

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, 3 FEBRUARY 2015** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact
(01480)**

APOLOGIES

1. MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Panel held on 6th January 2015.

**A Roberts
388015**

2. MEMBERS INTERESTS

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

3. NOTICE OF KEY EXECUTIVE DECISIONS (Pages 5 - 8)

A copy of the current Notice of Key Executive Decisions, which was published on 15th January 2015, is attached. Members are invited to note the Plan and to comment as appropriate on any items contained therein.

**Democratic Services
388015**

4. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP

Mr R Murphy, Local Chief Officer (Huntingdonshire System), Mr I Weller, Older People Programme Lead and Ms S Shuttlewood, Acting Director of Performance and Delivery, Cambridgeshire and Peterborough Clinical Commissioning Group, will be in attendance for these items.

(a) Hospital Accountability

To receive a presentation on hospital accountability.

(b) Performance (Pages 9 - 10)

To receive performance data from Cambridgeshire and Peterborough Clinical Commissioning Group in relation to Hinchingbrooke Hospital.

5. CHILDREN AND YOUNG PEOPLE THEMATIC GROUP (Pages 11 - 12)

To consider a report on the work of the Children and Young People

Strategic Partnership Group.

Ms S Tabbitt, Huntingdonshire Head of Localities and Partnerships, and Ms S Stent, Principal of Huntingdonshire Regional College, will be in attendance for this item.

6. HEALTH AND WELL-BEING THEMATIC GROUP (Pages 13 - 24)

To consider a report by the Head of Leisure and Health on the progress and future plans of the Huntingdonshire Health and Wellbeing Partnership.

**J Wisely
388049**

7. REVIEW OF SAFER HOMES SCHEME FUNDING (Pages 25 - 50)

To consider a report by the Housing Strategy Manager on the performance of the Safer Homes Service and on options for the future of the service.

**T Reed
388203**

8. PERFORMANCE MONITORING (Pages 51 - 60)

To consider performance against the key activities identified in the Council's Corporate Plan for 2014/15 for the period 1st October to 31st December 2014.

**A Dobbyne
388100**

9. CAMBRIDGESHIRE HEALTH COMMITTEE (Pages 61 - 64)

To receive an update from Councillor R C Carter on the Cambridgeshire Health Committee.

10. WORKPLAN STUDIES (Pages 65 - 66)

To consider the work programmes of the Economic and Environmental Well-Being Overview and Scrutiny Panels.

**A Roberts
388015**

11. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL BEING PANEL) - PROGRESS (Pages 67 - 72)

To consider a report on progress of the Panel's activities.

**A Roberts
388015**

12. SCRUTINY

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

**Democratic Services
388015**

Dated this 27th day of January 2015



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

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Please contact Democratic Services Team, Tel No. 01480 388004/e-mail Lisa.Jablonska@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 Committee/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 Elections & 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, 6 January 2015.

- PRESENT: Councillor S J Criswell – Chairman.
- Councillors I J Curtis, M Francis,
Mrs P A Jordan, P Kadewere,
S M Van De Kerkhove, Mrs R E Mathews and
Mrs D C Reynolds.
- APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors K M Baker, R C Carter and R Fuller.
- IN ATTENDANCE: Councillors J D Ablewhite, J A Gray and T D Sanderson.

70. MINUTES

The minutes of the meeting of the Panel held on 6th January 2015 were approved as a correct record and signed by the Chairman.

71. PROJECT MANAGEMENT SELECT COMMITTEE

The Chairman announced that in accordance with Section 100B (4) (b) of the Local Government Act 1972 he proposed to admit this matter as an urgent item to enable the Panel to appoint replacement representatives to attend a meeting scheduled for 17th February 2015.

Further to Minute No. 2014/ 66, owing to the unavailability of the previously appointed Members on the date of the Select Committee, it was

RESOLVED

that Councillors R C Carter and P Kadaware be appointed to the Project Management Select Committee.

72. MEMBERS INTERESTS

No declarations of interests were received.

73. NOTICE OF KEY EXECUTIVE DECISIONS

The Panel received 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 for the period 1st January to 30th June 2015. Members noted that the item on the Review of Safer Homes Scheme Funding would be submitted to their next meeting.

74. THE OCTAGON, STATION ROAD, ST IVES

(Executive Councillors J D Ablewhite and J A Gray were in attendance for the discussion on this item).

Pursuant to Minute No. 2014/63, consideration was given to a report by the Estates Management Surveyor (a copy of which is appended in the Minute Book) on the options for the future use of the Octagon, Station Road, St Ives and on the issues raised by the petition relating to the building. The Panel also had the benefit of additional information submitted by Mrs L Wright.

It was reported that the Council was in the process of reviewing its estate and that three proposals had been received relating to the Octagon but no decision had yet been made. The decision would be based on the business cases submitted. The Council would have to be satisfied that the successful bidder's proposal was financially viable.

A Member commented that the building should be brought back into use but the Council should decide what is in the interests of the whole District. St Ives already had a number of community facilities. In response to a question by a Member, it was confirmed that the Council was not seeking to dispose of the freehold of the building. The potential areas for negotiation and terms for an agreement were noted.

Following consideration of the report, the Panel concluded that it was satisfied with the process that the Council had established to determine the use to which the Octagon would be put in the future. Members stressed that they supported bringing the building into public use and the principle that it should provide good value for the tax-payer. In the circumstances, it was

RESOLVED

that no further action be taken in respect of the petition relating to the Octagon, Station Road, St Ives, which was submitted to the last meeting.

75. THE HEALTH ECONOMY

(Executive Councillor T D Sanderson was in attendance for the discussion on this item).

Consideration was given to a report by the Managing Director (a copy of which is appended in the Minute Book) on the potential priorities and scope of the Panel's work on the local health economy. It was intended that the deliberations would inform the forthcoming Away Day.

Members were informed that the aim was to make Overview and Scrutiny more effective by broadening the debate on health matters. A primary concern was the way health related services responded to the growth in the population. Various themes were put forward for investigation. The Panel discussed extensively community

engagement and the role of Members. Financial austerity was expected to continue with local government having to accept a significant proportion of the cuts. The District Council would have to cease some of its activities and it was hoped to establish a new relationship with residents to enable them to identify what was important for them and how they would respond. Councillors would be integral to this process, which would promote community resilience. In order to encourage public participation, it would be necessary to make the process relevant to residents. The Communications section was in the process of carrying out research on the best ways of engaging communities. Comment was made that the District Council's activities should form part of a single conversation involving all levels of local government.

Having considered other suggestions for inclusion in the Panel's work programme, it was agreed to receive reports:

- on the current state of Neighbourhood Planning within the Council and how it was likely to develop and how it might promote community resilience;
- on community engagement, including examples of good practice;
- on the impact of Welfare Reforms, including fuel poverty and how it was defined;
- reviewing the Council's Equalities Impact Assessment arrangements, and
- on the impact of growth on GP surgeries, school places and hospital capacity.

In response to a question by a Member, the Panel was informed that work on the diverse range of service areas was co-ordinated through the Corporate Plan. Having agreed to continue the discussion on the future work programme at the Away Day, it was

RESOLVED

that the contents of the report be noted.

76. CAMBRIDGESHIRE HEALTH COMMITTEE

The Panel received and noted the Cambridgeshire Health Committee Decision Statement for the meeting held on 11th December 2015 (a copy of which is appended in the Minute Book).

77. WORKPLAN STUDIES

The Panel received and noted a report (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.

78. OVERVIEW AND SCRUTINY PANEL SOCIAL WELL BEING PANEL) - PROGRESS

With the aid of a report (a copy of which is appended in the Minute Book) the Panel reviewed the progress of its activities since the last meeting. Having decided to defer the update on Redesign of Mental

Health services to a later meeting, it was agreed to undertake some preparatory work in advance of the visit by representatives of Hinchingbrooke Hospital in April. With this in mind, Members requested copies of the Care Quality Commission report following its recent inspection of the Hospital.

79. SCRUTINY

The 151st edition of the Decision Digest was received and noted.

Chairman

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.

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
5 Review of Safer Homes Scheme Funding	Cabinet	12 Feb 2015		Trish Reed, Housing Strategy Manager Tel No. 01480 388203 or email Trish.Reed@huntingdonshire.gov.uk		D B Dew	Social Well-Being
Treasury Management Strategy 2015//2016	Cabinet	12 Feb 2015		Clive Mason, Head of Resources Tel No 01480 388157 or email Clive.Mason@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
Final 2015/2016 Budget and MTF5	Cabinet	12 Feb 2015		Clive Mason, Head of Resources Tel No 01480 388157 or email Clive.Mason@huntingdonshire.gov.uk		J A Gray	Economic Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Rebate for Clothing & Shoe Bank Collections	Cabinet	12 Feb 2015		Eric Kendall, Head of Operations Tel No. 01480 388635 or email Eric.Kendall@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being
Huntingdonshire Design Guide Supplementary Planning Document	Cabinet	19 Mar 2015	Draft Supplementary Planning Document	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		D B Dew	Environmental Well-Being
Estate Strategy##	Cabinet	23 Apr 2015		Colin Luscombe, Estates Strategic Assessment Tel No 01480 387086 or email Colin.Luscombe@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
A14 Joint Local Impact Report, Statement of Common Ground and Environmental Impact Assessment matters	Cabinet	18 Jun 2015	Environmental Impact Assessment	Paul Bland, Planning Service Manager (Policy) Tel No 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		D B Dew	Environmental Well-Being
Huntingdonshire Infrastructure Business Plan	Cabinet	18 Jun 2015	Draft Infrastructure Plan	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
Local Plan to 2036 - Proposed Submission	Cabinet	18 Jun 2015	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
CPE - Civil Parking Enforcements	Cabinet			Eric Kendall, Head of Operations Tel No. 01480 388635 or email Eric.Kendal@huntingdonshire.gov.uk		R B Howe	Environmental Well-Being
ECML Crossing Closures	Cabinet			Paul Bland, Planning Service Manager (Policy) Tel No 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		D B Dew	Environmental Well-Being

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**Hinchingbrooke Healthcare NHS Trust
Operational Performance Report
Month 8 2014/15**

2014/15 National & CCG Targets	2013-14 Actual		Current Month		2014/15 Financial Year		Latest available 12 months	2014/15 Target	Last rep o edit	Narrative where target breached
A&E - % of Patients who have waited less than 4 hours	96.3%	88.3%	93.6%	94.3%	95%	Nov-14				Hinchingbrooke breached the national target in November of 5% or less of patients waiting to be seen within 4 hours in A&E. A financial penalty was applied by the CCG and the Trust are working to an action plan to bring performance back into standard. The Trust had seen a significant increase in demand and pressures of Delayed Transfers of Care remaining above the 3.5% target.
Admissions from A and E (Symphony)	28.3%	26.8%	27.2%	27.9%	no set target	Nov-14				
Number of MRSA Bacteraemias	0	0	0	0	0	Nov-14				
Clostridium difficile infection in the 2 and over age group	6	2	9	10	7	Nov-14				Hinchingbrooke were above their ceiling of 7 CDIFF cases for the year during November. The Trust will be penalised at the end of the year for the number of cases above the threshold. An Infection Control Plan is being worked to to address cleanliness and infection control concerns raised by the CCG. Failure to deliver the plan in line with the original milestones could result in additional financial penalties levied on the Trust. The CCG Infection Control Nurse is working closely with the Trust to address issues and monitor ongoing performance.
MRSA Screening Compliance - Elective	98.7%	97.0%	97.2%	97.9%	95% aggregate	Nov-14				
MRSA Screening Compliance - Non Elective	93.5%	94.0%	93.5%	93.5%	95% aggregate	Nov-14				Trust met MRSA Screening Compliance at aggregate level
Cancer 2 week wait from urgent referral to first seen	98.4%	98.9%	98.4%	98.3%	93%	Nov - 14 (provisional)				
2 week wait for Breast symptoms	97.5%	96.4%	96.1%	96.2%	93%	Nov - 14 (provisional)				
Cancer 31 day wait for first treatment from diagnosis	98.4%	97.7%	98.8%	98.8%	96%	Nov - 14 (provisional)				
Cancer 31 day wait for subsequent treatment - Anti cancer drugs	100.0%	100.0%	99.5%	99.7%	98%	Nov - 14 (provisional)				
Cancer 31 day wait for subsequent treatment - Surgery	98.8%	100.0%	100.0%	100.0%	94%	Nov - 14 (provisional)				
Cancer 62-day wait for first treatment from Standard urgent referral	88.5%	76.9%	88.7%	87.3%	85%	Nov - 14 (provisional)				Data is reported as provisional at the time of this report as the data is still to be validated by the Trust for November so could be subject to change, final figures are available the first week of the following month so first week January for November data. Thus far the Trust are reporting that there were 6 breaches in total for this target and actions have been captured where attributable to the Trust. There have been issues around diagnostics being available and capacity (staff being unavailable due to industrial action). In January the Trust will be working 7 days in diagnostics.
Cancer 62-day wait for first treatment from Screening service urgent referral	94.6%	50.0%	77.4%	83.3%	90%	Nov - 14 (provisional)				Numbers are very small for Hinchingbrooke and this breach was for 1 patient only. The breach was due to the patient cancelling and then being away on holiday.
Cancer 62-day wait for first treatment from Consultant Upgrade	68.4%	100.0%	100.0%	100.0%	90%	Nov - 14 (provisional)				
Cancelled operations on or after the day of admission number	180	28	130	196	0%	Nov-14				There were 28 operations cancelled on the day with 1 not rebooked within 28 day breach. This is higher than usual. The Trust advised that A&E performance this month has challenged this standard. There were 5 no beds available, Ophthalmology consultant not available, CT scanner not available as it had broken down for almost a week. The scanner will be replaced next quarter. The Trust are also looking at maintenance cover for the scanner over weekends. Peterborough took any urgent cases.
Cancelled operations on or after the day of admission number (patients cancelled for a 2nd time on the day)	11	0	0	11	no set target	Nov-14				
Patients not re-booked within 28 days	1	1	5	5	0%	Nov-14				The Trust are to report back on this at January's performance meeting.
% operations cancelled on or after the day of admission	0.76%	1.26%	0.76%	0.78%	0%	Nov-14				See above
Same Sex Accommodation - Incidents	1	2	3	4	0	Nov-14				There were 2 breaches affecting 7 patients in November. A revised policy is going to the Trust's Executive Board in December for ratification and Root Cause Analyses' have been sent to the CCG.
18 weeks from GP referral to hospital treatment - admitted patients	94.1%	92.5%	92.5%	92.5%	90%	Nov-14				
18 weeks from GP referral to hospital treatment - non-admitted patients	98.7%	99.4%	99.4%	99.4%	95%	Nov-14				
Orthotics Pledge2 - % Patients treated within 18 weeks	99.0%	100.0%	99.8%	99.9%		Nov-14				
Patients waiting for a diagnostic test < 6 wk *	98.93%	99.02%	99.60%	99.71%	99%	Nov-14				
Slot issues/unavailability per successful DBS booking	0.07	0.05	0.06	0.07	0.05	Nov-14				
VTE Compliance Summary	98.4%	98.2%	98.3%	98.3%	98%	Nov-14				
Consultant to Consultant Referred Attendances	4.8%	5.7%	4.3%	4.5%	no set target	Nov-14				
Other referrals to Consultant Attendances	22602	2052	16559	23808	no set target	Nov-14				
Women to be seen by a midwife or an obstetrician for health and social care assessment of needs and risk by 12 weeks of their pregnancy (VSB06) (quarterly figures)	100.0%	96%	95%	N/A	>=95% Qtrly	Nov-14				
Mothers smoking during pregnancy	13.7%	13.5%	11.9%	12.3%	<=13.9%	Nov-14				
Breastfeeding initiation rates	80.0%	83.7%	80.9%	81.1%	>=80%	Nov-14				
Caesareans - % of women who were delivered by CS for a non clinical indication(monthly figures)	N/A	0.0%	0.0%	N/A	0%	Nov-14				
Total Readmissions within 30 days	N/A	145	1279	N/A	no set target	Nov-14				

* Target applies to only the monthly return

Key: ■ Adverse to absolute target
■ Favourable to target

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Huntingdonshire Children and Young People's Area Partnership

Up-date for Huntingdonshire District Council's Overview and Scrutiny Panel

February 2015

Background

The Hunts Children and Young People's Area Partnership aims to deliver better outcomes for children and young people in Huntingdonshire. We are keen to develop partnership work that

- Adds value to the work of any one organisation
- Avoids duplication
- Enables us to deliver initiatives that could not be delivered by any one organisation

The partnership currently reports to the Children's Trust Board, a partnership which brings together all organisations working with children, young people and families to improve the lives of children and young people. There is a statutory requirement for statutory partners, including District Councils to be part of this.

A review is currently taking place into the function of the Children's Trust Board, the preferred options that are being explored further focus on strengthening the Area Partnerships where delivery of work takes place.

Membership of the Hunts Area Partnership includes representation from statutory organisations; the voluntary sector and a range of community partnerships and initiatives. Huntingdonshire District Council representatives are...

Officers: Jon Collen Housing
 Louise Sboui Corporate Office

Elected Member: Cllr Tom Sanderson

Priorities 2014-7

Priorities for the current plan were developed from our October 2014 meeting where attendance was opened to a wide range of people from partner organisations; other partnerships and community groups. Participants heard pitches from partners who wanted to take forward initiatives but needed partnership support. They were then invited to participate in a market place where they could explore ideas further and offer support to projects they were interested in taking forward. The current Area Plan was developed from expressions of interest.

The Area Plan consequently comprises the following projects

Priority	Actions/Projects
1. Promoting emotional wellbeing and supporting young people with emerging mental health problems	2 community based projects in St. Neots and Godmanchester that promote emotional wellbeing and resilience (prevention) and build community capacity to support young people with emerging mental health problems while they wait for; are receiving or transitioning from health services
2. Reduce the impact of	a) data sharing with HDC that that will enable the County

Child Poverty in Hunts	<p>Council Educational Welfare Benefits team to identify and target people who are eligible for Free School Meals but not claiming</p> <p>b) work with a secondary school in Hunts to encourage the uptake of the 'free school meal' by teenagers whose parents/carers are claiming Free School Meals but who do not claim the meal</p>
3. Increasing Employability of young people and reducing the number of young people who are Not in Education, Employment or Training	<p>a) co-ordinating existing work, support and opportunities around employability to make best use of resources and develop pathways for young people</p> <p>b) a project based at Alconbury Weald that encourages participation in positive arts activities that also develop employability skills; offer qualifications and meet the employer opportunities.</p> <p>A pilot phase will begin in spring 2015 while support/funding is identified for a 3 year project</p>
4. Increasing Awareness of Child Sexual Exploitation	<p>Supporting the Community Safety Partnership's priority by co-supporting an awareness raising programme that includes 6 performances of a theatre in education production for targeted groups; support for adults working with young people; co-ordination of local resources and an evaluation of impact</p>
5. Supporting New Communities	<p>a) Supporting New Communities through infrastructure and community initiatives</p> <ul style="list-style-type: none"> • Alconbury • St. Neots • Godmanchester <p>b) Priority 3b has a link to supporting new communities</p>

HDC are currently involved in the delivery of the following priorities

- 2A sharing data to increase the up-take of Free School Meals. This priority is not progressing due to database issues and lack of capacity
- 3A HDC are partners on the working group taking forward the co-ordinated approach to employability
- 4 HDC are supporting the delivery of the programme with admin support provided through Community Safety

Points for Consideration

1. There are commonalities across the priorities for the Hunts Children and Young People's plan and the HDC Corporate Plan. How can we ensure that going forward we work together to
 - Ensure a joined up approach
 - Share learning
 - Support the inclusion of children & young people in Corporate Plan priorities
2. The Area Partnership provides a short briefing paper following each meeting. Would members of the Overview and Scrutiny Panel find it useful to receive a copy?

For further information on the Area Partnership and the Action Plan contact:
Gill Hanby, Area Partnership's Manager gill.hanby@cambridgeshire.gov.uk

Agenda Item 6

Public/Confidential*
Key Decision - Yes/No*
* Delete as applicable

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Huntingdonshire Health and Wellbeing Partnership Update

Meeting/Date: Overview and Scrutiny Panel (Social Wellbeing) – 3rd
February 2015

Executive Portfolio: Cllr Tom Sanderson

Report by: Jayne Wisely – Head of Leisure and Health

Ward(s) affected: All

Executive Summary:

To update the panel on the progress and future plans of the Huntingdonshire Health and Wellbeing Partnership

Recommendation(s):

For the Panel to endorse the proposed priorities of the partnership and support the delivery of these priorities (where applicable) through the corporate plan.

For the panel to oversee the delivery of the Health and Wellbeing partnership action plan by way of an annual report.

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1. WHAT IS THIS REPORT ABOUT/PURPOSE?

- 1.1 To update the panel of the work of the Huntingdonshire Health and Wellbeing Partnership
- 1.2 For the panel to endorse the proposed partnership priorities, and to monitor the delivery of actions against these priorities on an annual basis

2. WHY IS THIS REPORT NECESSARY/BACKGROUND

2.1 The membership of the Huntingdonshire Health and Wellbeing Partnership includes representatives from the District Council (Members and Officers), County Council (Member and Officers), Hunts Health LCG, Hunts Care Partnership LCG, Hinchingsbroke NHS Healthcare Trust, Healthwatch, Housing Associations as well as representatives from the Voluntary Sector. The partnership meets on a quarterly basis and is currently chaired by the Head of Leisure and Health. There is a mechanism for any key local issues to be reported to the Cambridgeshire Health and Wellbeing board through the District Council board member.

2.2 The purpose of the partnership is:

- To provide a forum for the wider engagement of parties interested in health and to improve the health and wellbeing for the residents of Huntingdonshire including
- To provide leadership and strategic direction locally in delivering health and wellbeing, as well as contributing to the delivery of the Cambridgeshire Health and Wellbeing Strategy 2012-17
- To provide local information to the Cambridgeshire Health and Well-being Board and to receive feedback from the representative on the Board
- To consider existing local issues or those likely to arise, that may require local interventions to improve the health of people within the district
- In partnership, contribute to the delivery and implementation of local health improvement and well-being priorities – this includes development and oversight of a local action plan

3. PARTNERSHIP ACTIVITY AND PROPOSES PARTNERSHIP PRIORITIES

3.1 Over the last 12 month the partnership has:-

- Overseen the delivery of a local action plan – made up of key partner's actions. The headline outcomes relate to: addressing inequalities in health, prevention of long term illness, improved sexual health, promotion of responsible alcohol use, promoting wellbeing, active aging and maintaining independent living
- Overseen the procurement process for the commissioning of the Older Peoples Service, and contributed to the consultation process. Uniting Care Partnerships (successful bidder) are invited to provide a mobilisation update to the partnership meeting in January 2015, and will be a member of the partnership going forward
- Received and monitored updates on the Challenges facing Young People in Huntingdon North Ward group. The key health priorities of this group was: to improve the mental health and wellbeing of children and young people, reduce family deprivation, widen the participation of children and young people in education, employment and training
- Received performance updates on the delivery of the Community Navigator programme

www.yourlifeyourchoice.org.uk/media/71754/120220_comm%20navigators.pdf. To date 528 navigations made. Additionally a Community Navigator will be based in customer services at Pathfinder House once a month to deliver the service

- Oversight of the Cambridgeshire and Peterborough CCG 5 year strategic plan, with the intention to receive regular updates and progress from the CCG.

3.2 A significant proportion of the partnership meetings has been dedicated to receiving updates and information sharing with partners and wider organisation with issues relating to local health improvements initiatives. Whilst this is absolutely relevant and valued by the partnership, there has been a void in a true joined up partnership approach to identifying and tackling some of the key health issues the residents of the district face. Following the meeting in October a sub-group of the partnership has met to identify three key health priorities that would benefit from a joined up delivery approach to tackle the problem. Using evidence based research and local intelligence; these have been identified as follows. The priority number (in brackets) relates to the corresponding priority in the Cambridgeshire Health and Wellbeing Strategy Appendix 2:-

- Excess Weight (including Obesity) – Children and Adults (Priority 3)
- Mental Health – Children and Adults (Priority 3)
- Delivering Services for Older people to enable them to live independently, safely and well (Priority 2).

These priorities will be discussed and agreed at the Health and Wellbeing partnership meeting in January. The process will then be to form 3 separate task and finish groups, that will be responsible for identifying what are the key issues, where joint working will add value and be responsible for developing and delivering key actions that provide real health improvements within the community. One of the key focusses of the sub-groups will be to identify where geographical inequalities exist within the district and have a clear mandate to reduce these inequalities. To illustrate this point, with year 6 pupils within the district 8.3% are classified as obese in the Kimbolton & Staughton ward, whereas 24.3% are classified as obese in St Neots – Eaton Socon. The sub-groups will be action orientated and time limited.

The sub-groups will report back to the partnership at each meeting to present progress to date and to identify next key actions. It is recommended as part of this report that a progress report is brought to the Overview and Scrutiny panel (social wellbeing) on an annual basis.

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

4.1 There are no risks to the Council relating to this update report.

5. LIST OF APPENDICES INCLUDED

Appendix 1 – Huntingdonshire Health Profile 2014

Appendix 2 – Cambridgeshire Health and Wellbeing Strategy 2012 - 17

CONTACT OFFICER

Jayne Wisely – Head of Leisure and Health
388049

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Huntingdonshire

District

This profile was produced on 12 August 2014

Health Profile 2014

Health in summary

The health of people in Huntingdonshire is varied compared with the England average. Deprivation is lower than average, however about 12.3% (3,800) children live in poverty. Life expectancy for both men and women is higher than the England average.

Living longer

Life expectancy is 6.1 years lower for men in the most deprived areas of Huntingdonshire than in the least deprived areas.

Child health

In Year 6, 17.1% (280) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 32.7*. This represents 12 stays per year. Levels of GCSE attainment are worse than the England average. Levels of teenage pregnancy and breastfeeding are better than the England average.

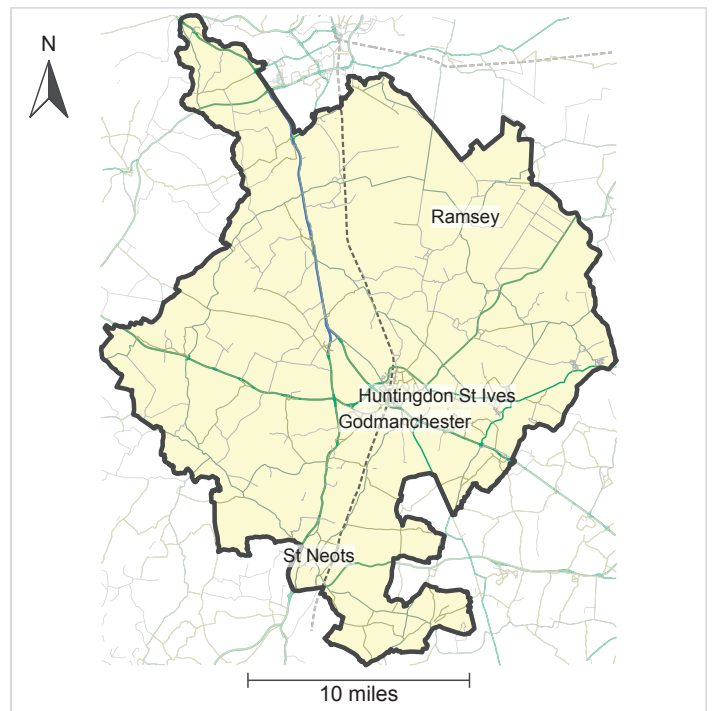
Adult health

In 2012, 25.7% of adults are classified as obese. The rate of alcohol related harm hospital stays was 620*. This represents 1,027 stays per year. The rate of self-harm hospital stays was 180.0*. This represents 310 stays per year. The rate of smoking related deaths was 248*, better than the average for England. This represents 215 deaths per year. Estimated levels of adult excess weight are worse than the England average. Estimated levels of adult physical activity are better than the England average. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of violent crime, long term unemployment, drug misuse and early deaths from cardiovascular diseases are better than average.

Local priorities

Local priorities include addressing inequalities in health, planning in partnership to meet the needs of an ageing population and long term prevention of ill health across all age ranges. For more information see www.cambridgeshireinsight.org.uk and www.cambridgeshire.gov.uk

* rate per 100,000 population



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OpenStreetMap contributors ODbL

Population: 171,000

Mid-2012 population estimate. Source: Office for National Statistics.

This profile gives a picture of people's health in Huntingdonshire. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info or scan this Quick Response code: for more profiles, more information and interactive maps and tools.

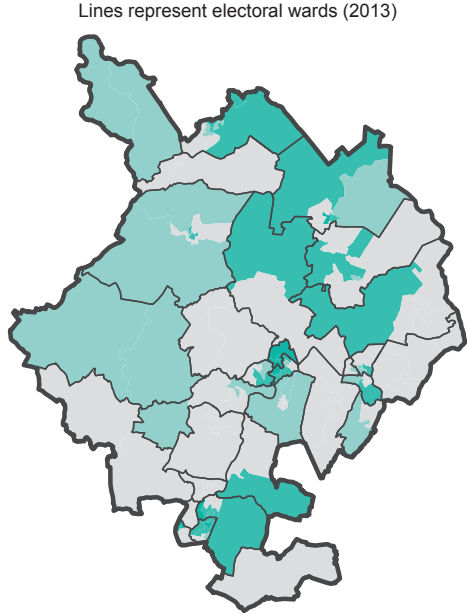


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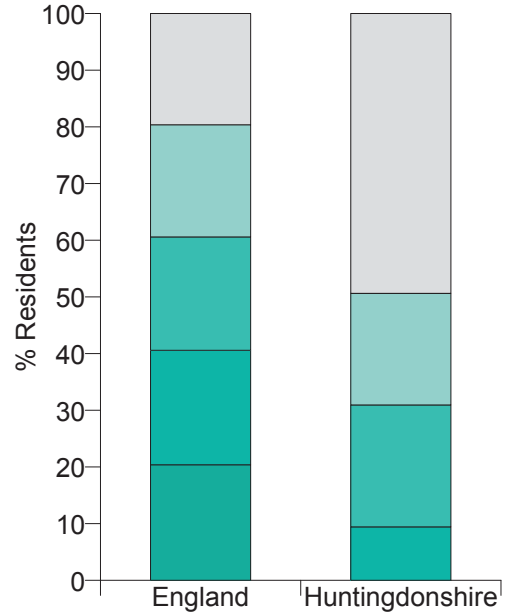
Deprivation: a national view

The map shows differences in deprivation levels in this area based on national quintiles (fifths) of the Index of Multiple Deprivation 2010 by Lower Super Output Area. The darkest coloured areas are some of the most deprived areas in England.

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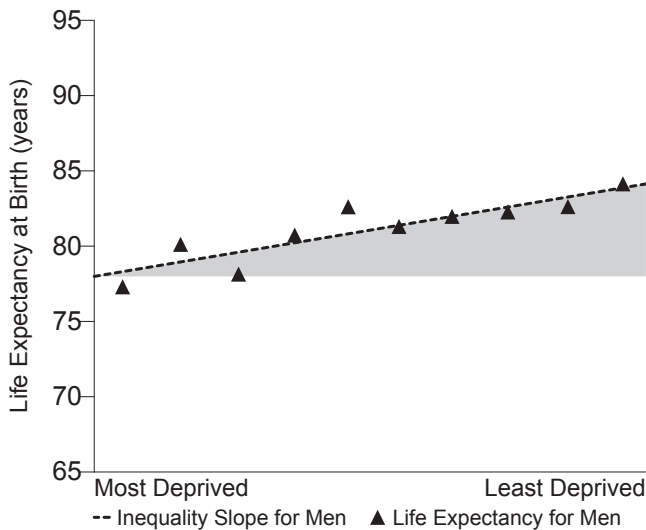
This chart shows the percentage of the population in England and this area who live in each of these quintiles.



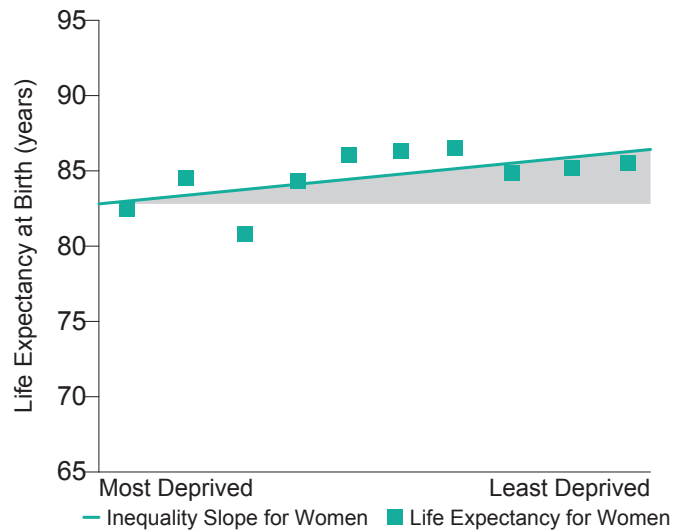
Life Expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2010-2012. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life Expectancy Gap for Men: 6.1 years

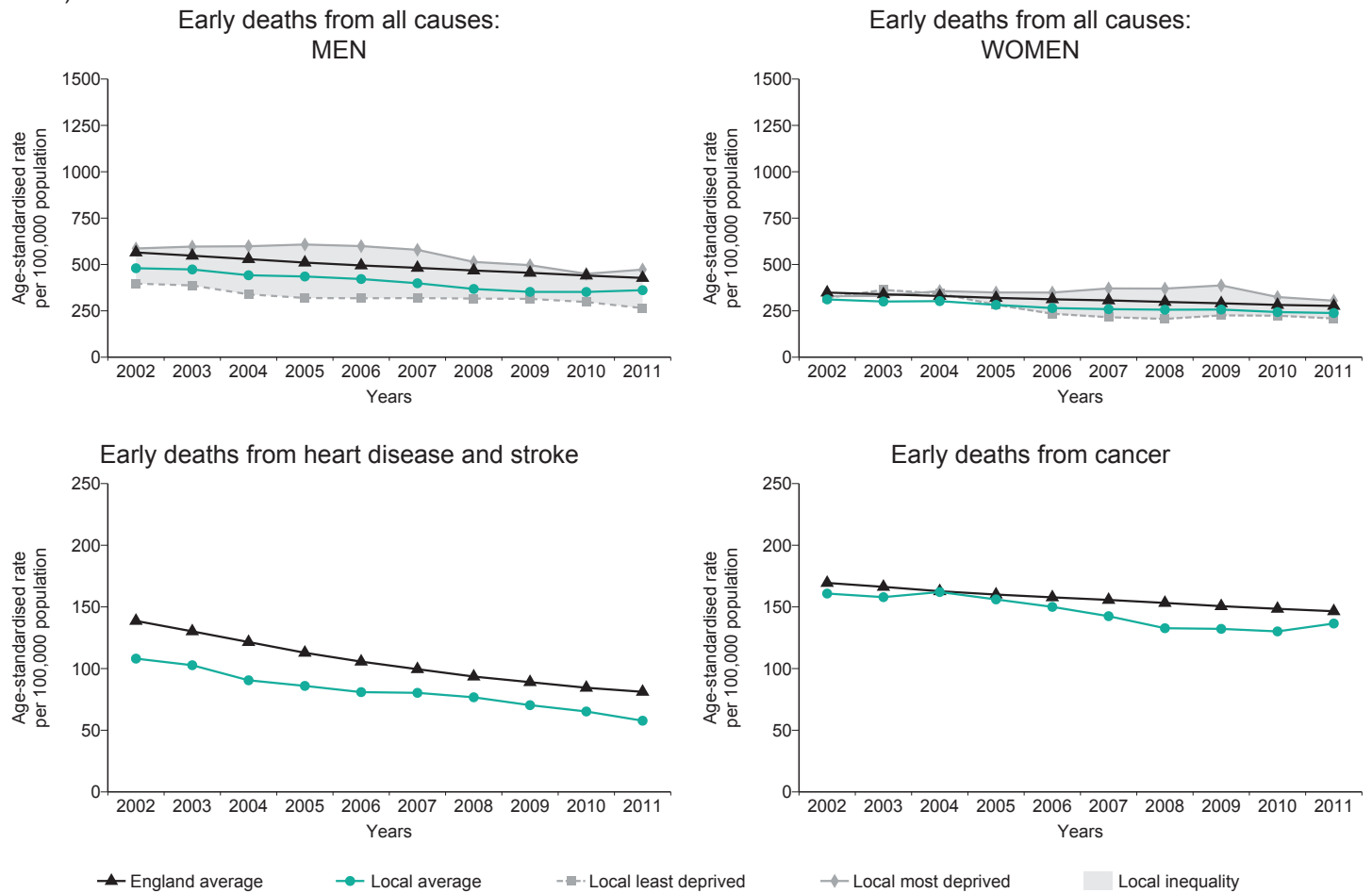


Life Expectancy Gap for Women: 3.6 years



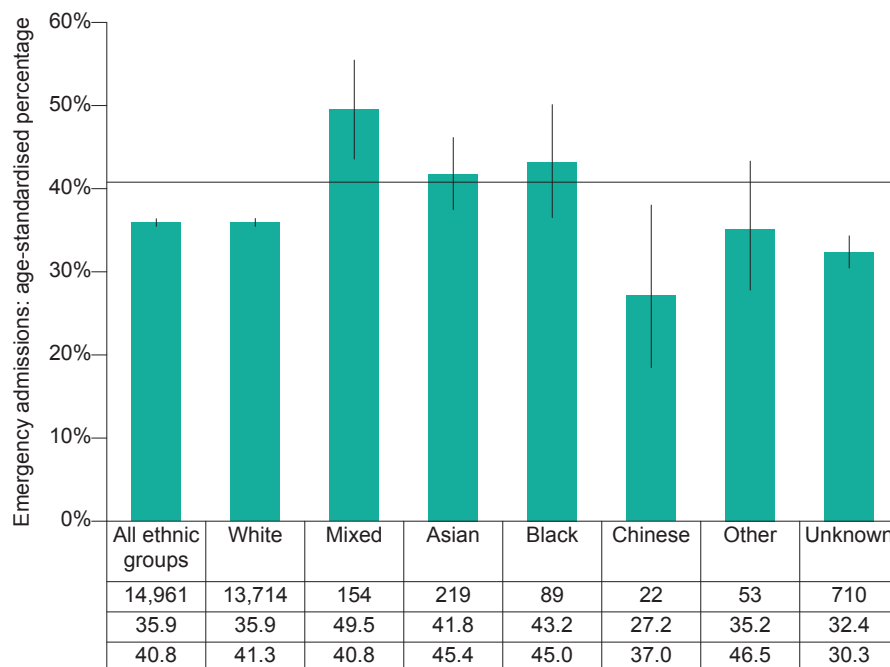
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).



Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group



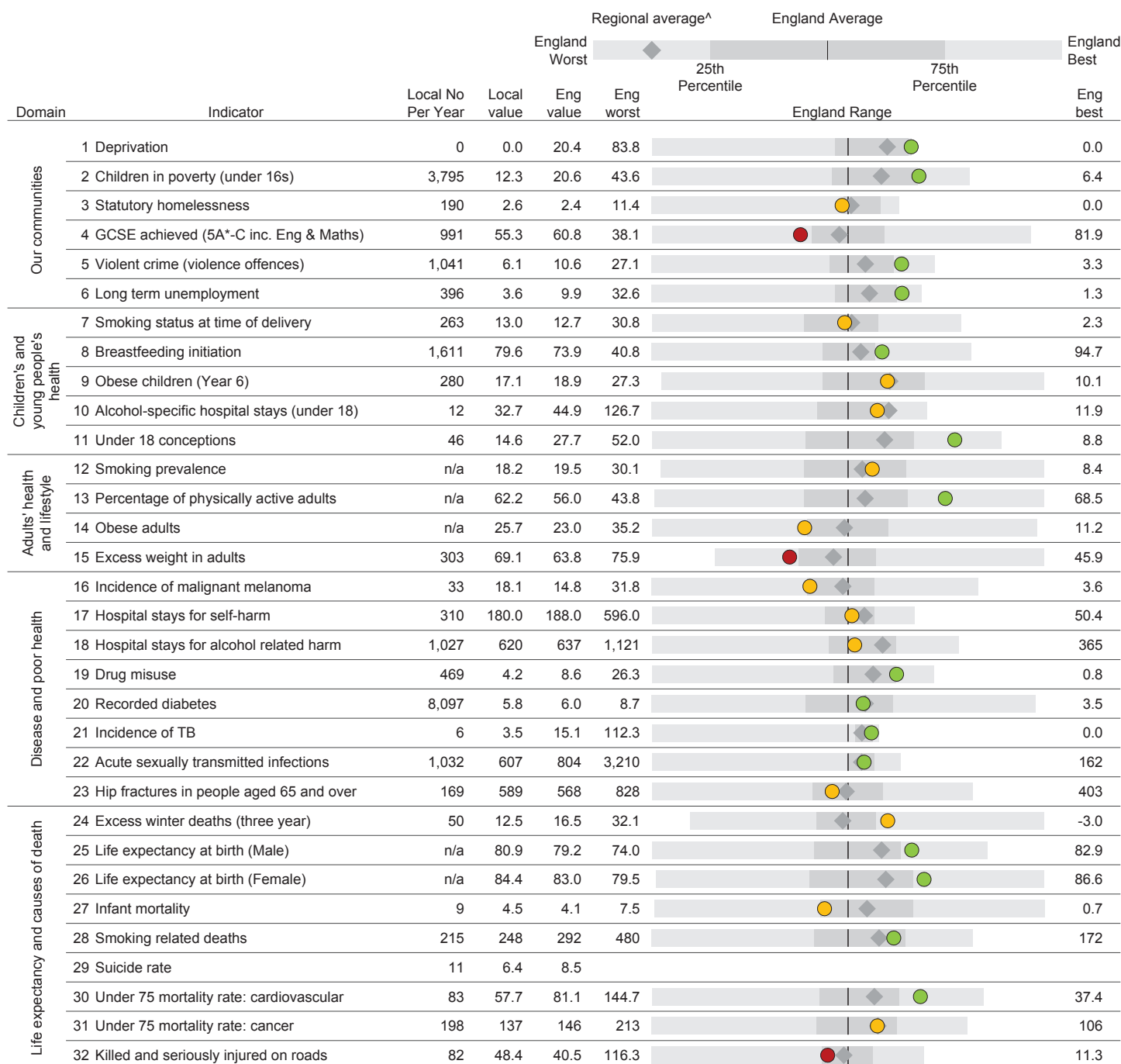
This chart shows the percentage of hospital admissions in 2012/13 that were emergencies for each ethnic group in this area. A high percentage of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions. By comparing the percentage in each ethnic group in this area with that of the whole population of England (represented by the horizontal line) possible inequalities can be identified.

■ Huntingdonshire
 — England average (all ethnic groups)
 | 95% confidence interval

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

Health Summary for Huntingdonshire

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2012/13 9 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2009-2011 17 Directly age sex standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 21 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12 25 At birth, 2010-2012 26 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2010-2012 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012 30 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 31 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 32 Rate per 100,000 population, 2010-2012 ^ "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info Please send any enquiries to healthprofiles@phe.gov.uk

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Cambridgeshire Health & Wellbeing Board and Network will focus on these six priorities to improve the physical and mental health and wellbeing of Cambridgeshire residents. In particular, within each of these priorities, we will work to improve the health of the poorest fastest.

Priority 1

Ensure a positive start to life for children, young people and their families

- Strengthen our multi-agency approach to identifying children who are in poverty, who have physical or learning disabilities or mental health needs, or whose parents are experiencing physical or mental health problems.
- Develop integrated services across education, health, social care and the voluntary sector which focus on the needs of the child in the community, including the growing numbers of children with the most complex needs, and where appropriate ensure an effective transition to adult services.
- Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Create and strengthen positive opportunities for young people to contribute to the community and raise their self esteem, and enable them to shape the programmes and services with which they engage.
- Recognise the impact of education on health and wellbeing and work to narrow local gaps in educational attainment.

Priority 2

Support older people to be independent, safe and well

- Promote preventative interventions which reduce unnecessary hospital admissions for people with long term conditions, enable them to live independently at home or in a community setting where appropriate and improve their health and wellbeing outcomes e.g. through falls prevention, stroke and cardiac rehabilitation, supporting voluntary organisations and informal carers.
- Integrate services for frail older people and ensure that we have strong community health, housing, voluntary support and social care services tailored to the individual needs of older people, which enable them to improve their quality of life and minimise the need for long stays in hospitals, care homes or other institutional care.
- Enhance services for the early prevention, intervention and treatment of mental health problems in older people, including timely diagnosis and joined up services for the care and support of older people with dementia and their carers.
- Ensure appropriate and person-centred end of life care for residents and their families and informal carers.

Priority 3

Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices

- Encourage individuals and communities to get involved and take more responsibility for their health and wellbeing.
- Increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older people who are active and retain their independence, and increase the proportion of adults and children with a healthy weight.
- Reduce the numbers of people who smoke.
- Promote individual and community mental health and wellbeing, prevent mental illness and reduce stigma and discrimination against those with mental health problems.
- Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.
- Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children.

Priority 4

Create a safe environment and help to build strong communities, wellbeing and mental health

- Implement early interventions and accessible, appropriate services to support mental health, particularly for people in deprived areas and in vulnerable or marginalised groups.
- Work with partners to prevent domestic violence, raise public awareness especially amongst vulnerable groups, and provide appropriate support and services for victims of domestic abuse.
- Minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing.
- Work with local partners to prevent and tackle homelessness and address the effects of changes in housing and welfare benefits on vulnerable groups.

Priority 5

Create a sustainable environment in which communities can flourish

- Develop and maintain effective, accessible and affordable transport links and networks, within and between communities, which ensure access to services and amenities and reduce road traffic accidents.
- Ensure that housing, land use planning and development strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and long term.
- Encourage the use of green, open spaces including public rights of way, and activities such as walking and cycling.
- Seek the views of local people and build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.

Priority 6

Work together effectively

- Commit to partnership working, joint commissioning and combining resources in new ways to maximise cost-effectiveness and health and wellbeing benefits for individuals and communities.
- Identify sustainable, long-term solutions to manage the increased demand on health and social care services.
- Encourage increased partnership working with research organisations to better inform the evidence base supporting the development and evaluation of future services.
- Encourage increased involvement of service user representatives and local groups in planning services and policies.
- Recognise the importance of the Voluntary and community sector and their valuable contribution to implementing the strategy.

Cross cutting principles: Equitable • Evidence-based • Cost-effective • Preventative • Empowering • Sustainable

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Public
Key Decision - Yes

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter:	REVIEW OF SAFER HOMES SCHEME FUNDING
Meeting/Date:	SOCIAL WELL-BEING SCRUTINY PANEL - Date 03 FEBRUARY 2015 CABINET - Date 12 FEBRUARY 2015
Executive Portfolio:	Executive Councillor for Strategic Planning and Growth
Report by:	Housing Strategy Manager
Ward(s) affected:	All

Executive Summary:

This report is to brief Members on the performance of the Safer Homes Service since funding began in 2011/12; advise Members on the proposal for service development across the County and a new joint commissioning approach that is being adopted; and seek a Member decision on whether or not to continue investing in the service in future.

Performance of Safer Homes since 2011/12

The Council has contributed funding to Age UK Cambridgeshire since April 2011/12 to run a Safer Homes Service. The service provides a value for money service to older residents, carrying out an initial assessment of their home, making referrals to other services where appropriate and carrying out minor jobs including grab rails, bannister rails, half steps, and key safes. The service is aimed at vulnerable owner occupiers (the majority of older people own their own home) and carries out about 250 jobs per year. The current service costs c.£45k in Huntingdonshire. £25k has been funded by this Council, with the remaining funding coming from health and personal contributions.

This service helps fulfil an objective in the Council's Housing Strategy, ensuring that older people in the district are able to continue living independently in safe, well maintained homes. The service also contributes to the health related objectives in the Council's Corporate Plan. The service provides low level preventative support and may have prevented the need for more expensive housing, health or social care interventions which could otherwise have been needed.

Development of the service in Cambridgeshire

A County-wide review of the service in 2013 and subsequent report to the county Health and Well-Being Board resulted in the Board asking the officer group to develop a funding proposal in conjunction with health and social care to provide longer term funding certainty to the service. Following this, the CCG and Cambs County Council have committed

funding to the project and it is due to be jointly procured in spring 2015. The proposal is to jointly commission the service between housing / health / social care bodies with Cambridgeshire County Council leading the procurement. A 'needs modelling' exercise has been undertaken to ensure that the funding targets areas of need appropriately across the County. This research was based on national findings, applying local variances in population and tenure to identify the relative population at risk and in need of a service. The other Cambridgeshire districts (and city) councils have committed to funding their share of the service. They are funding this from their general fund, not from their housing revenue accounts.

Potential for HDC investment in the jointly procured service

There are a number of options for continued HDC investment in the service, depending upon the level of service that Members would like to provide. As a principle, the service will not be free, a charging policy is due to be developed by the potential provider of the service, in line with some principles set out by commissioners. Safer Homes interventions may save this Council from having to undertake more expensive Disabled Facilities Grants (DFGs). With the average Safer Homes intervention costing just £175, and the average DFG costing £6k, logic suggests that there is a 'spend to save' case for ongoing Council investment in Safer Homes, however this cannot obviously be substantiated through a case review.

Recommendation(s):

Officers recommend that the Council consider adopting Option 2 as set out in the Options Appraisal at Appendix 1:

- HDC investment of £25k in 2015/16 and £10.4k from 2016/17 - 2018/19
- Jointly commission with partners a new countywide service
- Review the HDC funding position during 2016/17 to consider whether to fund after the end of the contract.

on the basis that:

1. The schemes contributes to objectives in the Council's Corporate Plan and Housing Strategy and this funding level is adequate to meet the needs that have been identified for vulnerable people in Huntingdonshire. Huntingdonshire has an ageing population and a 'whole systems' approach to helping people to remain independent in their own homes is required across the public sector.
2. Joint commissioning of a new service with other statutory partners will provide a consistent and enhanced service to older people across the county and meet the aims of the Cambs Older Peoples Strategy to work together on prevention.
3. This option will deliver a reduction in budget in 2016/17 from £25k per year to £10.4k while maintaining a valuable service.
4. Logic suggests that a number of Safer Homes assessments (costing on average £175), could potentially save the Council the need to spend on more expensive Disabled Facilities Grants (costing on average £6k).

5. Ending HDC's investment in the service will result in a drop in the number of interventions that would be made (from 2014/15), which means that a number of older and vulnerable people could be potentially at risk.
6. A further review of performance of the new Service can be carried out in two years' time and a decision made on future funding at that time.

1. WHAT IS THIS REPORT ABOUT?

- 1.1 This report is to brief Members on the performance of the Safer Homes Service since funding began in 2011/12
- 1.2 Advise Members on the proposal for service development across the County, and a new joint commissioning approach that is being adopted.
- 1.3 To seek Member decision on whether or not to continue investing in the service in future.

2. BACKGROUND

- 2.1 The Council has contributed funding to Age UK Cambridgeshire since April 2011/12 to run a Safer Homes Service across Cambridge, South Cambs and Huntingdonshire areas. Prior to 2011/12, Huntingdonshire was the only district in the county without a service of this type.
- 2.2 This service helps fulfil an objective in the Council's Housing Strategy, ensuring that older people in the district are able to continue living independently in safe, well maintained homes. This is particularly important given the ageing population in Huntingdonshire.
- 2.3 In line with other Council services and the Facing the Future project, the Council's contribution to the provision of this service is being reviewed to assess the benefit for the residents of Huntingdonshire, and the relevance to our Corporate Plan objectives.
- 2.4 As a result of Facing the Future discussions, including with the Executive Councillor for Strategic Planning and Growth, funding from this Council for Safer Homes is included in the proposed budget for 2015/16 with the proviso that a review of options going forward would be carried out and means testing is considered. This report considers those issues, and the impact on the current joint commissioning of the service.

3. REVIEW OF CURRENT SERVICE

- 3.1 At the current time, the service is provided by Age UK Cambridgeshire. The service provides a value for money service to older residents, carrying out an initial assessment of their home, making referrals to other services where appropriate and carrying out minor jobs to keep them safe. The service is aimed at vulnerable owner occupiers (the majority of older people own their own home) and carries out about 250 jobs per year. At the current time, contributions are sought from service recipients towards the cost of work but a more robust charging policy will be developed for the newly commissioned service. Demand for the service has been high, however Age UK has avoided promoting the service more widely due to restricted budgets and capacity to deliver.

- 3.2 At the current time, this Council provides £25,000 funding each year which is part of the funding required to deliver the service. The total funding required for 2013/14 is shown below:

HDC	£25,000
Health (Falls prevention money)	£10,000
Health /CCS funding	£6,667
Donations	<u>£1,635</u>
Total funding 2013/14	£43,302

- 3.3 The table below shows the number of assessments completed each year.

Year	Annual Target	No. assessments
2011/12	200	249
2012/13	200	240
2013/14	200	262
2014/15 (first 6 months)	200	219

NB: In 2014/15 additional funding of £20k has been brought forward from an increased Health (CCG) contribution, which has led to the current increase in jobs.

- 3.4 To give an example of the types of works being carried out, in the first quarter of 2014/15 (April to June) the Safer Homes scheme fitted: 121 grab rails, 18 bannister rails, 21 half steps, 25 key safes, completed 2 small plumbing jobs and 5 bed/furniture moves. Customers often have more than one job done and are also advised of other services available to them locally. Not all assessments result in works being done and some clients are signposted to other services or contractors, if for example works are too large or a major adaptation is required.
- 3.5 The average cost of an assessment including the cost of works is c. £175. Clients are asked to make a contribution and these can vary from a standard £20 per job to some clients donating much larger sums. Overall the service has been very successful with many clients valuing the service highly. Age UK Cambridgeshire has also taken the opportunity to add a number of other initiatives into the service. Two examples are they have received funding to carry out Home Energy Checks and complete these, and install energy saving measures at the Safer Homes assessment visit. They have also initiated a pilot project using some of the additional CCG funding, basing an assessor one day a week at Hinchingbrooke Hospital to ensure older people are being discharged to a home that is safe to return to.

4.0 FUTURE DEVELOPMENT OF THE SERVICE IN CAMBRIDGESHIRE

4.1 HEALTH AND WELL BEING BOARD REVIEW -

- 4.1.1 A Review of the service across Cambridgeshire (led by HDC) was carried out in 2012/13. This culminated in a report to the Cambridgeshire Health and Wellbeing Board in April 2013. This report highlighted that provision of this type of service had historically been patchy, with funding granted in a piecemeal

fashion from a variety of sources. It highlighted the need for investment from health and social care in order to sustain the service across the county in the longer term. As a result of this, Health (CCG) and Adult Social Care (ASC) agreed to put the service on a firmer financial footing and commit funding to commission a Countywide Service in partnership, potentially with the district councils.

4.2 DESCRIPTION OF THE NEW SERVICE

4.2.1 The joint commissioning partners are currently drafting an outcome focussed specification, outlining the type of service that they wish to see delivered. The core element of the service is the initial assessment of the older person's needs in order to keep them safe in their home. This service provides a 'foot in the door' and access to many older people who may not currently be users of services and who would not willingly contact Adult Social Care asking for help. Minor jobs can be carried out to enable the older person to live independently and avoid the risk of falls and promote a sense of wellbeing. General sign-posting and benefits advice will also be provided through a holistic client centred approach.

4.3 COMMISSIONING PROPOSAL

4.3.1 Cambridgeshire County Council is leading on a joint commissioning project with the service going out to tender in Spring 2015 for a three-year contract. In order to go ahead, a decision on partner funding commitment needs to be made. The other Cambridgeshire districts have committed to funding their share of the service according to the needs model. It is timely therefore that this report is being considered now.

4.4 CHARGING REGIME

4.4.1 It has been agreed between County, Health and district partners that the new service will NOT be a free service. When tendering there will be agreed charging principles within the specification and providers will be asked to design an appropriate Charging Policy. The consultation showed that most people are happy to contribute towards a service. The principles will cover issues such as when it may not be appropriate to charge e.g. moving a bed and installing a key safe in end of life cases.

4.5 ASSESSMENT OF NEED FOR THE SERVICE

4.5.1 An assessment of the need for the service in Cambridgeshire has been carried out to ensure that the funding targets areas of need appropriately across the County. Previously contributions from Health and Adult Social Care have been divided equally between the five districts with no consideration of differences in populations or tenure. The recent research was based on national survey findings, and included consideration of Census data for the older population, and tenure, to identify the relative population at risk and in need of a service. This research established that 25% of the county's need for a service is within Huntingdonshire. The new County and CCG funding allocated to the County will be split according to this formula with 25% of their funding being put into delivering a service in Huntingdonshire. While it may have been helpful to try to establish the exact **numbers** of assessments needed, this would have required a significant and costly piece of research that could not be justified.

4.6 FUNDING THE NEW SERVICE

4.6.1 It is anticipated that the new service will cost in the region of £250,000 to run, based on the demand for the existing service and the opportunity to promote the service more widely to meet the respective outcomes and priorities of commissioners. It is proposed that funding could be split into three with the County Council paying for 1/3, CCG funding 1/3 and the districts funding the final 1/3 (split according to the % of need in their district). So in order to consider the potential Huntingdonshire district contribution the sum is as follows:

Total cost : £250,000 / 3 = £83,333 per partner

£83,333 / 25% = £20,833 (without client contributions included)

4.6.2 Total cross-partner funding of £62,500 per year is thought to be required to meet the need identified in Huntingdonshire. This would result in a baseline of c.350 jobs per year for our older population. With the investment from Health and the County Council, this Council's funding could reduce from £25,000 per year. If the full £62,500 were to be funded, this would consist of:

Health /CCG funding	£ 20,833
County (adult social care)	£ 20,833
Income from charging (estimated)	£ 10,500
Potential contribution from HDC	£ 10,334 (see options appraisal at Appendix 1)

4.6.3 The new service is due to be commissioned from the autumn 2015. The actual amount needed to deliver the service will be established through the tendering process.

5. COMMISSIONING OPTIONS 2015/16 – 2018/19

5.1 An options appraisal for future funding of the service is set out in Annex 1. This considers this Council's options for future investment in the service.

6. COMMENTS OF OVERVIEW & SCRUTINY PANEL

6.1 To be considered on 3rd February 2015.

7. KEY IMPACTS/RISKS HOW WILL THEY BE ADDRESSED

7.1 The risk to the current service is that the six-month delay in the joint commissioning may result in a gap in service between April and October 2015 when the new service is due to start.

7.2 Discussions have taken place with the current service provider and it is believed that the current service can continue over this period if six months funding is confirmed for 2015/16.

7.3 Fewer early interventions may lead to more DFG applications.

8. WHAT ACTIONS WILL BE TAKEN/TIMETABLE FOR IMPLEMENTATION

8.1 The County Council has delayed the tendering process for a jointly procured service until Spring 2015 due to uncertainty about HDC's partner funding. Once a decision is made, the tender will be issued in the Spring. The new service is due to start in October 2015 on a three-year contract.

9. LINK TO THE CORPORATE PLAN

9.1 The Council's **Corporate Plan 2014-2016** contains four strategic themes including:

Improve health and wellbeing – this incorporates the following:

- Meet the housing and support needs of our ageing population;
- Enable people to live independently through the provision of adaptation, accessible housing and support
- Work with partners to improve health and reduce health inequalities

The Council's **Housing Strategy 2012-2015** also contains an objective to:

Enable people to live independently through the provision of adaptations accessible housing and support with a specific action to:

- Work in partnership across housing/health/social care to develop a sustainable long term business plan for the Safer Homes scheme.

9.2 To date, there has been a very clear strategic direction for the development of the Safer Homes scheme. This has led to the achievement of both the partnership working towards developing a sustainable long term business plan for the service, and in making the case to Health and Adult Social Care partners of the value of the scheme and obtaining commitment to future funding.

10. CONSULTATION

10.1 The County Council has led on consultation with the public on the need for this type of service and whether or not people would be willing to pay for it. The results indicate that older people would use this type of service and would be happy to contribute towards it to get a trusted workman. They also would like to see decorating and gardening included in a service but it has been agreed by commissioning partners that while a provider may choose to offer these services these would not be subsidised by public sector funding and would be fully chargeable.

10.2 The current service provider has been consulted and has been fully informed of developments in relation to the service.

11. LEGAL IMPLICATIONS

- 11.1 There are no legal implications other than ensuring that any agreement for the procurement process properly represents HDC's commitment, and that there are appropriate service level agreements or memorandum of understanding between the partners to set out delivery of the service.

12. RESOURCE IMPLICATIONS

(Comments from the Head of Resources)

- 12.1 Due to the additional funding secured from other partners the Council's funding can reduce from £25k pa delivering a budget saving.

13. OTHER IMPLICATIONS

- 13.1 This Safer Homes Scheme makes a positive contribution to meeting the needs of older people.

14. REASONS FOR THE RECOMMENDED DECISIONS

- 14.1 Officers recommend that Members consider the options for future investment in Safer Homes, presented at Appendix 1. Officers recommend the Council consider adopting Option 2:

1. HDC investment of £25k in 2015/16 and £10.4k from 2016/17 -2018/19
2. Jointly commission with partners a new countywide service
3. Review the HDC funding position during 2016/17 to consider whether to fund after the end of the contract.

On the basis that:

- The schemes contributes to objectives in the Council's Corporate Plan and Housing Strategy and this funding level is adequate to meet the needs that have been identified for vulnerable people in Huntingdonshire. Huntingdonshire has an ageing population and a 'whole systems' approach to helping people to remain independent in their own homes is required across the public sector.
- Joint commissioning of a new service with other statutory partners will provide a consistent and enhanced service to older people across the county and meet the aims of the Cambs Older Peoples Strategy to work together on prevention.
- This option will deliver a reduction in budget in 2016/17 from £25k per year to £10.4k while maintaining a valuable service.
- Logic suggests that a number of Safer Homes assessments (costing on average £175), could potentially save the Council the need to spend on more expensive Disabled Facilities Grants (costing on average £6k).
- Ending HDC's investment in the service will result in a drop in the number of interventions that would be made (from 2014/15), which means that a number of older and vulnerable people could be potentially at risk.

- A further review of performance of the new Service can be carried out in two years' time and a decision made on future funding at that time

15. LIST OF APPENDICES INCLUDED

Appendix 1 – Options appraisal

Appendix 2 - Safer Homes Leaflet

Appendix 3 – National Memorandum of Understanding to support joint action on improving health through the home.

BACKGROUND PAPERS

1. Report to Cambridgeshire Health & Wellbeing Board April 2013
2. Establishing the relative need for handyperson services in Cambridgeshire – HGO Consulting

CONTACT OFFICER

Trish Reed, Housing Strategy Manager
Tel: 01480 388203

Appendix 1

Appraisal of options for HDC investment in Safer Homes 2015/16 – 2018/19

Option	Description	Health / Adult social care funding (per year)	HDC Funding options (per year unless otherwise stated)	Estimate of income from charging (@ c. £30 per assessment)	Total funding for Safer Homes Scheme	Approx. no. of jobs per year (based on average £175 per job)	Appraisal of impact
35	<p>1. HDC investment at £25k pa in line with current investment level</p> <p>Jointly commission with other partners a new countywide service</p>	£41.6k	£25k	£13.5k	£80k	450	<p>Impact on customer – Enables the level of service that has been delivered in 2014/15 to be sustained. (Enhanced service in this period was possible due to enhanced investment from health partners.) Enables maximum number of customer's needs to be met with the public funding that it available.</p> <p>Financial impact – Assuming that £25k from the 2015/16 budget is reinvested, the total funding requirement from HDC for the four years 2015/16 – 2018/19 would be £100k. This may not be sustainable in the long term given the Council's financial position, although it is already budgeted for in the Council's Medium Term Plan.</p>
2.	<p>HDC investment of £25k in 2015/16 and £10.4k from 2016/17 onwards</p> <p>Jointly commission with partners a new countywide service Review the HDC</p>	<p>TBA</p> <p>2015/16 (Oct-Mar) £20.8</p> <p>2016/17 – 2018/19 £41.6k</p>	<p>2015/16 (Apr- Sep) £12.5k</p> <p>2015/16 (Oct-Mar) £12.5k</p> <p>2016/17 – 2018/19 £10.4k</p>	<p>2015/16 (Apr- Sep) £2k</p> <p>2015/16 (Oct – Mar) £5.2k</p> <p>2016/17 – 2018/19 £10.5k</p>	<p>TBA</p> <p>£38.5</p> <p>£62.5k</p>	<p>c.100 (6mths)</p> <p>220 (6mths)</p> <p>350</p>	<p>Impact on the customer- The new service starting in October 2015 would deliver about 100 more assessments/jobs to the public each year than was possible in 2011/12-2013/14. Continuation of the current service until then will benefit customers and there will be no gap in service.</p> <p>Financial impact – This reflects the outcome of the needs modelling (as explained at paragraph 4.6.2) taking into account the charging policy to be introduced. HDC's contribution would be c. £10.4k pa. Assuming that £25k already established in the 2015/16 budget is reinvested, the total funding requirement from HDC for the four years 2015/16 – 2018/19 would be £56.2k, £43,800 less than</p>

	funding position during 2016/17 to consider whether to fund after the end of the contract.						already budgeted for in the Council's Medium Term Plan. (NB: The existing level of funding of £12.5k is required by Age UK Cambs in order to continue with the current scheme until Oct 2015 while the service is being re-tendered.)
3.	Phased withdrawal of HDC funding. Jointly commissioning with partners a new countywide service. No funding after 2018/19 when initial joint contract ends.	2015/16 (Apr-Sep) TBA 2015/16 (Oct-Mar) £20.8 2016/17 £41.6k 2017/18 £41.6k 2018/19 £41.6k	2015/16 (Apr- Sep) £12.5k 2015/16 (Oct-Mar) £12.5k 2016/17 £15k 2017/18 £10.4k 2018/19 £5k	2015/16 (Apr- Sep) £2k 2015/16 (Oct – Mar) £5.2k 2016/17 £13.4k 2017/18 £10.5k 2018/19 £9k	TBA £38.5 2016/17 £70k 2017/18 £62.5k 2018/19 £55.6k	c.100 (6mths) 220 (6mths) 400 350 300	Impact on the customer- The existing service can continue during the tendering providing consistency for customers. The new service would be fully funded with an improved capacity for carrying out assessments in the first two years. Financial impact – Assuming that £25k from the 2015/16 budget is reinvested, the total funding requirement from HDC for the four years 2015/16 – 2018/19 would be £55k. This is £45,000 less than already budgeted for in the Council's Medium Term Plan. (NB: The existing level of funding of £12.5k is required by Age UK Cambs in order to continue with the current scheme until Oct 2015 while the service is being re-tendered.)
4.	Fund Age UK to continue until Oct 2015. Withdraw HDC investment in the service after 2015/16. Not to jointly commission a new countywide service.	2015/16 (Apr-Sep) TBA 2015/16 (Oct-Mar) £20.8k 2016/17 £41.6k	2015/16 (Apr- Sep) £12.5k 2015/16 (Oct-Mar) £nil 2016/17 £nil	2015/16 (Apr- Sep) £2k 2015/16 (Oct – Mar) £5.2k 2016/17 £7.4k	TBA £26k £49k	c.100 (6mths) 150 (6mths) 280	Impact on the customer – This would deliver a reduction in service from the other options and less capacity to deliver the service in line with the identified needs. Financial impact – No investment from October 2015 onwards. In this example, it is thought that HDC will be the only district council not contributing to this service in Cambridgeshire. (NB: The existing level of funding of £12.5k is required by Age UK Cambs in order to continue with the current scheme until Oct 2015 while the service is being re-tendered.)

How can you help?

Make a donation today

- Single donation: no matter how small, your donation will make a difference.
- Regular giving: you can choose how much and how often you want to give.
- Paying tribute to the life of a much loved relative or friend: by making a donation to us instead of, or as well as, flowers at a funeral.

You can make a donation online by visiting our website

www.ageukcambridgeshire.org.uk

or alternatively you can call us on

01354 696 650.

Fundraising

Why not organise your own event or take part in one of ours?

Arrange a sponsored challenge event, pub quiz or auction.

Find something that suits you, have fun, meet new people and raise much needed funds for Age UK Cambridgeshire.

- Leaving a legacy in your Will is a simple and straightforward process.

Remember that by adding Gift Aid to your donation, we are able to reclaim an extra 28p for every £1 you donate.

Contact us

Please call **01354 696 650** for more information about how you can support our work or email

office@ageukcambridgeshire.org.uk

If you choose to help us, either through donation, legacy, Gift Aid or sponsored fundraising you can be assured that your participation will be valued and appreciated.

The Safer Homes Scheme is funded by the following organisations:

Cambridgeshire Community Services  NHS Trust

 Supporting people
Communities and Local Government

 CAMBRIDGE CITY COUNCIL

 Huntingdonshire DISTRICT COUNCIL

 South Cambridgeshire DISTRICT COUNCIL

Registered charity number 1107589.

ID111350 11/11

Safer Homes Scheme

Managed and delivered by Age UK Cambridgeshire



Reduce the potential for accidents and make your home a safer place

What is the scheme?

The scheme is for people aged 60 or over and is aimed at the prevention of falls and accidents in the home. There is no need for a professional referral – just pick up the phone and have a chat with a member of our team.

What happens next?

We will visit you at home and recommend improvements to aid mobility such as a second banister, grab rails in the bathroom and other potential hazardous areas.

We will supply you with relevant and useful information e.g. on transport, hot meals services, Day Centres or any current strategies and initiatives e.g. Energy Grants.

We can also answer any questions you may have by referring you to experts in social benefits or anything else you may need. We cannot, however, offer legal advice of any kind, nor enter into any negotiations on your behalf.

What are the examples of the jobs you can help with?

Jobs we can help you with are:

- Fitting light bulbs
- Putting up curtain rails
- Installing grab rails
- Installing second banister rails
- Securing mats/carpets/floor coverings
- Making safe trailing wires
- Extending telephone sockets
- Replacing tap washers
- Clearing gutters on bungalows when a slip hazard is involved
- Referring onwards for more specialist help and services.



Through contact with other organisations we can also help with the:

- Installation of smoke alarms and window locks
- Door security chains
- Spy holes (in doors)
- Upgrading locks

There is no charge for our service and, where we can't help, a team of people are on hand to assist you to get what you need for your total well-being.

For further information, or to make a referral:

01480 700 205

for Cambridge, South Cambridgeshire and Huntingdonshire

07827 586 794

for Cambridge and South Cambridgeshire
Monday–Friday 9am–4.30pm

07728 262 349

for Huntingdonshire
Monday–Friday 9am–3.30pm

A Memorandum of Understanding (MoU) to support joint action on improving health through the home

Organisations signed up to this MoU

Association of Directors of Adult Social Services (ADASS)
Association of Directors of Public Health (ADPH)
Care & Repair England
Chartered Institute of Environmental Health (CIEH)
Chartered Institute of Housing (CIH)
Department for Communities and Local Government (DCLG)
Department of Health (DH)
Foundation Trust Network (FTN)
Foundations
Homeless Link
Homes and Communities Agency (HCA)
Housing Associations' Charitable Trust (HACT)
Housing Learning and Improvement Network (Housing LIN)
Local Government Association (LGA)
National Housing Federation (NHF)
NHS England
NHS Property Services (PropCo)
Public Health England (PHE)
Skills for Care
Sitra



Health, Social Care & Housing – A practical partnership

Why a Memorandum of Understanding (MoU)?

- 1 The right home environment is essential to health and wellbeing, throughout life. We will work together, across government, housing, health and social care sectors to enable this.
- 2 This Memorandum of Understanding sets out:
 - Our shared commitment to joint action across government, health, social care and housing sectors, in England;
 - Principles for joint-working to deliver better health and wellbeing outcomes and to reduce health inequalities;
 - The context and framework for cross-sector partnerships, nationally and locally, to design and deliver:
 - healthy homes, communities and neighbourhoods;
 - integrated and effective services that meet individuals', their carer's/carers' and their family's needs;
 - A shared action plan to deliver these aims.
- 3 Working together, we aim to:
 - Establish and support national and local dialogue, information exchange and decision-making across government, health, social care and housing sectors;
 - Coordinate health, social care, and housing policy;
 - Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services;
 - Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improvements to patient experience and outcomes; 'making every contact count'; and safeguarding;
 - Develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify suitable solutions to improve outcomes.

¹The term 'housing sector' refers to: local housing and planning authorities; housing providers eg, ALMOs, housing associations; housing support and care providers; homelessness sector organisations

Context

- 4** The Health and Social Care Act 2012 introduced a number of provisions intended to improve the quality of care received by patients and patient outcomes, efficiency, and to reduce inequalities of access and outcomes. Provisions require co-operation between the NHS and local government at all levels. Health and Wellbeing Boards (partnerships of all those working to advance the health and wellbeing of the people in that area), also have a duty to encourage commissioners to work together.
- 5** The Care Act 2014 aims to improve people's quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm². Local authorities are required to consider the physical, mental and emotional wellbeing of the individual needing care, and assess the needs of carers. They must ensure the provision of preventative services and carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services.
- 6** The Care Act calls for:
 - a.** A shared vision and culture of cooperation and coordination across health, public health, social care and local authority roles, e.g. as housing commissioners, working closely with public, voluntary and private sector providers to improve services;
 - b.** A whole systems- and outcomes-based approach to meeting the needs of individuals, their carer/s and family, based on a robust understanding of the needs of individuals, their carers and families now and in the future;
 - c.** Consideration to the health and wellbeing of the workforce and carers;
 - d.** Solutions to meet local needs based on evidence of 'what works';
 - e.** Services that will address the wider determinants of health, e.g. housing, employment.

Integrated health, care and support, and housing solutions could make best use of the budgets across the NHS, local authorities and their partners to achieve improved outcomes for less; for example, drawing on the Better Care Fund to support service transformation.

²The Care Act relates primarily to people aged 18 and over but young people approaching adulthood and those caring for an adult or in families of someone receiving care should also benefit. The Children and Families Act 2014 is also relevant to young people with care and support needs.

- 7 Poor housing, unsuitable housing and precarious housing circumstances affect our physical and mental health. Generally speaking, the health of older people, children, disabled people and people with long-term illnesses is at greater risk from poor housing conditions. The home is a driver of health inequalities, and those living in poverty are more likely to live in poorer housing, precarious housing circumstances or lack accommodation altogether.
- 8 Key features of the right home environment (both permanent and temporary) are:
- It is warm and affordable to heat;
 - It is free from hazards, safe from harm and promotes a sense of security;
 - It enables movement around the home and is accessible, including to visitors;
 - There is support from others if needed.
- 9 The right home environment can:
- Protect and improve health and wellbeing and prevent physical and mental ill-health;
 - Enable people to manage their health and care needs, including long-term conditions, and ensure positive care experiences by integrating services in the home;
 - Allow people to remain in their own home for as long as they choose.
- 10 In doing so it can:
- Delay and reduce the need for primary care and social care interventions, including admission to long-term care settings;
 - Prevent hospital admissions;
 - Enable timely discharge from hospital and prevent re-admissions to hospital;
 - Enable rapid recovery from periods of ill-health or planned admissions.

11 At a local level the right home environment is enabled by a range of stakeholders (not exhaustive):

- Local Health and Wellbeing Boards have a duty to understand the health and wellbeing of their communities, the wider factors that impact on this and local assets that can help to improve outcomes and reduce inequalities. The inclusion of housing and housing circumstances, e.g. homelessness in Joint Strategic Needs Assessments, should inform the Health and Wellbeing Strategy and local commissioning;
- Local housing and planning authorities³ commission the right range of housing to meet local needs, and intervene to protect and improve health in the private sector, to prevent homelessness and enable people to remain living in their own home should their needs change;
- Housing providers' knowledge of their tenants and communities, and expertise in engagement, informs their plans to develop new homes and manage their existing homes to best meet needs. This can include working with NHS providers to re-design care pathways and develop new preventative support services in the community;
- Housing, care and support providers provide specialist housing and a wide range of services to enable people to re-establish their lives after a crisis, e.g. homelessness, or time in hospital, and to remain in their own home as their health and care needs change. Home improvement agencies and handyman services deliver adaptations and a wide range of other home improvements to enable people to remain safe and warm in their own home;
- The voluntary and community sector offers a wide range of services, from day centres for homeless people to information and advice to housing support services.

12 All stakeholders understand the needs of their customers and communities; their knowledge and insight can enable health and wellbeing partners to identify and target those who are most in need.

Oversight and delivery of this agreement

13 The partners to the MoU will nominate a senior representative to meet quarterly. This will be arranged through the Association of Directors of Adult Social Services Housing Policy Network. The network will review progress annually and agree if changes are required to the MoU or the accompanying action plan (Appendix 1).

³Local housing and planning authorities in two-tier areas will be the district council i.e. not the county council.

Appendix 1 Action Plan 2014/15

OBJECTIVES	ACTION	LEAD	SUPPORT	COMPLETED BY
SYSTEM LEADERSHIP				
1. Local authorities are better able to maximise the local housing system's contribution to health and wellbeing outcomes	Support implementation of the Care Act 2014	DH LGA ADASS	NHS England and PHE. All signatories through their member/organisation networks	Apr-16
KNOWLEDGE AND ANALYSIS				
2. Local areas understand their populations, their housing and health needs.	Produce guidance and tools to support local areas to understand the extent to which precarious housing and homelessness impact on health and wellbeing	Homeless Link	PHE	Mar-15
3. Evidence about the impact of the home/housing on health and wellbeing is more widely understood, accessible to and accepted by, national and local partners.	Share and promote new learning on how the home, and housing interventions, e.g. adaptations, can deliver health outcomes and improve wellbeing	Housing LIN	All signatories, working with evidence and research organisations and academia as appropriate	Mar-15
	Publish, share and promote live examples of models and approaches housing providers are exploring to integrate with health and care services, including new developments funded by the DH Care & Support Specialised Housing Fund	Housing LIN	All signatories, working with evidence and research organisations and academia as appropriate	Ongoing

OBJECTIVES	ACTION	LEAD	SUPPORT	COMPLETED BY
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WHAT IS THE SOLUTION?

4. Best use of NHS Land and Property. Identify inward investment opportunities to achieve outcomes.	Produce guidance/advice note on how local systems can use their assets and lever in funding to best effect for housing-related schemes	National Housing Federation	DCLG DH PropCo HCA	Feb-15
5. Effective, innovative and integrated health, care and support, and housing interventions are adopted.	Learn from Better Care Fund plans to understand what support local areas require to implement these (and the Care Act), with a view to enabling this	DH DCLG PHE NHS England	LGA ADASS	Apr-16
	Undertake programme of work to develop clear position and profile in relation to housing for people with health and social care needs: including series of regional seminars	LGA	LGA Sitra (regional seminars) other partners, e.g. those at ADASS Housing Network and representatives of people with health and care needs	Mar-15
	Develop knowledge and innovation 'exchange' across housing, health and care sectors through the Housing Learning and Improvement Network platform and associated channels	Housing LIN Foundations	Supported by/cross-reference to all partners' networks	Dec-14
	Promote partners' effective practice and innovation through national and local networks	Housing LIN Homeless Link	Supported by/cross-reference to all partners' networks	Ongoing

OBJECTIVES	ACTION	LEAD	SUPPORT	COMPLETED BY
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WHAT IS THE SOLUTION?

	Introduce population healthcare approach to address needs of single homeless people with multiple needs	PHE	NHS England Homeless Link	Nov-14
6. The workforce is confident and equipped to deliver integrated solutions.	Scope the existing training and development landscape, and develop example pathways highlighting existing resources and gaps	Skills for Care and Sitra	Sitra, LGA, CIH Care & Repair England. All partners to consider impacts for their training/ education programmes	Ongoing
7. Primary care users are referred to relevant services to improve their home environment where this is affecting their health and wellbeing.	Produce 'handy tips' and/or relevant resources to enable local agencies to support implementation of the Care Act 2014	Foundations	Care & Repair England NHS England NHS Alliance	Mar-15
8. Housing and health partners have a better understanding of how specialist housing and community support can fit into different care pathways.	Events and analysis on different care pathways	HACT National Housing Federation	NHS England PHE	Mar-15
9. Share learning on the key issues, barriers and evidence base for what works to support people with mental health problems to live in homes that support their recovery; review and disseminate best practice; champion improvement.	DH will host national forum on mental health and housing that brings together government departments, system partners and stakeholders	DH	NHF HACT other government departments PHE ADASS LGA NHS England (and other members of the Forum)	31-Mar-15

Key to abbreviations:

Abbreviation	Organisation
ADASS	Association of Directors of Adult Social Services
CIH	Chartered Institute of Housing
DCLG	Department of Communities and Local Government
DH	Department of Health
HACT	Housing Associations' Charitable Trust
HCA	Homes and Communities Agency
Housing LIN	Housing Learning and Improvement Network
LGA	Local Government Association
PHE	Public Health England

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Public
Key Decision - Yes

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Corporate Plan – Performance Report

Meeting/Date: O&S Social Well-being, 3 February 2015
O&S Environmental Well-being 4 February 2015
O&S Economic Well-being, 5 February 2015
Cabinet, 12 February 2015

Executive Portfolio: Executive Leader and all other relevant Portfolio Holders

Report by: Corporate Team Manager

Ward(s) affected: All

Executive Summary:

The purpose of this report is to brief Members on progress against the key activities identified in the Council's Corporate Plan for 2014/15 for the period 1st October to 31st December 2014.

Each of the Corporate Plan's strategic themes have been allocated to an Overview and Scrutiny Panel, as follows:

Social Well-being	1. Working with our communities
Economic Well-being	1. A strong local economy 2. Ensuring we are a customer focused and service-led Council
Environmental Well-being	1. Enable sustainable growth

Recommendation(s):

Members are recommended to consider and comment on progress made against key activities and performance data in the Corporate Plan.

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1. PURPOSE

- 1.1 The purpose of this report is to present performance management information on the Council's Corporate Plan for 2014/15.

2. BACKGROUND

- 2.1 The Council's Corporate Plan was adopted by Council in April 2014. This is a two year plan and outlines its own priorities and its role in supporting the shared ambition for Huntingdonshire. The plan sets out what the Council aims to achieve in addition to our core statutory services.

3. PERFORMANCE MANAGEMENT

- 3.1 Members of the Overview & Scrutiny Panels have an important role in the Council's Performance Management Framework and the process of regular review of performance data has been established. It is intended that Members should concentrate their monitoring on the strategic themes and associated objectives to enable them to adopt a strategic overview while building confidence that the Council's priorities are being achieved
- 3.2 Progress against Corporate Plan objectives is reported to Chief Officers Management Team quarterly on a service by service basis. A progress report from each Division includes performance data in the form of a narrative of achievement against each Key Action in the Corporate Plan and progress for each Performance Indicator those services contribute towards.
- 3.3 Overview and Scrutiny Panels will receive the appropriate quarterly performance reports, ordered by strategic theme. These will include performance data in the form of a narrative of achievement against each Key Action in the Corporate Plan and progress for each relevant Performance Indicator within each theme.
- 3.4 The Performance Indicator data has been collected in accordance with the procedures identified in the service area data measure template.
- 3.5 Cabinet will receive a quarterly performance report for each of the Corporate Plan strategic themes including all performance indicator data.

BACKGROUND INFORMATION

Corporate Plan 2014/15

CONTACT OFFICER

Adrian Dobbyne, Corporate Team Manager

((01480) 388100

CORPORATE PLAN – PERFORMANCE REPORT

STRATEGIC THEME - WORKING WITH OUR COMMUNITIES

Period October to December 2014

Summary of progress for Key Actions

G	Progress is on track	A	Progress is within acceptable variance	R	Progress is behind schedule	?	Awaiting update	progress	n/a	Not applicable to state progress
	8		4		1		0			0

Target dates do not necessarily reflect the final completion date. The date given may reflect the next milestone to be reached.

Summary of progress for Corporate Indicators

G	Progress is on track	A	Progress is within acceptable variance	R	Progress is behind schedule	?	Awaiting update	progress	n/a	Not applicable to state progress
	2		2		0		0			1

54 WE WANT TO: Create safer, stronger and more resilient communities

Status	Key Actions for 2014/15	Target date	Portfolio Holder	Head of Service	Progress Update
G	Manage the implementation of the joint CCTV service with Cambridge City	June 2014	Cllr Howe	Chris Stopford	Q3 The shared service is fully operational, and work on the close down report for the delivery project continues. Lessons learnt will be taken into account when developing other shared services. Q2 Shared Service launched 1 st July 2014 The implementation project for the shared service continues – management responsibility has transferred to Chris Stopford – Head of Community; the Members Board and Management Board for the governance of the service has been established, and a project ‘close down’ review is underway
R	Increase the use of fixed penalty notices (FPN) for littering	March 2015	Cllr Tysoe	Eric Kendall	Q3 9 FPNs for littering were issued in Q3, mostly for littering from vehicles. All have been paid. Reporting card and on-line form produced for HDC staff to use if they witness littering from vehicle. Q2- 2 FPNs issued for littering in Q2. Targeting littering from cars. As the enforcement Officers are travelling between fly tips they observe litter being thrown from vehicles, which they duly note the reg no., place time and date and any other relevant

Status	Key Actions for 2014/15	Target date	Portfolio Holder	Head of Service	Progress Update
					<p>details. Litter from vehicles is an issue for most local authorities as we then have to litter pick grass verges plus we are utilising travelling time more effectively. An FPN is then sent to the registered keeper. To date all have paid the FPN.</p> <p>Survey carried out in town centre to assess where best to target resources. Researching best practice from neighbouring authorities.</p>
G	Manage the Community Chest to encourage and promote projects to build and support community development.	Decisions made July 2014	Cllr Sanderson	Chris Stopford	<p>Q3 Community Chest grants continue to be paid with 11 out of 20 now paid, totalling £14,740. £15,260 in funding is pending. All outstanding grant recipients have been written to requesting updates on the progress of their projects.</p> <p>Q2 Community Chest grants have been paid out to 10 of the 20 successful awards, outstanding awards are pending further information from the organisations benefitting from the grant. Paid out funding £12,740. Pending funding £17,260</p>
G	Deliver diversionary activities for young people	Monitoring reports complete Mid Oct 14	Cllr Howe (for commercial activities)	Jayne Wisely	<p>Q3 Street Sports 228 attendances reported for this quarter with 53 new young people attending. Sessions delivered in Sawtry, Yaxley and St Neots.</p> <p>Q2 Community development: Sports and Active Lifestyles Team:-</p> <ul style="list-style-type: none"> Delivered 26 free activity roadshows for age groups 5 to 11 years between during the summer holidays. There were 653 total attendances equating to an average of 25 per session. Street Sports 21 sessions were organised July to September with 128 total attendances with an average of 6 per session An extensive summer fun activity programme was delivered across all of one leisure sites and community settings with a total of 139 different activities offered.
A	Review our current partnership commitments to deliver value for money and alignment with corporate priorities	March 2015	Cllr Ablewhite	Adrian Dobbyne	<p>Q3 This information is being collated but was not completed by the end of the Quarter, but is being finalised in Quarter 4.</p> <p>Q2 A scope document has been prepared and is using a working definition of partnerships from the LGA and Audit Commission. Heads of Service will be asked to complete this so that we can assess the scale of our partnerships and do a follow up review so that we are satisfied the same criteria is being applied consistently. The detailed analysis will then be more targeted and can start to assess these partnerships in relation to</p>

Status	Key Actions for 2014/15	Target date	Portfolio Holder	Head of Service	Progress Update
					value for money and their alignment to the corporate priorities.

WE WANT TO: Improve health and well-being

Status	Key Actions for 2014/15	Target date	Portfolio Holder	Head of Service	Progress Update
G	Investigate the business case for incentivising the private rented sector to take housing needs clients.	Ongoing	Cllr Chapman	John Taylor	Q3 Town Hall Lettings (THL) have taken on a small number of additional properties and will look to expand the portfolio further. The properties are contributing to meeting the target of reducing homelessness amongst single people in particular with 16 clients placed with THL so far. Q2 Town Hall Lettings (a not for profit service which helps the private sector take on housing needs clients) has procured some properties which came into use in Q2. It is hoped this scheme will be expanded if the first properties prove to be successful.
G	Review the current arrangements for commissioning temporary accommodation	Ongoing	Cllr Chapman	John Taylor	Q3 Additional works on the new units, some as a result of additional planning conditions, have delayed their go live date which should now take place in Q4. Q2 One of the schemes has delivered 4 additional units that came into use in Q2. The other scheme (delivering 13 units across three bungalows) is progressing well with the properties purchased by Luminus and a change of use planning application being submitted and approved. The properties should be in use in Q3 following works to the properties.
G	Support healthy lifestyle through the provision of open space on new developments	Ongoing	Cllr Dew	Andy Moffat	Q3 As quarter 2 Q2 Development Management: <i>Open space is being negotiated where relevant in line with the Local Plan policy.</i>
G	Carry out a review of the Disabled Facilities Grants (DFG) programme	July 2014	Cllr Dew	Andy Moffat	Q3 Completed in Q2 Q2 Housing Strategy: Review complete for 2014/15.
G	Enable a new extra care scheme to be built to meet needs in St Ives and in Ramsey		Cllr Dew	Andy Moffat	Q3 Housing Strategy: St Ives: Revisions are being made to the design of the new care scheme and a revised planning application is due to be submitted imminently. Capital funding for the loan is being appraised. QC advice has been received and due diligence is underway. Ramsey:

Status	Key Actions for 2014/15	Target date	Portfolio Holder	Head of Service	Progress Update
					<p>Planning application is awaited.</p> <p>Q2 Housing Strategy: St Ives: Langley Court is due to be demolished shortly. The tenders for the contract to rebuild a new extra care scheme have exceeded the provider's expectations. The initial Planning Application was approved but this will now need to be further revised to redesign the scheme to make the project financially viable. Capital funding from HDC for the loan is being appraised. The HCA funding of £2.3m grant is intact. The scheme is projected to open in Autumn / Winter 2016.</p> <p>Ramsey: Officers have provided feedback to the developer on the third design, after which a planning application is expected.</p>
A	Reduce fuel poverty and improve health by maximising the number of residents taking up the grant funded 'Action on Energy' scheme	March 2015	Cllr Tysoe	Eric Kendall	<p>Q3 Target - 400 Home Energy assessments undertaken in homes in Huntingdonshire by 31st March 2015.</p> <p>Progress –127 Home Energy undertaken in Huntingdonshire Homes during the third quarter bringing the total to date to 267. On course to achieve target of 400 assessments if uptake continues to rise in line with the current trend.</p> <p>Q2 Progress – Action on Energy scheme now fully operational, 62 (140 cumulative) Home Energy undertaken in Huntingdonshire Homes during the second quarter. Remain confident that target of 400 assessments will be reached with continued publicity over the coming six months.</p>

WE WANT TO: Empower local communities

Status	Key Actions for 2014/15	Target date	Portfolio Holder	Head of Service	Progress Update
A	Support community planning including working with parishes to complete parish plans		Cllr Ablewhite	Chris Stopford	<p>Q3 As Q2. Four Neighbourhood Plans currently progressing.</p> <p>Q2 No further update</p> <p><i>Initial meeting with group of Parish Council taken place, focus of next Parish Council localism event co-sponsored by HDC now happened.</i></p>
A	Review control and management of Council assets	January 2015	Cllr Gray	Clive Mason	<p>Q3 Preliminary reports completed, initial assessment underway and consultants retained to develop options. The Uniform database is still under review and consultation with other teams under way. The development of 5 yr. planned maintenance</p>

Status	Key Actions for 2014/15	Target date	Portfolio Holder	Head of Service	Progress Update
					<p>programmes will be preceded by decisions on roof replacement projects – to be submitted for capital programme inclusion. If the roofs of the industrial estates can be replaced this will significantly reduce the R & M expenditure and inform the 5yr plan regarding priorities.</p> <p><i>Q2 -Property & Estate Management: - an ongoing process with two main priorities – 1) establishes a reliable / efficient asset database, which can provide accessible information to multi-disciplinary teams and assist good asset management. 2) Review current practice and develop 5yr planned maintenance schemes for the estates – to reduce the total cost of repairs and maintenance.</i></p>

Corporate Performance and Contextual Indicators

Key to status

G	Progress is on track	A	Progress is within acceptable variance	R	Progress is behind schedule	?	Awaiting update	progress	n/a	Not applicable to state progress
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Performance Indicator	Full Year 2013/14 Performance	Quarter 3 2013/14 Cumulative Performance	Quarter 3 2014/15 Cumulative Target	Quarter 3 2014/15 Cumulative Performance	Quarter 3 2014/15 Cumulative Status	Annual 2014/15 Target	Forecast Outturn 2014/15 Performance	Predicted Outturn 2014/15 Status
Number of missed bins per 100,000 households Aim to minimise	48.5	34.4	n/a	31.6	G	40	35	35
Comments: (Operations) <i>The number of missed bins continues to be low and is a testimony to the excellent work done by the refuse collection crews and supervisors.</i>								
Percentage of household waste recycled or composted Aim to maximise	57.45%	57.74%	n/a	59.62%	G	57.8%	57.9	57.9
Comments: (Operations) <i>The only data available for recycling/composting is only for the months of Oct & Nov 2014. The percentage figure will drop over the winter months due to the reduction in compostable waste being collected. The figures usually remain even throughout the year.</i>								
% of food establishments in the district that are broadly compliant with food hygiene law Aim to maximise	94.94%	%	n/a	95.93%	n/a	n/a	n/a	n/a
Comments: (Community) <i>Q3 showed a small improvement in the percentage of food business that are broadly compliant with food hygiene law. The team continue to undertake targeted interventions to support those businesses identified as being not broadly compliant, including the provision of advice and food hygiene training.</i>								
Number of Disabled Facilities Grants (DFG) completed Aim to maximise	238	145	150	137	A	200	200	G
Comments: (Development) <i>Predicted outturn status is green because there has always previously been a peak in Q4.</i>								

Performance Indicator	Full Year 2013/14 Performance	Quarter 3 2013/14 Cumulative Performance	Quarter 3 2014/15 Cumulative Target	Quarter 3 2014/15 Performance	Quarter 3 2014/15 Status	Annual 2014/15 Target	Forecast Outturn 2014/15 Performance	Predicted Outturn 2014/15 Status
Disabled Facilities Grants – Average time (in weeks) between date of referral to practical completion for minor jobs up to £10k Aim to minimise	31 weeks	n/a	n/a	26.7 weeks	A	24 weeks	24 weeks	A
Comments: (Development) <i>This information is provided by Cambs Home Improvement Agency. It is a snapshot of performance relating to grants completed within each quarter and cumulative figures are not provided. This will be reported using all data at the end of the year.</i>								

Health Committee

Decision Statement

Meeting: 15th January 2015

Published: 19th January 2015

Each decision set out below will come into force, and may then be implemented, three working days after the publication date, unless eight or more Councillors of the Council or more than a third of the total number of serving Councillors of the Council request the decision be reviewed [see note on decision review below].

Item	Topic	Decision
1.	Declarations of Interest	There were no declarations of interest.
2.	Minutes – 11th December 2014	It was resolved: To approve the minutes as a correct record.
3.	Petitions	None received
	<u>KEY DECISIONS</u>	
4.	Proposal to develop a Section 75 agreement for provision of School Nursing Services	It was resolved: a) to develop a Section 75 agreement with CCS for provision of school nursing services b) to delegate authority for completion of the Agreement to the Director of Public Health, in consultation with the Chairman and Vice-Chairman of the Health Committee

	<u>OTHER DECISIONS</u>	
5.	Business case for falls prevention	It was resolved: a) to note the outcome of the delegation by the Committee to the Director of Public Health in consultation with the Chair and Vice Chair, to confirm recommendations on the use of public health funding for falls prevention in response to the request made at the General Purposes Committee meeting on 2 December. b) to request an update on falls prevention work in six months' time.
6.	Finance and performance report – November 2014	It was resolved to note the report.
7.	Development of shared public health priorities: update	It was resolved: a) to note progress with development of action plans for shared public health priorities across Council directorates, which will lead to a revision of the current public health memorandum of understanding, to be brought to the Committee in March b) to request the Director of Public Health to develop a project plan for deepening the integration of Public Health across the Council, local government and the health system.
8.	Update on screening and childhood immunisations	It was resolved: a) to note the report b) to request further information on the poor rate of screening and what could be done to address it.
9.	Public Health Risk Register update	It was resolved to note the position in respect of Public Health Directorate risk
	<u>SCRUTINY ITEMS</u>	

11.	Update on NHS 111 and GP Out of Hours Services for Cambridgeshire and Peterborough	It was resolved: 1) to note the consultation document and extended consultation period from Cambridgeshire and Peterborough Clinical Commissioning Group 2) that Councillors Bourke, Jenkins, Orgee and Scutt form a working group to submit a formal response to the consultation on the Committee's behalf.
12.	Health Committee Working Groups: Reportback	It was resolved: 1) to note and endorse the progress made on health scrutiny by the working groups. 2) to appoint Councillor Ashcroft to the Commissioning Older People's Healthcare Working Group to replace Cllr Rylance.
13.	Health Committee Work Plan and Priorities	It was resolved: 1) to note and endorse the progress made on the work plan. 2) to agree proposed changes to the work plan including the combined governance arrangements for items g) and i) and removal of completed actions from the plan.
	<u>OTHER ITEM</u>	
14.	Health Committee Agenda Plan	It was resolved to note the agenda plan, subject to the following changes: a) the inclusion of a scrutiny item on patient care issues at Hinchingsbrooke Hospital on the agenda for 12th March 2015 b) the postponement of the scrutiny item on delated transfers of care from the agenda for 12th March to 21st May 2015.
	<u>INFORMATION ITEM</u>	
15.	Health and Wellbeing Board agenda for 15 January 2015 and forward agenda plan	It was resolved to note the Health and Wellbeing Board's agenda for 15 January 2015 and forward agenda.

Notes:

- (a) Statements in bold type indicate additional resolutions made at the meeting.
- (b) A 'decision review' can be requested by eight or more Councillors of the Council, or more than a third of the total number of serving Councillors of the Council, within three working days of a decision being published. The request must be received in writing and shall specify the reason(s) why the decision should be reviewed. The decision to be reviewed will be referred by the Proper Officer to the next scheduled meeting of the General Purposes Committee or Full Council, as appropriate.

For more information contact: Ruth Yule, Democratic Services Officer
Telephone: 01223 699184 /e-mail: ruth.yule@cambridgeshire.gov.uk

CURRENT ACTIVITIES

STUDY	OBJECTIVES	PANEL	STATUS
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. Meeting of the Working Group to be arranged to consider a Flooding and Water SPD for Cambridgeshire.
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 arranged to consider the outcome of the survey work being undertaken by the Operations Division on affected properties and various other matters.
Litter Policies and Practices (to include graffiti removal)	To consider and make recommendations on future litter and graffiti service scope and standards and on public appetite for changes.	Environmental Well-Being	Scoping report received. Working Group appointed. First Meeting to be arranged.
Project Management	To be agreed in December.	Economic-Well Being	Following the Panel's discussion on the Project Closure reports for the Huntingdon Multi-Storey Car Park and One Leisure, St Ives, the Panel has agreed to establish a Select Committee in February 2015 to give further consideration to the issues emerging from the report, to seek assurances that improvements had been made to Council processes moving forward and to test the robustness of the Council's approach. Representatives from the Social and Environmental Well-Being Panels have also been appointed. The Terms of Reference for this Committee were

			considered at the Panel's December meeting. The Select Committee met in advance of their January meeting to discuss the scope of the Select Committee. Select Committee to be held on 17th February 2015.
Facing the Future	Ongoing monitoring role of financial implications of Facing the Future for the Medium Term Financial Strategy.	Economic Well-Being	The Panel has received two updates on progress with the delivery of the Facing the Future programme. Financial information will be presented to Members in February / March 2015.

Panel Date	Decision	Action	Response	Date for Future Action
	<p><u>Hinchingbrooke Hospital</u></p> <p>(a) Management of the Hospital</p> <p>1/04/14 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 to provide updates.</p> <p>4/11/14 Requested sight of the report of the September 2014 CQC inspection</p> <p>Requested plan to inform future health scrutiny.</p> <p>6/01/15 Scoping report on potential work on the health economy. Further reports requested:</p> <ul style="list-style-type: none"> • on the current state of Neighbourhood Planning within the Council and how it was likely to develop and how it might promote community resilience; • on community engagement, including examples of good practice; • on the impact of Welfare Reforms, including fuel poverty and how it was defined; • reviewing the Council's Equalities Impact Assessment arrangements, and • on the impact of growth on GP surgeries, school places and hospital capacity. 	<p>Link to report circulated directly to Members.</p>	<p>Abdel-Rahman Hisham, CEO, to report on Hinchingbrooke Hospital Action Plan.</p>	<p>3/03/15</p>

Panel Date	Decision	Action	Response	Date for Future Action
			Ruth Rogers, Chair, to report on the work of Healthwatch Cambridgeshire.	7/04/15
4/02/14	<p>(b) Financial and Operational Performance</p> <p>Presentation received from Mr R Murphy and Mr K Poyntz, representatives of Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on the financial and operational performance of the Hospital. Agreed at the February 2014 meeting that some focus should be placed upon monitoring CCG's performance.</p>	Reports to be presented to the Panel every six months.		
2/9/14	Presentation received from Mr R Murphy and Mr K Poyntz. Agreed to receive presentation on hospital accountability.		See item elsewhere on the Agenda.	03/02/15
4/12/12 & 4/03/14	<p><u>Delivery of Advisory Services Within the District</u></p> <p>The Voluntary Sector Working Group comprises Councillors R C Carter, Mrs P A Jordan, P Kadewere and Mrs R E Mathews</p>			
10/06/14	Annual performance report presented. Councillors also appointed to the Working Group.			
4/11/14	Councillor R C Carter to contact the Community Manager to begin discussions on funding arrangements for the final year of the Voluntary sector agreements.			

Panel Date	Decision	Action	Response	Date for Future Action
<p>7/01/14</p> <p>10/06/14 & 8/07/14</p> <p>4/11/14</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 with other relevant groups such as Hunts Mind.</p> <p>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 on mental health service users and on planned changes to the Personality Disorder Community Service/Complex Cases Service, including Lifeworks.</p> <p>Further update requested on Mental Health Services.</p>	<p>Dates requested from Cambridgeshire and Peterborough Foundation Trust.</p>	<p>Mr J Ellis to attend meeting to provide update.</p>	<p>3/03/15</p>
<p>4/06/13</p>	<p><u>Review of Elderly Patient Care at Hinchingbrooke Hospital</u></p> <p>Working Group appointed comprising Councillors S J Criswell, Mrs P A Jordan and P Kadewere to undertake a review of elderly patient care at Hinchingbrooke Hospital. The study will be</p>	<p>Meetings held on 18th July and 11th November 2013 and 24th February 2014.</p>		

Panel Date	Decision	Action	Response	Date for Future Action
10/06/14 4/11/14	undertaken in conjunction with the Hospital. Councillor Mrs R E Mathews appointed to the Working Group. Oral report on recent Working Group meeting with the Hospital.			
4/03/14 4/11/14	<u>Affordable Housing</u> Councillors R Fuller, P Kadewere and S M Van De Kerkhove appointed onto a Working Group to carry out the study, together with former Panel Member Councillor I C Curtis. Formal update reported to the Panel. Findings to date and study programme endorsed.	First meeting held on 22 nd July 2014 to scope out the work. Second meeting held on 23 rd September 2014 on the new Local Plan. Executive Councillor present.	Terms of Reference agreed and further actions identified. Terms for draft policies for the new Local Plan discussed and recommendations made. Next meeting to be held to review: • Rural housing programme – past and future • Community Land Trust model • Ways to increase awareness / take up • Work of Foundation East	

Panel Date	Decision	Action	Response	Date for Future Action
	<p><u>Notice of Key Executive Decisions</u></p> <p>Review of Safer Homes Scheme Funding</p>		See item elsewhere on the Agenda.	3/02/15
	<p><u>Huntingdonshire Strategic Partnership (HSP)</u></p> <p>Huntingdonshire Community Safety Partnership</p> <p>Annual review of the work of the Partnership.</p> <p>Children and Young People</p> <p>Details of the thematic group's outcomes and objectives have been received together with the latest report of the group, outlining its terms of reference, membership and current matters being discussed.</p> <p>Health and Well-Being</p> <p>Background information received on the thematic group's outcomes, terms of reference, membership and Action Plan.</p>	<p>Invitation extended to the Chairman and Lead Officer of the thematic group.</p> <p>An invitation extended to the Chairman and Vice-Chair to attend a future meeting.</p>	<p>The Panel considered the Annual report at the meeting on 7th October 2014.</p> <p>See item elsewhere on the Agenda.</p> <p>See item elsewhere on the Agenda.</p>	<p>3/2/15</p> <p>3/2/15</p>

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