

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, 8 JULY 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 - 8)

To approve as a correct record the Minutes of the meeting of the Panel held on 10th June 2014.

**Miss H Ali
388006**

2 Minutes.

2. MEMBERS' INTERESTS

To receive from Members declarations as to disclosable pecuniary and other interests in relation to any Agenda item.

2 Minutes.

3. NOTICE OF KEY EXECUTIVE DECISIONS (Pages 9 - 14)

A copy of the current Notice of Key Executive Decisions, which was published on 23rd June 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. CAMBRIDGESHIRE HOME IMPROVEMENT AGENCY SHARED SERVICE REVIEW AND DISABLED FACILITIES GRANT BUDGET (Pages 15 - 22)

To receive a report from the Housing Strategy Manager reviewing the progress of the Cambridgeshire Home Improvement Agency shared service and the ongoing demand for Disabled Facilities Grants.

**Mrs T Reed /
Mrs J Emmerton
388203**

20 Minutes.

5. SPORT AND ACTIVE LIFESTYLES TEAM ANNUAL REPORT 2013/14 (Pages 23 - 42)

To receive a report from the Sport and Active Lifestyles Team Leader detailing the activities of the Sport and Active Lifestyles Team over the 2013/14 year.

**Ms J Peadon
388048**

20 Minutes.

6. **CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST: PERSONALITY DISORDER COMMUNITY SERVICE / COMPLEX CASES SERVICE, INCLUDING LIFEWORKS CONSULTATION** (Pages 43 - 82)

To consider whether the Panel wishes to submit a response to Cambridgeshire and Peterborough NHS Foundation Trust's consultation currently being undertaken on Personality Disorder Community Service/Complex Cases Service, including Lifeworks.

The consultation was launched on 2nd June 2014 closing on 14th July 2014. A copy of the consultation document is attached.

20 Minutes.

7. **CAMBRIDGESHIRE HEALTH COMMITTEE** (Pages 83 - 94)

To receive an update from Councillor R C Carter on the outcome of recent meetings of the Cambridgeshire Health Committee.

5 Minutes.

8. **WORK PLAN STUDIES** (Pages 95 - 98)

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.

9. **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS** (Pages 99 - 106)

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.

10. **SCRUTINY** (Pages 107 - 112)

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

5 Minutes.

Dated this 30 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.

Non-Statutory Disclosable Interests

(4) *If a Member has a non-statutory disclosable interest then you are required to declare that interest, but may remain to discuss and vote providing you do not breach the overall Nolan principles.*

(5) *A Member has a non-statutory disclosable 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 a disclosable pecuniary interest, 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, or

(c) it relates to or is likely to affect any body –

(i) exercising functions of a public nature; or

(ii) directed to charitable purposes; or

(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a Member or in a position of control or management.

and that interest is not a disclosable pecuniary interest.

2. Filming, Photography and Recording at Council Meetings

The District Council supports the principles of openness and transparency in its decision making and permits filming, recording and the taking of photographs at its meetings that are open to the public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening at meetings. Arrangements for these activities should operate in accordance with guidelines agreed by the Council and available via the following link [filming, photography and recording at council meetings.pdf](#) or on request from the Democratic Services Team. The Council understands that some members of the public attending its meetings may not wish to be filmed. The Chairman of the meeting will facilitate this preference by ensuring that any such request not to be recorded is respected.

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.

Agenda Item 1

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 10 June 2014.

PRESENT: Councillor S J Criswell – Chairman.

Councillors R C Carter, R Fuller, A J Hardy,
Mrs P A Jordan, P Kadewere,
S M Van De Kerkhove and Mrs R E Mathews.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors K M Baker, R S Farrer, M Francis and Mrs D C Reynolds.

IN ATTENDANCE: Councillor J D Ablewhite.

6. THE LATE COUNCILLOR J W G PETHARD

The Chairman paid tribute to the late Councillor J W G Pethard who sadly had passed away on 26th April 2014. Members stood for a few moments in memory of Councillor Pethard.

7. MINUTES

The Minutes of the meetings of the Panel held on 1st April and 4th June 2014 were approved as a correct record and signed by the Chairman.

8. MEMBERS' INTERESTS

Councillor S J Criswell declared a non-disclosable pecuniary interest in respect of Minute No. 14/10 as Cambridgeshire County Council's representative on the Hunts Forum Board.

9. 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 June to 31st December 2014. With regard to the item entitled Community Chest Allocation 2014/15, the Chairman encouraged Members to submit any comments on the proposals to Councillors J A Gray and T D Sanderson prior to a decision being made by the Portfolio Holders on 30th June 2014. Members were also advised that the item entitled Cambridgeshire Home Improvement Agency – 2 Year Review would be submitted to the Panel at its July 2014 meeting.

10. 2013/14 REVIEW OF VOLUNTARY ORGANISATIONS IN RECEIPT OF THREE YEAR FUNDING AWARDS

With the aid of a report by the Healthy Communities Manager (a copy

of which is appended in the Minute Book) the Panel gave consideration to the performance of voluntary organisations in three year funding arrangements with the Council. In introducing the report, the Healthy Communities Manager explained that, with the exception of Rural Cambs CAB, all organisations had achieved their agreed performance targets. He explained that Rural Cambs CAB's failure to achieve its target was attributed to the delay with the opening of St Neots office, which was originally expected in June 2013 but it had in fact opened at the end of November 2013. The prolonged delay was a result of failures by a number of facilities providers to connect their services to the office. These matters were beyond the control of the organisation. Reference was then made to the uncertainty associated with ongoing funding from Cambridgeshire County Council and the potential impact of this on the future sustainability of the organisations, in particular Shopmobility. In addition, the Healthy Communities Manager reported that work was currently underway to review the monitoring that would take place in relation to awards of funding from April 2015 onwards. It was intended to concentrate on the outcomes organisations in receipt of funding achieved rather than their outputs. This work was expected to be completed by July 2014.

The Panel discussed the impact of Rural Cambs CAB's reported loss of income, the location of Disability Information Services Huntingdonshire's offices, whether Rural Cambs CAB had engaged with Hunts Forum of Voluntary Organisations with a view to establishing a presence at The Maple Centre and the opportunity which presented itself to amalgamate some of the voluntary organisations as a means of generating efficiencies. In terms of the latter, Members of the Voluntary Sector Working Group confirmed that preliminary investigations had been undertaken in this respect and urged the Healthy Communities Manager to continue to pursue this matter. Having noted that further updates would be provided to the Panel in due course, it was

RESOLVED

- (a) that the contents of the report now submitted be noted; and
- (b) that it be noted that from April 2015 onwards, a new monitoring process will be introduced.

11. MENTAL HEALTH SERVICE USER GROUPS

(Ms S Hughes, Chief Executive of Mind in Cambridgeshire, and Ms L Sidney, Engagement Worker for Mental Health Service User Network, were in attendance for consideration of this item).

(At 7.30pm, during discussions on this item, Councillor R Fuller took his seat at the meeting).

The Chairman briefly outlined the background to the Panel's interest in Cambridgeshire and Peterborough Foundation Trust's (CPFT) mental health service redesign and its implications for Huntingdonshire, which had resulted in the permanent closure of Acer Ward at Hinchingbrooke Hospital. In introducing herself to the Panel, Ms S Hughes, Chief Executive of Mind in Cambridgeshire, reported

that the Foundation Trust had launched a further consultation entitled "Personality Disorder Community Service/Complex Cases Service, including Lifeworks" which was welcomed by both Mind in Cambridgeshire and the Mental Health Service User Network. The consultation sought service users' views on the future of community personality disorder services across the Cambridgeshire and Peterborough area.

During the discussions, the Chief Executive of Mind in Cambridgeshire expressed the view that since the redesign of mental health services came into effect, demand for acute beds continued to exist in Huntingdonshire. There had, however, been a noticeable shift in the availability of community services offered by the Crisis Resolution Home Treatment Team and plans were underway to introduce further changes to improve service delivery. She then drew attention to the pressures the voluntary sector would be facing as a result of budget cuts, which were likely to take effect from 2015/16.

Ms L Sidney, Engagement Worker for the Mental Health Service User Network, stated that service users were aware of the financial pressures on voluntary organisations and drew attention to the challenges associated with achieving equity of service across the Cambridgeshire and Peterborough area. There was a perception that some were disadvantaged in Huntingdonshire in some respects but this applied to a more significant extent in Fenland. It was, however, explained that Huntingdonshire had a fairly good range of service provision and, in terms of location, was very accessible for service users.

In response to questions about the Advice and Referral Centre, Ms Hughes and Ms Sidney confirmed that the Centre did not provide patients with direct access to services. Instead, it acted as a referral system for the Cambridgeshire and Peterborough Primary Care Trust. There was concern that the level of demand for mental health services was increasing, with patients waiting as long as six months in some cases. Other comments, which were noted by the Panel, related to the absence of an established process for patients being transferred from adult people's services to older people's services, the lack of awareness of the CPFT's Transportation Fund, the potential amalgamation of voluntary services and the need to bridge gaps in accessibility and referral routes to services. In terms of the latter, the Panel's attention was drawn to a national campaign entitled "Combat Stress", which sought to train staff on assisting members of the Armed Forces who had returned to the community who had been diagnosed as having mental health problems.

Having questioned whether both of their organisations had responded to the current consultation being undertaken by the Clinical Commissioning Group on proposals to improve older peoples healthcare and adult community services, Ms L Sidney advised that the views of service users had been collated and she undertook to share with Members the comments which had been received. The Service User Network was confident that it would establish good working relationships with the successful provider.

Discussion then ensued on the range of methods utilised by both organisations to publicise their services and the reasons for the

increased level of demand. At the conclusion of the discussions, the Chairman thanked Ms Hughes and Ms Sidney for their attendance at the meeting and requested Officers to circulate details of the current consultation being undertaken by the CPFT on Personality Disorder Community Service/Complex Cases Service, including Lifeworks to the Panel.

12. CORPORATE CONSULTATION AND ENGAGEMENT STRATEGY

(Councillor J D Ablewhite, Executive Leader of the Council and Executive Member for Strategic and Delivery Partnerships, was in attendance for this item).

Consideration was given to a report prepared by the Corporate Project Officer (Policy & Performance) (a copy of which is appended in the Minute Book) seeking the Panel's endorsement of an updated Corporate Consultation and Engagement Strategy, action plan and supporting appendices. Having introduced the report, Councillor J D Ablewhite, Executive Leader of the Council and Executive Member for Strategic and Delivery Partnerships, expressed his appreciation of the Panel's Consultation Processes Working Group's invaluable contribution to the development of the Strategy.

Members were advised that the Strategy had been designed to increase the role that Members would have in the process and noted that an annual consultation evaluation report summarising the Council's consultation and engagement activities would be submitted to the Panel. Having had their attention drawn to the introduction of pre and post consultation checklists, subject to the inclusion of reference to consultation with public sector partners on matters which could potentially have an impact upon their services, the Panel expressed support for the Strategy. Whereupon, it was

RESOLVED

that subject to the comments outlined above, the Cabinet be recommended to adopt the Corporate Consultation and Engagement Strategy and note the action plan and guidance appendices.

13. HOUSING BENEFIT AND COUNCIL TAX SUPPORT CHANGES AND THE IMPACT ON HUNTINGDONSHIRE

Consideration was given to a report by the Head of Customer Services (a copy of which is appended in the Minute Book) outlining the effects of the Government's Welfare Reform programme and how it had affected households in Huntingdonshire in relation to Housing Benefits, Council Tax Support and homelessness. In introducing the report, the Housing Needs and Resources Manager outlined a number of changes which had taken place during 2014 in respect of the local housing allowance, social sector size criteria rules, Council Tax Support, the benefit cap and discretionary housing payments.

Members discussed the steps taken by Registered Providers when dealing with households in rent arrears and the interventions undertaken by the District Council to prevent these households from becoming homeless, the effective utilisation of the discretionary

housing payments fund and the need to encourage households that were struggling financially as a result of reduced benefits to seek advice from the Council.

Having indicated a wish to continue receiving reports on a six monthly basis, the Panel

RESOLVED

that the contents of the report now submitted be noted.

14. PROPOSALS TO IMPROVE OLDER PEOPLES HEALTHCARE AND ADULT COMMUNITY SERVICES - CONSULTATION RESPONSE

Pursuant to Minute No. 13/109 and with the aid of a report by the Democratic Services Officer (a copy of which is appended in the Minute Book) Members gave consideration to a draft response to the consultation currently being undertaken by the Cambridgeshire and Peterborough Clinical Commissioning Group on proposals to improve older people's healthcare and adult community services. Having expressed their satisfaction with the contents of the draft response, and in requesting Officers to emphasise their previous concerns over the lack of elected Member involvement in the procurement exercise, it was

RESOLVED

that the views outlined in section 3 of the report now submitted be endorsed as the basis for the Panel's response to the consultation being undertaken by Cambridgeshire and Peterborough Clinical Commissioning Group on proposals to improve older people's healthcare and adult community services.

15. HEALTH SCRUTINY

(a) Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee

The Panel received and noted 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 (copies of which are appended in the Minute Book).

(b) Cambridgeshire Health Committee

In the absence of a Panel representative having been formally co-opted onto the new Cambridgeshire Health Committee, Councillor S M Van De Kerkhove delivered a brief update on the meeting of the Health Committee held on 29th May 2014.

16. 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).

17. 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. Given that it was the first meeting of the Municipal Year and that the composition of the Panel had changed, the Membership of each of the Panel's Working Groups was reviewed and changes were made as necessary.

In reviewing the Panel's progress report, requests were made for scoping information to be circulated to the Registered Social Landlords Working Group and for an invitation to be extended to the Cambridgeshire Police and Crime Commissioner's Office for a representative to attend a future meeting. Having regard to the latter, it was also agreed to circulate the latest Minutes of the Cambridgeshire Police and Crime Panel meeting to Members.

RESOLVED

- (a) that Councillors P Kadewere and Ms R E Mathews be appointed to the Voluntary Sector Working Group;
- (b) that Councillor A J Hardy be appointed to the Equality Working Group;
- (c) that Councillor Ms R E Mathews be appointed to the Elderly Patient Care Working Group;
- (d) that scoping information be prepared to enable the Registered Social Landlords Working Group to commence its work; and
- (e) that an invitation be extended to the Cambridgeshire Police and Crime Commissioner's Office for a representative to attend a future Panel meeting.

18. SCRUTINY

In receiving and noting the 145th Edition of the Decision Digest (a copy of which is appended in the Minute Book) a request was made for an update on Members' IT to be provided by the IMD Service. A number of Members were encountering problems sending and receiving emails. There also appeared to be some confusion over the terms for purchasing electronic devices that would enable them to access electronic copies of Agendas and the minimum requirements for participating in the Council's loan scheme which had been established for this purpose.

Councillor Mrs P A Jordan reported that the date of the next Employment Panel meeting had now changed to 1st July 2014.

Chairman

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

Prepared by Councillor J D Ablewhite
Date of Publication: 23 June 2014
For Period: 1 July to 31 January 2015

Membership of the Cabinet is as follows:-

Councillor J D Ablewhite	- Leader of the Council, with responsibility for Strategic Economic Development & Partnerships	3 Pettis Road St. Ives Huntingdon PE27 6SR Tel: 01480 466941 E-mail: Jason.Ablewhite@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 D B Dew	- Executive Councillor for Strategic Planning & Housing	4 Weir Road Hemingford Grey Huntingdon PE28 9EH Tel: 01480 469814 E-mail: Douglas.Dew@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 Commercial Activities	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 Operations & 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
HDC/South Cambs District Council Partnership###	Cabinet	10 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
A Tree Strategy for Huntingdonshire	Cabinet	17 Jul 2014		Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		D B Dew	Environmental Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
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		D B Dew	Environmental Well-Being
Cambes 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		D B Dew	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		D B Dew	Environmental Well-Being
Civil Parking Enforcements	Cabinet	11 Sep 2014		Stuart Bell, Transportation Team Leader Tel No. 01480 388387 or email Stuart.Bell@huntingdonshire.gov.uk		D B Dew	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		D B Dew	Environmental Well-Being
Carbon Management Plan	Cabinet	23 Oct 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
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		D B Dew	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		D B Dew	Environmental Well-Being
Draft Budget & MTP	Cabinet	11 Dec 2014		Clive Mason, Head of Resources Tel No. 01480 388157 or email Clive.Mason@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
1 Draft Budget & MTP	Cabinet	11 Dec 2014		Clive Mason, Head of Resources 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/Subject Matter: Cambridgeshire Home Improvement Agency (CHIA) Shared Service Review & Disabled Facilities Grant Budget

Meeting/Date: Overview & Scrutiny Panel – 8 July 2014
Cabinet – 17 July 2014

Executive Portfolio: Planning, Infrastructure, Housing and Growth

Report by: Housing Strategy Manager

Ward(s) affected: All

Executive Summary:

This report provides Members with a progress review of the Home Improvement Agency (HIA) shared service following two years of operation. The report also considers the ongoing demand for Disabled Facilities Grants (DFGs) and the impact of the transfer of the Government DFG capital funding to the Better Care Fund.

The Cambs HIA shared service was developed during 2011/12 in partnership with Cambridge City and South Cambridgeshire District Councils. Cambs HIA went 'live' on 1st April 2012.

Cambs HIA is a partnership based shared service with staff being employed by Cambridge City Council, the main office located within South Cambridgeshire's offices in Cambourne (with hot desks at other locations) and IT systems and support provided by this Council.

The shared service HIA has been successful in meeting its aims and objectives within two years with potential to achieve further efficiencies both internally and externally into the future.

The opportunity to broaden the shared service to include the other districts within Cambridgeshire provides an opportunity to deliver further efficiencies and benefits for commissioners and customers.

The current three-year Agreement runs out in March 2015. In order to allow time to work up the proposals to deliver a countywide shared service an extension to the current Agreement is required.

Analysis of demand and costs would suggest that the Council's MTP budget for DFG seems appropriate to manage the current demand placed upon it.

Further work will be done over the summer to monitor OT referrals and work flow, and predict future trends. This will feed into the Council's MTP process in September 2014.

Recommendation(s):

It is recommended that:

Overview & Scrutiny (Social Well Being) comment on and note this report and recommend that Cabinet:

- Grant permission for officers to work up an Outline Business Case for the expansion to a County-wide service, with final agreement being subject to a Detailed Business Case to go before Members at a later date.
- Endorse the extension of the current Shared Service Agreement by a further twelve months to 31 March 2016.
- Request a further report be brought to Members after three years of Cambs HIA operation.

1. WHAT IS THIS REPORT ABOUT/PURPOSE?

- 1.1 This report provides Members with a progress review of the Cambs Home Improvement Agency (CHIA) shared service following two years of operation. The report also considers the impact of the Better Care Fund and the ongoing demand for Disabled Facilities Grants (DFGs).

2. WHY IS THIS REPORT NECESSARY/BACKGROUND

- 2.1 Members have requested an annual report on performance of the shared service home improvement agency.
- 2.2 The Cambs HIA shared service was developed during 2011/12 in partnership with Cambridge City and South Cambridgeshire District Councils, Cambs HIA went 'live' on 1st April 2012.
- 2.3 Cambs HIA is a partnership based shared service with staff being employed by Cambridge City Council, the main office located within South Cambridgeshire's offices in Cambourne (with hot desks at other locations) and IT systems and support provided by this Council.
- 2.4 One of the main aims of the Cambs HIA is to help people live independently by helping them to access DFGs. The Housing Grants, Construction and Regeneration Act 1996 sets out the Council's duties to provide DFGs. The Council must award a DFG for work to achieve one or more of a set of purposes defined by statute. DFGs are awarded on the recommendation of an Occupational Therapist (OT) and fund aids and adaptations like ramps, stair lifts and level access showers. The maximum DFG is £30k and DFGs for adults are subject to a means test. DFGs for children are not means tested. The Council must be satisfied that a DFG is necessary and appropriate and that to carry it out is reasonable and practicable. At the current time, the responsibility for validating and approving DFGs sits with the Strategic Housing Service at this Council.
- 2.5 DFGs form part of a wider strategic approach to helping improve the health and wellbeing of people in Huntingdonshire. Along with other low level interventions, DFGs can enable elderly and disabled people to live independently and help to avoid costly emergency hospital admissions and inappropriate and expensive care placements. DFGs are therefore a 'preventative' service and help to implement the aims of the countywide Health and Well Being Strategy.
- 2.6 During 2013/14 the drive from Central Government has been towards the introduction of the Care Bill. As part of this, the Government has established the Better Care Fund (BCF). This is a pooled Health and Adult Social Care budget. All of the funding that is due to be pooled together is currently allocated to services across the health and social care systems. The Government's contribution to DFG capital funding is also being pooled within this new BCF 'pot'. For the time being, the Government DFG subsidy is ring-fenced for DFG expenditure. The aim of the BCF is to help transform services to enable a number of National outcomes to be achieved. These include 7 day services to support hospital discharge, more effective preventative services, better sharing of information between agencies, joint assessments etc. The BCF for Cambridgeshire is £37.7m and a joint strategy is being developed for how the money will be allocated in the future, and how the national outcomes will be achieved. The shared HIA is clearly well placed to support delivery of

these aims and there may be opportunity for further development of the HIA service given the preventative outcomes they help to deliver.

3. CAMBS HIA - REVIEW AFTER TWO YEARS OF OPERATION

3.1 Following a slow start to the shared service in 2012/13 due to the complexities of the service and the challenge of bringing together three very different operational teams, service delivery has improved significantly over year two.

3.2 When the HIA was formed, a number of key objectives were agreed. Progress on each of these is set out below:

Deliver cost savings over time for both district and county commissioners.

3.3 The savings identified for the Council of moving to a shared service were anticipated to be minimal, if any, in the first two years. The Council had historically revenue funded the in house HIA at levels ranging from £59k in 2006/07 to £73k in 2010/11. The Cambs HIA's Year 1 (2012/13) budget resulted in a deficit of £71k, and a contribution of £35k from HDC was made in line with the cost sharing agreement, as reported to this Panel in July 2013.

3.4 It was predicted that at the end of Year 2 the service would break even or make a small surplus. Year-end figures showed that the shared service made a small surplus of £8k. However agreement was obtained for this amount to be rolled forward into 2014/15 in order to cover unforeseen costs following the HDC IT upgrade.

3.5 Cambridgeshire County Council has continued to revenue grant fund the shared service in addition to the Fenland and East Cambs services and advocates the evolution towards a County-wide service over the next two years. This would provide additional scope to increase economies of scale and allow funding to be more effectively targeted towards relative need across the County.

3.6 The anticipated cost savings for the district council have been met with expected savings for County commissioners to be delivered through further expansion to a Countywide shared service in future years.

Improve operational resilience and opportunities for cross boundary working.

3.7 Operational resilience has improved during Year 2 with an additional part-time Surveyor being deployed in Huntingdonshire to deal with the backlog of cases from Year 1. This has been particularly effective and some 238 DFGs were completed in 2013/14 against 189 in 2012/13. The caseload at 31st March 2013 was 246 and this came down to 189 by 31st March 2014.

3.8 Discussions have been held between County Council Commissioners and Fenland and East Cambridgeshire Councils about whether or not they would wish to join the shared service. The benefits to Huntingdonshire from further expansion of the CHIA into Fenland and/or East Cambridgeshire are further improvements in efficiency and a more robust service. As one of the primary revenue funders of the service the County Council are very keen to progress with this to achieve better value for money. This will need further exploration over the coming year.

- 3.9 The objective to improve resilience and work across boundaries has been met through the development of the CHIA and there are further opportunities to increase this through development of a County-wide service over time.

Provide a platform for improved performance and efficiency over time.

- 3.10 The CHIA Management Board is keen to develop closer working with both district colleagues and partners in Health and Adult Social Care. These include proposals for closer working with OTs and other services i.e. Handyperson services, hospital discharge teams, etc.
- 3.11 The scope for broadening the service across East Cambridgeshire and Fenland provides significant opportunities for improved future efficiency.
- 3.12 CHIA is currently exploring the possibility of agreeing with the district councils a 'fast-track' grant system for smaller works under a set financial limit (e.g. £6,000). This would enable smaller types of adaptation i.e. stair lifts, level access showers, to be completed outside of the time consuming DFG process and generally make more routine adaptations available more quickly to vulnerable households.
- 3.13 The current three-year Shared Service HIA Agreement runs out in March 2015. This agreement requires review and further development if it is to include potentially two other local authority HIA services in future. The Agreement provides for extension year on year with the agreement of all parties and will require at least one further year extension in order to prepare an outline business case for a wider shared service across Cambridgeshire.
- 3.14 The platform for improved performance and efficiency has therefore been established.

4. COMMENTS OF OVERVIEW & SCRUTINY PANEL

- 4.1 To be debated on 8th July

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

- 5.1 The inclusion of the Government element of DFG capital (c.£0.4m) within the Better Care Fund (BCF) from 2015/16 provides an element of risk, as while current Government plans are to stipulate that DFG capital must be cascaded to housing authorities, this may change over time. This will be monitored by officers.
- 5.2 With regard to the development of a Countywide Home Improvement Agency there is a risk that not all Councils will sign up to this. There follows then a risk that County Council revenue funding may be withdrawn, or reduced as a result as they support a County-wide approach.

6. WHAT ACTIONS WILL BE TAKEN/TIMETABLE FOR IMPLEMENTATION

- 6.1 The Agreement will be renewed for one further year initially.
- 6.2 Officers will work with the CHIA Manager on an outline business case which will be subject to Member endorsement in future. It is hoped that this would be developed in time for the 2015 Review report.

7. LINK TO THE CORPORATE PLAN

7.1 This proposal links with the following strategic themes and outcomes:

Working with our communities

- Improve health and wellbeing

Ensuring we are a customer focussed and service led council

- Becoming more business like and efficient in the way we deliver services
- Ensure customer engagement drives service priorities and improvement

8. CONSULTATION

8.1 Customer satisfaction remains high with the Council carrying out quarterly satisfaction surveys. These are monitored and reported in the CHIA Annual Report.

9. LEGAL IMPLICATIONS

9.1 The Head of Legal & Democratic Services has confirmed that the Shared Service Agreement can be extended for a further year by formal minute and letter.

9.2 Any expansion of the service will require a fresh Legal Agreement to be developed by all partners.

10. RESOURCE IMPLICATIONS

10.1 REVIEW OF DEMAND FOR CAPITAL GRANT FOR DFGs

10.1.1 Demand for DFG remains strong in Huntingdonshire for a number of reasons, including people's aspirations to live at home for longer, an increase in DFGs for children, increased longevity, and an overall increase in the number of older people in the district. The Office for National Statistics projections show that the proportion of people aged over 65 in the district is predicted to increase from 16% of our population in 2011 (27,700 people) to 21% of our population by 2021 (38,300 people). Therefore long term demand for DFG and other services that support older people, is expected to continue to grow.

10.1.2 A review modelling demand for DFG has been carried out and it is estimated that 30 new OT referrals will be received each month. Approximately 70% of these proceed to a DFG. The average DFG costs £7.2k. Therefore the need for DFG in an average year is estimated to be £1,800k. Obviously if any of the variables stated above change, then demand for DFG could increase or decrease accordingly.

10.1.3 When the new HIA was formed it took time to get up to full operational capacity. As a result, a backlog of cases built up in year 1, although as shown earlier this was dealt with through additional resource in 2013/14 and caseloads are now back to more usual levels. Referrals from the Occupational Therapy Department remain stable at around 30 per month.

10.1.4 Service delivery rates over recent years, plus a prediction for this year is as follows:

	2011/12	2012/13	2013/14	2014/15 Predicted DFGs generated in year
No. DFGs completed	261	189	238	250
Total spend on DFGs	£1.6m	£1.2m	£1.7m	£1.8m

10.1.5 The DFG budget, in the Council's MTP is as follows:

	2014/15 £m	2015/16 £m	2016/17 £m
Assumption on contribution from central Government	0.400	0.400	0.400
HDC contribution	1.450	1.250	1.250
Total DFG budget	1.850	1.650	1.650

10.1.6 In 2015/16 the MTP reduces by £200k. However because the Government element of the DFG capital will come through the BCF from 2015/16, it is expected (from early notifications) that the amount of Government support for DFGs in Huntingdonshire will increase by c. £100k. This is not included in the MTP until confirmed, but this, in addition to the further efficiencies through procurement of works should provide a sufficient budget for the demand to be met.

11. OTHER IMPLICATIONS

11.1 None

12 REASONS FOR THE RECOMMENDED DECISIONS

12.1 The shared service CHIA has been successful in meeting its aims and objectives within two years, with potential to achieve further efficiencies both internally and externally into the future.

12.2 The opportunity to broaden the shared service to include the other districts within Cambridgeshire provides an opportunity to deliver further efficiencies and benefits for commissioners and customers.

12.3 The current three-year Agreement runs out in March 2015. In order to allow time to work up the proposals to deliver a countywide shared service an extension to the current Agreement is required.

12.4 Analysis of demand and costs would suggest that the Council's MTP budget for DFG is appropriate to manage the current demand placed upon it.

12.5 Further work will be done over the summer to monitor OT referrals and work flow, and predict future trends. This will feed into the Council's MTP process in September 2014.

BACKGROUND PAPERS

- Overview & Scrutiny Panel Report 4 June 2013 – Shared HIA Service Review and DFG budget.
- The Housing, Grants, Construction and Regeneration Act 1996
- Cambridgeshire Health and Well Being Strategy 2012-17
<http://www.cambridgeshire.gov.uk/NR/rdonlyres/15D48C47-A6F7-4C35-B540-F0FA5168D988/0/CambridgeshireHealthWellbeingStrategy20122017.pdf>
- Cambridgeshire Better Care Fund Plan
<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meeting.aspx?meetingID=781>
- Developing Plans for the Better Care Fund – NHS England Planning Guidance
<http://www.local.gov.uk/documents/10180/12193/Developing+plans+for+better+care+fund+guidance.pdf/734c155e-7820-4761-976a-6c56053c0e78>

CONTACT OFFICER

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Jo Emmerton, Lead Housing Strategy Manager
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Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Sport and Active Lifestyles Annual Report 2013/14

Meeting/Date: COMT - 23 June 2014
Overview and Scrutiny Panel (Social Well-Being) -
8 July 2014

Executive Portfolio: Councillor T Sanderson, Executive Councillor for Strategic
Economic Development & Legal (to include Licensing &
Protection, Communities and Voluntary Groups)

Report by: Sport and Active Lifestyles Manager

Ward(s) affected: All

Executive Summary:

The purpose of this report is to inform members on the performance, work programmes and highlights of the Sport and Active Lifestyles Team during 2013/14.

Recommendation(s):

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

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1. WHAT IS THIS REPORT ABOUT/PURPOSE?

- 1.1 The purpose of this report is to inform members about the performance of the Sport and Active Lifestyles Team (SALT) during 2013/14.

2. BACKGROUND

- 2.1 Each year an Annual Report is produced to inform elected members, stakeholders, partners and commissioners of the activities, programmes and performance of the Sport and Active Lifestyles Team.

3. KEY IMPACTS/RISKS

- 3.1 Cambridgeshire County Council's Public Health Team has commissioned work for physical activity programmes delivered by SALT in 2014/15 (Huntingdonshire Health Walks and Exercise Referral).
- 3.2 Ring fenced public health funding at Cambridgeshire County Council ends in March 2015 and future commissioning arrangements are unclear. The potential implications of the loss of Public Health funds would mean approx 2,000 Huntingdonshire residents (recording over 32,500 visits in 2013/14) would no longer be able to access services provided by this authority
- 3.3 Funding for sport related programmes has been helped during 2013/14 with the securing of a new lottery grant to November 2016 through the 'Delivering Activity and Sport in Huntingdonshire' project (DASH)

4. LINK TO THE LEADERSHIP DIRECTION

- 4.1 The work of the team links directly to the Council's Strategic Theme 'Working with our Communities' and in particular the priorities of 'Improve health and well-being' and 'Empower local communities'

5 RECOMMENDATIONS

- 5.1 The Panel is requested to note the contents of the report.

6. LIST OF APPENDICES INCLUDED

Appendix 1 – Sport and Active Lifestyles Annual Report 2013/14

CONTACT OFFICER:

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Sport & Active Lifestyles

annual report

2013/2014

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 - Increasing participation in physical activity
 - Raising the profile of sport and physical activity
 - Increasing participation in physical activity
 - Improve, enhance and sustain the sporting infrastructure (facilities, clubs, finance & people)

Foreword

Welcome to the annual report of Huntingdonshire District Council's Sport & Active Lifestyles Team

Huntingdonshire District Council recognises the importance of healthy and active communities and working with our communities to improve the quality of life for the people of Huntingdonshire whilst providing value for money services.

The team has had a successful year winning further Sport England lottery funding and expanding the Right Start programme despite the continued uncertainty of the economic climate and the organisation going through a period of significant change.

Sports clubs, other sports providers, volunteers, care settings, schools, and health professionals, are key partners as the team offer services and activities that are fun, safe and high quality for more than 5,000 individuals. 2,650 opportunities were offered for residents of all ages and abilities to take part in sport and physical activity.

The team support many others in the course of their work with information, advice and guidance provided on many issues including participation in sport and physical activity, facilities, funding, workforce development and safeguarding.

I would like first of all, to thank the Sport and Active Lifestyles team for the cheerful and professional manner in which they carry out their work and to take this opportunity to thank all our partners for their contributions to the service over the past 12 months, in particular Cambridgeshire County Council's Public Health Team and Sport England for their invaluable support.



Robin Howe

CLlr Robin Howe
Executive Councillor for Healthy & Active Communities

Setting the scene...

The Sports & Active Lifestyles team is currently part of the Environmental and Community Health Services Division within Huntingdonshire District Council. It is planned the team will move to a new 'Leisure and Health' division during 2014.

This Annual Report is to inform elected members, stakeholders, partners and other interested parties of the activities, programmes and performance of the Sport & Active Lifestyles team during 2013/14.



All our activities and services focus on promoting active lifestyles and reducing health inequalities. In particular we target those under-represented in sport and physical activity or those requiring additional support to exercise.

In 2013/14 there were over 5,000 different individuals between 1 and 90 taking part in physical activity and sport delivered by the Sport & Active Lifestyles team. These individuals recorded over 37,500 attendances.

The aims of the service are to promote active lifestyles and reduce health inequalities by increased participation in sport and physical activity.

The service objectives are:

- Increasing participation in physical activity
- Increasing participation in sport
- To raise the profile of sport and physical activity
- To improve, enhance and sustain the sporting infrastructure (facilities, clubs, finance and people)

The service contributes to the achievement of the Corporate Plan 2014-2016 strategic themes of:

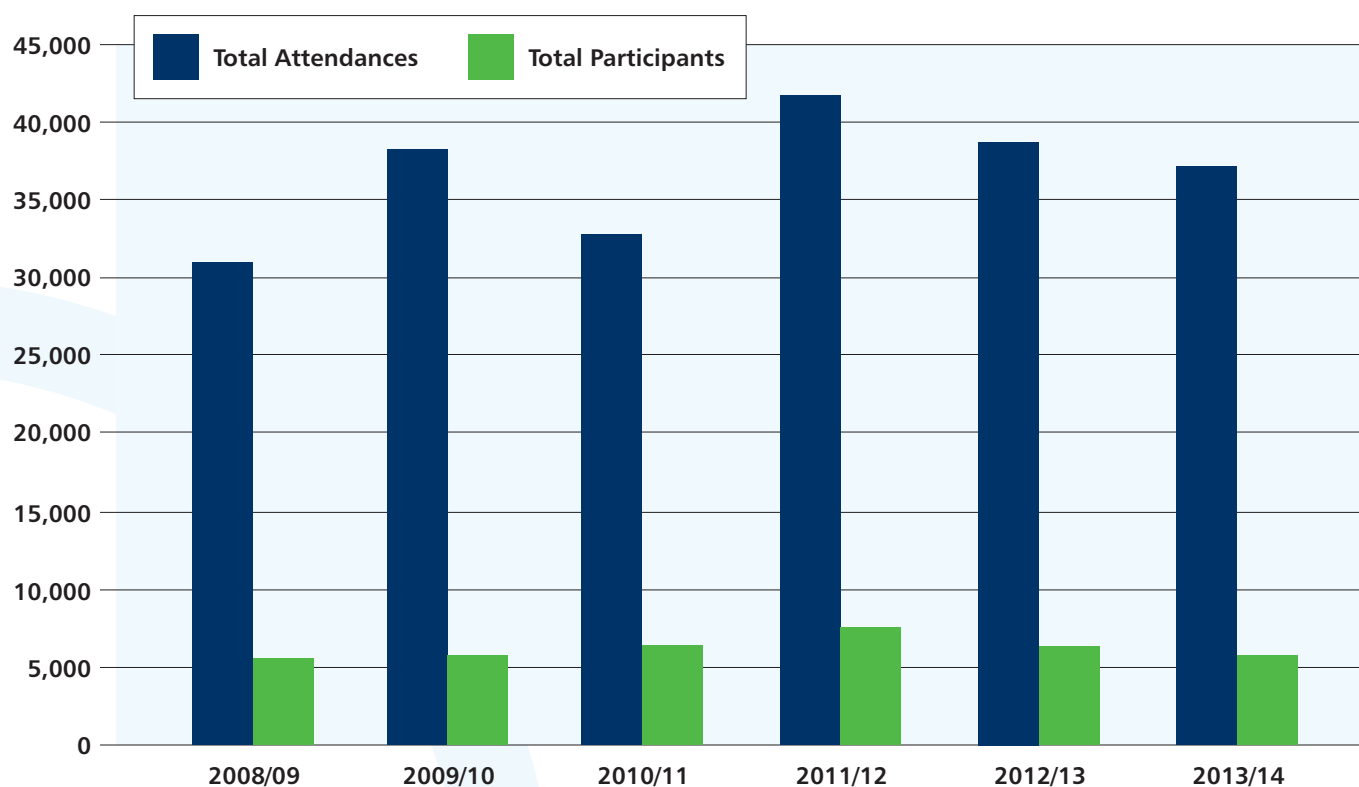
- Working with our communities:
 - Creating safer, stronger and more resilient communities
 - Improving health and wellbeing
 - Empowering local communities
- A customer focussed and service led council
 - Ensure customer engagement drives service priorities and improvement
 - Become more business like and efficient in the way we deliver services
- A strong local community
 - Develop a flexible and skilled local workforce

Further detail on the specific activities and services of the team is available on pages 13 and 14.

A wide range of local, regional and national strategies, policies and guidance shape and influence the work programme of the team including the following national, regional and local strategies, policies and guiding documents:

- AGE UK: Falls Prevention Exercise - following the evidence (2013)
- British Heart Foundation: evidence base, including the cost of physical inactivity at Local Authority level
- Department of Health: Service Specification for Cardiac Rehabilitation Services (2010)
- HM Government: Moving More, Living More. The physical activity Olympic and Paralympic legacy for the nation (2014)
- NHS: National Quality Assurance Framework of Exercise Referral Systems (2001)
- National Institute for Health and Care Excellence (NICE): including Public Health guidance on exercise referral (PH2), behaviour change (PH6), the built environment (PH8), the workplace (PH13), promoting physical activity to children and young people (PH 17), cardiovascular disease (PH25), diabetes (PH 35 & 38), walking and cycling (PH41), obesity (PH42) and brief advice for adults in primary care (PH44) (2006-2014)
- Sport England Strategy 'A sporting habit for life' (2012-2017)
- UK Active: Turning the tide of inactivity (2014)
- Cambridgeshire Health & Wellbeing Strategy (2012-2017)
- Cambridgeshire Joint Strategic Needs Assessments (various) (2011-2014)
- Cambridgeshire Obesity Prevention & Management Strategy (2012)
- Huntingdonshire Health & Well-Being Action Plan (2014-2015)
- Huntingdonshire Sports Facility Strategy (2009-2014)

Sport & Active Lifestyles Attendances and Participants



Highlights from 2013/14

Focus activity: DASH Phase II

DASH Phase I was scheduled to end in November 2013 due to the end of the lottery grant funding period. An inevitable running down of some activities led to staff leaving the team and a reduction in final year participants and attendances.

However a new lottery award was secured for DASH Phase II during the year which has allowed the team to take the best bits of Phase I and add some new activities for Phase II.



These activities are possible with the support of national lottery funding and key partners who have committed to help us deliver Phase II and we look forward to three exciting years of new DASH activity to increase participation in sport in Huntingdonshire.

Focus activity: Right Start Group Exercise Classes

The Right Start programme continues to exceed expectation. With the addition of a new class in Warboys the programme has exceeded the previous year's attendance by 37% to record its highest ever total attendances at 5,781.

The classes run at four incremental levels allowing for progression and are aimed at older adults and those who require additional support to exercise.

A key strand of the District Council's Falls Prevention offer, the classes complement Exercise Referral, Cardiac Rehabilitation Community Classes and Health Walks and offer another alternative for participants to increase their participation in physical activity to meet the Chief Medical Officer's guidelines.

Focus activity: Cardiac Rehabilitation Community Group Exercise Classes

Group exercise classes for those who have had a heart attack or cardiac event requiring medical intervention. A mainstay of the team for many years the programme has also achieved its highest ever total attendances. 17% up on the previous year, over 2,300 attendances were achieved for the first time with an average attendance of 15 per class.

The service provides an invaluable option for people once they are discharged from hospital based rehabilitation.

Financial Highlights

The following were new awards in 2013/14:

£145,000: Sport England lottery fund grant to roll out DASH Phase II

Summary Financials	2010/11	2011/12	2012/13	2013/14	2014/15
Direct Service Controllable Income	£151,000	£140,000	£141,000	£131,000	£151,000
Direct Service Controllable Expenditure	£354,000	£363,000	£350,000	£312,000	£332,000
Direct Service Controllable Net Expenditure	£203,000	£223,000	£209,000	£181,000	£181,000
Capital	£3,000	£2,000	£2,000	£2,000	£2,000
Non Controllable Expenditure	£131,000	£116,000	£119,000	£113,000	£117,000
Total Net	£337,000	£341,000	£330,000	£296,000	£300,000

Performance Indicators	2010/11	2011/12	2012/13	2013/14	2014/15
Staff cost as % of expenditure	60.0%	61.8%	62.6%	63.0%	54.3%
Income as % of controllable expenditure	42.7%	38.6%	40.3%	42.0%	45.5%
Subsidy per visit	£6.29	£5.36	£5.38	£4.83	
Individual participants	6,275	7,317	5,953	5,183	
Admissions	32,279	41,585	38,881	37,461	

Expenditure History	2010/11	2011/12	2012/13	2013/14	2014/15
Employees	£293,000	£298,000	£295,000	£269,000	£245,000
Premises	£14,000	£14,000	£12,000	£11,000	£9,000
Supplies and services	£27,000	£28,000	£24,000	£20,000	£66,000
Transport	£20,000	£22,000	£19,000	£12,000	£12,000
Non Controllable (inc Capital)	£134,000	£120,000	£121,000	£115,000	£119,000
Total Gross Expenditure	£488,000	£482,000	£471,000	£427,000	£451,000

Data Source - Business Objects reports run on codes LB01 to LB50 for the different years.

Review of the Year

Service inputs

In total the team organised and delivered 2,650 physical activity or sports sessions

- 742 Group Exercise Classes delivered (Right Start, Cardiac Rehab Phase IV and Outdoor Gym)
- 477 Health Walks delivered (including themed events)
- 809 Exercise Referral appointments (1:1 sessions including inductions, programme reviews, final appointments)
- 246 Disability Activity Sessions (Active and Able, holiday sessions, festivals, bespoke sessions, DASH community day settings disability sessions)
- 253 Organised Young People Activities (Street Sports, sixth form activities, roadshows, holiday sports activities, netball festivals, multi-sports clubs and community engagement sessions)
- 73 Sports sessions for adults (Adult Sport Tasters, 'Not the Big Four', 'TimeOut' for business)
- 15 Family orientated events.

Performance highlights

Overall service: total visits (37,461) and individual participants (5,183)

- **Right Start Classes:** attendances up 37% on previous year with 5,781 visits and a record high since the scheme started in 2008
- **Cardiac Rehabilitation Community Classes:** attendances up again over 17% on previous year with 2,371 visits and a record high since the scheme began in 1998
- **Sports Qualifications gained:** up 60% on the previous year and the best result since records began in 2006 with 199 qualifications gained

Customers satisfied or better with services

- Overall - activities for adults: 95%
- Cardiac Rehabilitation Community Classes: 100%
- Outdoor Exercise group exercise class: 100%
- Disability Sport (combined activities): 100%
- Holiday programmes (Parents or guardians): 100%

Young people who think services are brilliant or good

- Overall - activities for children & young people: 96%
- DASH Sixth Form Activities: 100%
- DASH Street Sports: 96%
- Holiday programmes: 96%

Customers rating value for money of fee paying services good or better

- Overall - all services: 95%
- DASH Adult Sports Tasters: 100%
- Cardiac Rehabilitation Phase IV exercise classes: 100%
- School Holiday Programmes (Parents or guardians): 98%
- Cardiac Rehabilitation Community Classes: 96%



Promotions and Events in 2013/14

- Cambridgeshire Celebrates Age
- Community Health Improvement Programme Sessions (CHIP) (x21)
- Community Navigators event
- Diabetes Management event
- Estates Excellence Physical Activity Sessions for local businesses (x2)
- GP Trainee Information Session
- Health related events and talks (x4)
- Local Access Forum Board
- Papworth Hospital Cardiac Phase 3 visits (x4)
- PEDALS Consultation Events (x2)
- RAF Wyton Family Day
- School Games, School Games Plus and Competitions PLUS events
- Walk For Life health walk

Service improvements in 2013/14

- **Cardiac Rehabilitation Phase IV:** new class at One Leisure St Neots to cater for demand
- **Health Walks:** new walks introduced
- **Right Start:** new functional MOT's implemented for customers
- **Right Start:** new class added to the programme in Warboys
- **Disability Sport:** assisted Huntingdon Indoor Bowls Club to integrate Huntingdon Boccia club into mainstream club after winning £10k equipment grant

Planned service improvements for 2014/15

- **DASH Phase II:** new project to be fully implemented following successful grant application
- **Right Start:** new classes to be subject to feasibility and added to programme where sustainable
- **Exercise Referral:** new free 10 month pilot to be trialled from June 2014 to March 2015
- **Schools:** new and improved offer to schools

Review of the Year

What our customers had to say

ACTIVITIES FOR ADULTS

Health Walks

- "I have been very pleased that I joined the Ramsey health walks. It has improved my fitness, mental health and socialising. I find my fellow walkers to be friendly and companionable and the leaders very good. Please continue these walks."
- "The social interaction of the scheme should not be underestimated, especially for those who live on their own and/or may not be able to afford to join other clubs/groups in their vicinity."
- "The leaders are kind & friendly, I always feel welcome and really enjoy the walks, they are exhilarating! The people taking part are friendly & sociable."

Right Start

- "Suffering from a health condition, I thought I would never be able to exercise again, going to the Right Start class I have improved my general health and feel more confident in meeting a wide range of different people."
- "I knew how important exercise was but I just couldn't walk without a stick due to the pain from arthritis. But since doing the class I am much more mobile and hardly use my stick."
- "I know from experience that after an illness it is hard to find the courage to get out and socialise again. But the RightStart class was very welcoming and soon had me settled in and enjoying myself feeling both fitter and better. I recommend this class at every opportunity that presents itself."

Exercise Referral

- "With your assistance & professionalism I have significantly improved my health, fitness, physique, dramatically reduced my BMI. Cannot thank you enough particularly my Physical Activity Officer."
- "Found the exercise referral scheme more helpful than physiotherapy because of consistency and amount of one to one time you have with fitness consultant. Big thanks to my Physical Activity Officer for all her help."
- "Excellent scheme. It changed my perception of a gym environment. Showed me that people of various ages and levels of fitness attend the gym. I would never have joined a gym without the referral scheme plus my Physical Activity Officer is a great instructor, encouraging and non-judgemental."

Cardiac Rehabilitation

- "Attendance at these classes has become a regular part of my weekly activity - that must be a recommendation! I welcome the 2 days a week, it gives me greater flexibility - I can attend one, either or both."
- "As in previous years, attending the class on Thursday at St Neots is a priority spot in the week as I regard this session as an important element in my keep fit regime following a stroke and heart surgery in 2003 and 2004."

Outdoor Exercise

- "The instructor is excellent and knows everyone's strength and weaknesses and makes sure we do things correctly."
- "Really a benefit to be outside exercising rather than being cooped up in a gym."

DASH Adult Sports Tasters and Courses

- "In my opinion, I thought the session was brilliant but would have been good to have a two hour session and pay a bit extra for it."
- "An excellent way to try out activities that are a new venture."

ACTIVITIES FOR CHILDREN AND YOUNG PEOPLE

College & sixth form activities

- "Dodgeball as a way to relieve some lesson stress through exercise."
- "Being able to relax and have fun in the morning before working."

Street Sports

- "Street Sports is fun! Really great to have free football sessions in my town."
- "It was brilliant."

School Holiday Activity Programme: Parents/Carers

- "A fantastic afternoon for children promoting sports and games! An invaluable service during the long summer holidays!"
- "Thank you, yet another wonderful day for my daughter. Well worth the money. I got lots of mud for free... What can I say, this is what a childhood is about. Well organised wonderful/supportive leaders. Please run again."
- "Please keep providing these activities. My children are 11 and 13 and it's good to see activities for the slightly older children so they do not need to mix with very young children."
- "Fabulous afternoon! Great that for once we didn't have to do any travelling! Would definitely do again."



School Holiday Activity Programme: Young people

Response to 'what part did you enjoy best?':

- "No best bit, it was all great. The mud and water puddle was great fun. Hard work but great fun."
- "The range of play equipment on offer to play with was brilliant and the games were fun."

ACTIVITIES FOR DISABLED PEOPLE

Active & Able Club

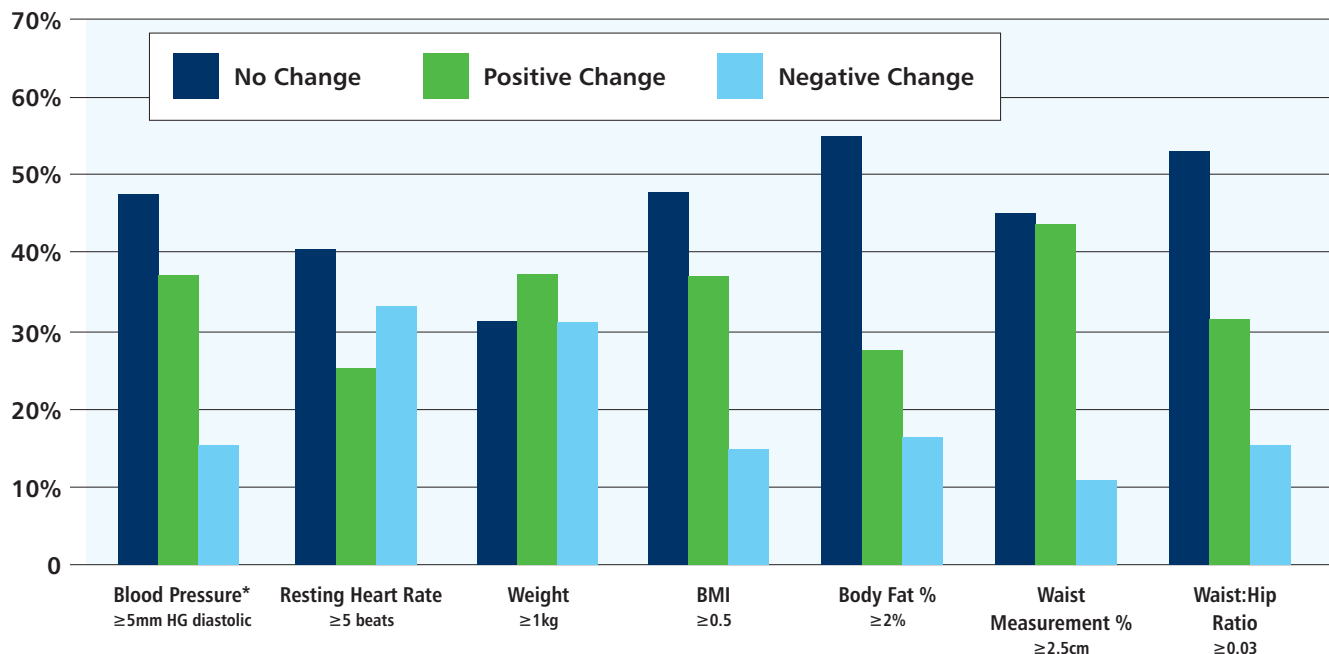
- "It is very important for me to have access to leisure activities. Active and Able club is fun, I learn new skills and it gives me a chance to socialise with my friends as well as to keep myself active and fit."
- "John is very enthusiastic about attending on Thursday mornings. It is his only opportunity to experience a range of sports with peers in supportive and non-competitive surroundings."

Sport for all sessions

- "I enjoy golf, it is fun."
- "I enjoy the sessions."

Exercise Referral Results

Anthropometric Data* 2013/14 (Data source: results at 12 week review)



* Blood Pressure – please note although some results recorded as negative change due to increase of 5 beats or more in diastolic pressure many results actually still within ‘normal’ scales.

Outcome Data* 2013/14

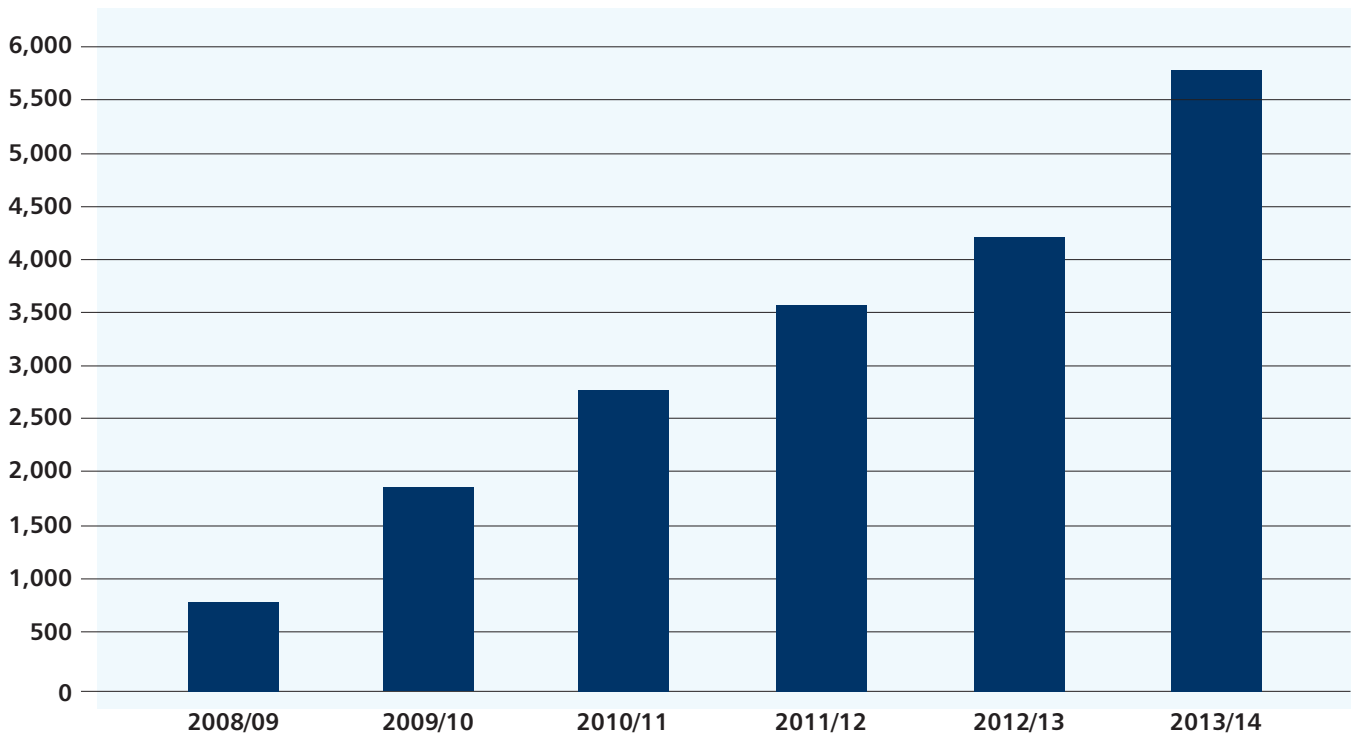


* Data is a snap shot at 20th May 2014.

Growth Areas

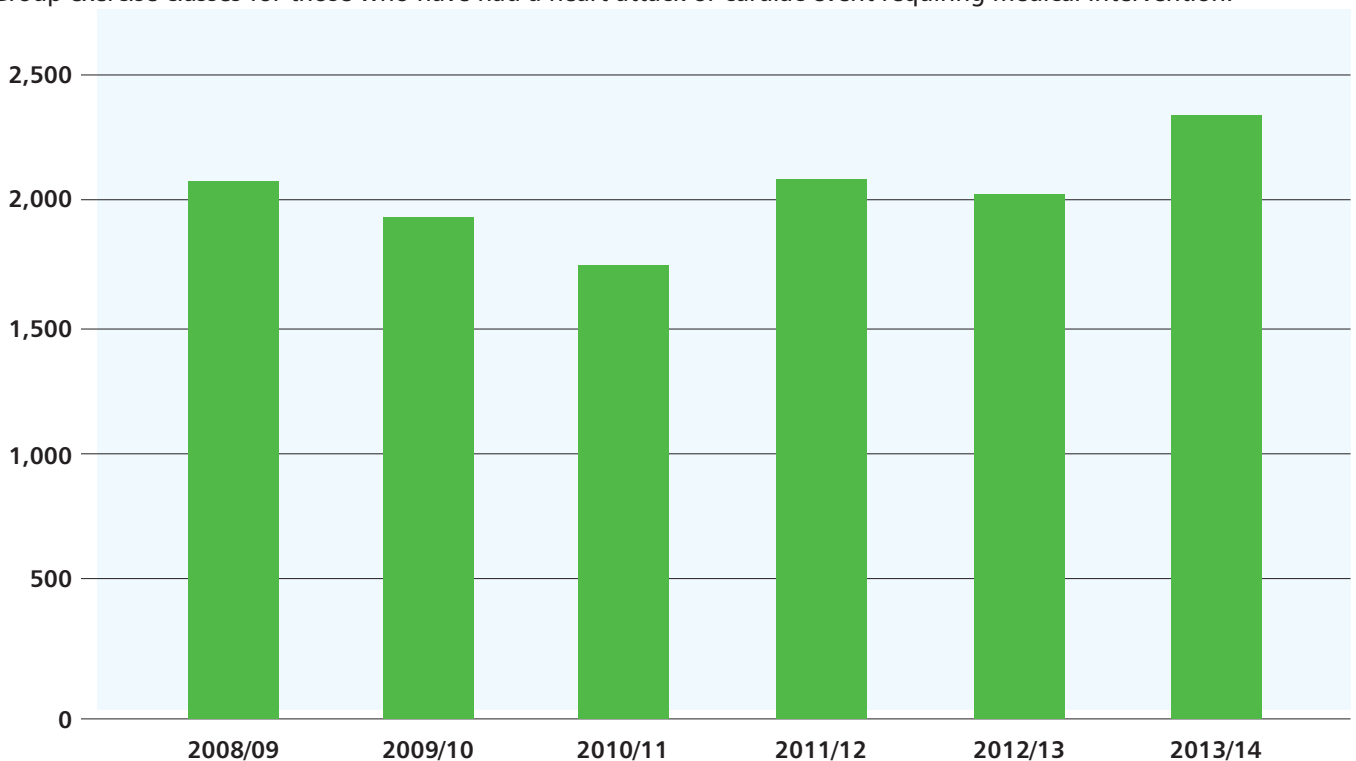
RightStart Attendances

Group exercise classes for older adults and those requiring additional support to exercise.



Cardiac Rehabilitation Community Classes Attendances

Group exercise classes for those who have had a heart attack or cardiac event requiring medical intervention.



What We Do

Increasing participation in physical activity

Exercise Referral

Individuals with medical conditions and requiring additional support to exercise are referred to Impressions Fitness Suites and looked after by an exercise specialist qualified to REPS Level 3 or 4 from the Sport & Active Lifestyles team or Impressions Fitness Suites.

Health Walks

Nationally accredited this scheme involves a team of 30 volunteers who lead a programme of walks across the district; the walks range from 30mins to 90mins and are based on the national 'Walking for Health Initiative'.

Cardiac Rehabilitation Phase IV

Individuals who have had a heart attack or heart surgery are able to access community based exercise classes based on the national 'British Association of Cardiac Prevention & Rehabilitation' (BACPR) programme in a safe and sociable environment with others who have undergone similar experiences.

Right Start Classes

Group exercise classes targeting over 50's and those who require additional support to exercise but favour a class setting over the gym environment are being delivered across the district at various venues.

Outdoor Exercise Class

Weekly class offering instruction and supervision on the outdoor exercise equipment based at Coneygear Park, Huntingdon. Outdoor gym equipment is also available at Hinchingsbrooke Country Park, Huntingdon. Sample programmes are available on line for people to try in their own time.

Raising the profile of sport and physical activity

Events and Promotion

The team attend a wide range of partner events promoting active lifestyles.

Partnership Work

The team work with a wide range of statutory and voluntary sector partners to increase participation in active lifestyles.

Communication & Marketing Strategy

The team implement a communications and marketing strategy to raise the profile of the numerous sports and active lifestyle opportunities in the district.

Better use of web and internet services

The team is always seeking to make better use of technology including social media to improve the effectiveness and efficiency of the services.

Increasing participation in sport

DASH (Delivering Activity and Sport in Huntingdonshire)

From village festivals to PEDALS sessions, sixth form activities to community disability schemes, adult sports tasters and courses to the Sports Festival in the Park there is something for everyone in DASH.

Youth Sport Development

Including school holiday activity programmes, school festivals, and sports days.

Disability Sport

Working with Huntingdonshire Disability Sports Forum to increase and enhance opportunities for disabled people to participate in sport including festivals, sports clubs and competition opportunities.

Equity Sports Development

Improving opportunities for under-represented groups to take part in sport and physical activity across the district.

Street Sports

For young people (13-19 years) offering free sports sessions as a positive diversionary activity. Running in Yaxley, Sawtry and St Neots and delivered in partnership with the Office of Children and Young People for Cambridgeshire.

Improve, enhance and sustain the sporting infrastructure (facilities, clubs, finance & people)

Workforce Education & Development

Fundamental to improving sporting and active lifestyle opportunities is improving the number and quality of coaches, instructors, volunteers and administrative personnel in the sector.

Sports Facility Strategy

The strategy helps to inform and identify sporting priorities across the district.

GIS mapping project

Mapping of all the known sports and active lifestyle facilities in the district has continued – now over 200 sites and 400 facilities.

Facility Development

The team offer support to Huntingdonshire District Council facilities and offer funding advice to clubs seeking to develop their own facilities.

Club Development & Support

The team offer advice and support to clubs around developing junior sections, gaining funding for equipment and issues around safeguarding or becoming a constituted organisation. An ongoing piece of work has identified over 250 sports clubs in the district to date.

Planning Related Developments

The team seeks to ensure sport and active lifestyles are represented when new developments are planned and social infrastructure requirements are met.



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 [facebook.com/DASHsport](https://www.facebook.com/DASHsport)

 twitter.com/DASHsport

Consultation paper:

Personality Disorder Community Service/ Complex Cases Service, including Lifeworks

June 2014



Consultation Paper - Personality Disorder Community Service/ Complex Cases Service, including Lifeworks

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Purpose of the consultation

This paper sets out proposals regarding the future of community personality disorder services run by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). It has been produced to consult with people who use the service county-wide about the proposed changes. We are significantly strengthening the personality disorder service across the county. However we recognise there will be changes to the service that some clients have been used to receiving. The paper describes why we have made these proposals, what we hope the new service will achieve, what risks we anticipate and how these risks have been minimised. The paper also sets out some key questions that we would like your views on and explains how you can make comments regarding the proposals.

Background

In January 2013 CPFT embarked on a wide ranging redesign of its adult community services. The purpose of the redesign was to improve links with GPs, and provide mental health services closer to primary care, as set out in the 2011 public consultation jointly led by NHS Cambridgeshire and NHS Peterborough. Our main commissioners – the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) – also require us to ensure there is equitable access to the services that we provide throughout the CCG area (i.e. patients across the CCG area should have equal access to services depending on their needs and not on where they live). The redesign also had a number of other objectives:

- To ensure the services we provide are delivered by specialist professionals focusing on each individual's mental health and social care needs.
- To ensure our services comply with national clinical guidance.
- To ensure that when someone is referred to our service, they see the right professional straight away, reducing the need for repeat assessments.
- To continue to develop the skills and knowledge of our staff and to support a focus on recovery from mental illness.
- To ensure we make best use of the resources we have. Whilst we have fewer staff to provide our services, the changes aim to make our services as efficient as possible in supporting people with mental health needs. This is essential at a time when demand for our services is growing and the NHS faces significant financial challenges.

The redesign covered all adult community services for people with significant mental health needs, namely:

- Intake and Treatment
- Rehabilitation & Recovery

- Complex Cases Service
- Assertive Outreach
- CAMEO (early intervention service)

Following the redesign there are now five locality teams delivering care and treatment. The teams are based in Huntingdon, Fenland, Peterborough and two in Cambridge, one North and one South team. The teams follow clinical pathways that cover the common mental health illnesses:

- Affective disorders – including anxiety, depression, bi-polar disorder
- Recovery Psychosis – longer term psychotic illness

The locality teams have strong links with primary care services through senior mental health clinicians working with groups of GP practices.

As well as the five locality teams, there continue to be two specialist services operating county-wide:

- CAMEO - an early intervention in psychosis service for people experiencing their first episode of psychosis
- Personality Disorder (PD) Community Service – for people with personality disorders

This consultation focuses on the personality disorder (previously Complex Cases Service), which includes the Lifeworks programme.

The main differences between the old Complex Cases Service and the new personality disorders community service are that:

- The new service is CCG-wide rather than just being largely Cambridge based
- There is a stronger focus on clinical interventions that are evidence-based
- The service is based on a time limited treatment pathway, in line with the evidence base, rather than an open ended service.

In January 2014 as part of the implementation of the Personality Disorder Community Service, a decision was taken to close Lifeworks. We recognise in retrospect that we should have discussed this as a proposal with current service users to gain their views prior to writing to them about the planned closure on the 31st March 2014. We regret that we did not do this and hope that this consultation will now provide an opportunity our proposals to be considered and feedback to be received.

We have taken on board the concerns raised by Lifeworks service users and we are working proactively with the Clinical Commissioning Group, the Overview and Scrutiny Committee, Healthwatch, service users, carers and the independent sector to find possible solutions. In response to the concerns raised, we are proposing a transitional support programme based in the community and additional access to crisis support during the transition period for service users who are affected by the closure of Lifeworks. More details are provided in the “Mitigations” section.

What is personality disorder?

The term “personality disorders” describes conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.

This can arise as a result of disturbed development during childhood, as well as genetic and other environmental factors.

Personality disorders are common conditions, although there is considerable variation in severity, and in the degree of distress and dysfunction caused.

There are different types of personality disorders, which have been grouped into three overall categories or “clusters”. Borderline personality disorder is present in just under 1% of the population.¹ The prevalence of antisocial personality disorder in the general population is 3% in men and 1% in women.²

Overall, epidemiological estimates suggest that between 5% and 13% of people living in the community have problems that would meet the diagnostic criteria for PD.³

In addition, 40% and 50% of psychiatric in-patients are thought to meet the criteria for PD and some 50–78% of prisoners have been found to have PD.

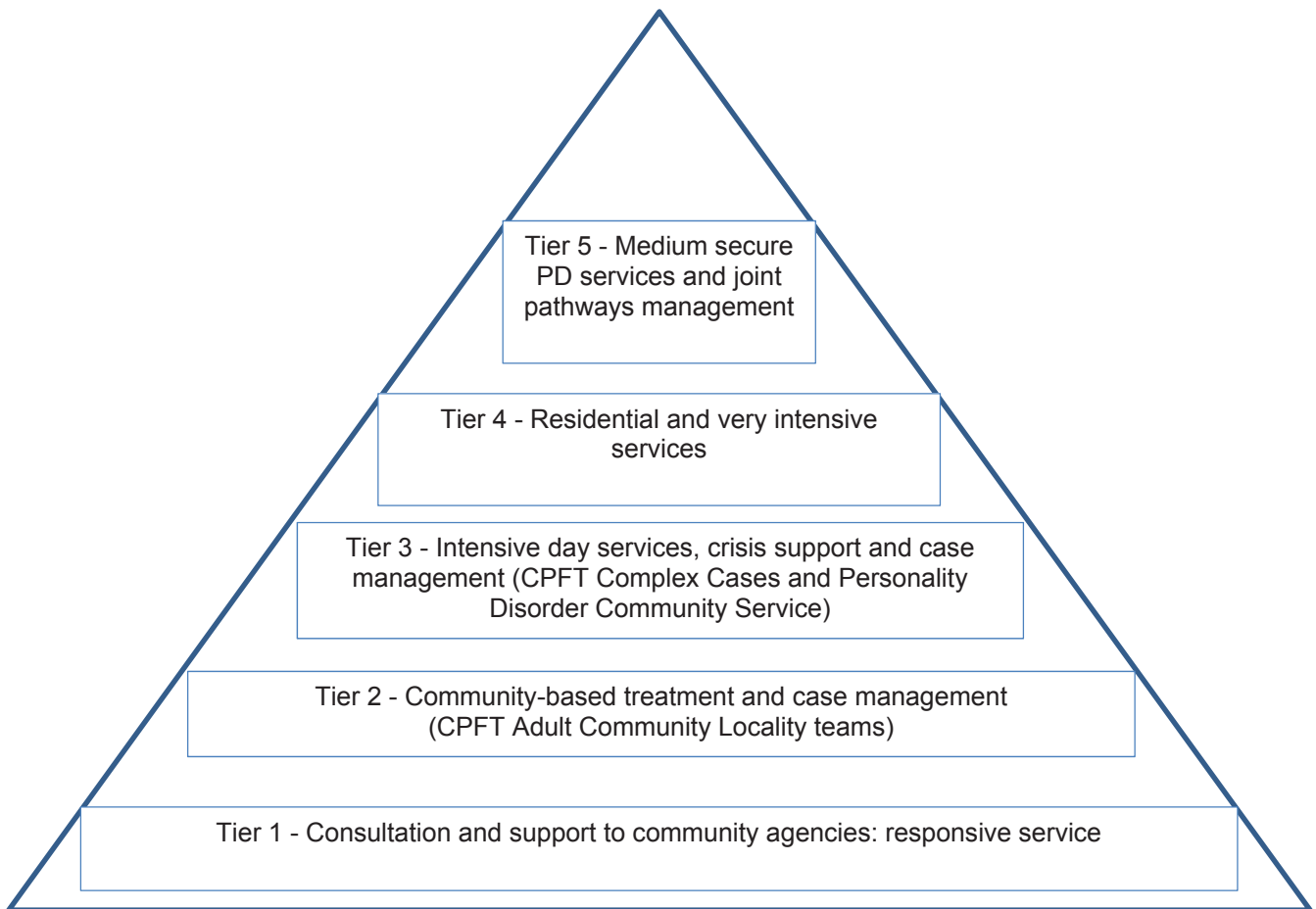
Different types of service are recommended to meet different levels of severity and risk⁴:

¹ Borderline Personality Disorder: Treatment and Management, NICE Clinical Guideline 78. January 2009 <http://guidance.nice.org.uk/CG78>

² Antisocial Personality Disorder: Treatment, management and prevention, NICE Clinical Guideline 77, January 2009. <http://www.nice.org.uk/CG77>

³ Recognising complexity: Commissioning guidance for personality disorder services. DH June 2009. <http://www.personalitydisorder.org.uk/assets/resources/173.pdf>

⁴ Recognising complexity: Commissioning guidance for personality disorder services. DH June 2009. <http://www.personalitydisorder.org.uk/assets/resources/173.pdf>



What is Complex Cases?

Some background

Complex Cases was a service for patients with personality disorders that was founded in the late 1990s, initially with Trust money but then augmented by extra government funding when it became a national "beacon" site.

When Complex Cases was founded, no comparable clinical services existed. The Trust was one of eight organisations who had suggested widely varying service models for helping patients with personality disorders. The Trust's model had the following key features:

- It would be able to take on patients with much more severe personality disorders compared to the few other services available at the time for people with this condition
- It would be part of local psychiatric services
- It would combine psycho-education, psychotherapy and socio-therapy
- It was expected that patients would use the service now and then for varying lengths of time, depending on whether they were experiencing a period of relapse or remission.

While the service aimed to be a substantial improvement on the previous almost total lack of provision, it was never able to meet even a small fraction of the clinical need and this was acknowledged during the planning of the service.

The service used a model of support known as “case management”. Case management is a generalised intervention that aims to help patients manage their illness and their life better. Some patients received individual therapy but many more were offered access to a crisis clinic - called the open clinic - and a regular social group called Lifeworks. The idea behind these interventions was to help people re-engage with their social world and to help them through crisis points without having to use accident and emergency services.

The model evolved over time in a range of ways in the different locations where the service was implemented. In Peterborough the lifeworks service was extremely difficult to maintain and had to be closed as it was not possible to run safely. There were never sufficient funds to run a full service in Huntingdon and for many services patients had to travel to Cambridge.

During the time that the service operated four pieces of guidance were published. These were: “Personality disorder - no longer a diagnosis of exclusion”; “Commissioning guidance on personality disorder”; NICE guidance on borderline personality disorder; NICE guidance on antisocial personality disorder.

In response to these factors, the Complex Cases service began to work on proposed changes to its structure and manner of operation, in order to take account of the guidance and also to deal with the inequity in the service across the county. At the same time, funding for the service moved from being a specialist government pilot to a routine part of general services within the Trust.

Complex Cases interventions

The Complex Cases service model focused on social rehabilitation and all patients of the service were offered a combination of:

1) Case management

Regular individual meetings with a trained mental health worker, focusing on risk management and practical help, as well as coordinating care.

2) Open clinic

A drop in clinic running five times a week where patients were guaranteed to be seen if they arrived during the clinic hour and where they could access help and support in a crisis.

3) Lifeworks

A regular structured program of social and recreational activities, emphasizing peer support. 10% of service users over the past 10 years made use of this part of the treatment package

4) Psychotherapy.

Approximately 10% of service users received psychotherapy. This consisted of regular meetings with a trained therapist or therapists, either individually or in groups, focusing on self-harm and self-management.

Over 10 years Complex Cases treated approximately 690 service users. 60 of these service users received group and/or individual therapy - this group therapy was provided for considerable periods of time.

Lifeworks

The Complex Cases service aimed to provide Lifeworks Trust-wide. However, this was never achieved. It is only in Cambridge that the Lifeworks Services have ever been able to be sustained and developed. Lifeworks has been variously run out of a church in the centre of Cambridge, a converted ward on the Ida Darwin site, Springbank (a ward on the Fulbourn site) and over the last year from Tenison Road in Cambridge. It has only been able to reliably run two days a week. In addition to Lifeworks, the Complex Cases service provided the open clinic between three and five times a week, which allowed for service users to contact the service for a fifteen minute consultation if they felt they were in need of support or advice.

Objectives and rationale for change

The aims of the proposed changes are:

- To make best use of available resources (money, facilities and staff)

Like all NHS organisations, the Trust needs to make efficiencies in the way it delivers services.

- To make sure that services are delivered equitably across the county and to increase the number of people who can be seen.

We want to address the inequity in service provision across the county and respond better to demand for our services. Currently the Complex Cases Service can only meet the needs of approximately 70 people, mainly in the Cambridge area. The new service will be able to see a significantly larger number with an ongoing caseload of approximately 240, based on a two year pathway. We have estimated this based on a review of the number of all patients with a diagnosis of personality disorder known to the Trust.

- To provide services that are evidence based

Since the original design and implementation of the Complex Cases service, there has been national guidance on the commissioning and delivery of personality disorder services as well as NICE guidance on best practice and evidence based care in this area. The remodelling of the service will reflect this guidance by prioritising interventions which are recognised as effective.

- To provide interventions that are in line with new commissioning guidelines

Commissioning guidelines (known as Payment by Results) use the evidence base to suggest a menu of interventions which ensure that services are effective and make best use of limited resources. The personality disorder community service has had to prioritise the resource it has to deliver these interventions to the largest number of patients across the Trust.

- To provide services that are Recovery⁵ focused

Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness. Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives and by seeing how others have found a way forward. Self-management is encouraged and facilitated; supporting people to develop resilience and autonomy is a key element of how services can promote and foster recovery.

What is proposed?

The personality disorder community service aims to provide an outpatient service for people with personality disorder across all CPFT localities. The service will aim to treat a greater number of service users, increase access to evidence based therapeutic interventions, and increase and improve service user access to support during a period of crisis. It aims to deliver the most effective interventions. The service has been developed following NICE guidance CG 78 (borderline personality disorder <http://www.nice.org.uk/CG78>.), and where relevant NICE guidance CG77 (antisocial personality disorder <http://www.nice.org.uk/guidance/CG77>).

Access to the Personality Disorder Service will be enhanced by referrals being made to the team directly to the PD service via the single point of access (ARC). This differs from the previous arrangement whereby most referrals were made initially to community teams who would then refer on to the Complex cases service. This would sometimes slow down the access to specialist services.

The referral route for service users discharged from the service would essentially be the same as for new people, but would take into account their previous care and treatment as part of the assessment. (See referral diagram in appendix 4)

Following referral and assessment, service users will receive an individualised care package, which will include any of the following interventions. These interventions are based on NICE guidance.

- Regular sessions with a care co-ordinator to develop and review care and crisis plans
- Review of medication and physical health

⁵ Making Recovery a Reality. Sainsbury Centre for Mental Health, 2008

- Psycho-education on their diagnosis and treatment
- Access to daily crisis clinic and, if needed, Dialectic Behavioural Therapy informed crisis intervention (DBT skills groups), for all those currently receiving treatment
- Individual formulation to decide on most appropriate therapeutic intervention
- Occupational therapy 'goal setting' group to develop skills and strengths and improve daily functioning (16 week programme)
- Mentalisation Based Therapy (MBT) to improve emotional regulation and reduce impulsivity and self harm (18 months)
- Individual low intensity Cognitive Behavioural Therapy (CBT) for co-morbid affective disorders
- Individual support to develop and achieve goals to facilitate social inclusion
- Individual work on relapse prevention and developing support networks to prepare for discharge

The personality disorder community service will be accessible to all residents of Cambridgeshire and Peterborough and will operate in Cambridge, Huntingdon, Peterborough and Wisbech. The team will be present in the Cambridge, Huntingdon, Fenland and Peterborough localities two days a week to deliver group-based interventions and care co-ordination. Crisis support will be available across all localities five days a week.

Current situation

Following implementation of the redesigned adult community teams in November 2013 and in order to meet need, some limited aspects of the redesigned pathway have started to be implemented in the county. At present:

- Lifeworks continues for two hours twice a week at Springbank, Fulbourn – the hours are limited due to room availability, this is being addressed so that provision can be increased.
- Therapy groups have been established in Cambridge
- The transfer of some service users in Huntingdon to the Personality Disorder Service.

Further plans will be made following the outcome of consultation, or in light of clinical need.

Budget, resources and capacity

The budget for the service was of £911,000 p.a. in 2013/14 and £720,773 p.a. in 2014/15. This covers pay and non pay. Despite the decrease in budget available the redesign has been able to increase capacity by;

- Reducing the banding of posts and therefore the costs, whilst increasing the overall number of posts, as the table below illustrates.

Month/Year	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	SW	medical	total
March 2013	1.48	1.60	0	4	5.26	4.75	0	0.2	17.29
April 2014	2	2	4.5	2.79	5.53	1.75	1	0.2	19.77
Difference	+0.52	+0.4	+4.5	-1.21	+0.27	-3	+1	0	+2.48

The table illustrates funded whole time equivalent posts (including vacancies). It does not include administrative staff. The social worker post was allocated to the team as part of a redesign of social care posts.

- Moving from mostly individual one to one based therapy to much greater use of group based interventions. The CCS provided individual therapy to a relatively static caseload (with few discharges from the service). The proposed model will use time limited group based interventions to help service users gain as much benefit as possible from treatment and support. At the end of the treatment (which is for up to two years), service users will be discharged with a support plan in place. Where needed, discharged service users can be re-referred in the same way as anyone else.
- Lifeworks required 2-3 members for staff to run the drop-in. By releasing these staff from this activity will allow those resources to participate in the group based programme.

Mitigations

We recognise that these changes may have a particular impact on service users in Cambridge. This is because Lifeworks has been running in Cambridge for a long time, whereas it does not currently exist in other localities. To mitigate this we propose the following:

- CPFT would work with a local independent sector organisation to provide group sessions in Cambridge for PD patients, two days per week, similar to the Lifeworks sessions, i.e. social recreational groups. These would offer a regular social space for service users to meet, facilitated by trained staff (initially this would include a known member of the CPFT personality disorder community team). This group would offer a bridging opportunity to enable ongoing engagement with the service offered by the independent organisation, and would be available for twelve months.

- This transitional group would be open to anyone who currently uses Lifeworks. However, the service provided by the independent organisation would be available to all patients who use the PD pathway.
- Ex Lifeworks service users who attend these group sessions would also have direct access to crisis support via the personality disorder crisis workers for a year.
- Mind in Cambridgeshire will work in collaboration with CPFT to provide a holding environment, supporting clients to end their work with the Lifeworks programme and transition into other services/sources of support. The “Transition Together” programme will offer a safe space for clients to connect with peers whilst providing an introduction to recovery orientated support which is time limited and structured.
- The 12 month “Transition Together” programme will offer different levels of support on a rolling basis; low level social networking, mid level interactive sessions focussing on aspects of wellbeing and more focussed symptom specific discussion groups called “Let’s talk about...” . The programme will be facilitated by a staff member from Mind in Cambridgeshire and CPFT. Clients will be able to access support to manage crisis outside of the sessions via the CPFT crisis line service throughout the transition period.

The CCG and CPFT are currently in discussion with providers about this potential development.

Clients who are engaged in the current model and who are being discharged to the care of their GP will be offered three follow up appointments. Clients can use these appointments when they feel most appropriate, up to a year post discharge from the complex cases service.

What do the changes mean for service users?

Current service (complex cases):

The complex cases service is a service for people who have a diagnosis of personality disorder, or who have complex needs which have been difficult to treat in other general community teams. Clients have often been involved with mental health services for long periods of time before being referred to and accepted by the complex cases service. Referral to complex cases is mainly via other mental health services, not directly through the GP.

Many of the clients attending the complex cases service are care co-ordinated by other community teams. A care co-ordinator is a nurse or other registered mental health professional, such as a social worker or occupational therapist (OT). The role of care coordination is to manage the care of a client and to help address their needs by working with them and other services or professionals. Clients who are care coordinated outside of the complex cases service receive support and access to Lifeworks and the open clinic (described below).

Once accepted to be care coordinated by the complex cases service, a client receives regular appointments with their care coordinator. The frequency of these appointments ranges between once weekly and monthly. These appointments are used to discuss and plan for possible crisis situations, to set goals for recovery and to support the clients with practical help, such as housing, benefits and other day to day situations.

A small number of clients attend a Cognitive Analytic Therapy (CAT) based self harm group, focussing on how to stop self harm behaviours. CAT is a therapy which looks at how a person has developed ways of managing their feelings from an early age, thinking and exploring other ways to think and behave. A very few clients receive individual CAT.

The complex cases service has only limited access to a senior psychologist and a senior psychiatrist, often resulting in a waiting period for non urgent medical reviews.

Complex cases service also runs a recreational and social component to the service which is called Lifeworks. This offers activities such as cooking, Pilates and art based groups, as well as a drop-in time for clients and staff to meet. Clients who attend this part of the service have previously been told that this would always be available to them.

Clients who are in crisis, or feel that they are becoming unwell, have access to the service's open clinic, which runs daily, Monday to Friday between 2pm and 3pm. To use this, clients either telephone into the service and request to be contacted by phone, or attend face-to-face during this hour. These 15 minute sessions offer the client a chance to explain and talk through their current difficulty to a clinician. The clinician helps the client to consider possible ways of managing practical problems and any emotional distress they may be experiencing. The clinician also assesses any risks to the client, so that appropriate referrals or actions can be put in place.

Proposed model (personality disorder community service):

Access to the personality disorder pathway will be via the client's GP. The GP will make contact with a single point of access for the Trust called ARC (Advice and Referral Centre), who will then triage the referral and allocate it to the appropriate team. The personality disorder community pathway will work with clients who have a primary diagnosis of personality disorder and who are in need of a mental health service.

A new client to the service will receive six once-weekly appointments with a mental health professional, who will be their care co-ordinator. The purpose of these initial sessions will be to formulate a plan with the client and to signpost the client to appropriate therapies and treatments within the team. After the initial six weeks, the client will meet their care co-ordinator once a month to review their care. Issues which arise such as help with benefits or housing will be managed by the team social worker, rather than the care co-ordinator.

Some clients entering the personality disorder pathway will attend a Mentalisation Based Therapy Introduction group (MBTI). MBTI is an educational intervention

helping clients to understand their diagnosis. The MBTI groups will run for 12 weeks.

Some clients entering the personality disorder service will attend goal setting groups. The goal setting group will run for 16 weeks. The focus of the group will be to help clients to identify a meaningful and achievable goal, and then to work towards this with support from the team. Previous goals have been things like going to a gym or attending a local reading group. An important aim of the goal setting group is to help clients experience a sense of achievement.

If appropriate, clients will move from the MBTI group into Mentalisation Based Therapy (MBT). MBT is an evidence-based therapeutic intervention in which the therapist encourages the client to be curious about the thoughts and feelings of themselves and others. This helps to develop relationships with others and to understand how our inner mental states affect our actions. This group will run for 18 months.

A small number of clients will be able to access individual therapy; this could be MBT, CBT or CAT. This will be offered to clients who are not ready to attend a group. The individual sessions would help prepare them for group therapy, or help them with other mental health problems that exist alongside the client's personality disorder. Cognitive Behavioural Therapy (CBT) is a therapy which looks at managing difficulties by acknowledging that the way we feel affects the way we behave, which in turn affects the way we think, focussing on the here and now.

Clients who are in a crisis or feel that they are becoming unwell will have access to the team's advanced nurse practitioners (crisis workers). This will not be limited to an hour a day as in the current model. The crisis worker will use Dialectical Behaviour Therapy (DBT). DBT is an evidence-based approach that supports clients to understand, recognise and manage emotions, specifically the urge to act compulsively on thoughts and feelings. It supports them to develop skills in managing impulsive behaviour especially self harm. This will be provided in both groups and individually. The crisis worker will offer the client a chance to explain and talk through their current difficulties, and will help the client to consider possible ways of managing practical problems and any emotional distress they may be experiencing, using DBT. The crisis worker will assess risks to the client, so that appropriate referrals or actions can be put in place. A small number of clients will receive individual

The proposed model offers a pathway for clients with a primary diagnosis of personality disorder a service for up to 2 years. The model works towards the client's recovery, independence, and discharge from mental health services. It is recognised that at different times in a client's life they may require further mental health input. Should this be the case, the client can be re referred to the personality disorder pathway by their GP. GPs will have access to advice from the crisis workers for both service users in contact with the PD service and for those discharged from the service.

Impact of the proposed changes

The impact of the proposed changes for the PD service across the localities in Cambridgeshire and Peterborough is shown in the tables below.

We have been able to extend the service available to more people by redesigning the whole pathway across all adult community services. In particular, we will be offering the most effective interventions for a focused period of time, and delivering these interventions in an efficient way (for example by offering more group sessions where appropriate).

Please note clients will be offered a package of support that best suits their needs. The numbers identified in the proposed model are our estimates of what the pathway will be able to deliver per year and have been used for planning purposes. There will be some flexibility in what is delivered, depending on client needs.

Please note “current service” in the following table reflects the service as it operated between August 2012 and March 2014. Prior to this, there was limited provision in Peterborough consisting of case management, Lifeworks and psychotherapy (roughly half the size of the Cambridge service). Since March 2014, there have been some changes as described on page 9.

CAMBRIDGE North and South	Current service	Proposed service	Impact of changes
Psycho-education		Approximately 50 service users will receive structured psycho-education	Greater access to structured psycho-education as indicated in NICE and commissioning guidelines.
Occupational Therapy	No structured O/T was provided Approximately 30 people utilised the Lifeworks service which included the art group, Pilates, walking group, cooking group and the drop-in session.	Approximately 50 people will receive occupational therapy via evidence based goal setting group, consisting of structured group time at clinic base and 1:1 in the community.	Larger number of patients having access to occupational therapy Time limited, evidence based interventions aimed at improving engagement in community activities. Lifeworks no longer provided by CPFT. No longer a lifetime service – potentially some patients will have less social contact with peers. In the short term this could precipitate deterioration in mental state and high risk behaviour, with resulting higher use of services e.g. A&E, GP contact etc. To mitigate this, all patients discharged from the service will have three further appointments they can use

			at any time within 12 months of leaving the service (at a time of their choosing).
Psychology	Approximately 10 clients received structured psychological therapy	Approximately 30 clients will receive 18 month group of structured psychological therapy Approximately 11 will receive individual psychological therapy.	Structured psychological therapy will be accessible to more patients.
Care Coordination	Approximately 65 clients received weekly to three monthly individual meetings with a trained mental health practitioner, focussing on risk management and practical sorting out of life problems such as housing and benefits, as well as coordinating care.	Approximately 110 clients will receive weekly 1:1 sessions for six weeks, followed by monthly sessions for up to two years with a trained mental health practitioner, focusing on risk management as well as co-ordinating care. Practical sorting out of life problems such as housing benefits, child protection etc will be managed by a team social worker.	A more structured programme of care co-ordination delivered in a more equitable way to a greater number of patients county-wide. Role of care co-ordinator will change from providing clinical case management to co-ordinating different aspects of care which may be carried out by different clinicians in the team
Crisis work	Approximately 70 clients have access to daily open clinics – Mon. to Fri. 2pm to 3-m – telephone or face-to face for clients to contact for support. Crisis Resolution and Home Treatment Team (CRHTT) for out-of-hours support	Approximately 110 clients will have access to two full-time advanced nurse practitioners running a team of up to four people county wide, offering daily support to clients, colleagues, friends and family, and GPs. Face-to-face contact by appointment will be possible. Delivery of evidence based interventions to improve emotion regulation skills. CRHTT for out-of-hours support	All day (9am -5pm) access to crisis support for service users and other services/teams. Crisis support offered by a dedicated team rather than case manager as previously. This will enable a greater range of support to be offered. Evidence based interventions to improve emotion regulation skills will be available to all service users county-wide.
Medical	Approximately 70 clients have medical reviews when necessary. Currently GPs provide a proportion of this input	Approximately 110 clients will have access to medical review when necessary	Medication and medical reviews will be accessible to more patients

HUNTINGDON	Current Service	Proposed Service	Impact of changes
Psycho-education	No specialist	Approximately 25 will	Provision of service where

	personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge personality disorder service requiring extensive travelling.	receive structured psycho-education	none existed before.
Occupational therapy	No specialist personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge personality disorder service requiring extensive travelling.	Approximately 25 clients will receive occupational therapy via evidence based goal setting group, consisting of structured group time at clinic base and 1:1 in the community.	Provision of service where none existed before.
Psychology	No specialist personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge personality disorder service requiring extensive travelling.	Approximately 15 clients will receive 18 month group of structured psychological therapy Approximately 5 will receive individual structured psychological therapy.	Provision of service where none existed before.
Care co-ordination	No specialist personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge personality disorder service requiring extensive travelling.	Approximately 50 clients will receive weekly 1:1 sessions for six weeks, followed by monthly sessions for up to two years with a trained mental health practitioner, focusing on risk management as well as co-ordinating care. Practical sorting out of life problems such as housing benefits, child protection etc will be managed by a team social worker.	Provision of service where none existed before.
Crisis work	No specialist personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge	Approximately 50 clients will have access to two full-time advanced nurse practitioners running a team of up to four people county wide, offering daily support to clients, colleagues, friends and family, and	Provision of service where none existed before.

	personality disorder service requiring extensive travelling.	GPs. Face-to-face contact by appointment will be possible. Delivery of evidence based interventions to improve emotion regulation skills. CRHTT for out-of-hours support	
Medical	No specialist personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge personality disorder service requiring extensive travelling.	Approximately 50 clients will have access to medical review when necessary	Provision of service where none existed before.

PETERBOROUGH	Current service	Proposed service	Impact of changes
Psycho-education	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 20 clients will receive structured psycho-education	Provision of service where none existed before.
Occupational therapy	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 20 clients will receive occupational therapy via evidence based goal setting group, consisting of structured group time at clinic base and 1:1 in the community.	Provision of service where none existed before.
Psychology	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 15 clients will receive 18 month group of structured psychological therapy Approximately 5 clients will receive individual structured psychological therapy.	Provision of service where none existed before.
Care co-ordination	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 55 clients will receive weekly 1:1 sessions for six weeks, followed by monthly sessions for up to two years with a trained mental health practitioner, focusing on risk management as well as co-ordinating care. Practical sorting out of life problems such as	Provision of service where none existed before.

		housing benefits, child protection etc will be managed by a team social worker.	
Crisis work	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 55 clients will have access to two full-time advanced nurse practitioners running a team of up to four people county wide, offering daily support to clients, colleagues, friends and family, and GPs. Face-to-face contact by appointment will be possible. Delivery of evidence based interventions to improve emotion regulation skills. CRHTT for out-of-hours support	Provision of service where none existed before.
Medical	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 55 clients will have access to medical review when necessary	Provision of service where none existed before.

FENLAND	Current Service	Proposed Service	Impact of changes
Psycho-education	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 15 clients will receive structured psycho-education	Provision of service where none existed before.
Occupational therapy	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 15 clients will receive occupational therapy via evidence based goal setting group, consisting of structured group time at clinic base and 1:1 in the community.	Provision of service where none existed before.
Psychology	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 10 clients will receive 18 month group of structured psychological therapy Approximately 3 clients will receive individual structured psychological therapy.	Provision of a new service where none existed before
Care co-ordination	No specialist personality disorder service. Access to some support via the general adult community mental	Approximately 30 clients will receive weekly 1:1 sessions for six weeks, followed by monthly sessions for up to two years with a trained	Provision of service where none existed before.

	health teams.	mental health practitioner, focusing on risk management as well as co-ordinating care. Practical sorting out of life problems such as housing benefits, child protection etc will be managed by a team social worker.	
Crisis work	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 30 clients will have access to two full-time advanced nurse practitioners running a team of up to four people county wide, offering daily support to clients, colleagues, friends and family, and GPs. Face-to-face contact by appointment will be possible. Delivery of evidence based interventions to improve emotion regulation skills. CRHTT for out-of-hours support	Provision of service where none existed before.
Medical	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 30 clients will have access to medical review when necessary	Provision of service where none existed before.

These proposals significantly strengthen the service that is offered to patients across the whole county. Service users in Huntingdon, Peterborough and Fenland will now have access to a specialist personality disorder service where no specialist service currently exists - Huntingdon has limited access to the Cambridge service. Having specialist crisis workers strengthens the provision previously available via the open clinic, as it is accessible any time during office hours (9am – 5pm) and allows other professionals to be involved as needed.

Specific benefits of the proposals:

- An increase of caseload capacity for the specialist personality disorder service from 70 up to 240. The new pathway will allow for approximately 120 new service users to be taken on per year.
- A service that is evidence based and has clear health and social care outcomes.
- Improved access to evidence based interventions for all, with 50% receiving Mentalisation Based Therapy psycho-education and 50% receiving four

months goal setting group which includes some individual social inclusion support. In addition to these, 30% will receive a further 18 months Mentalisation Based group therapy and 10% will receive individual therapy.

- Five day a week access to specialist senior crisis workers and access to Dialectical Behavioural Therapy (DBT) informed interventions to improve emotion regulation skills.

The potential consequences are:

- Service users who have previously engaged in Lifeworks will no longer receive this model of care from CPFT (please see section on 'mitigation').
- Although Fenland will now receive provision of PD services for the first time, patients from here may have to travel to another location to access high intensity interventions. This aspect is still under consideration as we are mindful of providing equitable services to all localities.
- Service users will be treated according to need and demonstrable benefit. They can be re-referred and re-assessed if their need warrants it. As with all clinical specialities for some patients there may be no or very few beneficial clinical or psychological treatment options available. Such patients need support and social care interventions and care as is appropriate.

We would welcome comments on these proposals as part of the consultation and would welcome the input of service users in developing and implementing this further.

About this consultation

Who is this information for and who would be affected by the proposed changes?

This information is for service users in contact with the Complex Cases Service/personality disorder community service. This includes the Lifeworks group in Cambridge. It will be of interest to current service users and service user who have used Lifeworks recently. In addition to this we strongly welcome views of carers of service users. Responses from other interested groups are also welcomed.

This consultation paper has been agreed with NHS Cambridgeshire and Peterborough Clinical Commissioning Group, and the Overview and Scrutiny Committee working group of Cambridgeshire County Council who have assisted service users in representing their views. The duration of six weeks has been agreed with the OSC working group and the CCG.

Tell us what you think

We want this consultation process to provide an opportunity for discussion with service users in contact with the Complex Cases/personality disorder community service, including Lifeworks.

We would be particularly interested to hear views on the future of Lifeworks and ideas about different ways in which some elements (e.g. social contact, peer support) could be sustained in a different way, outside of CPFT.

This consultation runs from 09:00am on Monday 2 June 2014 until midnight on Monday 14 July 2014. This is the time you have to give us your views. You can do this through a variety of methods:

1. By filling in the questionnaire at the end of this document. Once completed, please return this questionnaire to:

Julie Spence, Non-Executive Director, CPFT
c/o Elizabeth House
Fulbourn Hospital
Cambridge CB21 5EF

If you require a paper version of the questionnaire and a stamped addressed envelope please contact carol.wilson@cpft.nhs.uk , tel. 01223 218582.

Or you can complete the questionnaire electronically and return via email to: PDConsultation@cpft.nhs.uk

You can also submit responses on-line using 'survey monkey'. Visit <https://www.surveymonkey.com/s/XN3YQGB> for a link to the survey.

All submissions will be read by CPFT and independently by HealthWatch. A summary of responses will be published as part of the response document. These will be anonymous with no identifiable information.

2. We will be holding engagement events during the consultation period.

Location	Date
Cambridge	Friday 20 June (TBC)
Huntingdon	Friday 27 June (TBC)
Peterborough	TBC
Wisbech	Thursday 3 July (TBC)

So that we can ensure suitable venue and arrangements, to book a place. please contact Carol Wilson on carol.wilson@cpft.nhs.uk, tel. 01223 218582.

Timescales

Planned timescale following the consultation:

Actions	Target date
Consultation launched	4/6/14
Engagement meetings completed	14/7/14
Feedback and evidence collated	08/08/14
Responses & outcome published	To be confirmed

Consultation Questions

Below are some questions we would like your views on. These are suggestions, so feel free to comment on other issues as well.

Question 1. To what extent do you think the proposals help to achieve the following aims:

a. To use resources as efficiently as possible

Negative impact Neither positive nor negative Positive impact

b. To meet the needs of patients across the whole area served by the Trust in an equitable way

Negative impact Neither positive nor negative Positive impact

c. To provide services which are recognised as effective (i.e. there is evidence to prove that they are effective)

Negative impact Neither positive nor negative Positive impact

d. To maximise the number of people who can be seen by the service

Negative impact Neither positive nor negative Positive impact

e. To provide a service that supports recovery (see glossary at the end for what we mean by recovery)

Negative impact Neither positive nor negative Positive impact

If you disagree with these aims, or have other comments, please explain below:

**Question 2. Which of the following statements do you agree with the most?
Tick the one that most closely reflects your views.**

The personality disorder service should maintain regular contact with PD patients throughout their lives.

The personality disorder service should support PD patients for a limited period of time until they are able to manage their symptoms themselves and get back in control of their lives.

Unsure/can't say

Question 3. To what extent do you agree with the Trust's proposals for the PD service?

Agree overall

Agree with some aspects

Disagree overall

Unsure

Please explain why:

Question 4. In what way do you feel the proposed changes affect you?

Negative impact

Neither negative
nor positive

Positive impact

Unsure

Not applicable to
me

Other comments:

If you think the changes might affect you in a negative way, are the mitigations we have suggested helpful? What else could be done to help you?

Question 5. Which part of the county do you live in?

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cambridge
City | South
Cambs | East Cambs | Huntingdon-
shire | Fenland | P'borough | Other |

If other please specify:

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

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

Yes No

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

Yes No

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

Providing your own response Providing a response for someone else

9. Are you responding as:

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

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

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

12. Please tell us your age:

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

13. Do you consider yourself to have a disability?

Yes No Rather not say

14. If you answered yes to question 13, do you have a:

Physical Impairment
 Sensory Impairment
 Learning Disability

- Mental Health Condition (Long Term)
- Other Health Condition (Long Term)

15. How would you describe your ethnic background?

Asian or Asian British

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

White

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

Black or Black British

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

Mixed

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

Other Ethnic Group

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

16. Gender

- Female Male Rather not say

17. Gender Reassignment

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

- Yes No Rather not say

18. Religion or Beliefs

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

19. Sexual orientation

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

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

- Yes No Rather not say

Thank you for completing this consultation questionnaire.

Appendix 1: Equality analysis

Title: Personality Disorder Consultation (including Lifeworks)

What are the intended outcomes of this work (e.g. Care pathway or policy)? *Include outline of objectives and function aims*

The personality disorder community service aims to provide an outpatient service for people with personality disorder across all CPFT localities. The service will aim to treat a greater number of service users, increase access to evidence based therapeutic interventions, and increase and improve service user access to support during a period of crisis.

Following referral and assessment, service users will receive an individualised care package which will include any of the following interventions:

- Regular sessions with a care co-ordinator to develop and review care and crisis plans
- Review of medication and physical health
- Psycho-education on their diagnosis and treatment approaches delivered within the service
- Access to daily crisis clinic and, if needed, DBT informed crisis intervention, for all those currently receiving treatment
- Individual formulation to decide on most appropriate high intensity therapeutic intervention
- Occupational Therapy 'goal setting' group to develop skills and strengths and improve daily functioning (16 weeks)
- Mentalisation Based Therapy (MBT) to improve affect regulation and reduce impulsivity and self harm (18 months)
- MBT art therapy
- Individual low intensity Cognitive Behavioural Therapy (CBT) for co-morbid affective disorders
- Individual support to develop and achieve goals to facilitate social inclusion
- Individual work on relapse prevention and developing support networks to prepare for discharge

The personality disorder community service will be accessible to all residents of Cambridgeshire and Peterborough and will operate in Cambridge, Huntingdon, Peterborough and Wisbech. The team will be present in the Cambridge, Huntingdon and Peterborough localities two days a week and one day a week in Wisbech to deliver group-based interventions and care co-ordination. Crisis support will be available across all localities five

days a week.

It is proposed that Lifeworks will close. We are interested in looking at how something similar to Lifeworks might be provided outside of CPFT.

Objectives and rationale for change

The aims of the proposed changes are:

- To make best use of available resources (money, facilities and staff)

Like all NHS organisations, the Trust needs to make efficiencies in the way it delivers services.

- To make sure that services are delivered equitably across the trust and to increase the number of people who can be seen.

We want to address the inequity in service provision across the county and respond better to demand for our services. Currently the Complex Cases Service can only meet the needs of approximately 70 people, mainly in the Cambridge area. The new service will be able to see a significantly larger number with an ongoing caseload of approximately 240, based on a two year pathway.

- To provide services that are evidenced based

Since the original design and implementation of the Complex Cases service, there has been national guidance on the commissioning and delivery of personality disorder services as well as NICE guidance on best practice and evidence based care in this area. The remodelling of the service will implement this guidance.

- To provide interventions that are in line with new commissioning guidelines

Commissioning guidelines use the evidence base to suggest a menu of interventions which ensure that services are effective and make best use of limited resources. The personality disorder community service has had to prioritise the resource it has to deliver these interventions to the largest number of patients across the Trust.

- To provide service that are Recovery⁶ approach focused

Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness. Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives and by seeing how others have found a way forward. Self-management is encouraged and facilitated; supporting people to develop resilience and autonomy is a key element of how services can promote and foster recovery.

Who will be affected? *e.g. staff, patients, service users etc*

Service users and carers in contact with the CCS/PD service.

Staff consultation took place in June 2013 as part of the Adult Service redesign.

Evidence

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

Currently the Lifeworks part of Complex Cases is only provided in Cambridge. Although strenuous attempt have been made to provide elsewhere in the county, it have never been

⁶ Making Recovery a Reality. Sainsbury Centre for Mental Health, 2008

<p>possible to sustain this.</p> <p>The new pathway has been developed in line with NICE guidance.</p> <p>The results of the consultation will be used to identify any issues and help monitor implementation and impact.</p>
<p>Disability <i>Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.</i></p> <p>There will be increased access and capacity across the county of the new pathway. There will be a loss of Lifeworks to some service users in Cambridge</p>
<p>Sex <i>Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).</i></p> <p>No evidence to demonstrate adverse impact</p>
<p>Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i></p> <p>No evidence to demonstrate adverse impact</p>
<p>Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i></p> <p>This service is for adults of working age (as is currently the case). Service users over 65 with personality disorder will be treated by the OPMH service</p>
<p>Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i></p> <p>No evidence to demonstrate adverse impact</p>
<p>Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i></p> <p>No evidence to demonstrate adverse impact</p>
<p>Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i></p> <p>No evidence to demonstrate adverse impact</p>
<p>Pregnancy and maternity <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i></p> <p>No evidence to demonstrate adverse impact</p>
<p>Carers <i>Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</i></p> <p>No evidence to demonstrate adverse impact</p>

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

Engagement and involvement
Was/will this work be consulted on? Yes (attach consultation paper)

How have you engaged stakeholders in gathering evidence or testing the evidence available?
Engagement will be carried out through the consultation process, which has had the involvement and support of the CCG and OSC. The consultation will be for 6 weeks, and involve service users of complex cases/PD service including Lifeworks. It will also be open to carers.

How have you engaged stakeholders in testing the policy or programme proposals?
Engagement will be carried out through the consultation process, which has had the involvement and support of the CCG and OSC. The consultation will be for 6 weeks, and involve service users of complex cases/PD service including Lifeworks. It will also be open to carers

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Engagement meetings are planned to take place in Cambridge, Huntingdon, Peterborough and Wisbech during the 6 week consultation period.

Summary of Analysis *Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

A major driver of these proposals is to enable better access, across the whole Trust to evidenced based care. Whilst the need to make efficiencies will have some impact on the availability of some services such as Lifeworks, the overall aim is to increase the capacity of the PD pathway, improve access to evidence based care, and offer this service on a more equitable basis across the Trust.

The impact of the implementation of any changes will continue to be monitored and reviewed, with changes made as needed.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

No evidence to demonstrate adverse impact on each protected characteristic age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation.

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

Greater consistency and equity of access will enhance availability across the county

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

No evidence to demonstrate adverse impact on each protected characteristic age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation.

This service meets the needs of local population within available resources and promotes good relations between individual staff, patients, service users, carers, adult service managers, pathway leads, senior divisional team and corporate HR, business development, finance and informatics.

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

The overall impact is positive in that the proposed pathway improves capacity, consistency and equity of access across the county.

To mitigate the proposed closure of Lifeworks in Cambridge options will be considered for alternative provision potentially by another provider.

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

Proposal to close Lifeworks – feedback and comment will be taken as part of consultation.

Impact of any changes or developments to services will be reviewed

Please give an outline of your next steps based on the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*

- Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers and regulatory bodies
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to the organisation's Equality Agenda

For the record

Name of person who carried out this assessment:

Neil Winstone, Divisional Nurse Lead
Sue Rampal, Diversity and Equality Officer, CPFT

Date assessment completed:

29/4/2014

Name of responsible Lead:

Neil Winstone, Divisional Nurse Lead

Date assessment was signed:

29/4/2014

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Actions	Target date	Person responsible and their division
Consultation launched	4/6/14	Neil Winstone, Community Division
Engagement meetings completed	14/7/14	Neil Winstone, Community Division
Feedback and evidence collated	08/08/14	Neil Winstone, Community Division
Responses & outcome published	To be confirmed	Neil Winstone, Community Division

Appendix 2: Glossary of Terms

- Adult community redesign – the project that oversaw the redesign of the community services for adults of working age within CPFT. The project ran from January 2013 to January 2014.
- Adult locality teams: CPFT teams delivering mental health services to adults across Cambridgeshire and Peterborough.
- CCG: NHS Cambridgeshire and Peterborough Clinical Commissioning Group.
- CCS: Complex Cases Service. This was the name of the CPFT specialist community service for people with personality disorder prior to December 2013. Included Lifeworks.
- CPFT: Cambridgeshire and Peterborough NHS Foundation Trust
- Intervention: By intervention we mean a type of therapy, treatment or support that aims to address mental health symptoms and promote recovery.
- OSC: Overview and Scrutiny Committee
- Personality Disorder: The Diagnostic and Statistical Manual of the American Psychiatric Association, 4th Edition (DSM-IV), defines personality disorder as:

“An enduring pattern of inner experience and behaviour that differs markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time and leads to distress or impairment. Personality disorders are a long-standing and maladaptive pattern of perceiving and responding to other people and to stressful circumstances.”

NHS choices (www.nhs.uk) defines personality disorders as:

Conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.

Changes in how a person feels and distorted beliefs about other people can lead to odd behaviour, which can be distressing and may upset others.

The main symptoms are:

- being overwhelmed by negative feelings such as distress, anxiety, worthlessness or anger
- avoiding other people and feeling empty and emotionally disconnected

- difficulty managing negative feelings without self-harming (for example, abusing drugs and alcohol, or taking overdoses) or, in rare cases, threatening other people
- odd behaviour
- difficulty maintaining stable and close relationships, especially with partners, children and professional carers
- sometimes, periods of losing contact with reality

Symptoms typically get worse with stress.

People with personality disorders often have other mental health problems, especially depression and substance misuse.

- Personality Disorder Community Service: The name of the CPFT specialist community service for people with personality disorder from December 2013 to present.
- Recovery approach: In principle, recovery is a move away from illness, diagnosis, problems and deficits and a move towards health, strengths and wellness.

A fundamental aspect of recovery is that it does not necessarily mean cure ('clinical recovery'), instead, it emphasises the unique journey of an individual living with mental health problems to build a life for themselves beyond illness ('social or personal recovery'). Thus, a person can recover their life, without necessarily 'recovering from' their illness.

When thinking about recovery principles, mental health service users have identified three core key principles:

- the continuing presence of **hope** that it is possible to pursue one's personal goals and ambitions.
- the need to maintain a sense of **control** over one's life and one's symptoms.
- and the importance of having the **opportunity** to build a life beyond illness.

Appendix 3: Consultation guidelines

This consultation document has been drawn up in accordance with the key consultation criteria as set out in the Cabinet Office Code of Practice on Consultation 2008⁷.

1. When to consult

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

2. Duration of consultation exercises

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

3. Clarity of scope and impact

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

4. Accessibility of consultation exercises

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

5. The burden of consultation

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

6. Responsiveness of consultation exercises

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

7. Capacity to consult

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

Find out more about Cabinet Office Code of Practice on consultations:
www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice

⁷ The Code of Practice states that these criteria should be reproduced on all consultation documents

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

Section 14Z2 National Health Service Act 2006

14Z2 Public involvement and consultation by clinical commissioning groups

1. This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).
2. The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—
 - a. in the planning of the commissioning arrangements by the group,
 - b. in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
 - c. in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
4. The clinical commissioning group must include in its constitution—
 - a. a description of the arrangements made by it under subsection (2), and
 - b. a statement of the principles which it will follow in implementing those arrangements.
3. The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.
4. A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).
5. The reference in subsection (2)(b) to the delivery of services is a reference to their delivery at the point when they are received by users.

Lansley Criteria for Significant Service Change

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

1. Support from GP commissioners

Improving care for older people was one of three major priorities chosen by the Clinical Commissioning Group in 2012. The CCG is led on behalf of its member practices by GP commissioners through the Governing Body, and eight Local Commissioning Groups.

2. Strengthened public and patient engagement

The engagement team has been raising awareness and engaging by:

- providing and distributing public and patient information leaflets via GP practices and other outlets with an invitation to contact the Engagement Team for further information.
- attending meetings of community groups to give presentations and answer questions
- attending local markets to engage with a wider audience
- holding a Social Partnership Forum with unions.

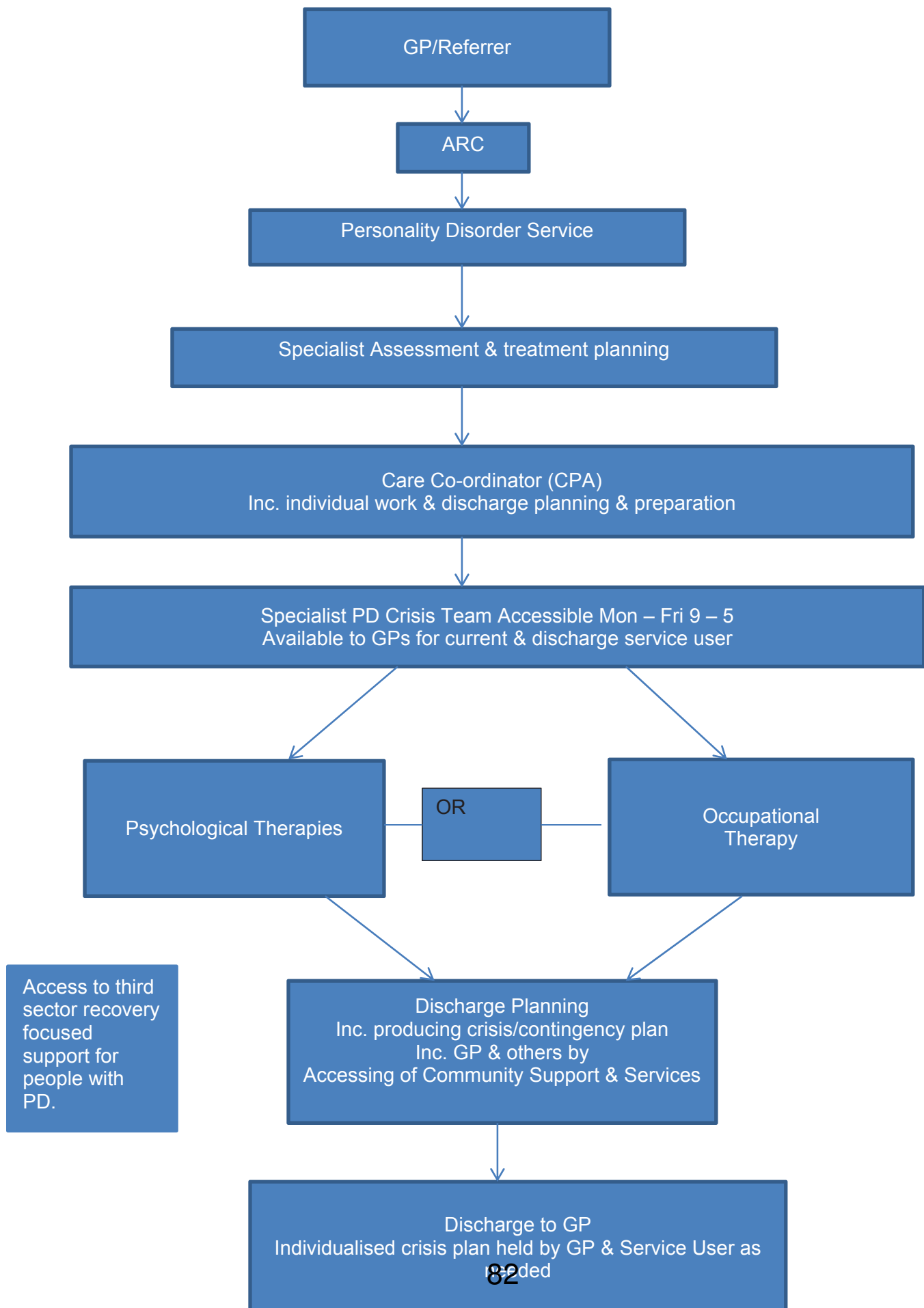
3. Clarity on the clinical evidence base

Our work is based on extensive reviews of the evidence base, including Joint Strategic Needs Assessments developed by experts in public health and the Outcomes Framework which we have used to specify our requirements.

4. Consistency with current and prospective patient choice

Our view is that at present patients do not have enough choice in how or where they are treated. This is partly because services outside hospital need to be developed so the default is not admission to hospital. It is also about organising care around and with each individual patient to suit their needs instead of receiving an inflexible 'one size fits all' service.

Appendix 4 Referral pathway



HEALTH COMMITTEE: MINUTES

Date: Thursday 29th May 2014

Time: 2.00 p.m. to 4.45 p.m.

Present: Councillors Bailey, Bourke, P Brown, Clapp, Frost, Giles, Leeke, Nethsingha, Orgee, Reeve, Sales, Schumann, Scutt, Smith and Topping,
Councillor Sue Ellington, South Cambridgeshire District Council

Apologies: Councillors Dent, Jenkins (Cllr Leeke substituting); Lagoda, Rylance (Cllr Reeve substituting), and Wisson (Cllr Bailey substituting)
Councillor Mike Cornwell, Fenland District Council

1. CONFIRMATION OF CHAIRMAN AND VICE-CHAIRMAN

The Committee noted that the Council had appointed Councillor Bourke as the Chairman and Councillor Orgee as the Vice-Chairman for the municipal year 2014-15.

2. CO-OPTION OF DISTRICT AND CITY COUNCIL MEMBERS

The Committee co-opted Councillor Sue Ellington, South Cambridgeshire District Council and Councillor Mike Cornwell, Fenland District Council as non-voting members of the Committee.

The Committee agreed Councillor Andrew Fraser as South Cambridgeshire District Council substitute member.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. PETITIONS

There were no petitions.

5. HEALTH COMMITTEE: POWERS AND DUTIES

The Director of Public Health summarised the powers and duties of the Committee in relation to public health and scrutiny of the NHS. The public health function became the responsibility of the Council in April 2013. It is funded by a ring-fenced Department of Health grant, and is subject to regulation. The Council cannot charge for its public health services, and must have regard to guidance from the Secretary of State in exercising its public health function.

The Council continues to have a statutory duty to scrutinise the NHS. Its statutory powers include a power of last resort to refer a proposal to the Secretary of State for Health.

The Committee had a very good legacy from the previous Adults Wellbeing and Health Overview and Scrutiny Committee (OSC), including its scrutiny of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) procurement of older people's services, which had been shortlisted for a Centre for Public Scrutiny Good Scrutiny Award.

It was resolved to note the report.

6. APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS, AND PARTNERSHIP LIAISON AND ADVISORY GROUPS

The Committee agreed the following appointments:

- Cambridge University Hospitals NHS Foundation Trust Board of Governors: Councillor R Hickford
- Papworth NHS Foundation Trust Board: Councillor M Smith
- Cambridge Local Health Partnership: Councillor J Whitehead
- Cambridgeshire and Peterborough NHS Foundation Trust: Councillor P Brown.

7. RESOURCES AND PERFORMANCE

a) Overview of Services and Performance in the Public Health Directorate

Officers summarised the public health responsibilities which had been transferred to local government from the NHS, the wide range of public health services that the Council now commissions or provides in house, and the Council's performance against the key indicators set out in the 2014/15 Business Plan and the local indicators for the Public Health Directorate. A range of service changes and developments were planned for 2014/15; one of the proposed strategic priorities for 2015/16 was to develop shared priorities for public health outcomes with the partner agencies who contribute to the Health and Wellbeing Board.

The following points were made in discussion:

- The number of people successfully quitting smoking with support from stop smoking services was below target, and the budget for this service was therefore underspent, as service providers are paid on a payment by results basis. This was being experienced nationally, and was being attributed to the popularity of e-cigarettes which had affected the number of people going through the service. Whether e-cigarettes should be regulated, and whether they should be approved as a means of smoking cessation was currently being discussed nationally. There was as yet insufficient evidence on their safety or their effectiveness in stopping people smoking to determine this. Members considered that the Council should continue its current approach to smoking cessation until there was sufficient evidence that a different approach should be taken. It was suggested that the Council's policy on the use of e-cigarettes on Council premises be reviewed when more evidence was available.
- The smoking cessation service did not cover prisons – this responsibility now rested with NHS England.

b) Business Plan Budget for 2014-15

Officers provided the Committee with details of the budgets funded by the ring-fenced Public Health Grant. In response to member questions, officers explained that:

- The General Purposes Committee could authorise a budget virement between budget areas of up to 1% of that area, provided that it did not change the overall budget.
- The Directorate's spending on the promotion of physical activity for children came under the 'Obesity -Children' budget heading.

c) Finance and Performance Report – March 2014

Officers provided the Committee with the financial position to the end of March 2014. A final out-turn report, and an update on the 2014/15 financial position would be presented to the Committee at its next meeting in July.

In response to member questions, officers explained that there was a total underspend of £782k, which had both negative and positive aspects. The negative aspects included issues relating to transition as the responsibility for public health transferred to the Council, such as delays in recruitment of staff; and under-performance on NHS health checks and smoking cessation. The positive aspect was that funding had been set aside for risks that had not materialised. Under the ring-fencing arrangements, the underspend would be rolled forward into 2014-15. Provision for in-year risks would be carried forward by holding the underspend as a reserve within the ring-fenced public health budget, rather than the Council's mainstream budget.

The NHS health check was a national mandated service, targeted on people aged 40-70, who had not been identified as having a long-term condition, and therefore might be unaware that they were at a high risk of ill-health. The aim was to prevent long-term ill health and save money by identifying problems early. The service needed to be more actively promoted in Cambridgeshire in order to improve public awareness and take-up.

The underspend on the intelligence team related to bought-in NHS services, and it was intended to make savings in this area.

Members commented that future reports should include more background information, including on the reserve fund.

It was resolved to note the reports

8. ANNUAL PUBLIC HEALTH REPORT

Directors of Public Health are required to prepare an independent annual report on the health of local people for local authorities to consider. The Annual Public Health Report (APHR) covers the overarching outcome indicators in the national Public Health Outcomes Framework (PHOF), which include the wider determinants of health. The Council has to have regard to the PHOF when determining how it delivers its public health responsibilities and spends the ring-fenced public health budget. The report compared Cambridgeshire with other areas, and summarised where there could be

actions to improve health. While Cambridgeshire generally did well in terms of life expectancy and healthy life expectancy, which were linked to socio-economic and demographic factors and the quality of health care, Fenland was close to the national average.

Issues include the high rate of smoking among manual workers and in Fenland; inequalities, especially in the very early years – children who receive free school meals (FSM) have lower levels of development when these are measured during reception year at school; the need to work with communities in Fenland on health and lifestyles; mental health prevention, which had been raised locally; and relatively low vaccination rates.

The following points were made in discussion

- There was a wide gap in attainment between children who receive FSM, which is an indicator of other disadvantage, and children overall. The Children Families and Adults Directorate Narrowing the Gap strategy was seeking to address this. It was suggested that the Public Health Directorate work with education to identify whether better use could be made of the pupil premium which schools receive for FSM children.
- The data for smoking rates among manual workers did not distinguish between agricultural workers and manual workers generally. It would however be possible to compare Cambridgeshire with other agricultural areas.
- The proportion of children aged 4-5 in Fenland who were overweight or obese was higher than the national average. The Committee would need to decide whether it wished to put more resources into resolving this.
- Officers were working with GP practices to promote awareness and take-up of the NHS Health Check.
- Prison Health, including mental health, was funded and commissioned by NHS England, but the Director of Public Health had a statutory duty to have an understanding of the service and make links with it. It was suggested that this could be a topic for scrutiny.
- Members suggested that the high rate of re-offending in Cambridge City, which could be linked to drug and alcohol abuse, could be investigated further.
- There was a need to improve the rate of identification of people with chlamydia – however this target would not be met if there was a low rate of chlamydia infection as a result of effective work on sexual health.

It was resolved to note the report.

9. COLLABORATIVE TUBERCULOSIS STRATEGY FOR ENGLAND: RESPONSE TO CONSULTATION

Officers presented for the Committee's approval a draft Cambridgeshire County Council response to the current national consultation on the Public Health England draft Collaborative Tuberculosis Strategy 2014-19. The strategy encouraged a systematic and multidisciplinary approach to TB control, including a proposal to set up multi-agency TB control boards to provide oversight and accountability. The draft response suggested that these should cover a wide geographical area, and include areas with a low TB prevalence such as Cambridgeshire, rather than being restricted to high TB prevalence areas.

In response to member questions, officers explained that:

- TB was a complex condition which was linked to a range of factors. To become infected required close contact, and most people who were infected developed latent TB which was asymptomatic and the majority would not become active. Where it did become active, this could be a long time after infection.
- Following the recent outbreak of TB in Chatteris, the Director of Public Health was agreeing a briefing for councillors with Public Health England, which would be available shortly.

It was resolved:

To approve the County Council response to the consultation, with the inclusion of a sunset clause for TB control boards when the target for reduction in levels of TB incidence had been achieved, and the actions required to maintain TB control had been mainstreamed.

10. SEXUAL HEALTH SERVICES CONTRACT

The purpose of the report was to ensure arrangements were in place to award the contract for Sexual Health Services in Cambridgeshire, which was reaching the final stages of a competitive procurement process. The decision to go out to procurement had been taken by Cambridgeshire Primary Care Trust (PCT) in March 2012, with the aim of improving accessibility of services to users, and address inequities of access across the County.

It was resolved to:

- Note and endorse the progress made to date in undertaking the procurement of sexual health services in Cambridgeshire
- Authorise the Director of Public Health, in consultation with the Chairman and Vice-Chairman of the Health Committee, to formally award the contract subject to compliance with all required legal processes
- Authorise the Director of Law, Property & Governance to approve and complete the necessary contract documentation.

11. MENTAL HEALTH – LIFEWORKS AND COMMUNITY PERSONALITY DISORDER SERVICE – CONSULTATION PROPOSALS AND UPDATE

Neil Winstone, Divisional Nurse Lead, Community Division, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) introduced the report. CPFT had put together a consultation paper, with input from the former Adults Wellbeing and Health OSC working group, on proposals for the provision of the Community Personality Disorder Service. This would be published shortly, for a 6-week consultation period; the consultation process would include focus groups, and although it was not a full public consultation, people could also respond via the CPFT website. As an additional safeguard, all responses would be made available to representatives of Healthwatch Cambridgeshire and scrutiny, to ensure that the CPFT's report of the consultation responses was a fair representation of the points made.

It was resolved:

to set up a working group to ensure a fair consultation process and co-ordinate a response, consisting of Councillors Anna Bailey, Kilian Bourke, Peter Brown, Tony Orgee and Mandy Smith.

12. PLANNING FUTURE RE-DESIGN OF LOCAL MENTAL HEALTH SERVICES

The following officers attended for this item:

- Cambridgeshire and Peterborough Clinical Commissioning Group (CCG):
Dr Neil Modha, Clinical Accountable Officer
John Ellis, Commissioning and Contract Lead Mental Health Services
Dr Emma Tiffin, GP Lead for Mental Health
Jessica Bawden, Director, Corporate Affairs
- CPFT
Dr Geraldine Owen, Director of Psychological Services

The local NHS was engaged in two significant planning processes; the finalising by service providers of their annual cost improvement plans, and the development of five year plans for 2014-19. The report summarised how these processes were moving forward for local mental health services.

CPFT had put forward its outline cost improvement plan for 2014-15 to the commissioners, which included quality impact assessments. Delivery was scheduled for later in the year, to allow for consultation. The CCG had invested an additional £1.2m in community based mental health services to address population growth and the need for a greater community response and reducing waiting lists. In 2013-14 the CCG invested in specific services, such as dementia and psychological therapies, and had made savings by reducing out of county placements without affecting services.

A multi-stakeholder event on 9th May identified the need for transformational change to meet the challenges, involving partnership between the NHS and local authorities. Maintaining services for the most acutely ill had been identified as a major challenge. Other areas under discussion were early intervention; a primary care focus; self-help

and the recovery model. Engagement with service users, including the Service User Network, and with voluntary organisations was starting. The process would take 9-12 months.

The Committee had received notice, under Part 4.4 of the Council's Constitution, of one question from a member of the public. The chairman invited Silvana Reynolds to address the Committee. Ms Reynolds asked whether CPFT was intending to make use of the expertise and experience of the arts therapists working within CPFT in redesigning its new service model for arts therapies, and if so how. CPFT had told staff that the ideal model for arts therapies was 6-12 sessions per patient

On behalf of CPFT Geraldine Owen responded that arts, dance, music and movement therapy staff would be involved, through workshops and individual consultation. CPFT would also seek advice from education and academic providers, and from NHS trusts in other areas which had redesigned, and in some cases, increased their arts therapy service.

The following points were made in discussion:

- Members asked whether the proposed 6-12 sessions model for art therapy would be strictly applied to all patients. A parent of an individual with long term mental health problems had expressed concern to Committee members about users' access to art therapy being time-limited. Dr Owen explained that while providing art therapy on a goal-oriented and time-limited basis was being discussed, provision should be based on the needs of the individual. The evidence however was that long term therapy was not effective. The aim would be to move people towards wider support in the community, but it was recognised that some people might need longer term support in order to reach this stage. CPFT was still working on the development of the best model, taking advice from experts in the field.

Dr Tiffin explained that services would be based on guidelines, which were not prescriptive, and patients would not be discharged if they were very unwell and it would not be safe to do so. However, resources were limited, and it was important to consider who needed specific health input, and who could be supported in other ways. Patients should have their care reviewed every year.

- Members expressed concern that there was a pattern of poor consultation by CPFT, as evidenced by the lack of communication about the proposals to close Lifeworks, and the way in which proposed changes to the Arts Therapy service were communicated to staff. CPFT needed to clarify and communicate whether and how it intended to engage and consult on each of its service changes proposed for 2014-15, including how it planned to involve staff and users, and the rationale for its approach. Dr Tiffin expressed the CCG's commitment to ensuring that CPFT engaged with users on its plans; the CCG would not approve changes without evidence that CPFT had consulted. Processes had been put in place to avoid a repetition of the situation that had arisen at Lifeworks.
- Members requested clarification from the CCG as to how it would consult on the five year plans for mental health services, including a list of engagement activities. In response, CCG representatives undertook to bring the strategy to the Committee,

and to keep the Committee informed of its consultation processes, including who it had consulted with.

- CCG representatives explained that a range of issues and risks could arise from each of the consultation processes which would require different responses. The biggest challenge was protecting services, particularly for people with long term mental illness who would always need support, within the resources available.
- Members requested that mental health services work more closely with Community Safety Partnerships, particularly in dealing with issues of anti-social behaviour by young people who were on the verge of going to prison. In response, CCG representatives stated that work was underway to improve partnership working between the police and mental health services, including an event hosted by the Police and Crime Commissioner and the CCG in July. A police strategy for engaging with mental health services had just been produced. The redesign plans included crisis care and access from the criminal justice system, and police could now use the CPFT's single point of access. Police were being trained in how to deal with mental health problems. Councillor P. Brown invited the CCG to the July meeting of the Huntingdonshire Community Safety Partnership.
- Dr Modha noted that the CAMEO early intervention service went from a 3-year to a 2-year pathway, in order to extend it to more people, although the evidence base suggested a pathway of up to 5 years. There were no plans to change the service further. The CCG would provide members with details about the service.
- John Ellis noted that while the CCG's spending on mental health was relatively low in cash terms, it formed a reasonable proportion of the CCG's overall budget, and the CCG had only required cost improvement savings from CPFT.
- The CCG noted that it would welcome joint working on mental health issues between members of the Health Committee and Peterborough City Council scrutiny members.
- The value of appointing member champions for mental health was discussed

It was resolved:

- to appoint Councillors Bourke and Orgee as the Council's member champions for mental health
- to request that Cambridgeshire and Peterborough Clinical Commissioning Group and Cambridgeshire and Peterborough NHS Foundation Trust brief the Director of Public Health on plans for all significant changes to mental health services, and the engagement activities associated with them, including their plans for smaller service changes.

13. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP UPDATE

The following officers attended for this item:

- Cambridgeshire and Peterborough Clinical Commissioning Group (CCG):
Dr Neil Modha, Clinical Accountable Officer
Jessica Bawden, Director, Corporate Affairs

All CCGs were required to produce a 5 year strategic plan and 2 year operational plan. As one of the 11 most challenged health economies, Cambridgeshire and Peterborough CCG was receiving external support from Price Waterhouse Coopers (PwC) to analyse what happened now, identify solutions, and develop an outline strategy and draft implementation plan. A system wide approach was being taken, involving Chief Executives from the NHS and local government, including the County Council, and including stakeholders such as voluntary organisations and patient groups, Healthwatch, GPs and hospital doctors. The plan needed to be produced by 20th June. Two key areas of focus were elective (planned) hospital care, and unplanned care.

This was the start of a 1-3 year programme to get the health economy, including social care, into place. The CCG was working with the Health and Wellbeing Board, and due process would be followed in consulting on service changes.

The CCG summarised its progress and plans in relation to its three key priorities of tackling inequalities in coronary heart disease, End of Life Care, and improving services for older people. Other priority areas were the Better Care Fund and the commissioning of children's services.

In response to member questions, it was noted that:

- Officers were working with Hinchingsbrooke hospital to support them to resolve the problem of people smoking just outside hospital entrances
- The CCG was not counting on its underfunding situation being resolved, although lobbying, including representations made by the Health and Wellbeing Board and the Overview and Scrutiny Committee did have had some impact on the funding formula. A partnership approach was essential to manage the challenges faced by the local health economy; one of the issues identified was that the plans of the different health organisations had clashed with each other.
- Peterborough Hospital's plans to make savings by tendering for the use of its spare capacity on the 4th floor of the new hospital would not impact on the 5-year strategy. Financial assistance for the hospital was coming from the Department of Health and not the CCG's budget, but the CCG was closely involved in discussions with the hospital about its financial situation.

It was resolved to note the report.

14. HEALTH COMMITTEE AGENDA PLAN AND WORK PROGRAMME

The Committee was asked to prioritise the Health Committee forward work plan, and to consider a request from the Audit and Accounts Committee that each new service committee should consider whether they would wish to undertake a review of two previously completed projects within their terms of reference remit, to confirm that they were satisfied that value for money had been achieved.

Members commented that

- Mental health, including provision for people who were not sufficiently unwell to use CPFT's services, was a major area of concern
- The Chairman suggested that the Committee could work with the Economy and Environment (E&E) Committee on linking transport and health issues. He suggested that the Joint Strategic Needs Assessment for transport include a particular focus on the public health benefits of re-opening the Wisbech rail line, and that the Director of Public Health provide the E&E Committee with evidence to this effect.

Members also suggested that the E&E Committee could be encouraged to appoint a health champion to promote joined up working on transport issues.

- A review of the cost-effectiveness of the smoking cessation service would be an appropriate response to the Audit and Accounts Committee request

It was resolved:

- a) To agree the agenda plan and work programme with the following additions, to be considered at the next Committee meeting on 10th July
 - i. a report from Cambridgeshire and Peterborough Clinical Commissioning Group on the outcomes so far from the work of Price Waterhouse Coopers which was supporting the development of the local health economy five year strategic plan
 - ii. Public health priorities for 2015/16
 - iii. A report on the cost-effectiveness of the smoking cessation service
- b) To support the development of a public mental health strategy
- c) To discuss the agenda plan and work programme further at the Committee training seminar on 19th June, including how the links can best be made between access and transport issues and health.

15. PROPOSALS TO IMPROVE OLDER PEOPLES HEALTHCARE AND ADULT COMMUNITY SERVICES: ADULTS WELLBEING AND HEALTH OSC RESPONSE

It was resolved to note the report.

16. PROPOSALS FOR LIVER METASTASES SURGERY: OUTCOME OF JOINT HEALTH OSC/NHS ENGLAND RESOLUTION PROCESS

It was resolved to note the report.

17. HEALTH AND WELLBEING BOARD FORWARD AGENDA

It was resolved to note the report

Chairman

HEALTH COMMITTEE: MINUTES

Date: Thursday 19th June 2014

Time: 2.00 p.m. to 2.15 p.m.

Present: Councillors Bourke, P Brown, Clapp, Frost, Giles, Jenkins, Loynes, Nethsingha, Orgee, Rylance, Schumann, Scutt, Smith and Wisson

Councillor Peter Roberts, Cambridge City Council
Councillor Robin Carter, Huntingdonshire District Council
Councillor Sue Ellington, South Cambridgeshire District Council

Apologies: Councillors Dent (Councillor Loynes substituting), Lagoda, Sales, Topping
Fenland District Councillor Cornwell

18. CO-OPTION OF DISTRICT AND CITY COUNCIL MEMBERS

It was resolved to co-opt the following as non-voting members:

- Huntingdonshire District Council: Councillor Robin Carter, substitute Councillor Deborah Reynolds
- Cambridge City Council: Councillor Peter Roberts, substitute Councillor Tim Moore

19. DECLARATIONS OF INTEREST

There were no declarations of interest.

20. MINUTES 29th MAY 2014

It was resolved:

To approve the minutes with the addition of a reference to the mental health of people in prison as an area of concern under item 14: Health Committee Agenda Plan and Work Programme

21. PETITIONS

There were no petitions

22. COMMISSIONING OF OLDER PEOPLE'S HEALTHCARE AND ADULT COMMUNITY SERVICES: WORKING GROUP

It was resolved to:

- establish a working group to examine and comment on the CCG arrangements for the commissioning of older peoples healthcare and adult community services.
- agree the terms of reference with an amendment that its membership consist of up to 7 members of the Health Committee.

- nominate Councillors Bourke, Nethsingha, Orgee, Rylance, Schumann and District Councillors Carter and Ellington to the working group.
- authorise the working group to comment on the CCG's draft response to the feedback from its consultation exercise on the commissioning of older people's healthcare and adult community services, and report to the Committee at its meeting on 10th July 2014.

23. HEALTH COMMITTEE AGENDA PLAN AND WORK PROGRAMME

It was resolved to agree the Health Committee forward work plan.

The Chief Executive formally congratulated Councillor Kilian Bourke, Scrutiny Officer Jane Belman, and members of the former Adults Wellbeing and Health Overview and Scrutiny Committee Older People's Services working group for winning the Centre for Public Scrutiny Good Scrutiny Awards for Improving Transparency and Influence Beyond Boundaries.

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. Site visit to be arranged with an invite being extended to the Economic well-Being Panel.	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	Councillor P G Mitchell to discuss the issues further with the Head of Resources and report back to the Panel if necessary.	Working Group
Tree Strategy	To develop a Tree Strategy for Huntingdonshire.	Environmental Well-Being	Final Strategy to be presented to Panel's July 2014 meeting. The Working Group will meet prior to the Strategy's submission to the Panel on 14 th July 2014.	Working Group

Flood Prevention within the District	To investigate flood prevention arrangements in the District and the impact of flooding on associated local policy developments.	Environmental Well-Being	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 Chief Executive and Clerk to the Middle Level Commissioners delivered a presentation to the Panel's June 2014 meeting to outline their role with flood alleviation in the District.	Whole Panel.
Our Role in Supporting the Prosperity and Vitality of the Market Towns.	To be confirmed.	Economic Well-Being	Following a debate at the Council meeting in April, Mr W Grimsey has been invited to address the September meeting Panel on his vision for the future of the High Street. The content of the presentation will then be used to develop and scope a study in this subject. All Members of the Council will be invited to attend.	Whole Panel
Waste Collection Policies	To assist the Head of Operations and Executive Member for Operations & Environment with reviewing waste collection policies in relation to the collection points for wheeled bins/sacks and remote properties (farms and lodges).	Environmental Well-Being	First meeting of Working Group held on 24 th June 2014. Further meeting to be held in two months' time to consider the outcome of the survey work being undertaken by the Operations Division on affected properties and various other matters.	Working Group

Litter Policies and Practices (to include graffiti removal)	To be confirmed.	Environmental Well-Being	Head of Operations to address Panel on the Council's litter policies and practices – to include graffiti removal. Report anticipated at October 2014 meeting.	Whole Panel
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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 and P Kadewere. 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
<p>12/06/12 / 4/06/13</p> <p>10/06/14</p>	<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 were appointed on to a Working Group to review the action plan arising from the assessment.</p> <p>Councillor A J Hardy appointed to the Working Group.</p>	<p>Meetings of the Working Group held on 29th August 2012 and 23rd January 2013.</p>	<p>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.</p>	
<p>7/06/11</p> <p>8/10/13</p>	<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.</p> <p>Reports to be considered by Panel on a six monthly basis.</p>		<p>Members of the Economic Well-Being Panel will be invited to attend for this item. Next report expected December 2014.</p>	<p>2/12/14</p>
<p>7/01/14</p>	<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</p>			

Panel Date	Decision	Action	Response	Date for Future Action
10/06/14	with other relevant groups such as Hunts Mind. Representatives from the Mental Health Service User Network (SUN) and Mind in Cambridgeshire attended Panel's meeting. Delivered an insight into the impact of the redesign upon mental health service users. A further consultation has been launched on Personality Disorder Community Service/Complex Cases Service, including Lifeworks. Panel requested for it to be circulated around.	Consultation circulated around electronically to Panel Members on 12th June 2014.	This item appears elsewhere on the Agenda. Panel to consider whether it wishes to submit a response.	8/07/14
3/09/13	<u>Shape Your Place</u> 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.		Further performance report to be submitted in a year's time. Report expected September 2014.	2/09/14
4/06/13	<u>Review of Elderly Patient Care at Hinchingsbrooke Hospital</u> Working Group appointed comprising Councillors S J Criswell, 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.	Meetings held on 18th July and 11th November 2013 and 24 th February 2014.	Further meeting to be arranged to discuss the general care and support provided to elderly patients at the Hospital.	
10/06/14	Councillor Mrs R E Mathews appointed to the Working Group.			

Panel Date	Decision	Action	Response	Date for Future Action
10/06/14	<p><u>Procurement of Older Peoples Programme</u></p> <p>Panel endorsed a response to the Clinical Commissioning Group's consultation on proposals to improve older peoples healthcare and adult community services. Panel to continue to monitor the procurement as matters develop.</p>			TBC
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 R Fuller, P Kadewere and S M Van De Kerkhove were appointed onto a Working Group for this purpose.</p>	<p>Information sought from Housing Strategy Manager. Meeting of the Working Group being arranged.</p>		
4/03/14 / 10/06/14	<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. Panel requested that the Minutes of the Police and Crime Panel be circulated around for information.</p>	<p>Invitation extended to Commissioner's Office for a representative to attend a future meeting.</p>	<p>Invite declined. Commissioner offered to meet with Members individually to discuss specific issues. Chairman has asked Councillor Ablewhite, as the Council's representatives on the Police and Crime Panel, to ensure a robust approach to the concerns raised by the Panel.</p>	

Panel Date	Decision	Action	Response	Date for Future Action
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. This item appears elsewhere on the Agenda.	8/07/14
03/04/11/ 6/11/12 / 3/09/13	<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> <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 September 2014. A fundamental review of the service is currently being undertaken, looking at its cost to the Council and potential future relationships with other authorities.	2/09/14
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</p>	Invitation extended to the Lead Officer of the thematic group – attendance	Item due for consideration at the Panel's September 2014 meeting.	2/09/14

Panel Date	Decision	Action	Response	Date for Future Action
7/02/12 / 3/09/13	discussed. Health and Well-Being Background information received on the thematic group's outcomes, terms of reference, membership and Action Plan.	to be confirmed.	Next review expected September 2014.	2/09/14

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>
10/06/14	Members requested for an update on Members IT to be provided by the IMD Service owing to the problems that a number of Members were encountering with accessing and receiving emails. Clarification also required on the costs of purchasing electronic devices and the minimum requirements for participating in the Council's loan scheme established for this purpose.	Details circulated by IMD Operations Manager via email and in Members Post. Attempts are being made to reach out to those Members whom are experiencing difficulties.

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Decision Digest

Edition 146

Monthly summary of the decisions taken at meetings of the Council, Cabinet, Overview & Scrutiny and other Panels for the period 1st June to 30th June 2014.

MENTAL HEALTH SERVICE USER GROUPS

Representatives of Mind in Cambridgeshire and the Mental Health Service User Network have addressed the Overview and Scrutiny Panel (Social Well-Being) on the implications of the mental health service redesign upon Huntingdonshire's service users. A further consultation has been launched seeking views on the future of community personality disorder services across the Cambridgeshire and Peterborough area.

A number of points were raised and noted by Members in relation to the availability of acute beds, the Crisis Resolution Home Treatment Team, Advice and Referral Centre, impact of budgetary reductions upon voluntary services and the increasing levels of demand for services.

2013/14 REVIEW OF VOLUNTARY ORGANISATIONS IN RECEIPT OF THREE YEAR FUNDING AWARDS

The Overview and Scrutiny Panel (Social Well-Being) has considered the performance of voluntary organisations in receipt of three year funding arrangements with the Council. With the exception of Rural Cambs CAB, all organisations have met their agreed performance targets. Failure to achieve targets is attributed to the delay in the opening of the organisation's St Neots office from June to November 2013. Matters discussed include the uncertainty of future funding from

Cambridgeshire County Council, the current review of new monitoring requirements for funding from April 2015 onwards and the opportunity to amalgamate some voluntary organisations as a means of generating efficiencies.

CORPORATE CONSULTATION AND ENGAGEMENT STRATEGY

The content of an updated Corporate Consultation and Engagement Strategy, action plan and supporting appendices was endorsed by the Overview and Scrutiny Panel (Social Well-Being). The documents have been subject to prior review by the Panel's Consultation Processes Working Group. Subject to the Strategy making reference to the Council also consulting with public sector Partners on matters which can have an impact upon their services, the Panel has endorsed the Strategy, action plan and guidance appendices for submission to the Cabinet.

Subsequently, the Cabinet has approved the contents of the Strategy and its supporting papers.

HOUSING BENEFIT AND COUNCIL TAX SUPPORT CHANGES AND THE IMPACT ON HUNTINGDONSHIRE

The Overview and Scrutiny Panel (Social Well-Being) has been updated on the effects of the Government's Welfare Reform programme and how it has impacted upon households in Huntingdonshire in relation to Housing

Benefits, Council Tax Support and homelessness. Updates were received on changes which had taken place during 2014 in respect of local housing allowance, social sector size criteria rules, Council Tax Support, benefit cap and discretionary housing payments. The Panel will continue to receive reports on a six monthly basis.

PROPOSALS TO IMPROVE OLDER PEOPLES HEALTHCARE AND ADULT COMMUNITY SERVICES – CONSULTATION RESPONSE

The Overview & Scrutiny Panel (Social Well-Being) has endorsed the content of a response to the current consultation being undertaken by Cambridgeshire and Peterborough Clinical Commissioning Group on proposals to improve older people's healthcare and adult community services. Members have requested the need to emphasise previous concerns over the lack of elected Member involvement from the procurement exercise.

OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) – PROGRESS

A review of the memberships of each of the Overview and Scrutiny Panel's (Social Well-Being) Working Groups has been undertaken. Changes have been made as necessary.

The Panel has requested that an invitation be extended to the Cambridgeshire Police and Crime Commissioner's Office for a representative to attend a future meeting.

SCRUTINY

The Overview and Scrutiny Panel (Social Well-Being) have requested an update on Members' IT to be provided to all Members as there appears to be problems with accessing and receiving emails. There is also some confusion over the cost of purchasing electronic

devices and the requirements for participating in the Council's loan scheme established for this purpose.

POTENTIAL SALE OF DISTRICT COUNCIL LAND AT HERMITAGE ROAD, EARITH

The Overview and Scrutiny Panel (Economic Well-Being) has considered a proposal for the sale of Council owned land at Hermitage Road, Earith for affordable housing development.

Having regard to the alternative use value of the site and the views of the Executive Councillor who suggested that the proposal struck a good balance between addressing the need for social housing and generating a capital receipt for the Authority, the Panel has recommended that the Cabinet should dispose of the site on the terms set out in the report.

Subsequently, the Cabinet has considered the comments of the Panel and has approved the disposal of the land to BPHA.

SERVICE DELIVERY OPTIONS FOR LEGAL AND IMD

The outcome of discussions with LGSS on opportunities to develop a shared service arrangement for selected services, initially Legal and ICT services, have been reported to the both the Cabinet and Overview & Scrutiny Panel (Economic Well-Being). Following the Council's announcement on 10th April 2014 of the intention to explore a new strategic framework with South Cambridgeshire District Council, Members have noted that the LGSS option is no longer being pursued and have endorsed the continuation of discussions with South Cambridgeshire District Council.

PROVISIONAL 2013/14 OUTTURN (REVENUE AND CAPITAL)

Both the Cabinet and Overview & Scrutiny Panel (Economic Well-Being) have reviewed the provisional revenue and capital Outturn for 2013/14. Members have noted that the provisional revenue outturn reveals expenditure was £2.2m below the level expected and have been advised of the likely reasons for this. The Panel has welcomed the presentation of the financial information in the new format.

Members have also welcomed the intention to commence a programme of Zero Based Budgeting in preparation for the formulation of the draft Budget in December 2014. Members have been advised of the likely methodology for the review and have noted that updates on progress would be received on a regular basis. The Head of Resources has been authorised by the Cabinet to commence the programme, to be funded from the Special Reserves.

In terms of the variations in revenue spending from the 2013/14 Budget and the Provisional Revenue Outturn, the Panel has sought clarification of a number of matters. Members have enquired about the income profile for One Leisure, St Ives and will invite the Executive Councillor for Commercial activities to attend a future meeting to discuss this further. Referring to an application on the Agenda for the Development Management Panel, the Panel was of the opinion that the Council needed to ensure that the arrangements for entering into Section 106 Agreements were robust.

Given the service transformation that the Council is facing over the medium term and the proposal to provide additional investment in “revenue generating” capital projects, the Cabinet has agreed to increase the Special Reserve to £2.2m (a contribution of £0.9m) and to establish

a new “Capital Investment” Earmarked Reserve with a balance of £1.5m. The Head of Resources has been given delegated authority to adjust these revenue contributions, after consultation with the Executive Councillor and the Managing Director, in the event that the actual outturn figure varies by more than 2.5%.

2013/14 TREASURY MANAGEMENT ANNUAL REPORT

In accordance with the requirements of the CIPFA Code of Best Practice and the Council’s Treasury Management Strategy, the Overview & Scrutiny Panel (Economic Well-Being) has reviewed and noted the Council’s treasury management performance for the year ending 31 March 2013.

OUR ROLE IN SUPPORTING THE PROSPERITY AND VITALITY OF THE MARKET TOWNS

Following a suggestion by the Council Programme Meeting that the content of the Council debate on ‘the prosperity and vitality of the Market Towns’, could be used to take forward a potential overview and scrutiny study, the Overview & Scrutiny Panel (Economic Well-Being) has agreed to invite Mr William Grimsey to a future meeting to give his views on the future of the High Street. In the light of the content of the presentation, the Panel will then develop and scope its study.

FLOOD RISK IN HUNTINGDONSHIRE – PRESENTATION FROM MIDDLE LEVEL COMMISSIONERS

A presentation was delivered to the Overview and Scrutiny Panel (Environmental Well-Being) on flood risk in Huntingdonshire. Details were received on the background to the Middle Level Commissioner’s work, its relationship with the nine Internal Drainage Boards within the District,

how funding was proportioned across the Middle Level area, the significance of the St Germans pumping station, planned works at Bevills Leam pumping station and Salters Lode Lock and the extent of work undertaken with partners including the Great Fen. The Flooding Working Group will pursue further investigations on the Panel's behalf. Councillor R J West has been appointed on to the Working Group.

ACTION ON ENERGY SCHEME

An update on progress of the Action on Energy scheme within the District was reported to the Overview and Scrutiny Panel (Environmental Well-Being). £7.8 million of grant funding has been made available to the Cambridgeshire area to assist residents with meeting the costs of the installation of solid wall insulation. Some funding will also be used within the private rented sector. The Council also receives £26,000 of revenue funding to assist with the cost of Officer time spent distributing the funding.

Matters discussed include the disposal of the Council's green house properties, publicity of the Action on Energy scheme, the level of take up from businesses undertaking the relevant training to become an accredited installer and the trial scheme being undertaken to insulate park homes in St Neots.

WASTE POLICIES

Following a number of concerns raised by Members, the Overview and Scrutiny Panel (Environmental Well-Being) has reconvened the Waste Collections Working Group, comprising Councillors M G Baker, G J Bull, D A Giles and G J Harlock to assist the Head of Operations and Executive Member for Operations with reviewing the policies in relation to the collection point for wheeled bins/sacks and remote properties (farms and lodges). A number of concerns were raised relating to the absence of any

prior communication with Members and the impact of the proposals upon those residing within private roads/unadopted estates and new housing developments.

In supporting the reconvening of the Working Group, the Cabinet has approved the policy amendments proposed in respect of additional green bins which will increase the number of chargeable bins allowed to two per property.

WIND ENERGY DEVELOPMENT IN HUNTINGDONSHIRE 2014 SUPPLEMENTARY PLANNING DOCUMENT (SPD)

The Overview and Scrutiny Panel (Environmental Well-Being) has endorsed the revised Supplementary Planning Document (SPD) for Wind Energy Development in Huntingdonshire 2014. It is felt that the SPD is now sufficiently robust to assist the Council to withstand any future appeals. The Panel has received confirmation that the matter of separation distances is now addressed within the SPD.

Having also raised questions in respect of the scale of turbine development, turbine group sizes and separation distances and been satisfied with responses received to representations made by the 'Stop Molesworth Windfarm Action Group', The Development Management Panel endorsed the content of the proposed SPD and recommended to the Cabinet that it be adopted as Council policy.

A14 CAMBRIDGE TO HUNTINGDON – RESPONSE TO HIGHWAYS AGENCY DEVELOPMENT CONSENT ORDER PRE-APPLICATION STATUTORY CONSULTATION

The Overview and Scrutiny Panel (Environmental Well-Being) has

endorsed the Council's response to the statutory consultation being undertaken by the Highways Agency on the Development Consent Order Pre-Application for the A14 Cambridge to Huntingdon development on the proviso that paragraph 4 (g) of Annex C is strengthened to include the words "The District Council reserves its position of matters of detail, such as the mitigation of the impact of the development on affected villages, on which it will negotiate with the Highways Agency".

Subsequently, the Cabinet has considered the Panel's concerns alongside those of Buckden Parish Council relating to the proposed demolition of the viaduct and the residents of Hilton Village regarding the project's impact on surrounding villages. Having noted that the retention of the viaduct would result in the reclassification of the existing road as a local road for which the County Council has confirmed they would not be prepared to fund the maintenance of, the Cabinet has reiterated its support for the removal of the viaduct and the creation of an improved new local road network for the town. These sentiments and those of the Panel will be reflected in the Council's response to the Highways Agency.

Construction work for the scheme is due to commence in 2016 which will take three years to complete. The removal of the Huntingdon Viaduct will take place thereafter and is likely to take around a further 18 months.

CAMBRIDGESHIRE FUTURE TRANSPORT INITIATIVE

The Overview and Scrutiny Panel (Environmental Well-Being) have appointed Councillor Mrs L Kadic as their representative on the Cambridgeshire Future Transport Initiative.

THE SERVICE PLAN FOR FOOD LAW ENFORCEMENT 2014 – 15

The Licensing and Protection Panel has considered an executive summary of the proposed Service Plan for Food Law Enforcement prior to its approval by Council. The Plan complies with the requirements of the Food Standards Agency and incorporates the aims and objectives of the service, the resources available and a review of the work undertaken during the previous year. A copy of the full Service Plan is available in the Members Room.

SERVICE PLAN FOR HEALTH AND SAFETY REGULATION 2014 – 15

The Licensing and Protection Panel has approved the content of the Service Plan for Health and Safety Regulation for 2014/15. The Plan, developed in accordance with guidance issued by the Health and Safety Executive, covers the aims and objectives of the service resources available and includes a review of the work undertaken in the previous year.

A copy of the full Service Plan is available in the Members Room.

LICENSING COMMITTEE – REVIEW OF EFFECTIVENESS

The Licensing & Protection Panel has considered the outcome of a review of the effectiveness of the Licensing Panel / Committee which had been undertaken by a working group comprising the Chairman and Vice-Chairman and Councillor R West. The Panel has agreed that -

- ❖ the existing custom and practice for the involvement of the Chairman and Vice-Chairman in Licensing Sub Groups and Committees should be retained; and

- ❖ that the proportionality requirements for future meetings of the Licensing and Protection Applications Sub-Group be clarified.

FEES AND CHARGES

The Licensing and Protection Panel has been acquainted with the adjustments to fees and charges for licences issued by the District Council effective from 1st April 2014.

DELEGATIONS

In the interests of cost, speed and efficiency, the Licensing and Protection Panel has authorised the Head of Legal and Democratic Services to determine applications for the grant, renewal, variation or transfer of licences for sex shops, sex cinemas and Sexual Entertainment Venues subject to there being no objections.

REPRESENTATIONS ON EXTERNAL ORGANISATIONS

The Licensing and Protection Panel has appointed representatives to serve on the following organisations for the ensuing Municipal Year –

- ❖ Cambridgeshire Consultative Group for the Fletton Brickworks Industry
- ❖ Little Barford Power Station Liaison Committee
- ❖ Needingworth Quarry Local Liaison Committee
- ❖ Warboys Landfill Local Liaison Committee

RECYCLING CONTRACT AWARD

The Cabinet has been updated on the procurement process and evaluation of the tender submissions received for the bulking, transportation, sorting and onward sale for the reprocessing of recyclable materials for authorities from the RECAP partnership. Particular mention was made of the financial benefits of the new contract for the Council and the possibility that the range of items collected may increase.

DEVELOPMENT APPLICATIONS

The Development Management Panel considered nine applications at its June meeting. Of these, six were approved two refused and one deferred. Of most interest to Members will be the consent given for fourteen new flats and associated works, on land north of the Pathfinder House Car Park. It was also agreed to waive an existing S106 Agreement at Ullswater and Handcrofts Land, Huntingdon to allow an undertaking to be put in place with Administrators which would enable remedial works to proceed which had been left unfinished due to the bankruptcy of the original developer. The Head of Development was requested to gather evidence on the adequacy of car parking at Montagu Square, Eynesbury before the Panel could reconsider an application for the conversion of an existing house into four new dwellings.