & Cafe, St Ives Timebank, Ramsey Neighbourhoods Trust, Diverse
E bulletin developed and circulated	Minimum 12 per annum	12 e bulletins Newsletter
Community Hub -Responsible for the management and operation of the Maple Centre		
Provide office space for voluntary & Community Organisations	90% occupancy rate per annum	100% occupancy until end Feb 14
Provide space for external agencies to book meeting rooms	Minimum 200 bookings per annum	446 room bookings
Representation & Dissemination of information		
Attend Local Strategic partnership board	No of meeting attended	2 meetings attended
Attend Hunts matters meetings	No of meeting attended	Hunts Matters Visioning event, meeting with Jo Lancaster
Attend Community Safety Partnership Board meetings	No of meeting attended	1 meeting attended
Attend Health & Wellbeing board meetings	No of meeting attended	Health & Wellbeing Partnership meetings x 4, Health & Wellbeing Board Stakeholder Event x 1 Health & Wellbeing Board Support Group x 3, Health & Wellbeing Board x 2

Disseminate information to groups accross Huntingdonshire via HFVO web side	Information on HFVO web site within 10 days of minutes been produced.	All reports on website in a timely manner – data collection on number of hits available on request. Partnership Briefings
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Financial

2013-14(Received)

HDC Grant Award £41,200

HDC £3,000 (Work Clubs)

CCC/CCG £15,058

2014-15 (Expected)

HDC Grant Award £42,000

HDC

CCC/CCG £11,293 - reduction in funding from CCG due to tendering of new services

Other funds received or expected (Provide details and amount)

- | | |
|--|--|
| • £5,250 Learning & Skills | £5,250 Learning & Skills - provision of additional courses for local residents |
| • £5,000 Local CCG on-line directory | £5,000 CCG – development of a kitemark (secured) |
| • £4,000 Big Assist funding to review Sustainability of HFVO | £11,000 Better Care Fund – Countywide application for another development worker to support VCS group's % costs of funds applied for (awaiting decision) |

Money generated with support from Hunts Forum of our members

- £34,000 Carers Trust – 6 month pilot in Huntingdonshire to co-ordinate voluntary organisations delivering support to vulnerable individuals
- £29,000 Rural Support Group – 12 month core funding from Princes Foundation
- £4,000 Life After Debt – 12 months rental for new office space
- £6,000 Life After Debt – Comic Relief
- £1,800 Life After Debt – Cambridgeshire Community Foundation

Total £145,308

Total £73,743

Any Other Comments

A busy and challenging year – HFVO is developing its work with Parish Councils and JF presented at the Parish Council Conference; we have been working with Huntingdonshire Regional College during this year and have a fully planned and funded training programme which will begin in April 2014.

The Better Health Network pilot is due to end in July 2014 – if the pilot is successful it is anticipated that this piece of work will have a significant impact on vulnerable adults, generate income for small voluntary groups and provide a co-ordinated network of support. HFVO chairs the network and has been involved in the application for funds.

Following a campaign by the voluntary sector to have a place on the Health & Wellbeing Board – HFVO has been given a place at the support group and feeds in the views from the sector.

Organisation – Care Network

2013 -14 Performance details

Objective	Target	Delivered
Identify local areas of need and potential schemes for development	Minimum 12 (larger target in development phase)	<p>Contacts being developed in:</p> <ul style="list-style-type: none"> • St Neots • Wyton-on-the-Hill • Yaxley • Ellington Ward • Hemingford Grey • Little Paxton • Ramsey • Fenstanton • Abbotsley, Waresley, Great Gransden • Somersham • Catworth • Earith • Offords • St Ives • Stilton • Yelling and Toseland • Southoe
Develop from scratch, or extend the capabilities of community groups based around local needs.	Minimum 2 (smaller target in development phase)	<p>Developed from scratch: EARITH WALNUT TREE CAFÉ Gave advice and supported key residents to get the cafe set up. Interested in developing a village help scheme. This included:</p> <ul style="list-style-type: none"> • Details of how to source supplies • Advise about food hygiene

		<ul style="list-style-type: none"> • Ideas for recruiting and training volunteers • Sources of possible funding <p>The café opened in April, one morning a week, and has provided a much appreciated meeting place in the village. Saved from closure and expanded:</p> <p>SAXONGATE CLUB Group at risk of folding, saved with:</p> <ul style="list-style-type: none"> • Negotiated use of a room without charge • Got the group a small grant from Waitrose Community Matters to cover running costs • Recruited and worked very closely with a new volunteer coordinator (with disabilities) to get a new group established • Encouraged him to attract new younger members as well as encourage members from a friendship group that had ceased meeting regularly, to take part in the new club • Supported the coordinator to take on new responsibilities, such as keeping membership records, design new activities and lead the meetings <p>SAWTRY COMMUNITY CAR SCHEME This small car scheme was run through the now defunct Nene and Ouse Community Transport Scheme. When FACT took over parts of N & O and developed HACT (Sue knows all about FACT) CNC were asked to try to keep the car scheme operating. It remains small, but now has appropriate systems and paperwork to operate independently, and is keen to grow both drivers and passengers. They are working more closely with CARESCO – who would like to use the car scheme when it has the resources to back up their volunteer drivers for the day centre.</p>
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<p>Support local groups providing services/activities for older people in Huntingdonshire</p>	<p>Minimum 20</p>	<p>Local groups supported:</p> <ul style="list-style-type: none"> • Albram Surgery Car Scheme • Alconbury Thursday Club • Brampton Befrienders • Buckden Surgery Patients Association • Careride Community Car Scheme • CARESCO • Chatters - Needingworth Community Cafe • Ellington Car Scheme • Eynesbury Village Association • Friends In Deed • Highwayman • Holywell-Cum-Needingworth Good Neighbours • Huntingdon Community Car Scheme • Huntingdon Saxongate Social Club • Little Paxton Good Neighbour Scheme • Needingworth (Chatters) Crafters • North Hunts Community Car Scheme • Ramsey Community Car Scheme • Sawtry Car Scheme • Somersham Timebank • St Ives Community Car Scheme • St Neots & District Voluntary Welfare Association • St Neots Community Car Scheme • St Neots Day Care Centre
<p>Provide training to local volunteers working with older people in Huntingdonshire</p>	<p>Minimum 4 training courses available to Hunts groups. At least one delivered in Hunts DC area</p>	<p>Delivered 6 workshops aimed at volunteers working with Community Car Schemes or Mobile Warden Schemes. One Community Car Scheme workshop delivered in Alconbury on 18 June 2013</p>

Financial

2013-14(Received)

HDC Grant Award £10,000

Cambridgeshire County Council £ 8,628

Other funds received or expected (Provide details and amount)

- Big Lottery Reaching Communities grant £ 3,678

Total. £22,306

2014-15 (Expected)

HDC Grant Award HDC £10,000

Cambridgeshire County Council £16,536

- Big Lottery Reaching Communities grant £ 14,712

Total £51,254

Any Other Comments

County Council Grant for Navigators work was calculated by dividing the total grant by 5 as it covers five districts. Some of this spend is on core costs. This grant is confirmed up to 30 September 2015.

The Big Lottery Grant covers work in both Hunts and Fens and the quoted sum is the Hunts share of the grant only. This grant was awarded in January 2014 for three years.

Organisation –Huntingdonshire Volunteer Centre

2013 -14 Performance details

Target	Objective	Delivered
Number of Volunteers recruited	600	646 (period March – Dec 2013) Figures not yet available for final quarter.
New volunteers recruited for ongoing work	500	559 (period March – Dec 2013) Figures not yet available for final quarter.
Organisations supported to recruit volunteers	300	309 (period March – Dec 2013) Figures not yet available for final quarter.

Financial

Source	Received 2013-14	Expected 2014-15
HDC Grant Award	37,140	37,140
HDC Other		
Additional		
Cambridgeshire County Council	12,845	11,857
CCC Community Transport	10,000	10,000
St. Neots Town Council	3,200	3,000
St Ives Town Council	1,000	1,000
Hemingford Grey Parish Council	100	100
Barclays Bank Matched Funding Scheme	1,215	D/K
Various donations from individuals	250	300
Ramsey Million	99	0
Services provided	810	1,000
	29,519	27,257

Organisation – Huntingdon Shopmobility

2013 -14 Performance details

Objective	Target	Delivered
Provide powered scooters to members of the public who have permanent or temporary mobility challenges.	To provide a service a minimum of 6 days per week between 9.00am and 3.00pm	We are open 9-3 six days per week except Bank Holidays. We also open for the Christmas lights turn on event in town (Sunday) and take the scooters twice per year to Wood Green to craft event (Sat and Sun)
Total Number of Service requests	Minimum 2500 per annum	2122 (to end Feb) estimate for year 2315
Number of annual Active service users (access service more than 5 times per annum)	Minimum 100 service users	We have 105 active members at time of writing, over the year this may have amounted to more but we tend to lose customers during the winter period.
Number of New service users per annum	Minimum 30 service users	25 new members (till end Feb)

Financial

2013-14(Received)

HDC Grant Award £42,000*

2014-15 (Expected)

HDC Grant Award HDC £42,000*

Other funds received or expected (Provide details and amount)

- | | |
|--------------------------------|-------------------|
| • £ 2,600 membership/fees | £ 2,850 |
| • £1,250.in house .fundraising | £ 1,300 |
| • £2,000 BID Huntingdon (ex) | £,2,000 |
| | £ 350 Inner Wheel |

Total £5,850

Total £6,500

* £12,000 retained to meet accommodation costs

Any Other Comments

We think the lower number of usage reflects the very wet weather we have had this winter. Although people come out when it's cold they avoid the wet.

Organisation – Rural Cambs Citizens Advice Bureau

2013 -14 Performance details

Objective	Target	Delivered
Face to face provision of independent advice services	Minimum 5500 individuals receive face to face support per annum <i>(on offer letter dated 12/12/12) it said: Rural Cambs Citizens Advice will provide fully independent, accessible, free, confidential and impartial debt and benefits advice service for over 5,500 new Huntingdonshire clients)</i>	Delivered We delivered 4,017 gateways for Huntingdonshire (not full year or full data due to management reporting deadlines) which has resulted in 9,337 levels of further support by our advisers for those 4,017 clients. This could be advice, advice and limited action, advice and referral, generalist casework, information, signposting or specialist caseworker.
Huntingdon Town Service	Services drop in or appointment operated minimum 4 days per week between 9.30am and 4.00pm	Delivered We provide face to face sessions in Huntingdon <u>Drop – in</u> Monday 9.30 – 1pm Tuesday 9.30 – 1pm Wednesday 9.30 – 1pm <u>Appointments</u> Monday, Tuesday and Wednesday 1.30 – 4.30pm <u>Appointments</u> Monday, Tuesday and Wednesday 1.30 – 4.30pm <u>Debt Day – Thursday</u> 9.30 – 4pm

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St Neots Town Service	Services drop in or appointment operated minimum 3 days per week between 9.30am and 4.00pm	<p>Delivered</p> <p><u>St Neots: Portacabbin</u></p> <p><u>Drop-in</u></p> <p>Tuesday 9.30 – 1pm</p> <p>Thursday 9.30 – 1pm</p> <p><u>Appointments</u></p> <p>Tuesday and Thursday 1.00 – 4pm</p> <p><u>Debt Day – Wednesday</u></p> <p>9.30 – 4pm</p>
Outreach services established Yaxley, Ramsey & St Ives	Outreach services to operate in each location 1 day per fortnight. between 9.00am and 4.00pm	<p>Delivered</p> <p>We provide appointment outreach services in Ramsey and Yaxley at the Ramsey library and the Huntingdon District Council shop</p> <p>We have provided support to St Ives residents at our main office in Huntingdon, to date we have supported 247 clients from the St Ives wards of East, South and West, we will have a dedicated outreach service in St Ives in 2014/15.</p> <p>The Advice Service Transition fund partnership project enables us to provide outreach support at the Crossroads building in St Ives.</p>
Telephone advice service	Service operates 32.5 hours per week Monday to Friday between 9.30am to 4pm	<p>Delivered</p> <p>We have continued to provide telephone advice 5 days per week - Monday to Friday 9.30 to 4.00pm operating from Brook House, Luminus. The call centre has capacity for at least 8 volunteers a day. Our telephone response rate has increased from 45% reported in October 2013 to 53% in March 2014. This is much higher than the national average of Citizens Advice which is currently 32%.</p>

Online Email support established and operated	Service operates 26 hours per week.	Delivered 24/7 access to www.ruralcambscab.org.uk , has supported and encouraged clients to gain self help and assisted information by email with links to the Citizens Advice <i>Adviceguide</i> interactive website for self help. In addition self-help information has been available via information kiosks, QR code leaflets and general leaflets at various community locations, e.g Hitchingbrooke Hospital, libraries and doctors surgeries.
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Financial

2013-14(Received)

HDC Grant Award £115,000

HDC other

CCC

Other funds received or expected

- Advice Service Transition Fund 25,115
- Macmillan Cancer 13,579
- Royal British Legion 10,824
- Money Advice Trust 31,516
- Parish Council funding 2,000

Total 83,034

2014-15 (Expected)

HDC Grant Award £115,000

HDC other

CCC

- Advice Service Transition fund 21,666
- Macmillan Cancer 3,333
- Money Advice Trust 13,333

Total 38,332

Any Other Comments

As we have been asked to report on figures earlier than anticipated we cannot give a true picture of the total number of clients we have supported for 2013/14

Rural Cambs CAB has enabled clients to gain a further **£ 80,887.89** in entitlement to benefit in 2013/14

Income support	£ 6,296.80
Pension credit	£ 9,473.88
Housing Benefit	£ 17,284.80
Working Tax Credit	£ 5,640.44
Job Seekers Allowance	£ 8,539.90
Incapacity Benefit	£ 5,200.00
Disability Living Allowance – Care component	£ 2,184.00
Attendance Allowance	£ 4,115.80
Carer's Allowance	£ 1,791.35
Employment Support Allowance	£ 9,466.40
Personal Independence Allowance	£ 6,988.80
Localised Support for Council Tax	£ 3,905.72
TOTAL	£ 80,887.89

Rural Cambs CAB has negotiated **£ 2,038,132.12 worth** of debt for Huntingdonshire clients since April 1st 2013 to 13th March 2014

In 2013/14 we have introduced a multi channel approach to our service which includes telephone, email, face to face, assisted information, website and **QR codes** so that clients have as much access to our service as possible.

In addition to all of the above services and as added value we have bi weekly solicitor appointments in slots of 8 appointments in Huntingdon Town Hall which are always fully booked.

We have 60 volunteers who support our service in Huntingdonshire

Our annual satisfaction survey for 2013/14 completed in February 2014 across the whole of Rural Cambs indicated that:

100% of clients would recommend the CAB service

99% of clients would use the CAB service again

99% of clients were very happy/happy with the amount of time spent discussing their problems

98% of clients were happy with the information, advice and guidance they were given

98% of clients were happy with the overall service they were given

These results overall were 2% better than last year

***These were the same results for clients in Huntingdonshire**

Organisation – Disability Information Service Huntingdonshire (DISH)

2013 -14 Performance details

Objective	Target	Delivered
Face to face or via telephone provision of independent advice service	Minimum of 2135 individuals supported per annum	2162 advice contacts. (2265.7 full year equivalence) 68% related to Disability Benefits.
Provision of home visits for individuals	Minimum of 237 home visits made per annum	348 advice work home visits (30 minute units) (369.3 full year equivalence)
Specialist advice and advocacy service for families with disabled children	Minimum of 50 families supported per annum	76 families (80.6 full year equivalence) were helped and disability benefit income generated to the value of £137,645 per annum.
Representation at Social Security Tribunals	Minimum of 20 Social Security Panels attended	52 benefit appeals, for which submissions and evidence bundles prepared, only 10 required attendance at the tribunal by DISH staff.

Financial

<u>2013-14(Received)</u>		<u>2014-15 (Expected)</u>	
HDC Grant Award	£19,000	HDC Grant Award	HDC £19,000
HDC other		HDC other	
CCC	£10,098	CCC	waiting to hear
Other funds received or expected			
^ £8,000.....Local charities		£8,000.....	Not confirmed

⤴ £3,363.....Town Councils	£3,363..... Subject to committee decisions
⤴ £15,000..... National Charities	£15,000..... Subject to performance review
<u>Total</u> £26,363 Received	<u>Total</u> £26,363 Not decided.

Any Other Comments

Please note that the statistics provided are for the period 1st April 2013 to 5th March 2014. Full year equivalence has been added in brackets. The amounts of Disability benefits achieved are those known to date. These figures usually increase because clients report to us in arrears and as result of evaluation exercises 3 months after the year end.

Public
Key Decision - Yes

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Corporate Consultation and Engagement Strategy

Meeting/Date: Overview & Scrutiny Panel (Social Well-Being) Consultation Processes Working Group – 29th April 2014
Overview & Scrutiny Panel (Social Well-Being) 10th June 2014

Executive Portfolio: Councillor J D Ablewhite

Report by: Corporate Project Officer (Policy & Performance)

Ward(s) affected: All Wards

Executive Summary:

The purpose of this report is to seek approval for the updated Corporate Consultation and Engagement Strategy, action plan and appendices. This strategy updates the previous Consultation & Engagement Strategy approved in 2008.

An Overview & Scrutiny (Social Well-Being) Working Group has supported the development on this strategy. The review has taken into account the recommendations made by the Working Group, particularly that we need to be better at providing feedback and to involve Members more in the process.

Recommendation(s):

The Overview & Scrutiny Panel is invited to adopt the Corporate Consultation and Engagement Strategy and note the action plan and guidance appendices.

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1. WHAT IS THIS REPORT ABOUT/PURPOSE?

- 1.1 The purpose of this strategy is to provide a more realistic and proportionate approach to consultation and engagement whilst also ensuring that, where appropriate, the views and needs of local residents and other stakeholders are used to inform and shape the delivery of services

2. WHY IS THIS REPORT NECESSARY/BACKGROUND

- 2.1 The previous Consultation and Engagement Strategy was approved in 2008, and an update was overdue.

3. OPTIONS CONSIDERED/ANALYSIS

- 3.1 The Strategy has been reviewed to take into consideration that as a publicly funded organisation, local people need to continue be involved in shaping the services that the council provides, which is particularly important as more challenging decisions need to be made in light of considerable pressure on finances.
- 3.2 The Strategy also recognises that a more representative and proportionate approach should be adopted and the focus should be on consulting and engaging on issues that really matter to people, and those that they can influence.

4. COMMENTS OF OVERVIEW & SCRUTINY PANEL (SOCIAL WELL-BEING)

- 4.1 On 29th April 2014, the Consultation Processes Working Group appointed by the Overview and Scrutiny Panel (Social Well-Being) met to review the content of the Corporate Consultation and Engagement Strategy. The Working Group is satisfied with its content, in particular the role that Members will have in the process and the adoption of pre and post consultation checklists. The Working Group discussed the success measures to be included within the annual consultation evaluation report, the need to design consultations in a way that reaches target audiences, the role of Members in communicating to their constituents when consultations are being undertaken and the various aspects of the accessibility guidance issued alongside the Strategy. The Working Group is satisfied that all previous recommendations arising from its former study undertaken in 2011 have been incorporated into the new Strategy and associated guidance.

5. KEY IMPACTS/RISKS? HOW WILL THEY BE ADDRESSED?

- 5.1 The key impact from this Strategy will be that:
- a more representative and proportionate approach is taken with regards to consultation and engagement.
 - the council is clearer about how views have been taken into account.
 - the focus will be consulting and engaging on issues that really matter to people, and that they can influence.
 - elected Members are more aware of consultation and engagement activities

6. WHAT ACTIONS WILL BE TAKEN/TIMETABLE FOR IMPLEMENTATION

- 6.1 The Strategy will be implemented as soon as it is approved. An action plan will measure delivery of the objectives and actions

7. LINK TO THE LEADERSHIP DIRECTION

- 7.1 The council's vision is:
To continue to improve the quality of life for the people of Huntingdonshire and work towards sustainable economic growth whilst providing value for money services

It will do this by:

- Empowering local communities
- Ensuring that we engage with customers when deciding how services are delivered and improved

8. CONSULTATION

- 8.1 This Strategy has been developed in consultation with an Overview & Scrutiny (Social Well-Being) Consultation Processes Working Group.

9. LEGAL IMPLICATIONS

(Comments from the Head of Legal & Democratic Services)

- 9.1 The Council has a legal obligation to consult in certain circumstances and will consider it beneficial to do so in other cases. The Strategy sets out the guidelines and parameters for such consultations.

10. RESOURCE IMPLICATIONS

- 10.1 It is anticipated that there will be no additional resource implications associated with the implementation of this Strategy.

11. OTHER IMPLICATIONS

An Equality Impact Assessment has been completed, and has been appended as Appendix 5

12. REASONS FOR THE RECOMMENDED DECISIONS

- 12.1 The Strategy adopts a more realistic and proportionate approach to consultation and engagement. In addition, it proposes a pre and post consultation check list, this will encourage
- better use of the consultation and engagement Forward Plan, calendar and database
 - better awareness raising among elected Members regarding consultation and engagement activities
 - better feedback to those involved in the consultation & engagement activity on how their views and opinions have been used.

13. LIST OF APPENDICES INCLUDED

Appendix 1 - Action Plan 2014/15
Appendix 2 - Consultation checklists
Appendix 3 – [Guidance on methods and techniques](#)

Appendix 4 – [Guidance on accessibility](#)
Appendix 5 - [Equality Impact Assessment](#)

BACKGROUND PAPERS

None

CONTACT OFFICER

Louise Sboui, Corporate Project Officer (Policy & Performance)
Tel No. 01480 388032

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Consultation and Engagement Strategy 2014-2017

Introduction

The council is committed to involving local people in shaping their area and the services they receive; consultation and engagement is one of the key ways the council interacts with and involves local communities and residents. Public understanding, involvement and perception of consultation and engagement are particularly important as more challenging decisions need to be made in light of considerable pressure on finances.

Purpose

The purpose of this strategy is to provide a framework and a consistent approach to our consultation and engagement activities. It is supported by guidance and an action plan.

This strategy aims to adopt a more realistic and proportionate approach to consultation and engagement whilst also ensuring that, where appropriate, the views and needs of local residents and other stakeholders are used to inform and shape the delivery of services.

Corporate Context

The council's vision is:

To continue to improve the quality of life for the people of Huntingdonshire and work towards sustainable economic growth whilst providing value for money services.

It will do this by:

- Empowering local communities
- Ensuring that we engage with customers when deciding how services are delivered and improved.

Principles

These principles set out how the council will approach consultation and engagement in Huntingdonshire.

Representative

The council will make sure that there are opportunities for all local residents, partners and business to get involved in consultation and engagement.

Inclusive

The council understands that successful involvement cannot happen without a good understanding of the make-up, needs and interests of different people and their capacity to engage. An inclusive approach will enable different groups to have the opportunity to participate and help us to fulfill our duties under the Equality Act. To encourage people to take part, a variety of methods will be used for example, surveys, face to face meetings, Internet and social media.

Effective

Effective consultation and engagement means ensuring people's views are used to inform and shape the delivery of services and that council is clear about how views have been taken into account.

Roles and responsibilities

Elected Members

Elected Members as leaders and representatives of Huntingdonshire residents have an important role in bringing to the council, the needs, views and aspirations of the communities they represent.

Check list for Members

- ensuring the needs, views and aspirations of communities contribute towards the democratic decision making process
- comment on proposed consultation & engagement activities
- promote and encourage local residents to get involved

Services

To deliver the right services and ensure value for money, services will need to continue to consult and engage with local residents. To improve coordination and help the council to achieve our principles, all service level consultation and engagement activity will need to be approved by the Corporate Team

Check list for services

If you are thinking about consultation & engagement please:

- complete the pre consultation check list in appendix two
- ensure that this checklist has been signed off by the Corporate Team
- make sure that your Portfolio Holder, relevant Overview & Scrutiny panel, or where appropriate, Ward Member has been informed.

Partners

Joint working with other public sector organisations on a consultation and engagement activity can be a productive way of achieving a more effective and efficient use of resources and should be considered where appropriate.

The voluntary and community sector supports many residents; the views of these organisations are valuable and should also be considered as they can make a significant contribution to consultation and engagement activities.

Action Plan

The action plan details how we intend to deliver against the principles set out in this strategy over the next year.

Monitoring and Evaluation

Monitoring and evaluation are critical to ensuring that we achieve against our action plan. To ensure we are making progress we will:

- Report performance on consultation and engagement activities (annual report to senior officers and relevant scrutiny panel)

This Strategy, Action Plan and Guidance will be reviewed annually so that we can set specific targets for the future. A comprehensive review of the strategy will be undertaken every three years.

Appendix One - Action Plan 2014/15

Appendix Two - Consultation checklists

Appendix Three - Consultation & Engagement Strategy - advice on methods and techniques

Appendix Four - Consultation & Engagement Strategy - advice on making consultation more accessible

Appendix 1

Huntingdonshire District Council

Consultation & Engagement Strategy - Action Plan 2014/2015

Priorities	Action	Target	By whom
Improve internal processes to contribute towards achieving the corporate priorities of: <ul style="list-style-type: none"> • Empowering local communities • Ensuring that we engage with customers when deciding how services are delivered and improved 	Update and promote the use of the Consultation & Engagement Strategy and appendices as good practice guidance	Sept 2014	Corporate Team
	Investigate alternative methods for using the website for consultation and engagement	Sept 2014	Corporate Team and IMD
	Investigate corporate approach to obtaining resident satisfaction/perception	April 2015	Corporate Team and Customer Services
	Annual consultation evaluation report to senior officers and Members summarising outcomes from consultation & engagement activities	April 2015	Corporate Team and Customer Services
	Establish contact list or database of community/voluntary groups or forums who represent the needs of hard to reach groups or residents that we can develop to work with on consultation & engagement	April 2015	Corporate Team
	Consultation with residents to inform 2014/15 budget planning	June-Aug 2014	Corporate Team

Consultation and Engagement Strategy - Appendix 2 Pre- Consultation check-list

1. To avoid duplication have you checked whether similar consultation has already been carried out by the council or by partners? Have you checked the [Consultation & Engagement database](#)?

Yes
No
N/A

2. Have you updated the Consultation & Engagement [Forward Plan](#) and [Calendar](#)?

Yes
No
N/A

3. Have you informed your Portfolio Holder and/or relevant Overview & Scrutiny Panel and/or Ward Member? **It is good practice to let appropriate Members know of any planned consultation or engagement activity, particularly if it affects particular wards or a particular portfolio area. Please fully brief relevant Members on the proposals. Where appropriate the relevant Overview & Scrutiny Panel should also be made aware of the consultation or engagement exercise.**

Yes
No
N/A

4. How have you ensured that all people who may have an interest been given the opportunity to participate? Please specify how.

5. If an external contractor has been used to conduct the consultation? Who are they and do they conform to the equality aspects of Council's Procurement Strategy?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
N/A	<input type="checkbox"/>

Name of contractor.....

6. Have you included equality monitoring questions?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

7. Are you using plain English in your consultation? for example no acronyms

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

8. Are you aware of how to get alternative formats (large print, Braille, etc.) if requested?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

9. If relevant, have you selected a suitable venue in terms of physical access, transport, provision of appropriate aids such as hearing loops, signing and interpreting services?) If required?
If yes, please specify.

10. How are you intending to provide feedback to people who have contributed to your consultation and engagement activity?

Post - Consultation check-list

1. Have you provided feedback to those involved in the consultation & engagement activity on how their views and opinions have been used?

Yes	
No	If no, why not?
N/A	

2. Have you carried out an evaluation¹ of your consultation and are there any actions required as a result of it?

Yes	
No	If no, why not
N/A	

3. Have you updated the [consultation and engagement database](#) with decisions/outcomes?

Yes	
No	
N/A	

¹ Did you achieve your objectives e.g. stayed on budget and timescales and received enough responses?
What worked well, what didn't work well, anything worth sharing?
Did Members respond?

Huntingdonshire District Council Equality Impact Assessment (EIA)



Consultation and Engagement Strategy Appendix 5

Service area	Corporate Team
Date of assessment	March 2014
Name of strategy/policy/function/service to be assessed	Consultation & Engagement Strategy
Is this a new or existing strategy?	Review of existing strategy
Name of manager responsible for strategy	
Names of people conducting the assessment	Louise Sboui
Step 1 – Description of strategy	
Describe the aims; objectives and purpose of the strategy (include how it fits in to wider aims or strategic objectives).	<p>The purpose of this strategy is to provide a framework and a consistent approach to our consultation and engagement activities. It is supported by guidance and an action plan.</p> <p>This strategy aims to adopt a more realistic and proportionate approach to consultation and engagement whilst also ensuring that, where appropriate, the views and needs of local residents and other stakeholders are, where appropriate, used to inform and shape the delivery of services.</p>
The Equality Act 2010 requires the Council to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations, the Council also needs to demonstrate its compliance with the Equality Duty. The Council therefore needs to understand how its decisions and activities impact on different people, specifically employees and how they are affected by policies and practices. An Equality Impact Assessment is the current method by which the Council can assess and keep a record of the impact of the impact of new or amended strategies, policies, functions or services.	



<p><i>Definition of Adverse Impact - occurs when a decision, practice, or policy has a disproportionately negative effect on a protected group.</i></p> <p><i>Adverse Impact may be unintentional</i></p> <p>Adverse impact can be measured statistically:</p>	
<p>Are there any (existing) equality objectives of the strategy?</p>	<p>To ensure that consultation and engagement is representative, inclusive and effective. The strategy recognises that successful involvement cannot happen without a good understanding of the make-up, needs and interests of different people and their capacity to engage. An inclusive approach will enable different groups to have the opportunity to participate and help us to fulfill our duties under the Equality Act.</p>
<p>Who is intended to benefit from the strategy and in what way?</p>	<ul style="list-style-type: none"> • Local residents (opportunities to get involved in shaping the delivery of services) • Members (better informed and more involved in consultation & engagement activities) • Officers (guidance to support consultation & engagement activities).
<p>What are the intended outcomes of this strategy?</p>	<ul style="list-style-type: none"> • To ensure that consultation and engagement is representative, inclusive and effective. <p>To contribute towards the council's vision which is to <i>continue to improve the quality of life for the people of Huntingdonshire and work towards sustainable economic growth whilst providing value for money services</i></p> <p>The Strategy will support this by contributing towards the priorities of:</p>

Huntingdonshire District Council Equality Impact Assessment (EIA)



	<ul style="list-style-type: none"> • Empowering local communities • Ensuring that the council engages with customers when deciding how services are delivered, modified and improved
<p>Step 2 – Data</p>	
<p>What baseline quantitative data (statistics) do you have about the strategy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population), relevant to this policy?</p>	<p>Census district profile</p>
<p>What qualitative data (opinions etc) do you have on different groups (e.g. comments from previous consumer satisfaction surveys/consultation, feedback exercises, or evidence from other authorities undertaking similar work), relevant to this strategy?</p>	
<p>Are there concerns that the strategy could have a differential impact on different racial groups; this refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. Gypsy/Travellers are distinct group within this category.</p> <p>What evidence do you have for your answer?</p>	<p>The Accessibility guidance aims to define different groups within communities, explains potential barriers and gives guidance on how to consult and engage with Black & Minority Groups, Gypsy/Travellers, migrant workers. Also included is guidance on when and how to use translation and interpretation services.</p>
<p>Are there concerns that the strategy could have a differential impact on younger or older people? For some services this should include consideration of impact in terms of safeguarding young people. What evidence do you have for your answer?</p>	<p>The Accessibility guidance aims to define different groups within communities, explains potential barriers and gives guidance on how to consult and engage with younger and older people.</p>

Huntingdonshire District Council Equality Impact Assessment (EIA)



Are there concerns that the strategy could have a differential impact on gender, including transgender people ? What evidence do you have for your answer?	The Accessibility guidance does not currently include any reference to barriers to consultation and engagement that may be experienced based on gender or transgender.
Are there concerns that the strategy could have a differential impact on part time/full time employees? What evidence do you have for your answer?	No adverse impact identified.
Are there concerns that the strategy could have a differential impact on disabled people ? What evidence do you have for your answer?	The Accessibility guidance aims to define different groups within communities, explains potential barriers and gives guidance on how to consult and engage to take account of disabilities, also included is guidance on accessible information.
Are there concerns that the strategy could have a differential impact in terms of marriage and civil partnership	No adverse impact identified.
Are there concerns that the strategy could have a differential impact in terms of pregnancy and maternity (e.g. pregnant or breast feeding women)	No adverse impact identified.
Are there concerns that the strategy could have a differential impact on lesbian, gay men, bisexual or heterosexual (straight) people ? What evidence do you have for your answer?	Accessibility guidance does not currently include any reference to barriers to consultation and engagement that may be experienced based on sexual orientation.
Are there concerns that the strategy could have a differential impact on grounds of religion or belief ? What evidence do you have for your answer?	Accessibility guidance does not currently include any reference to barriers to consultation and engagement that may be experienced based on religion or belief.
Are there concerns that the strategy could have a differential impact in terms of specific characteristics of Huntingdonshire e.g. Rural isolation	The Accessibility guidance aims to define different groups within communities, explains potential barriers and gives guidance on how to consult and engage to take account of rural isolation.



Findings

The Strategy acknowledges that effective involvement cannot happen without a good understanding of the make-up, needs and interests of different groups and their capacity to engage and that an inclusive approach will need to be used to ensure that different groups have the opportunity to participate. The Accessibility Appendix sets out how some of these groups can be reached.

Recommendations

- explore whether additional guidance required on issues relating to gender, transgender, religion and belief and sexual orientation .

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Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Housing Benefit and Council Tax Support Changes and the impact on Huntingdonshire

Meeting/Date: Overview & Scrutiny Panel (Social Well-Being) 10 June 2014

Executive Portfolio: Customer Services

Report by: Head of Customer Services

Ward(s) affected: All

Executive Summary:

To provide the Panel with information on how the Government's Welfare Reform programme has impacted households in Huntingdonshire in particular with relation to Housing Benefits, Council Tax Support and homelessness.

The changes implemented during 2014 reduced the benefit awards for a significant number of customers and some people have been affected by more than one reform.

Changes during 2014:

Local Housing Allowance: the rent figures used in the benefit calculation for private tenants no longer follow local market forces.

Social Sector Size Criteria Rules: benefit reduced for working age people deemed to live in properties too large for them. The number of households affected reduced from 816 at April 2013 to 746 at March 2014.

Council Tax Support: around 5000 working age households affected by introduction of the local Council Tax Support scheme had to pay more towards their Council Tax. The collection rate for 2013/14 was 98.3%, a reduction of 0.2% on the previous year.

Benefit Cap: relatively few people in Huntingdonshire affected.

Discretionary Housing Payments: there was a 190% increase in applications during 2013/14 primarily as a result of the Social Sector Size Criteria rules.

Recommendation(s):

The Panel is asked to note the contents of this report.

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1. WHAT IS THIS REPORT ABOUT/PURPOSE?

- 1.1 The Government's Welfare Reform programme has had a significant impact on Housing Benefit and Council Tax Benefit/Support. This report sets out how these changes have affected Huntingdonshire residents.

2. BACKGROUND

- 2.1 The Panel has previously asked for information on what impact the welfare reform changes have had on Huntingdonshire residents in particular what effect it is had on the homelessness situation. This report provides a review of the impact during the financial year 2013/14.

3. ANALYSIS

3.1 Local Housing Allowance

For people living in privately rented accommodation the rent used in the benefit calculation is based on the Local Housing Allowance (LHA). The LHA rates are set by the Valuation Office Agency (VOA) and were initially reviewed monthly and took account of rents charged locally. From April 2013, the LHA rates were set for the financial year and increased by the September 2012 CPI figure. For 2014/15 they have been set at the lower of the 30th percentile of a list of local rents compiled by the VOA or increased by 1%. Properties coming under the Cambridge area saw an increase of 4% to take account of the high level of rents generally in that area. These changes mean that the rents used in the benefit calculation are now set annually and are no longer directly linked to the local market rates that are charged. Appendix A shows the movement of LHA rates since 2012.

The rent figures used in the benefit calculation for private tenants are generally reducing or staying the same and so aren't necessarily keeping up with local market forces

3.2 Social Sector Size Criteria

Prior to April 2013, the Housing Benefit entitlement of people living in social housing did not take account of the size of accommodation they lived in. However, since April 2013, if a working age claimant is deemed to be living in a property too large for their needs, the rent used in the benefit calculation is reduced by 14% if they under occupy by one bedroom or 25% if they under occupy by 2 or more bedrooms. The size criteria used is the same as that used for people living in the private rented sector.

- 3.3 This has proved to be the most high profile of the welfare reform changes. There have been a number of legal challenges which has resulted in local authorities being able to allow an extra bedroom in the benefit calculation where a disabled child cannot share a room with a sibling but this cannot be applied where a husband and wife are unable to share a bedroom due to disability. Appeals are now being heard around the country on individual cases and the outcomes are very much dependent on the particular circumstances of the case.

- 3.4 The DWP increased the amount of Discretionary Housing Payment (DHP) funding for local authorities to help people struggling to pay the shortfall in their Housing Benefit including where they have been adversely affected by the introduction of this social sector size criteria restriction. Details of the number of

people affected by this reform and the number of DHP awards made can be seen in Appendix A.

- 3.5 During 2013/14, the amount of Housing Benefit paid to people living in Housing Association accommodation was £25.1m, a reduction of £758k on the previous year. There is no financial impact on HDC as Housing Benefits is government funded.

The number of people affected by the social sector size criteria rules is reducing

3.6 **Council Tax Support (CTS)**

The national Council Tax Benefit scheme was abolished from 1 April 2013 and replaced by a local Council Tax Support scheme. This coincided with a cut in funding from government. Pensioners had to be protected in full from any reduction in financial support so the reduction in funding fell solely on working age customers claiming help with paying their Council Tax. The HDC local scheme means that the majority of working age benefit customers have to pay at least 20% of their Council Tax charge.

- 3.7 This reform has affected almost 5,000 households that have had to contribute more to their Council Tax bill. Some households have moved from a position of not previously paying anything towards their Council Tax bill whilst others have had to make a larger contribution than before. The number of working age customers in receipt of Council Tax Support at the end of March 2014 was 4,316 compared to 4,973 in receipt of Council Tax Benefit as at the end of March 2013. Whilst improved economic circumstances may be a factor in this reduction, it is estimated that the majority is due to non-qualification under the new Council Tax Support rules. Appendix A shows details of the initial estimated spend and the actual outturn.
- 3.8 The Council Tax team's approach to collecting the debt was one of working with the taxpayers, especially those paying Council Tax for the first time, and signposting them to relevant agencies for financial help and advice. However, the number of reminders sent to customers increased by around 7,000 and summons and liability orders were up by approximately 1,400. But because of the approach taken by the team, the number of cases sent to bailiffs dropped by around 300. Anecdotally, it has been the low income working families who have contacted the team most with issues about paying.
- 3.9 The in-year collection rate for 2013/14 was 98.3%, a reduction of 0.2% on the previous year. (The collection rate for April 2014 was 10.15% compared to 9.88% for 2013/14.)
- 3.10 The scheme has not been changed for 2014/15 but will be reviewed for 2015/16 to ensure it reflects the latest Council priorities and remains within budget.
- 3.11 The Council Tax team have faced more challenges from owners and landlords over the maximum one month discount between tenancies (which used to be up to 6 months) and the empty homes premium (50% after 2 years) which were brought in as technical reforms to help offset the cost of the Council Tax Support scheme.

Council Tax collection rate for 2013/14 remains high despite reduction in the amount of Council Tax Support awards to working age customers

3.12 **Benefit Cap**

The Benefit Cap was introduced in Huntingdonshire in July 2013. The cap restricts the amount of out-of-work benefits that a household can claim and is set at £500 per week for a family (£350 for single people) and covers all of their benefit entitlement, including Housing Benefit. Although the DWP calculate the income for the cap, it is the responsibility of the local authority to reduce the amount of Housing Benefit awarded to bring the total household income to £500 per week. In Huntingdonshire, the cap has been applied to only 26 cases since its introduction and details of the amounts involved can be found in Appendix A. The cap has affected larger families who the council may have a statutory duty to help if they subsequently became homeless and consequently HDC officers have been proactive with some customers prior to the cap's introduction in order to work through their options and to give advice.

The cap has only affected very few people living in Huntingdonshire

3.13 **Discretionary Housing Payments (DHP)**

Each year, the DWP allocates a budget to local authorities to allow them to award Discretionary Housing Payments for housing costs not met through Housing Benefit. The 2013/14 HDC DHP allocation was £169,561, up from £56,646 in 2012/13. The DWP advised councils that the increased funding was aimed at helping people affected by the LHA reforms, the social sector size criteria changes and the benefit cap. The demand for DHP's in 2013/14 was significantly higher than in any previous year. Details of the awards made can be seen in Appendix A. The allocation for 2014/15 is £187,398.

DHP claims up by 190% in 2013/14 primarily as a result of the Social Sector Size Criteria rules

3.14 **Universal Credit (UC)**

Universal Credit will replace a number of welfare benefits including Housing Benefit for working age people. DWP had indicated that it would be fully implemented by 2017, however the roll out is slower than initially planned and there is no indication of when HDC will be affected. UC will be administered by the DWP and so the impact on HDC will be significant. DWP is currently looking at the role that local authorities could play in UC especially in assisting and supporting the more vulnerable customers to access the scheme. With the DWP concentrating on bringing in the single tier pension during 2016, they have advised that Housing Benefit for pensioners will remain under LA administration until at least 2017/18.

National Universal Credit roll out delayed

4. **KEY IMPACTS**

- 4.1 The impact of the welfare reforms highlighted earlier in this report is twofold. Firstly, many households reliant on the welfare system have seen a reduction in the level of their income available to help meet their housing costs which may potentially lead to increasing debt, rent/mortgage arrears and possible homelessness. Secondly, fewer privately rented properties are now available at a level that would be affordable to households that are reliant on Housing Benefit to help pay their rent. The risk is that given these circumstances an

increasing number of households may become threatened with homelessness and see their only affordable housing option as the social rented sector.

4.2 One area that has been noticeably affected is the number of households threatened with homelessness that have been helped into privately rented properties as a means of resolving their housing need. Over the last few years this has been the Council's most successful means of preventing homelessness and although a significant number of households are still being helped via this route, there is a downward trend given that fewer privately rented properties appear to be affordable and accessible to households reliant on Housing Benefit.

4.3 The position with housing advice and options work, together with homelessness and prevention work in 2013/14 was as follows:

- A total of 218 households were prevented from becoming homeless in 2013/14, compared to 290 in the previous year.
- A total of 167 households were accepted as homeless in 2013/14 compared to 190 households in the previous year.
- 86 households were in temporary accommodation secured by the Council at the end of March 2014 compared to 94 at the end of March 2013.
- A total of 131 households threatened with homelessness were helped into private sector tenancies in 2013/14 through the Council's Rent Deposit Scheme compared to 144 households in the previous year.

5. WHAT ACTIONS WILL BE TAKEN/TIMETABLE FOR IMPLEMENTATION

5.1 The Council Tax Support scheme will be reviewed later in 2014/15 to ensure that it remains within budget and continues to meet the Council's priorities.

6. CONSULTATION

6.1 Any significant changes to the Council Tax Support scheme will be consulted on.

7. LEGAL IMPLICATIONS

(Comments from the Head of Legal & Democratic Services)

7.1 There are no legal implications relating to this report.

8. RESOURCE IMPLICATIONS

(Comments from the Accountancy Manager)

8.1 The series of welfare reforms contained within this report has the potential to:

- Affect the Council Tax collection rates as household incomes struggle to meet household bills.
- Affect levels of homelessness within the district leading to a possible increase in the use of temporary accommodation and the costs associated with this.

8.2 In year impacts will be met from with current resources. However, any future impacts will be considered as part of the 2015/16 budget setting process.

9. REASONS FOR THE RECOMMENDED DECISIONS

(Summary leading to the Recommendations)

9.1 The report highlights the welfare reforms that have taken place to date and others that we are aware of that will take place in the future.

10. LIST OF APPENDICES INCLUDED

Appendix A – Housing Benefit reform impact

CONTACT OFFICER

Julia Barber - Head of Customer Services
01480 388105

Amanda Burns – Benefits Manager
01480 388122

Jon Collen – Housing Needs & Resources Manager
01480 388220

Appendix A

Housing Benefit reform impact

Date change implemented	Summary of change	HB impact				Housing impact																																																																																	
April 2013	Local Housing Allowance restrictions	<table border="1"> <thead> <tr> <th data-bbox="696 336 1010 371">Huntingdon Area</th> <th data-bbox="1010 336 1167 440">2012 - 13 weekly LHA</th> <th data-bbox="1167 336 1323 440">2013 - 14 weekly LHA</th> <th data-bbox="1323 336 1480 440">2014 - 15 weekly LHA</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="696 440 1480 475">Shared</td> </tr> <tr> <td data-bbox="696 475 1010 507">Accommodation</td> <td data-bbox="1010 475 1167 507">£63.50</td> <td data-bbox="1167 475 1323 507">£63.50</td> <td data-bbox="1323 475 1480 507">£64.14</td> </tr> <tr> <td data-bbox="696 507 1010 539">1 bedroom rate</td> <td data-bbox="1010 507 1167 539">£103.85</td> <td data-bbox="1167 507 1323 539">£103.85</td> <td data-bbox="1323 507 1480 539">£103.85</td> </tr> <tr> <td data-bbox="696 539 1010 571">2 bedroom rate</td> <td data-bbox="1010 539 1167 571">£125.77</td> <td data-bbox="1167 539 1323 571">£126.92</td> <td data-bbox="1323 539 1480 571">£121.15</td> </tr> <tr> <td data-bbox="696 571 1010 603">3 bedroom rate</td> <td data-bbox="1010 571 1167 603">£150.00</td> <td data-bbox="1167 571 1323 603">£150.00</td> <td data-bbox="1323 571 1480 603">£144.62</td> </tr> <tr> <td data-bbox="696 603 1010 635">4 bedroom rate</td> <td data-bbox="1010 603 1167 635">£207.69</td> <td data-bbox="1167 603 1323 635">£212.26</td> <td data-bbox="1323 603 1480 635">£196.15</td> </tr> <tr> <th data-bbox="696 671 1010 707">Cambridge Area</th> <th data-bbox="1010 671 1167 775">2012 - 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Further demand may therefore arise through homelessness and be placed on the social rented sector.
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April 2013	Social sector size criteria for working age customers	<p>The rent figure used in the HB calculation has been reduced by a percentage based on whether the claimant is over accommodated by one or two bedrooms. The LHA bedroom entitlement rates are used to assess the number of bedrooms that a household is entitled to. Where a household of working age exceeds this by one bedroom they have a 14% reduction in the rent figure used in the benefit calculation. Where they exceed it by two or more bedrooms they have a 25% reduction in the rent figure used.</p> <p>At 1/4/13, 816 households were affected by this change. 683 were under occupying by one bedroom and 133 by two or more bedrooms. At 31/3/14, 746 households were affected. 622 were under occupying by one bedroom and 124 by two or more bedrooms.</p>	The reduction in Housing benefit entitlement for housing association tenants will potentially lead to higher levels of rent arrears with affected tenants potentially accruing arrears leading to eviction if their rent is not paid.
July 2013	Benefit cap applied to working aged customers	<p>In total, 26 households were affected by the cap between July 2013 and March 2014. 17 households live in housing association accommodation and 9 in privately rented accommodation.</p> <p>2 cases saw a reduction in HB of more than £200 per week 3 cases saw a reduction in HB of between £100 and £200 per week 9 cases saw a reduction in HB of between £50 and £100 per week 7 cases saw a reduction in HB of between £25 and £50 per week 5 cases saw a reduction of up to £25 per week 3 households had 7 children 3 households had 6 children 8 households had 5 children 8 households had 4 children 4 households had 3 children</p>	Existing tenants that are unable to pay their rent even after prioritising rent payments from their benefit are likely to accrue arrears leading to possible homelessness. They will potentially apply to the council as homeless as they are no longer able to afford their rent and the council may then have a duty to help with the rehousing of the household.

April 2013	Increase in Discretionary Housing Payment allocation	2013/14 budget: £169,561 2013/14 spend: £162,181 Social Size Criteria: 401 awards made totalling £90,559.99 LHA restriction: 165 awards made totalling £46,831.29 Benefit Cap: 15 awards made totalling £17,124.09 Other: 33 awards made totalling £7,665.63	An increased DHP budget may help some households maintain properties that would otherwise be unaffordable, helping avoid crisis homelessness situations from developing as a result of rent arrears.
April 2013	Council Tax Support	2013/14 estimated budget: £7,246,655.22 2013/14 spend: £7,170,721.14	This is another change that will affect the amount of each household's income available to cover their rent payments, potentially leading to homelessness if households fall into arrears and face eviction.

Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Proposals to Improve Older Peoples Healthcare and Adult Community Services – Consultation Response

Meeting/Date: Overview and Scrutiny Panel (Social Well-Being) – 10th June 2014

Executive Portfolio: Councillor R B Howe, Executive Councillor for Healthy and Active Communities

Report by: Miss H Ali, Democratic Services Officer

Ward(s) affected: All

Executive Summary:

Since June 2013, the Overview and Scrutiny Panel (Social Well-Being) has been monitoring the procurement exercise being undertaken by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on Proposals to Improve Older Peoples Healthcare and Adult Community Services. A public consultation was launched on 17th March 2014, closing on 16th June 2014. The Panel appointed a Working Group, which met on 6th May 2014, to formulate a draft response to the consultation. Their views are outlined in Section 3 of this report.

Recommendation(s):

The Panel is requested to endorse the preliminary views as outlined in Section 3 of the report and to consider whether it wishes to make any further comments on the consultation for submission to the CCG by 16th June 2014.

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1. WHAT IS THIS REPORT ABOUT?

- 1.1 The purpose of this report is to seek the Panel's endorsement of a response to the current consultation being undertaken by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on Proposals to Improve Older Peoples Healthcare and Adult Community Services.

2. BACKGROUND

- 2.1 Since June 2013, following an announcement by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) that it intends to change the way older peoples healthcare and adult community services are provided, the Panel has been monitoring the various stages of the procurement exercise prior to the launch of the current public consultation which opened on 17th March 2014 and closes on 16th June 2014. Since then, the Chairman of the Panel held an initial meeting with the CCG in July 2013 and representatives of the CCG have been in attendance at the January and April 2014 Panel meetings. At the latter meeting, Members received a presentation on the consultation proposals and requested the Working Group appointed by the Panel at its March 2014 meeting to formulate a draft response to the consultation. The Working Group, comprising Councillors R C Carter and S J Criswell, met on 6th May 2014 to undertake this work. Councillors Mrs P A Jordan and S M Van De Kerkhove presented their apologies for this meeting but have had an opportunity to comment on the draft response prior to its submission to the Panel.
- 2.2 The purpose of this report therefore, is to provide the Panel with an opportunity to consider the Working Group's response and to decide whether it wishes to make any further comments on the consultation for submission to the CCG by 16th June 2014. The draft response incorporates the preliminary views expressed by the Panel at previous meetings.

3. CONSULTATION RESPONSE

- 3.1 The Working Group agrees that it will be best to structure the Panel's response around the CCG's Outcomes Framework. The Framework will be used by the CCG to measure clinical outcomes and patient experiences in the future. The sub-sections below denote the seven themes which comprise the Outcomes Framework.

(a) Ensuring people have an excellent and equitable experience of care and support with care organised around the patient

- 3.2 Members fully endorse the principles of this outcome and suggest that there should be more active liaison with local community initiatives with a view to enhancing current service provision. It is however stressed that this should enhance and not replace the provision which already exists. Patients, carers and their families should be directed/signposted to existing local services as necessary.

- 3.3 The Working Group also believes that a more positive approach to patient care should be adopted. The focus should be on what a patient can do rather than what they cannot. This will help boost individual patients' morale.

(b) Treating and caring for people in a safe environment and protecting them from avoidable harm

- 3.4 Measures should be adopted to ensure that the successful bidder recognises and liaises with relevant family members and community networks as part of the overall care package prior to a patient's release back into the community. This will help to build a safe environment and to protect patients from avoidable harm.
- 3.5 Upon their release back into the community, patients, their carers and their families/friends should be made aware of the process/protocol for problem reporting. This should be clear and easy to understand.
- 3.6 The CCG's Older Peoples Strategy identifies a need for there to be enhanced levels of community engagement. There are communities that wish to build community resilience and are willing to work alongside partners in order to achieve this aim. It is suggested that the new provider should identify a named individual (e.g. locality manager) with whom communities can engage.
- 3.7 In the case of those patients who fall below the established thresholds for care, the CCG should ensure that adequate support and advice is provided to these individuals, which should be tailored to their needs wherever necessary.
- 3.8 The successful bidder should ensure that it introduces measures to verify that individuals who could potentially "slip through the net" are picked up by the healthcare system. For example – How will members of Armed Forces who are returning to the community be identified?
- (c) Developing an organisational culture of joined-up working, patient centred care, empowered staff and effective information sharing**
- 3.9 The Panel is extremely supportive of this outcome and endorses the adoption of a united approach to care with all relevant service providers including Social Services and Mental Health. The principles of establishing integrated care services across the CCG area is fully endorsed by Members together with the need for patients and their families to have a single point of contact within the community early on in the process.
- 3.10 There is a need for closer working practices to be employed between GPs, Hospitals and other community services. Communication between all providers about patients is key to successful service delivery.
- 3.11 Members acknowledge the benefits that a multi-disciplinary team can bring to patients in terms of enhancing their experiences and providing a better level of care.
- 3.12 It is recommended that co-location or the introduction of community hubs should be investigated as a means of achieving this outcome.
- 3.13 The new provider will have the ability to refer patients upstream to a number of Community Services listed in Appendix (iii) of the consultation document. Steps should be taken to ensure that all the systems across the community are collaborating with each other.
- 3.14 A shared IT platform between providers in the CCG area should be explored as a means of achieving this outcome. Patchwork is an example of a shared system being used by Staffordshire County Council which supports collaborative working centred around clients.

- (d) Prevention and early intervention for those with complex needs, long term conditions, frailty or mental health needs**
- 3.14 Clear mechanisms for GPs and the CCG's involvement in prevention and public health at a local level should be introduced.
- (e) Rapid response for treatment and/or support during an acute episode of ill health**
- 3.15 The Working Group is supportive of the 24/7 approach to rapid response care as this will help to avoid unnecessary Ambulance/A&E admissions. The 24/7 service needs to be proven/tested, efficient and operational by January 2015. However, Members question whether this is realistic. A back-up plan should be devised in case adequate service standards cannot be achieved within this timescale.
- 3.16 Members have stressed the need for there to be a single point of contact for this aspect of the proposals. Systems should be sufficiently robust to prevent there being any chance of service failure or error as it could be to the detriment of patients, carers and their families.
- 3.17 To enable this to be achieved, access to patient records should be made readily available via electronic means to the rapid response service. There needs to be clarification whether the service will be using their own system or an NHS one. There should be adequate staff training. The information sharing arrangements should be robust, reliable and secure.
- (f) Long term recovery and sustainability of health**
- 3.18 It is essential that a seamless approach to service delivery is established from discharge to interim care and then on to rehabilitation. This may include re-engaging with existing community networks and voluntary sector providers. It is stressed that the new provider should actively publicise these groups to their patients.
- (g) Care and support for people at the end of their lives**
- 3.19 Members are of the view that clinical needs should be met at a patient's home wherever possible.
- 3.20 Support should not just be restricted to patients. It should be made available to their carers and families as well.
- (h) Other comments**
- 3.21 In addition to the comments above, Members have made a number of other general comments, which it was agreed should be incorporated within the Panel's response. These are outlined in the following paragraphs.
- 3.22 When selecting a service provider, the financial cost to the CCG should not be assessed in isolation. The CCG should be aware of the wider impacts to other stakeholders and engage with them accordingly.
- 3.23 Whilst Members accept the need for the successful bidder to find financial efficiencies, they have stressed that this should not be to the detriment of patients and service provision.

- 3.24 There is a need for transparency and accountability should there be a shortfall in service or budget overspend. It must be made clear from the outset how these will be achieved.
- 3.25 There is a need for processes to be transparent and for active learning from successes and failures to take place.
- 3.26 The proposals do not demonstrate which service provider will be providing upstream prevention advice with a view to avoiding/delaying first referrals. They should be identified, as should the mechanism through which this will be achieved.
- 3.27 Members acknowledge that there will be an element of voluntary sector commissioning from providers as part of the proposals. The Panel seeks assurances that the voluntary sector will not be relied upon as a means of relieving the contractual obligations agreed between the CCG and the new service provider. Members are of the view that a balance needs to be struck in terms of accountability between the voluntary sector and the new provider.
- 3.28 The Panel is fully supportive of proposed increases to local services as a means of safely avoiding unnecessary Hospital admissions.
- 3.29 The Panel has reiterated previous concerns over the lack of elected Member involvement in the procurement exercise. Democratic representation during the selection process by elected Scrutiny Members is essential to providing public trust and confidence in the procurement process. The establishment of a Stakeholder Panel could have assisted in this respect.
- 3.30 The preferred bidder will be identified in September 2014 with a view to launching the service in January 2015. There is concern over the tight timescale for the mobilisation of the contract and whether or not staff will be sufficiently trained on the new systems and practices prior to the launch of the service. Again, it is recommended that contingency plans are made to take effect if the implementation plan does not deliver desired outcomes by January 2015.
- 3.31 It is acknowledged that the first 12 months of the 5 year contract will be spent by the successful provider implementing changes. The Panel seeks assurances that safeguards will be in place to ensure a smooth transition without compromising quality standards and patient experiences. The CCG should introduce measures to ensure satisfactory performance levels are achieved in the first year of operation. The new arrangements should reduce the risk to patients.
- 3.32 Cambridgeshire Community Services (CCS) employees should fully engage in the change process. The new provider should take steps to ensure there is a smooth transition to the new service.
- 3.33 The Panel welcomes the Outcomes Framework approach. Whilst this framework has been tested by a number of interested stakeholders, including patient user groups, there is concern over the latter group's omission from the evaluation phase of the procurement process. These individuals will be able to contribute to the evaluation of service delivery.
- 3.34 The shortlisted bidders cover the whole CCG area. The successful bidder should publish details of how it will meet local needs.

4. CONCLUSION AND RECOMMENDATIONS

- 4.1 As tasked by the Panel, the Working Group has met to formulate a draft response to the CCG's consultation on the Proposals to Improve Older Peoples Healthcare and Adult Community Services.
- 4.2 The Panel is requested to endorse the preliminary views as outlined in Section 3 of the report above and to consider whether it wishes to make any further comments on the consultation for submission to the CCG by 16th June 2014.

BACKGROUND PAPERS

Reports and Minutes of the Overview and Scrutiny Panel (Social Well-Being) for the meetings held on 7th January, 4th March and 1st April 2014.

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Overview and Scrutiny Committee

ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE



Cambridgeshire
County Council

Thursday 13th March 2014

44. DECLARATIONS OF INTEREST

Action

Councillor Bailey declared a non-statutory disclosable interest in line with paragraph 10.1 of the Members' Code of Conduct as a Governor of the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

Councillor Smith declared a non-statutory disclosable interest in line with paragraph 10.1 of the Members' Code of Conduct as being on the Board of Governors for Papworth Hospital.

Councillor Sutton declared a non-statutory disclosable interest in line with paragraph 10.1 of the Members' Code of Conduct as his wife was a member of CPHT and he was a Mental Health Manager for the same organisation.

Councillor Wilson declared a non-statutory disclosable interest in line with paragraph 10.1 of the Members' Code of Conduct as his wife was a health visitor for Cambridgeshire Community Services.

45. MINUTES OF LAST MEETING

The minutes of the meeting held on 4th February 2014 were confirmed as a correct record and signed by the Chairman.

46. DELAYED DISCHARGE AND DISCHARGE PLANNING REVIEW – PROGRESS REPORT

This report updated Members on NHS and County Council progress in reducing delayed discharges from hospital, and in implementing the recommendations of the previous Committee's 2013 review of delayed discharge and discharge planning. It included the following sub reports:

- Item 3A: summary of review recommendations
- Item 3B: report from Cambridgeshire County Council
- Item 3C: report from Cambridgeshire and Peterborough Clinical Commissioning Group
- Item 3D: report from Cambridgeshire Community Services NHS Trust
- Item 3E: report from Peterborough and Stamford NHS Foundation Trust
- Item 3F: report from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
- Item 3G: Delayed transfers of care: trend data
- Item 3H: Report from Hinchingsbrooke Health Care NHS Trust
- Item 3I: Report from Cambridge University Foundation Trust (CUHFT)

Concern was expressed at the very late production of some of these papers which had resulted in a second dispatch only being able to be printed three days before the meeting which had not provided any time for Members to receive them and study them in any detail.

Officers in attendance to respond to members' questions and comments were:

Richard O'Driscoll, Head of Service Development, Adult Social Care; Charlotte Black, Service Director for Older People's Services and Mental Health - representing the County Council

Lisa Hunt – Chief Operating Officer, CPFT

Sandra Myers, Director for Integrated Care - CUHFT

Jessica Bawden Director of Corporate Affairs, Nigel Smith Management Lead, Dr Arnold Fertig- Cambridgeshire and Peterborough Clinical Commissioning Group

Alison E Smith - Cambridgeshire Community Services NHS Trust

Christine Wroe - Hinchingsbrooke Health Care NHS Trust

Richard O'Driscoll in introducing the report highlighted the improvements that had been made, while still accepting that Cambridgeshire's performance was below the national average highlighted and that while reducing delayed transfers of care was a priority, the performance was symptomatic of bigger strategic challenges. These related to increasing demographic pressures with continued increases in emergency admissions for over 85 year olds as detailed in paragraph 2.2 of the cover report.

His update made reference to the detail included in the following numbered paragraphs (paras) in the report:

- Strategy and Commissioning (paras 2.2 to 2.4 and appendices 2 and 3) – it was highlighted that a County Council Strategy for Older People had recently been agreed by Cabinet. He highlighted that
- Discharge Planning processes and communication and information systems (paras 2.5 to 2.7)
- Capacity and Use of Resources (paras 2.8 to 2.9),
- Admission Avoidance outside of hospital (paras 2.10 to 2.12)
- Performance (paras 2.13 to 2.15)

He highlighted that:

- rates of reablement had improved from Addenbrooke's Hospital and that across all three hospitals early recognition of health needs had resulted in earlier planning.
- There were IT connection issues that could not be resolved in the short term, but on-going work was continuing to improve ways of sharing information and making technology work to improve existing systems. Reference was made to the shared assessments which were now electronically referred from the wards.
- There was the need to look at providing a 7 day service which the reablement service was already undertaking.
- There were challenges in relation to workforce recruitment and retention and in response the Council had taken forward a number of initiatives

including the home care apprenticeship scheme and work based academies to encourage more people to enter social care employment.

- One of the Challenges was making sure there was sufficient support available in the community. Which would prevent a proportion of hospital admissions.
- In relation to monies to be received from the Better Care Fund, the intention was that the Council would seek to use some of the money to promote independence and community resilience to try to reduce hospital admissions.

He was thanked for providing a very good clear report.

Nigel Smith from the CCG undertook a brief presentation. He highlighted:

- That while there had been a reduction of 13% in bed days lost between April and December 2013, this had always been a problem at Addenbrooke's Hospital linked to capacity in the community care sector. In the same period the proportion of delays attributed to the NHS had increased by 3% to 57% and the proportion attributed to adult social care had risen by 1% to 41%. He highlighted that there had been a reduction of 22.6% reduction of lost bed days compared to the previous year. It was however indicated that this improvement had been from a low starting point. Historically the winter period had always been the problem area but in the current year the January / February figures had shown a 40% reduction compared to the previous year. The intervention strategy was working well and there was a need to recognise that when very elderly people were admitted to Addenbrooke's it was because they were very ill.
- New delays were now owned by all partner organisations and were reviewed on a regular basis by the relevant Chief Executive's.
- Daily operational calls were proving to be very successful helping map out demand and capacity right across the system.
- There was continued investment in Step-up beds and details were provided of the benefits that would be accrued from sufficient resourcing being provided to the district nursing service and the Acute Geriatric Response Service.
- Other initiatives / improvement areas were in relation to discharge pathways and establishing in advance with care plans what community services needed to be in place to enable a successful discharge.
- He highlighted the responses to the recommendations as set out in the detail of the report.

Questions / issues raised included:

- In relation to Addenbrooke's Hospital performance compared to hospitals in other parts of the Country the question was raised with reference to section 2.1.4 of the report on whether different measures were being used by the hospital which might mean that like for like comparisons could not be made. In reply it was indicated that there were variations in data collection all around the country and that social care data as currently collected showed the figures in an inflationary way. It was explained that a lot of time had been spent on pathways that stripped out a lot of the administrative / bureaucratic processes but that there was still more work to be undertaken to ensure the figures were correct. There was a need to

ensure consistency on reporting data around the County. Representatives from NHS England and the Association of Directors of Social Services had been recruited for a review as “critical friends”.

- A question was raised regarding whether the above review included recommendations to validate coding and at what stage the review was at. It was explained that the Council had shared a process with Addenbrooke’s. A workshop would now look at the procedures necessary to support its application, without causing undue bureaucracy. The review was three quarters of the way through.
- A question was raised on how other areas collected their data and why was Cambridgeshire’s methodology inflationary, resulting in greater attribution of Delayed Transfer of Care (DTCs) to Council. One example given was in relation to continuous healthcare assessment which was a complicated assessment undertaken in hospital. In order to improve the patient experience and facilitate early discharge, the Council had accepted short term financial responsibility for these patients to enable the assessment to be completed in a nursing home. Where delays occurred, these were wrongly being attributed to Social Care. This resulted in the County Council paying fines when they should be recorded as an NHS delayed discharge. Ways were being looked at to speed up the process and complete the necessary forms retrospectively after the referral. It was confirmed orally by Sandra Myers that in future these particular referrals would be classified as a NHS delayed discharge. One Member commented that he wished to see patients getting the care they needed and was less anxious regarding how they were compared. Officers responded that while this was a very helpful comment, the numbers of delays were important as the fines being incurred because of the data could be better used to provide more social care services. A clearer Audit Trail was required to enable a better understanding of why the delays were taking place.
- A question was raised with reference to appendix 3 page 2 on why the bed delays were significantly worse in the County compared with the national average and what the main problems were perceived to be. In response it was explained that the reasons were quite varied and included:
 - That large tertiary hospitals draw in more people;
 - The County had a very large elderly population;
 - The County had been slower than others in removing silo working and while working on integrated older people approach was a few years behind some other areas;
 - Difficulties in recruiting to reablement / nursing home posts
 - The complexity involved in aligning partner budgets
 - The continued increase in the number of over 85 year olds being admitted of whom 30% had very complex needs. The figures had risen in a period of time from 80 admissions a week to a 100 and in most recent months had been at a level of 130 to a 140 a week. There was expected to be a further increase in the older people population of 33% over the next 10 years.
 - 30% of Social Care service users were now over 93.
- One Member requested that future reports should include details of timelines and targets. The same Member made the point that at a time of no funding growth and severe restrictions on budgets it was not possible to

do all of the things that might be aspired to, and there needed to be honesty going forward on what could be achieved and to acknowledge the priorities for the next three or four years. In response, Richard O'Driscoll explained that the timeline issue was complex as it related to a whole systems approach rather than a single system approach which was required to be agreed with all partners. However, work was being undertaken to agree shared objectives. The Better Care Fund was a good example of a one system approach. A requirement for the funding was a joint approach setting out what was to be achieved and when. The intention would be to link it to other older people strategies to help integrate services and commissioning intentions.

- It was asked where the service was expected to be in the next year and subsequent years. In reply it was indicated that there was a need to gauge demand and to have a better understanding of the capacity available to deal with it in terms of the community bed strategy etc. It was not possible to provide figures on improving delayed discharges as there were a lot of variable factors, including the severity of the seasons etc.
- Another issue raised where officers considered it would be helpful to receive Councillor support was in terms of lobbying Government ministers in relation to challenging the late notification of additional one-off funding. Such Government funding when provided required to be spent within a very short timeframe e.g. Winter Funding, where only a week's notice had been provided and for which more time was required to plan the best way to utilise the resources.
- Reference was made to utilising best practice approaches adopted by other authorities in relation to attracting additional staff, including placing advertisements in papers in Eastern European countries. It was agreed that this was a good idea that could be looked into further, while also highlighting that there was already a developed market in seeking staff from overseas, with one provider already employing many of its staff from Portugal. It was explained that one of the main issues regarding the Cambridgeshire demographic and the difficulty in recruiting staff for social care was that it was not seen as attractive employment for many people. Many parts of the County were relatively affluent and the fact was that supermarkets and other local employers, such as the Science Park, were able to offer higher wages. Even in less affluent areas, such as parts of Fenland, there were now more job opportunities which competed with social care jobs.
- Related to the above, one Member asked if some of the work could be undertaken by volunteers, including tapping into retired people willing to work on a voluntary basis. It was indicated in response that volunteers were already utilised, including those from the Care Network and Age UK but agreed that this was a sector that could be expanded.
- In answer to a question raised, it was confirmed that placing a patient in an in-patient reablement centre, instead of a community setting, was still being counted as a delayed discharge.

The opportunity was extended to other organisation representatives to provide an update on issues going forward.

Lisa Hunt of the Mental Health Trust CPFT explained the more robust processes being adopted in terms of the changed model of care to focus on preventing admissions to the acute sector, but highlighted that there was a capacity issue

and the Trust required more beds for those people that needed continuing care as those with advanced dementia were not suitable to be kept in a home environment. Delays in continuing health care placements accounted for 50% of beds being blocked. However, this had to be balanced by the fact that there were only finite resources available to invest in expansion. There were no easy answers to the issues at the current time.

Alison Smith from CCS NHS Trust explained that the main challenge in the area in terms of operating a successful discharge policy was that there were 6 acute hospitals. This made a discharge to assess approach, while a good idea, difficult to operate in an area like Ely / The Fens, when there were community capacity issues.

Christine Wroe from Hinchingsbrooke Healthcare NHS Trust highlighted the main issue as being how to manage the service at a time of increasing demand with the resources available.

Reference was made to the work of the reablement team which had begun operating in the hospital in the last two months with funding from winter monies and support from the County Council for patients who could be helped to improve in order to be able to return to their own homes. Additional geriatricians had been employed to obtain smarter guidance and help with quicker discharges.

Each speaker was invited to make one key summing up point setting out what they saw as the key challenges moving forward. These included:

- CPFT: The need for greater continuing health care placement capacity
- Hinchingsbrooke: The system had not yet worked through the implications of the growing number of people over 85 and over 90
- Richard O'Driscoll for the County Council: The need to increase the scale and pace of change for example in discharge to assess; he would like to see more boldness in how transformation was being undertaken.
- Addenbrooke's Hospital needing to move quicker when agreeing a pathway and to look at capacity in a more flexible way to match capacity to need, for example in addressing the need for more residential care provision for people with dementia.
- CCS NHS Trust: The challenge, as stated above, of implementing discharge to assess when there was limited community capacity
- Richard O'Driscoll from the County Council concluded that the "burning platform is getting ever shorter" meaning by this that new ways of working were required as the "burning platform" of reducing resources was getting even shorter, and that the pace of change was, if anything, not fast enough given the scale of the challenges the system faced. There was agreement on this point, and also that there was an need to be clear about priorities and how this would change existing work practices, as well as acknowledging that there would be risks in the shift of resources away from acute to preventative / community care provision.

The Chairman thanked all those officers who had attended for their valuable contributions.

47. PERFORMANCE ON ASSESSMENTS AND REVIEWS IN ADULT SOCIAL CARE, OLDER PEOPLE'S SERVICES AND MENTAL HEALTH

This report provided an update in relation to services for adults of working age and older people setting out details of:

- performance in relation to the timescales for assessments of new clients following referral;
- performance in relation to the number of regular reviews conducted for existing service users.

Officers in attendance to respond to members' questions and comments were:

Charlotte Black - Service Director for Older People's Services and Mental Health

Claire Bruin - Service Director, Adult Social Care,

Jackie Galwey – Head of Operations - Older People's Services, Cambridgeshire County Council

The update included details of:

- what the timescales should be,
- how they were in reality,
- what was being done or planned to improve this,
- what improvements were being made,
- what the opportunities were to invest staffing in to improve the service and also the areas to reduce spending on services that people might no longer need.

Details were provided of the performance in relation to the following three performance measures which related to assessment and review activity:

- NI132 – Timeliness of adult social care assessment
- NI133 – Timeliness of adult social care package
- D40 – Adult social care clients receiving a review

In relation to NI132, the performance was well above target and had remained so over the 2011/12 and 2012/13 financial years. It was however highlighted that this performance was expected to decline due to a new way of recording the indicator as a result of the new Adult Information System (AIS) as detailed in paragraph 2.2.3 of the report. In reply to a question raised of whether this was also happening elsewhere, it was explained that it depended on the IT systems in place. The new system would allow the identification of where any bottlenecks or backlogs were occurring, and would support and enable a more proactive management of the assessment process.

In relation to NI 133 as shown in the graph on page 4 at paragraph 2.3, it was explained that there had been a downward trend against this indicator compared to the previous two years, although performance over the past five quarters had remained within 2% of the target. Most of the delays were due to issues in the homecare market and related directly to the previous report on delayed discharge. There was currently an action plan setting out a range of initiatives to improve capacity in homecare with key actions being delivered or investigated as set out in

paragraph 2.3.2.

It was reported that performance varied considerably between services due to variations in the complexity and volume of activity for different client groups. The Learning Disability Partnership was considerably behind target at the time of the preparation of the report, due to issues including the implementation of a new ICT system. New service users supported by the Older People's Mental Health Teams (who were managed by Cambridgeshire and Peterborough Foundation Trust) often required complex and specific care packages which could be difficult to source. All services were experiencing the same issues around a lack of provider capacity.

D40 was slightly below target. Performance at the end of January 2014, which was a cumulative measure, had been 58% against a year-end target of 80%. The forecast performance was expected to be 70% at the end of the year.

Those teams with a more volatile client base tend to perform less well – which was more of a reflection of the way the indicator was calculated than poor working practice. It was explained if their needs changed some clients might have several reviews a year.

It was highlighted that there was an issue with a reduced budget in relation to available capacity when both seeking to discharge people out of hospital earlier through earlier assessments, while also seeking to prioritise reviews. Section 5 of the report set out initiatives being undertaken to improve the completion of reviews in Older People's Services. For assessments, demand on the service had to be managed through a process of prioritisation for review.

What was not showing in the data was that some people had a significant number of reviews in a year. It was reported that there were significant developments ahead around reviews. In Older People's Services, work was beginning on an evaluation of the current review process. The findings of this work would inform changes in working practice across the two directorates. A key area highlighted under active development was collaboration with providers on reviews. Details were provided of a pilot for a more collaborative approach to carrying out reviews with providers of domiciliary care to avoid current duplication for service users through more joined up working. The aim would also be to:

- develop a more flexible approach to reviews - so some complex cases were brought forward
- release staff capacity to tackle a range of challenging priorities to achieve demand management
- ensure that if home care packages need to be adjusted up or down this was picked up quickly
- help take forward the personalisation agenda improving the focus on the relationship between service user and provider

It was indicated that more details would be included in the presentation about Transforming Lives - a new model of social work and social care that the Service Director, Adult Social Care would be giving at the Members Seminar the next day.

As well as involving providers in reviews, consideration was also being given to whether additional investment in staff to increase capacity to conduct reviews

might result in a financial saving from the review of people's packages, as reviewing might result in the identification of over-provision where people's needs had lessened since their last assessment or review. In addition, the Older People's Service was setting up a new small peripatetic team on an invest to save basis that would move around the county as needed to tackle backlogs or delays.

Questions / issues raised included:

- In relation to graph 5 on page 7 showing those people receiving a review, it was suggested that there must be a small number of people who were invisible to the service and did not receive a review. The Member further suggested that these were cases where a review might identify changes needed in terms of the care package and potentially a reduction in cost and therefore needed to be looked at in a different way. In response it was highlighted that there was to be a review of whether the current performance indicators (PIs) were still fit for purpose, as those included in the report had been national PIs which had been kept locally. It was accepted that some of them could be improved in terms of the data they provided. Reassurance was provided that staff were able to identify vulnerable service users who had not received a review and that they were being prioritised and were not "off the radar".
- One Member, as a follow on question to the above, asked if there was any person who had never received a review. In response, it was indicated that the current PI required a client review once a year. This was considered to be an unsophisticated measure as for many people a year was far too long, as some clients' needs changed very quickly. In addition, there were cases when initial expensive care packages could be down-graded when the need for the specific services was no longer required and the sooner this was identified the better. Packages of care were only modified following a review. A way of reducing the costs of the service being investigated included the Occupational Therapy Service (OT) looking at reducing double-up care (where two carers attend the client), including putting in specific equipment for more complex clients' needs, which would result in less carers being needed and would achieve a longer term saving on the costs of their care package.
- Making reference to the Section 75 partnership agreement for the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to deliver mental health services as referred to in paragraph 3.2.1 on page 9 of the report and the recognised need to significantly improve performance in mental health reviews, one Member queried whether they were bound to carry out reviews. In reply it was indicated that the Section 75 Agreement represented the level of performance expected from the Trust. It was explained that there were quarterly meetings to discuss their performance against the Contract agreement. While there was certainty in relation to Older People's performance data, officers were of the opinion that currently the data provided by the Trust on performance did not fully reflect the activity undertaken.
- The Chairman expressed the view that, although the report was very informative and detailed, the overall picture was negative, as was the direction of travel in terms of some performance indicators. He asked whether there were any significant problems and whether officers were confident that performance levels could be improved. In response and as referred to earlier, it was explained that it was a very challenging position in

terms of available resources and prioritising between reducing delayed discharges or prioritising other areas of service. To undertake all improvements required both an increase in staff and removing inefficiencies in the current processes. This was at the same time as having to make further savings when the elderly population continued to grow and as a consequence placed an even greater demand on social care services. Currently the model of Social Care was considered to be unsustainable but officers were confident that they were grasping the main issues within the resources currently made available.

- One Member expressed concerns that, (as referenced in paragraph 4.3 of the report) the contract requiring domiciliary care providers to undertake several reviews a year could be a disincentive to applying for contracts, leading to a possible shortfall in providers. In response, it was indicated that a more joined up, approach was being sought in relation to the reviews undertaken by providers and the current annual social care review in order to help avoid duplication. This was expected to make things easier in future. The intention was that the service user would determine whether they wanted the provider or officers from the Older People's Team to undertake the review. There was also a development opportunity with providers to help up-skill them to look at different solutions / different technologies.

The Officers were thanked for an excellent report.

48. COMMISSIONING OF OLDER PEOPLE'S SERVICES ; OLDER PEOPLE'S PROGRAMME UPDATE

An update was provided in relation to the activities of the Committee's Older People's Working Group and progress with the Clinical Commissioning Group (CCG) Older People's Health Care and Adult Community Services procurement as set out in the slides of the power-point presentation which was also included as an appendix to the published report.

Officers in attendance to respond to members' questions and comments were Jessica Bawden Director of Corporate Affairs and Dr Arnold Fertig-Cambridgeshire and Peterborough Clinical Commissioning Group

An oral update indicated that the public consultation on the procurement commissioning exercise was about to commence, with all stakeholders having been informed, advertisements placed in local newspapers, and details provided on the Clinical Commissioning Group's website, including the relevant timelines.

In the next week publicity would be made available in poster format in GP surgeries and in local authority libraries. The consultation would run until 16th June.

In terms of the 22 public meetings already arranged it was indicated in response to a question that officers would be happy to make presentations to parish councils on request as well as to care homes and housing associations.

The officers were thanked for their attendance with the Chairman apologising that they could not give more time to the item due to times over-running on earlier items.

49. NHS 111 SERVICE

The Committee received a report on the launch of the NHS 111 Service which is a national telephone service for members of the public to call when they need medical help fast, but it is not a 999 emergency. The service, which had replaced NHS Direct, was launched to the public in Cambridgeshire in February.

Officers in attendance to respond to members' questions and comments were:

Jessica Bawden and Harper Brown

In addition, Sandie Smith from Healthwatch Cambridgeshire (HWC) had been invited to present some written comments included in a short response paper titled 'People's Reported Experiences of Using the 111 Service in Cambridgeshire' which had been e-mailed to Members in advance of the meeting, with copies made available on the day.

It was explained that 111 was a symptom based service and callers to 111 were assessed, given advice and directed straightaway to the local service that could help them best. It was highlighted that it was a 24 hours a day, seven days a week, 365 days a year service and that calls from landlines and mobile phones were free. Dialling 111 would get the caller put through to a team of highly-trained advisers, who were supported by experienced nurses. They would then be asked questions to assess the caller's symptoms and give them the health care advice they needed or direct them to the right local service. The NHS 111 team would, where possible, book the caller an appointment or transfer them directly to the people they needed to speak to.

In terms of monitoring, a 'Situation Report' was provided on a daily basis to Cambridgeshire and Peterborough CCG and to NHS England via Unify with the detail of what was included set out in paragraph 3.2 of the report. In addition there was a weekly operational call with the Out of Hours (OOH) providers, 111 provider and Cambridgeshire and Peterborough CCG, a weekly situation report call with the OOH providers, 111 provider, Cambridgeshire and Peterborough CCG and the East of England Ambulance Service NHS Trust (EEAST) and a weekly call with NHS England East Anglia Area Team.

Section 4 of the report set out the Governance arrangements and section 5 the communications and engagement details.

Sandie Smith indicated that HWC only had information on four direct experiences of using the service at the time of preparing the report as it was still such a new service. These had all been positive as detailed in the report, but as an update she reported that she had received a further one which was negative that morning. She highlighted that in one case a caller had become so anxious when questioned that it had eventually required an ambulance to be called.

As highlighted in her paper and explained orally, feedback from health care professionals was currently low, with only 100 reported, when the service was taking an average of 350 calls a day. At this level of response she suggested it was hard to tell if colleagues in the healthcare system were satisfied or not with the service.

The points she wished to highlight were:

- To date complaints to the service were low and the reporting focussed on process rather than issues and learning. HWC had wished to ensure that the service learnt from complaints received and had now been invited to contribute towards the development of the feedback systems.
- There were some concerns about the lack of dental support for the service as the new General Dental Service contract was not likely to be completed until 2016 and in the meantime people with dental emergencies were being referred to clinicians.
- HWC understood that a directory of services is in development to support 111 locally and suggested that this was an opportunity to direct people to local community resources. However, HWC was concerned that only commissioned services would be included, thereby missing a vast range of community and voluntary groups, services and activities that might be of help to the caller. It was suggested that it would be helpful to link it in with the HWC Information & Signposting Service.

Questions included:

- Seeking a response to the comment made on the views of healthcare professionals. It was clarified that it was only anecdotal and could not be corroborated by any hard data.
- Linked to the above, another Member asked whether there was any evidence that the service had impacted on hospitals, Accident and Emergency Service (A&E) and whether it had led to an increase in workload as a result of more referrals. Harper Brown indicated there was currently no evidence to suggest there had been an increase.
- How gaps in provision were being identified. In reply it was indicated that this was through the use of regular analysis and call reviews and passing information to local clinical commissioners.
- Whether there was capacity to bring in other community groups to help with gaps in provision. In reply it was indicated that this was being looked at as part of future service expansion. There were currently 35 call handlers during the week with 10 -15 on duty to take calls at weekends. The intention was to develop the service so that sometime in the future, GP appointments could be added. Currently the service was restricted to a national directed specification.

The Chairman thanked the officers for an excellent report and commented that the service appeared to offer a lot of potential going forward.

50. COMMITTEE PRIORITIES AND WORK PROGRAMME

The committee noted a report on progress against its priorities and work programme for 2013/ 14 and agreed the agenda for the final meeting on the 1st April as listed on page 6.

The Chairman brought the Committee's attention to a new topic on page 4 titled "Relocation of Papworth Hospital to the Addenbrooke's Hospital site" and the action taken by the Vice-Chairman and himself as set out in the accompanying text. Local Members present made the point that the decision to relocate did not

reflect the views of the local population.

51. CABINET AGENDA PLAN

This was noted.

The Chairman indicated he would circulate a draft response paper to the CCG's consultation on Commissioning of Older People's Services.

Cllr
Bourke

In relation to the report on the 15th April Cabinet meeting titled 'Transforming Lives: a new strategic approach to social work and social care for adults in Cambridgeshire', discussion of the agenda item on Adult Social Care: Looking Ahead to 2014/15 scheduled for the 1st April meeting of this Committee would provide an opportunity for Members to comment in advance of the Cabinet meeting.

52. CALLED IN DECISIONS

No decisions had been called in since the publication of the agenda.

53. DATES OF FUTURE MEETINGS

The last meeting of the Committee was due to be held on Tuesday 1st April 2014 at 2.30 p.m.

Members of the Committee in attendance:

County Councillors P Ashcroft, A Bailey (Vice-Chairman), K Bourke (Chairman), S Criswell (substitute for Cllr Loynes) P Downes, S Frost, K Reynolds, M Smith, M Tew, S van de Kerkhove, G Wilson (substitute for Cllr van de Ven) J Wisson (substitute for Cllr Hickford) and; District Councillors W Sutton (substitute for M Archer)

Apologies: County Councillors M Loynes, R Hickford and S van de Ven; District Councillors: M Archer, J Pethard and B Smith

Also in attendance: None

Time: 2.30 p.m. – 4.45 p.m.

Place: Shire Hall, Cambridge

Chairman

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ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE



Tuesday 1st April 2014

53. DECLARATIONS OF INTEREST

Action

The following members declared non-statutory disclosable interests in line with paragraph 10.1 of the Members' Code of Conduct:

- Councillor Bailey as a Governor of the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), one of the bidders to deliver the Older People's Programme
- Councillor Hickford as a Governor of the Cambridgeshire University Hospitals NHS Foundation Trust
- Councillor M Smith as a Governor of Papworth Hospital NHS Foundation Trust.

54. MINUTES OF LAST MEETING

The minutes of the meeting held on 13th March 2014 were confirmed as a correct record and signed by the Chairman.

55. PROPOSALS TO IMPROVE OLDER PEOPLE'S HEALTHCARE AND ADULT COMMUNITY SERVICES: CONSULTATION

The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) had now launched its formal consultation on the bids received from providers wishing to deliver older people's healthcare and adult community services. Copies of the consultation document had been circulated to Committee members. The consultation set out the service improvements being sought by the CCG and also included high-level anonymised summaries of the four bids received. For reasons of commercial confidentiality, the names of the four bidders could not be attached to the summaries and their detailed bids could not be published.

The following officers from the CCG attended for this item:

- Jessica Bawden, Director of Corporate Affairs
- Dr Arnold Fertig, Clinical Lead, Older People
- Matthew Smith, Assistant Director: Improving Outcomes.

Matthew Smith gave a brief presentation using slides which would form the basis for other public consultation events. Members noted that the consultation would run from 17th March 2014 until 16th June 2014, with the first formal public consultation meeting taking place on 7th April 2014. It was noted that in addition to the public meetings, the CCG would also be visiting community groups, and the full consultation and a facility to respond were on the CCG's website.

The Committee agreed to ask the Scrutiny and Improvement Officer, in consultation with the Chairman and the Older People's Programme Working Group, to prepare a detailed response and circulate this to all Committee members for comment prior to submission. The aim would be to finalise this prior to 13th May 2014, when the Adults, Wellbeing and Health Overview and Scrutiny Committee would come to an end.

The Chairman circulated a document setting out three high-level comments, which he suggested members could agree at the meeting to submit to the CCG. Members agreed the three comments unanimously, as summarised below, with the proviso that it was not the Committee's place to take a view on the Health and Social Care Act's NHS commissioning reforms:

1. Members supported the broad aims of the programme and its objectives in the context of financial and demographic pressures to provide upstream care in the community and to reduce demand for acute services.
2. In relation to cost, members recognised that if the CCG could secure a good financial deal for this programme, it would release resources for other services. However, members were concerned that the CCG's approach should not be overly cost-led; in particular they were opposed to a 'predatory' bid being accepted, which would mean that the provider would subsequently haggle to claw money back, providing an unstable basis for service provision. Members also felt that a 'loss leader' should be avoided; whilst this would save the CCG money for the duration of the contract, and would be preferable to accepting a predatory bid, such an approach was nevertheless not sustainable on the longer term and should be rejected. Members called for the realism of the bids to be very stringently tested by the CCG.
3. Members were supportive of effective information-sharing between organisations to the benefit of patients. Patient data gathered by the provider should be made accessible to wider NHS and public health services, to enable the NHS as a whole to learn from the contract, but patient data should not be shared indiscriminately or used for commercial purposes without the explicit consent of patients. Members were particularly concerned that the lead provider and its consortium of providers should not be allowed to monopolise knowledge resulting from the contract. This could potentially lead to a monopolistic environment in which the incumbent provider would have a competitive advantage over other organisations in future.

During the discussion, members also raised the following points:

- Commented that in general, it was difficult to distinguish between the four anonymised bids. It was noted that members of the Working Group had signed confidentiality agreements and had unrestricted access to the details of the bids. Matthew Smith agreed to consider whether the information should be presented differently to these members to assist them in preparing the Committee's detailed response. However, he reminded members that it was unusual for even the level of information given in the consultation document to be made publicly available at this stage in a bidding process, and that it had been done in part at this Committee's request. Members recognised this and commended the efforts being made. Members also noted that there would be

more detailed public consultation later in the process on any major service changes being proposed by the preferred bidder.

- Commented that one solution, D, stood out from the others in its recognition that the County was so heterogeneous that it was not possible to apply a single solution across its entire geographical area. This solution suggested that different systems would be needed in different areas. Members suggested that this awareness was commendable and that this point should be made in the Committee's detailed response. J Belman
- Noted that not all GP practices in Cambridgeshire were registered with the CCG, particularly those close to the County's borders. The specific example was given of the Gamlingay practice, which provided services to 5,000 Cambridgeshire residents, who received their health services from Bedfordshire and their social care services from Cambridgeshire. It was suggested that the current procurement process offered an opportunity to put things right.

Matthew Smith noted that the primary scope of the current consultation and the services to be procured was the patients of the 108 practices registered with the CCG. The CCG was making specific arrangements for the others, which would require discussion with colleagues in adjoining CCGs such as Bedfordshire.

Jessica Bawden noted that three GP practices in Northamptonshire and two in Royston had chosen to join the Cambridgeshire and Peterborough CCG; however, the practice in Gamlingay had not. She agreed to revisit this issue with them. J Bawden

Members suggested that boundary issues for GPs should be covered in the Committee's detailed response. J Belman

- Noted that all bids included a 24-hour telephone service. Members emphasised that callers should not have to wait a long time to get through and once through, should be helped meaningfully. Arnold Fertig agreed that what was needed was an 'access centre', focussing on avoiding hospitalisation. It was expected that a response, an assessment and a full package to address the situation would be in place within two hours of a call being received. He noted that some economies of scale through liaison with the 111 telephone service might be possible.

Members expressed concern that call centres provided by other organisations did not always have the capacity to manage call volumes and asked how this would be avoided in this case. Matthew Smith explained that the provider would be incentivised to provide the appropriate calibre and number of staff, otherwise the proposed model of care would not work, with adverse consequences for both patients and the provider. Jessica Bawden noted that it would be possible for calls to be monitored daily, including both response times for calls answered and callers who hung up before being answered. Detailed arrangements such as this would be developed as the bids progressed.

- Asked what penalties would be applied if required levels of care were not delivered. Matthew Smith explained that the contract would be based on an outcomes framework, with 10-15% of the contract value at stake if the provider failed to achieve desired outcomes. However, prior to financial penalties being applied, an escalating range of performance management measures would be used, with a view to resolving problems as early as possible. Ultimately, if the provider did not deliver, it would be possible to terminate the contract and revert to more traditional arrangements.

With members' agreement, the running order for the remainder of the agenda was altered to facilitate attendance by officers and members of the public.

56. COMMITTEE ACHIEVEMENTS AND OUTSTANDING ISSUES

New political arrangements would be introduced on 13th May 2014, making this the last meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee. The Scrutiny and Improvement Officer introduced a report setting out the Committee's achievements over the past year and identifying outstanding issues that members might wish to pass on to the new Committees.

Councillor Ashcroft noted that he and the Scrutiny and Improvement Officer would be meeting with NHS representatives and mediators on 2nd April 2014 to discuss the recommendations made by the Joint Health Scrutiny Committee considering treatment for liver metastases. The outcome of the mediation would be reported to the new Health Committee.

J Belman

Councillor Hickford provided an update on services for women who had experienced a miscarriage. Services were now well established at Addenbrooke's but did not appear to be provided consistently across the County. He would continue to address this issue.

Members suggested that the following issues should be priorities for the new Committees:

J Belman

- Mental health services, including transition from child and adolescent to adult services – Members felt that the Committee had not been able to dedicate sufficient time to this service and concerns were raised about whether the situation with Lifeworks discussed later in the meeting could be symptomatic of wider problems
- The commissioning programme for older people's services
- The strategic direction of the Health and Wellbeing Board
- Public health – Members felt that public health had been brought back to local government because of its synergy with community services such as planning and transport; that this purpose had, understandably, not yet been fully realised, and that the new Health Committee should play a key role in driving this agenda across the Council
- Health inequalities
- Transport issues, particularly the impact of any reductions to community transport on access to health services.

Members also suggested that the training for new members should include visits as well as more formal sessions.

Members thanked the Chairman, Councillor Bourke, the Vice-Chairman, Councillor Bailey and the Scrutiny and Improvement Officer, Jane Belman, for all their work on behalf of the Committee.

57. LOOKING AHEAD TO 2014/15, INCLUDING THE BETTER CARE FUND AND A SUMMARY OF ACHIEVEMENTS AGAINST THE 2013/14 PLAN

At members' request, the Committee received a position statement on performance and achievements in adult social care during 2013/14 and a summary of key issues for 2014/15. The following people presented the report:

- Councillor Yeulett, Cabinet Member for Adult Services
- Charlotte Black, Service Director: Older People's Services and Mental Health
- Claire Bruin, Service Director: Adult Social Care.

Members made the following comments:

- Welcomed the report as an excellent and useful summary as the work of the Adults, Wellbeing and Health Overview and Scrutiny Committee came to an end. It was suggested that the report should be circulated to the members of the new Adults Committee, together with details of the service's financial position. The Service Director: Older People's Services and Mental Health noted that the predicted year-end overspend on older people's services was reducing, assisted in part by the greater scrutiny of budgets made possible by the transfer of Cambridgeshire Community Services back into the County Council.
- Expressed concern in relation to services delivered in partnership with the voluntary and community sector that it could be difficult to ensure equitable Countywide coverage.

J Belman

Members discussed the specific example of the Community Navigators scheme. The Service Director: Adult Social Care explained that this scheme was being delivered under a three-year contract with the Care Network. The County Council's funding paid for five co-ordinators, one in each District, whose task was to recruit volunteers and to address some of the more complex cases themselves. The contract was subject to regular monitoring and the Council was also working with the Care Network to determine whether there were any quantifiable financial benefits to the interventions being made.

Members noted that the Care Network provided training for people volunteering as Community Navigators, which was tailored to individuals' levels of knowledge and experience. Members asked what actions could be taken if problems were identified with individual volunteers. The Service Director: Adult Social Care noted that there were processes in place to address this and that individuals could be removed from the scheme if necessary.

Members noted a gap in coverage in Gamlingay, which the Service Director: Adult Social Care agreed to raise with the Care Network. The Service Director also agreed to circulate a list to members of Community Navigators and their coverage across the County.

C Bruin

- Asked what the key challenge was likely to be in the coming year. The Service Director: Older People's Services and Mental Health noted that the Older People's Programme set out all the changes that needed to be made in this service area. The Programme Board had recently met and had reviewed risks. It was felt that the need for change was now accepted but that the challenge would be finding the capacity to deliver at an appropriate pace.

58. THE COUNTY COUNCIL CARERS STRATEGY

At the request of members, the Service Director: Adult Social Care, Claire Bruin, and the Head of Disability Services, Linda Mynott, presented a report on the Council's work to develop a new model of support for carers. The aim was to support carers as effectively as possible, to ensure their own wellbeing and in recognition of their crucial role in looking after people who were likely otherwise to need Council services. The report set out the findings of a recent census of carers in Cambridgeshire, which had found that 60,000 people considered themselves to be carers, 70% of these providing 19 hours or less of care a week and 20% providing 50 hours or more.

One member raised the issue of equitable support for carers across the County, highlighting as an example the prescription service, which was funded through the CCG and was not available to Bedfordshire-registered GPs such as the Gamlingay practice. The Service Director: Adult Social Care noted that the introduction of the Better Care Fund would mean that the CCG's funding allocation for carers would transfer to the County Council, enabling the County Council to review how it was spent; it might be possible to find a way to address anomalies such as these.

Members suggested that the new Committee should be asked to consider support for carers further. J Belman

59. SUPPORT FOR PEOPLE WITH ACQUIRED BRAIN INJURY

At the request of the Chairman, the following people attended the meeting to provide a briefing on support for people with acquired brain injury:

- Claire Bruin, Service Director: Adult Social Care
- Linda Mynott, Head of Disability Services
- Des Kelly, Service Development Manager: Housing Related Support

Members noted that:

- The County Council was working with the Papworth Trust on the possible development of two sites in Papworth as accommodation for people with acquired brain injury. One site comprised five flats with a communal area and the other bungalows that could be used jointly.
- A possible development in Ely was also being considered, to provide flats outside the Brain Injury Trust premises, with a communal facility inside. A third potential site in Ely had very recently been identified.

- Within Cambridge City, a service for people with low-level autistic and learning difficulties was keen to provide short-term accommodation to people with acquired brain injury, supporting their longer-term rehabilitation.

The Service Development Manager: Housing Related Support confirmed that if in the future, people with acquired brain injury came forward who would like to live in a group setting, this would be explored and facilitated subject to cost and viability.

The Chairman thanked officers for their helpful responses and confirmed that he would take the issue forward.

60. CALLED-IN DECISIONS

No decisions had been called in since the dispatch of the agenda.

61. LIFEWORKS SERVICE

Members received a briefing on proposals by the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to restructure the Complex Cases service, its provision for people with personality disorders. The proposals included the closure of two services based in Tenison Road, Cambridge, a drop-in clinic and Lifeworks, a regular structured programme of social activities. This item had been included on the agenda at the request of the Chairman, Councillor Bourke, who had been approached by service users, campaigners and Cambridge's MP. Two members of the public attended the meeting and asked questions, as set out in Appendix 1 to these minutes:

- Ann Robinson, a service user
- Jannie Brightman, a representative of service users and UNITE activist.

The following officers attended the meeting and participated in the discussion:

- Dr Chess Denman, Medical Director, CPFT
- John Ellis, Mental Health Commissioning and Contract Lead for the CCG
- Jessica Bawden, Director of Corporate Affairs, CCG.

Also present were the following officers, who did not take part in the discussion:

- Martin Stefan, Clinical Director, CPFT
- Neil Winstone, Nurse Lead, CPFT

Responding to the questions from the members of the public, the Chairman explained that the Committee could not prevent Lifeworks from closing, but did have a statutory function to be consulted on major service changes and to ensure that the public were also properly consulted. Members discussed a number of issues raised by the speakers, including:

- **Consultation** – Members noted that service users were frustrated that they and their carers had not been consulted on the closure of Lifeworks and on alternative support for them, receiving notification of the closure only in February 2014. This was despite suggestions from the CPFT that service users had both been consulted sooner and had discussed plans for the future with their care managers. Jannie Brightman had suggested that the CPFT

and CCG were in breach of their legal duties with regard to consultation and had called for meaningful consultation over a reasonable timescale and following correct procedure. She had also asked for an Equality Impact Assessment to be provided.

Chess Denman admitted that its high-level consultation on proposed changes to the Complex Cases service had not included specific reference to Lifeworks. In response to a question, John Ellis confirmed that the CCG had not specifically been made aware of the proposal to close Lifeworks in Tenison Road before they heard of the service users' concerns.

- **Reasons for the proposed changes** – Chess Denman explained that there were two main reasons for the proposed changes, to implement best practice and to provide a more equitable service.

In relation to best practice, Chess Denman explained that when the Complex Cases service had first been established, there had been no national guidance on the treatment of personality disorders. Since the service had been set up, NICE and commissioning guidance had been issued, recommending an evidence-based approach for the treatment of personality disorders. The Complex Cases service did not fit within this guidance and so needed to be remodelled.

Chess Denman explained that over the last ten years, a number of large studies had been conducted of treatments for people with personality disorders. Three approaches had been identified as being particularly effective: Cognitive Behavioural Therapy, dialectical behavioural therapy and mentalisation-based therapy. The CPFT had adopted mentalisation-based therapy because they found that fewer patients tended to drop out of treatment; also the major studies relating to this approach were English, rather than American, and were thought overall to have involved patients who were more unwell.

Members expressed concern that whilst this approach might be better for service users overall, it was not necessarily better for current users of Lifeworks. Chess Denman noted that there were currently 30 active users of Lifeworks. Of these, the care of a small number was not co-ordinated by the CPFT and they had no other contact with mental health services. There were also a number of service users on the service's books who had not been in contact for each time. Each person would be reviewed individually and the most appropriate course of action identified, with some being referred back to their GP and some being offered treatment in the remodelled service.

Members asked why, given the value service users placed on Lifeworks, it was not possible to add the NICE-recommended treatments to the existing service. Chess Denman explained that the CPFT was committed to a 'recovery' model for patients with mental health problems, seeking to return them to active citizenship and end their connection with mental health services as quickly as possible. This included socialising through wider community groups, not those specifically provided by the CPFT. The Lifeworks service was not consistent with this model. She also noted that in practical terms, it would be too expensive and too difficult to staff both the Lifeworks approach and the NICE-recommended treatments equitably across the County.

Members noted this explanation but commented that personality disorders could be particularly intransigent and questioned whether a 'recovery' model was realistic in these cases. Chess Denman noted that the aim was to recover the human being from the condition and that the model could work with chronic and severe conditions.

In relation to equity of service provision, Chess Denman and John Ellis explained that at present, inequitable distribution of resources and services meant that not all people with personality disorders were having their needs met. The proposed redesign of services would help to ensure the equitable provision of specialist treatment to as many people as possible. Chess Denman explained that 1 in 100 people had a personality disorder of considerable severity, equating to 3,000 people in the CPFT area. The CPFT was unable to support this number of people, but the changes would help to improve the numerical and geographical equity of the service, supporting those people who were most in need but also those who were not currently 'visible' to services.

Jannie Brightman had expressed concern that one of the key reasons cited for the redesign was cost, but that there were no figures available; she had also suggested that closing Lifeworks would result in greater demand for reactive services, leading to increased costs to the NHS overall. Responding to this, John Ellis confirmed that whilst the CCG and the CPFT were required to make efficiency savings each year, the need to make savings was not a key driver for this closure: if more money were available, the CCG would still not be commissioning the Lifeworks service.

- **Implications of the proposed changes** – Ann Robinson had claimed that Lifeworks was a 'lifeline' for service users, offering a range of services including 1:1 therapy, a drop-in service, a crisis clinic and socialisation groups such as cookery, arts and crafts and walking, operating two days a week from the Tenison Road premises and providing a vital service for people who would otherwise be isolated. The ability to return to the service if necessary after a time away was particularly valued. Ann Robinson had claimed that without Lifeworks, service users' conditions would deteriorate and reach crisis point, with a consequent increase in demand for emergency support, including hospitalisation, drug and alcohol support and police involvement, and an increased risk of fatalities. She had expressed particular concern at the suggestion that some service users would be referred back to their GPs as their main reference points.

Members shared the concern that GPs provided medical but not community support and suggested that the treatment value of regular weekly meetings in a social setting should be recognised.

Members asked whether the CPFT had monitored the impact on service users in locations where services similar to Lifeworks had already been closed. Chess Denman noted that service users in Peterborough were being looked after by secondary care services in the north of the County. Service users in Huntingdon had either transferred to Cambridge or returned to secondary care.

- **The current situation at Tenison Road** – Members noted that service users were currently occupying Tenison Road and that both Lifeworks and other services were being delivered from other locations. Ann Robinson had claimed that there was no reason why services could not continue to be delivered from the front part of the building during the occupation. Chess Denman disagreed, noting that a fire inspection instigated by the CPFT had found the building to be unsafe. She also emphasised the need to ensure the clinical safety of staff and other service users.

Members were particularly concerned to learn that the CPFT could not guarantee that Lifeworks would return to Tenison Road if the occupation ended and were concerned that its current alternative location at Spring Bank, Fulbourn was not readily accessible. They felt that failing to re-open the service in Tenison Road would create the impression that the closure of Lifeworks was a predetermined outcome of the consultation. Re-opening it would provide a positive basis for the consultation to take place.

- **The way forward** – Chess Denham and John Ellis accepted that CPFT and CCG had not engaged service users appropriately to date and emphasised that they were keen to address this. Chess Denman set out her proposed way forward, including a stay on the closure of Lifeworks, publication of terms of reference for the consultation by CPFT on Monday 7th April 2014, discussion and agreement of these with service users and then the consultation itself. As part of the consultation, respondents would be invited to propose alternative models of service to that preferred by the CPFT, which could be assessed against the terms of reference. The process would be overseen by a Non-Executive Director on the CPFT Board who had not previously been involved in the issues.

Chess Denman noted that there was as yet no set duration for this process, which would be agreed as part of the terms of reference. However, when pressed by members, she suggested it might be completed in eight weeks; a lengthy process would prolong the period of uncertainty for service users and the disruption to this and other services. Concern was expressed that with the initial discussion of the terms of reference, this meant that the formal consultation might still only be the minimum of four weeks. John Ellis agreed that officers would set out a draft timetable for consultation with service users and circulate this to members.

- **Members' involvement** – At the end of the discussion, members remained concerned at the lack of consultation to date and suggested that the CPFT had failed in its duty of care towards vulnerable service users. They agreed to set up a working group to consider the issues further, and offered, with service users' consent, to take part in the discussion with the CPFT about the terms of reference and consultation. The following members were appointed to the working group: County Councillors Bourke, Bailey, Loynes and Smith and South Cambridgeshire District Councillor Bridget Smith.

J Belman

Members also questioned whether there were any other significant service changes similar to the closure of Lifeworks of which Overview and Scrutiny Committee members had not been notified. Chess Denman noted that the CPFT was making a large number of service changes, which were being discussed with the CCG. Members asked whether a list of these could be

provided. Chess Denman noted as services were under constant review, a framework would be necessary to ensure that such a list was meaningful. She also commented that it would be helpful to know more about their duty to consult. The Chairman suggested the Scrutiny legislation's reference to a substantial variation as a starting point. It was agreed that the CPFT, CCG and members would discuss this further, to help ensure that members were not in future reacting to ad hoc closures such as this one. The Committee asked the CPFT to provide members with a list of service changes as urgently as possible.

J Belman

Members of the Committee in attendance:

County Councillors P Ashcroft, A Bailey (Vice-Chairman), K Bourke (Chairman), P Downes, S Frost, R Hickford, M Loynes, M Smith, M Tew and S van de Ven; District Councillor B Smith

Apologies: County Councillors J Scutt and S van de Kerkhove; District Councillors J Pethard and W Sutton

Also in attendance: County Councillor F Yeulett

Time: 2.30 p.m. – 5.25 p.m.

Place: Shire Hall, Cambridge

Chairman

MINUTE 61, LIFEWORKS SERVICE: QUESTIONS FROM MEMBERS OF THE PUBLIC

Questions from Ann Robinson

- Can the Scrutiny Committee acknowledge views of Lifeworks Service Users as to the way we have been treated by the CPFT and indicate what action they will take to secure the long term future of Lifeworks?
- Can the Scrutiny Committee inform us who specifically authorised the closure of Lifeworks: can we have their names, job titles and departments - and who do they answer to (NICE, DoH, other)?
- What reassurance do you have that they understand the specialist and expert nature of the service that Lifeworks offers and if they do, what rationale can there possibly be in closing it, given the inevitable increase in extreme distress it will cause and the consequential financial implications in terms of increased pressure on GPs, A and E departments, the police service and the increased cost of prescribed medications? If current NHS policy is to free up acute services by moving more services into the community closing Lifeworks directly contradicts this policy. CPFT policy from 2003 stated that "Personality Disorder is no longer a diagnosis of social exclusion": none of the services we have been advised to access for support in the community (GPs, the Samaritans, CWRC) are adequately equipped to deal with our condition and other services, such as MIND, are dealing with cuts to their own service. Lifeworks works! - it is a model that other trusts have expressed an interest in adopting. Why close it? Mental illness is not necessarily a visible illness: this does not justify leaving people in mental distress by closing Lifeworks. Lifeworks represents a space where we feel safe and supported, where we can meet other service users with the same diagnosis and difficulties and where we are not judged, discriminated against or stigmatised: no other community service offers us this.

Questions from Jannie Brightman

- Following the failure to consult properly, can the Scrutiny Committee ask CPFT to provide a timescale for a meaningful consultation and their methodology, including a screening tool and scope, for a full Equality Impact Assessment and for the CCG to ensure the correct procedure is followed?
- As the reasons given for the re-design of Lifeworks are overwhelmingly financial and no figures have been produced, can the Scrutiny Committee ensure that specific costs for Lifeworks are made available along with longer term cost analyses of the impact of closing the service and pushing costs onto acute services?

CURRENT STUDIES

STUDY	OBJECTIVES	PANEL	STATUS	TYPE
Great Fen	To monitor the latest developments in respect of the Great Fen.	Environmental Well-Being	The Project Collaboration Agreement has been renewed for a further 5 year period. Further updates will continue to be provided in due course.	Whole Panel.
Economic Development	To be determined.	Economic Well-Being	The Huntingdonshire Economic Growth Plan 2013 to 2023 was considered by the Panel in July 2013. The Economic Development Manager will attend a future meeting to provide an update on the marketing and implementation plans.	Whole Panel.
Gross Costs	To review the Authorities Gross Expenditure.	Economic Well-Being	A meeting of this Group was held on 26th March 2014. The Accountancy Manager has been asked to provide further information to Members of the Group.	Working Group
Tree Strategy	To develop a Tree Strategy for Huntingdonshire.	Environmental Well-Being	Final Strategy to be presented to Panel's June 2014 meeting. The Working Group will meet prior to the Strategy's submission to the Panel.	Working Group

<p>Flood Prevention within the District</p>	<p>To investigate flood prevention arrangements in the District and the impact of flooding on associated local policy developments.</p>	<p>Environmental Well-Being</p>	<p>Representatives from the Environment Agency delivered a presentation on flood risk management within Huntingdonshire. A scoping report was considered by the Panel in April 2014 and a Working Group was appointed. The Clerk to the Middle Level Commissioners and Internal Drainage Board will be delivering a presentation to the Panel's June 2014 meeting to outline their role in dealing with flood alleviation within the District.</p>	<p>Whole Panel.</p>
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Panel Date	Decision	Action	Response	Date for Future Action
<p>5/04/11/ 2/10/12/ 5/03/13/ 1/04/14</p>	<p><u>Hinchingbrooke Hospital</u></p> <p>(a) Management of the Hospital</p> <p>With effect from 1st February 2012, Circle took over the management of Hinchingbrooke Hospital and representatives of Circle and the Hospital have since attended the Panel's meeting on an annual basis. Agreed to come back in a year's time to provide a further update.</p>		<p>Invite all O&S Members and Ruth Rogers, Chair of Healthwatch Cambridgeshire when discussion on Hinchingbrooke Hospital takes place.</p>	<p>7/04/15</p>
<p>6/11/12</p> <p>4/12/12</p> <p>4/2/14</p>	<p>(b) Hinchingbrooke Hospital Joint Working Group</p> <p>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.</p> <p>A Joint Working Group with the County Council's Cambridgeshire Adults Wellbeing and Health Overview and Scrutiny Committee was established comprising Councillors S J Criswell, P Kadewere and M C Oliver. The Working Group will receive regular updates on the Hospital.</p> <p>Concerns raised by the Panel over staff morale and management of complaints by the Hospital. These matters will be raised at the next meeting.</p>	<p>Working Group met on 23rd January 2014.</p>		

Panel Date	Decision	Action	Response	Date for Future Action
	(c) Financial and Operational Performance			
4/12/12 & 5/02/13 & 02/07/13 4/02/14	Presentation received from Mr R Murphy and Mr K Poyntz, representatives of Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on the financial and operational performance of the Hospital. Agreed at the February 2014 meeting that some focus should be placed upon monitoring CCG's performance.	Reports to be presented to the Panel every six months.	Next update to be delivered in July/September 2014.	8/07/14 or 2/09/14
	<u>Delivery of Advisory Services Within the District</u>			
4/12/12 & 4/03/14	New voluntary sector funding arrangements came into effect on 1st April 2013. Voluntary Sector Working Group, comprising Councillor R C Carter and Mrs P A Jordan to meet with the voluntary organisations every six months to review the grant agreements established under the new arrangements.		Annual performance report to be presented to June 2014 meeting. This item appears elsewhere on the Agenda.	10/06/14
	<u>Corporate Plan</u>			
4/06/14	Appointments to the Corporate Plan Working Group will be made on 4 th June 2014.		An update on the appointments will be provided at the meeting.	10/06/14
	<u>Consultation Processes</u>			
12/06/12 & 2/07/13	Councillors R C Carter, Mrs P A Jordan and P Kadewere appointed on to the Consultation	Meeting of the Working Group held	Strategy and Guidance reviewed by the Working Group. Chief Officers	10/06/14

Panel Date	Decision	Action	Response	Date for Future Action
	Processes Working Group.	on 5th September 2012.	Management Team have since had sight of the Strategy and requested for changes to be made. Meeting of the Working Group held on 29th April 2014. This item appears elsewhere on the Agenda.	
12/06/12 / 4/06/13	<p><u>Equality Framework for Local Government – Peer Assessment</u></p> <p>Noted the recent accreditation achieved by the Council as an “Achieving” authority under the Equality Framework for Local Government. Councillors Mrs P A Jordan and P Kadewere together with former Panel Member Councillor R J West, were appointed on to a Working Group to review the action plan arising from the assessment.</p>	Meetings of the Working Group held on 29th August 2012 and 23rd January 2013.	Annual Equality Progress Report presented to Panel in February. The Working Group will continue to meet to monitor progress against the Action Plan on an ad hoc basis. A meeting of the Working Group will be arranged after the Panel’s June 2014 meeting.	
7/06/11 8/10/13	<p><u>Housing Benefit Changes and the Potential Impact on Huntingdonshire</u></p> <p>Requested a background report to be provided on the emerging issue of homelessness arising as a result of changes to the Housing Benefit system. Reports to be considered by Panel on a six monthly basis.</p>	Request submitted to the Head of Customer Services.	Members of the Economic Well-Being Panel will be invited to attend for this item. Next report expected June 2014 – will include a full year’s data. This item appears elsewhere on the Agenda.	10/06/14

Panel Date	Decision	Action	Response	Date for Future Action
7/01/14	<p><u>Redesign of Mental Health Services</u></p> <p>Representatives of Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) updated Panel on redesign of mental health services. Suggestion made to invite representatives of the service user group to a future meeting together with other relevant groups such as Hunts Mind.</p>	<p>Invitation extended for representatives of service users groups to attend the Panel's June 2014 meeting.</p>	<p>Representatives from the Mental Health Service User Network (SUN) and Mind in Cambridgeshire have confirmed their attendance. This item appears elsewhere on the Agenda.</p>	10/06/14
3/09/13	<p><u>Shape Your Place</u></p> <p>Panel received the annual report detailing the performance statistics for Shape Your Place since its first year of operation. Panel has welcomed the performance levels achieved.</p>		<p>Further performance report to be submitted in a year's time. Report expected September 2014.</p>	2/09/14
4/06/13	<p><u>Review of Elderly Patient Care at Hinchingsbrooke Hospital</u></p> <p>Working Group appointed comprising Councillors S J Criswell, I C Curtis, Mrs P A Jordan and P Kadewere to undertake a review of elderly patient care at Hinchingsbrooke Hospital. The study will be undertaken in conjunction with the Hospital.</p>	<p>Meetings held on 18th July and 11th November 2013 and 24th February 2014.</p>	<p>Further meeting to be arranged to discuss the general care and support provided to elderly patients at the Hospital.</p>	

Panel Date	Decision	Action	Response	Date for Future Action
4/06/13	<p><u>Procurement of Older Peoples Programme</u></p> <p>Since the Working Group's initial meeting, the Chairman has met with Mr I Weller from the Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) to be briefed on the procurement exercise being undertaken on the Older People's Programme which forms part of the Future of Cambridgeshire Community Services Project. This meeting was held on 30th July 2013. On behalf of the Panel, the Chairman expressed his wish to be involved as part of the procurement process in relation to the evaluation of bids received for the Huntingdonshire area.</p>			
7/01/14	Representatives of C&P CCG delivered a presentation on the current procurement process. Concerns remain over the absence of elected Member involvement from the process and the tight timetable for the mobilisation of the contract.	Panel to continue monitoring the procurement exercise as it develops.		
4/03/14/ 1/04/14	<p>Mr Arnold Fertig, Clinical Lead for the Older Peoples Programme addressed Members on the public consultation being undertaken by the CCG on proposals to improve older peoples healthcare and adult community services. Working Group comprising Councillors R C Carter, S J Criswell, Mrs P A Jordan and S M Van De Kerkhove appointed to formulate a draft response on behalf of the Panel.</p>	<p>Working Group met on 6th May 2014.</p>	<p>Draft response produced. This item appears elsewhere on the Agenda.</p>	<p>10/06/14</p>

Panel Date	Decision	Action	Response	Date for Future Action
4/03/14	<p><u>Registered Social Landlords</u></p> <p>Agreed to pursue a study into Registered Social Landlords with a view to establishing a common policy/procedure when dealing with the Council. Councillors I J Curtis, R Fuller, P Kadewere and S M Van De Kerkhove were appointed onto a Working Group for this purpose.</p>		Scoping report to be submitted to a future Panel meeting.	TBC
4/03/14	<p><u>Cambridgeshire Police and Crime Panel</u></p> <p>Panel requested to have sight of the Annual Police and Crime Plan for submission at a future meeting.</p>			TBC
4/03/14	<p><u>Notice of Key Executive Decisions</u></p> <p>Cambridgeshire Home Improvement Agency – 2 Year Review</p> <p>Panel to have sight of this report prior to its submission to the Cabinet.</p>	Request submitted to the Housing Strategy Manager.	Due to appear before the Panel in July 2014.	8/07/14

Panel Date	Decision	Action	Response	Date for Future Action
	<p><u>Huntingdonshire Strategic Partnership (HSP)</u></p> <p>The Panel has a legal duty to scrutinise the work of the HSP, with three thematic groups of the HSP falling within its remit.</p>			
03/04/11/ 6/11/12 / 3/09/13	<p>Huntingdonshire Community Safety Partnership</p> <p>Annual review of the work of the Partnership undertaken. Members have expressed their satisfaction that appropriate accountability and reporting mechanisms are in place.</p>		Next review expected July 2014.	8/07/14
05/10/10	<p>Children and Young People</p> <p>Details of the thematic group's outcomes and objectives have been received together with the latest report of the group, outlining its terms of reference, membership and current matters being discussed.</p>	Invitation extended to the Lead Officer of the thematic group – attendance to be confirmed.	Item due for consideration at the Panel's September 2014 meeting	2/09/14
7/02/12 / 3/09/13	<p>Health and Well-Being</p> <p>Background information received on the thematic group's outcomes, terms of reference, membership and Action Plan.</p>		Next review expected July 2014.	8/07/14

Panel Date	Decision	Action	Response	Date for Future Action
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ACTION LOG
 (Requests for information/other actions other than those covered within the Progress Report)

<u>Date of Request</u>	<u>Description</u>	<u>Response</u>
	None identified at present.	