

SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

Minutes of a meeting of the Cabinet held on
Thursday, 11 September 2008

PRESENT: Councillor RMA Manning (Leader of the Council)
Councillor SM Edwards (Deputy Leader of the Council and Housing Portfolio Holder)

Councillors:	Dr DR Bard	New Communities Portfolio Holder
	Mrs SM Ellington	Environmental Services Portfolio Holder
	MP Howell	Staffing Portfolio Holder
	AG Orgee	Finance Portfolio Holder
	NIC Wright	Planning Portfolio Holder
	TJ Wotherspoon	Policy, Improvement and Communications Portfolio Holder

Officers in attendance for all or part of the meeting:

Greg Harlock	Chief Executive
Stephen Hills	Corporate Manager, Affordable Homes
Pat Matthews	Drainage Manager
Guy Moody	Democratic Services Officer
Dale Robinson	Corporate Manager, Health and Environmental Services

Councillors RE Barrett, Mrs VM Barrett, JD Batchelor, Mrs VG Ford, Mrs JM Guest, R Hall, SGM Kindersley, MB Loynes, MJ Mason, Mrs CAED Murfitt, Ms BZD Smith, Mrs HM Smith and Dr SEK van de Ven were in attendance, by invitation.

Procedural Items

28. MINUTES OF PREVIOUS MEETING

The Leader was authorised to sign the Minutes of the meeting held on 3 July 2008 as a correct record.

29. DECLARATIONS OF INTEREST

Cllr MP Howell declared personal interests in item 5, Homelessness Strategy, as an employee of the Papworth Hospital Trust and in item 11, Awarded Watercourses Service, as a friend of David Noble (of David Noble Associates who undertook a review of the Awarded Watercourses Service in 1998). He stayed in the meeting and took part in the discussions.

Cllr MP Howell also informed the meeting that he used to work with Heather Wood, the new Housing Advice and Options Manager.

Cllr NIC Wright declared a personal interest in item 11, Awarded Watercourses Service, as a landowner at Connington with 2 such awarded watercourses on his land. He stayed in the meeting and took part in the discussions.

Cllr RMA Manning declared a personal interest in item 11, Awarded Watercourses Service, as a landowner at Willingham with one awarded watercourse on his land. He stayed in the meeting and took part in the discussions.

Cllr Dr SEK van de Ven declared a personal interest in item 11, Awarded Watercourse Service, as a member of the Meldreth sub-committee for flood avoidance. She stayed in the meeting and took part in the discussions.

Cllr SGM Kindersley declared a personal and prejudicial interest in item 12, East Hatley, St Denis Church, as an immediate neighbour to the church. He advised that he would leave the meeting during its consideration and take no part in the discussions.

30. PUBLIC QUESTIONS

None.

31. HOMELESSNESS STRATEGY

The Housing Portfolio Holder presented a report seeking Cabinet approval for the Homelessness Strategy for 2008 – 2013.

Drawing on key indicators and feedback from partnership agencies, the Portfolio Holder paid tribute to the housing team and said that the Council's ethos of acting to prevent homelessness had paid dividends and had been built into the new strategy.

In reply to a question concerning the possibility of young, single, men falling through the support net, the Corporate Manager for Affordable Homes, advised that all cases were assessed on a "priority need" basis.

Cabinet **RESOLVED** that the draft Homelessness Strategy, attached to the report, be approved.

32. TRAVEL FOR WORK PLAN 2008-2011

The Planning Portfolio Holder introduced this item, which requested that Cabinet approve a Travel for Work Plan that aimed to achieve the following vision:

'To promote a wide range of sustainable travel choices for our existing and future employees, elected members and visitors, in order to support their travel needs, reduce our environmental impact from travel and to make the most efficient use of resources in delivering services to our customers and providing leadership to our local communities.'

The Planning Portfolio Holder gave a review of Travel for Work plans to date and advised that the new plan had been informed by staff and Member responses to the Travel for Work survey. A key finding from the survey was that 73% of journeys to work were made by lone car drivers, a figure that was considered too high.

Travel for Work Co-ordinator

Members expressed concern about the justification for a Travel for Work co-ordinator. The Planning Portfolio Holder explained that one of the key reasons for the failure of previous plans had been the lack of ongoing management and maintenance. He said that, to be successful, the plan had to be a living document, requiring adaptation and promotion to achieve its goals.

It was also suggested that a decline in the number of car sharers since 2004 reinforced the need for any plan to be actively managed.

Public Transport

Members reiterated the concerns expressed in the report about the unavailability of public transport at a time when the cessation of local bus services continued. It was suggested that the County Council be contacted in respect of the issue.

Community Leadership

It was considered that a robust Travel for Work plan was required to enable the Council to demonstrate community leadership; as such, the view was expressed that the authority should be looking to reduce, not increase, the number of car parking spaces. The Planning Portfolio Holder replied that reducing the number of parking spaces was a measure within the plan, but that currently a lack of parking spaces restricted the use of South Cambridgeshire Hall as a public venue.

Cabinet **RESOLVED**:

1. That the Travel for Work plan and the associated package of measures to reduce the environmental impact of staff and others who travel to the council offices and on council business be **APPROVED**.
2. That the Planning Services Portfolio Holder be designated as the political champion for taking forward the Travel for Work plan.
3. That any staffing resources required to ensure effective implementation of the new Travel for Work plan in future years be considered as part of the service planning process for 2009/10.
4. That the additional permanent on site parking spaces and associated improvements to the outside amenity area for staff be implemented, subject to the necessary planning consents.

33. REVIEW OF HACKNEY CARRIAGE FEES AND CHARGES

The Environmental Services Portfolio Holder presented this item requesting that Cabinet endorse an increase in tariffs, explaining that there were two factors behind the request:

1. increases in fuel prices
2. to move in line with increases elsewhere in the County.

The Portfolio Holder confirmed that the Council did not benefit financially from the increased tariffs.

In response to a question it was confirmed that there were currently five licensed hackney carriages within the district.

Cabinet **APPROVED**

- (a) the new tariff structure and fees for advertising, as attached to the agenda,

Cabinet AGREED

- (b) to future fee increases being in line with that of Cambridge City Council, ie follow the Public Carriage Office (London Cabs) formulation,
- (c) that if, after advertising the proposed tariffs, no objections are received, then the Corporate Manager for Health and Environmental Services be delegated to set an implementation date as soon as possible with the trade and meter manufacturers, and
- (d) to delegate authority to the Environmental Services Portfolio Holder to change tariffs relating to Hackney Carriage Drivers, if and when required.

34. RESTRUCTURE OF THE FORMER POLICY, PERFORMANCE & PARTNERSHIPS SERVICE AND PROPOSED REVISED SENIOR MANAGEMENT STRUCTURE

The Leader introduced a report requesting that Cabinet consider the outcome of a review of the new corporate management arrangements in relation to the former Policy, Performance and Partnerships (PPP) service area. He advised that the Audit Commission had raised concerns over the council's senior management structure and succession planning arrangements; the proposals were intended to address these concerns.

Cabinet was advised that the salary figures included in the report did not include employment overheads, approximately 30% of the amounts shown. There was consistency throughout the report, however, so any comparisons would be valid.

Cabinet RESOLVED

1. That the proposal to create a new Partnerships team be approved with the following amendments to the establishment list with effect from 1 November 2008:
 - i) delete post of Community Development Manager following the early retirement of the current post holder in October 2008 and establishment of a new Partnerships Manager post and,
 - ii) delete post of Strategic Partnerships Officer and create a new Community Partnerships Officer post.
2. That the creation of a Community Liaison Officer joint funded post on a two year fixed term contract from 1 April 2009 be supported in principle subject to the necessary funding being secured through the service planning and budget setting cycle for 2009/10.
3. That the Corporate Project Support Officer (formerly Inspire Project Officer) post be made permanent with effect from 1 April 2009 subject to the necessary funding being secured through the service planning and budget setting cycle for 2009/10.
4. That the Chief Executive, in consultation with the Leader, be authorised to consider options for the configuration of the Policy & Performance team in the event that any members of that team confirm proposed retirements.
5. That the post of Executive Director – Corporate Services be established with effect from 1 January 2009 and a recruitment process be designed and agreed to

enable an appointment as soon as possible from that date and, that the post of Corporate Manager – Finance & Support Services be made redundant with effect from 31 March 2009.

6. That the financial implications of the appointment of an Executive Director – Corporate Services be addressed within the Revised Estimates for 2008/09 as part of the annual budget cycle and, in the meantime, the Chief Executive be authorised to incur the necessary expenditure to enable an appointment to that post.
7. That the revised senior management structure set out as option one in Appendix 3 to the report be agreed in principle in the event that a housing transfer does not proceed and that the Chief Executive has delegated authority to implement this proposal.
8. That the revised senior management structure set out as option two in Appendix 4 of the report be agreed in principle should a housing transfer go ahead and that the Chief Executive has delegated authority to implement this proposal.
9. That the post of Head of Housing Strategic Services be made redundant with an effective date of 30 June 2009.
10. That the post of Corporate Manager – Community and Customer Services (or Housing & Community Services) be established, conditional upon the deletion of the post of Head of Housing Strategic Services, with a permanent appointment to be made with effect from 1 July 2009.
11. That a contingency sum of £30k be included within the 2009/10 Estimates to accommodate any additional senior management capacity required with the change management process.
12. That Senior Management Team be requested to resolve the detail of the proposals in discussion with senior managers and staff.

35. REVIEW OF RISK MANAGEMENT

The Leader presented a report seeking Cabinet's agreement that responsibility for risk management should remain with the Corporate Governance Committee. He welcomed Councillor TJ Wotherspoon as the new Portfolio Holder for Policy, Improvement and Communications, and the former Chairman of the Corporate Governance Committee, to Cabinet and invited comment on the report.

Councillor TJ Wotherspoon expressed the view that an executive forum was inappropriate to review risk management and believed that the Corporate Governance Committee was better suited for the task.

Cabinet **RESOLVED** that responsibility for risk management remain with the Corporate Governance Committee, to include annual review of the risk management strategy and process and quarterly review and approval of the strategic risk register and associated action plans.

36. SOUTH CAMBRIDGESHIRE AND CAMBRIDGE CITY IMPROVING HEALTH PLAN

The Environmental Services Portfolio Holder introduced this item, and requested Cabinet to:

- a) Endorse the Improving Health Plan
- b) Focus the Council's attention on those actions listed in the Improving Health Plan where the Council can add value, and
- c) Continue to influence partners and partnerships on tackling the improving health agenda.

The Portfolio Holder explained that the plan was an important document that listed priority items with clear action plans for improvement.

Concern was expressed in respect of service deficiencies encountered by people moving between differing local authority catchment areas. It was requested that the issue be raised with partnership health organisations.

During the discussion, Members drew attention to the high levels of compliments for the provision of sports facilities and raised the following health issues of concern for the district.

- Adverse comments were directed at the number of road deaths (116) within the district.
- Local Strategic Partnerships had been awarded £200,000 to help road improvements, but Local Authorities would have to do more to help prevent road traffic accidents.
- There was a need to review access to mental health services for young people,
- Attention should be directed at health issues specific to the district, those related to 'new town blues', Travellers and rapidly expanding communities.

Cabinet **APPROVED** the Improving Health Plan.

Cabinet further **RESOLVED** to focus the Council's attention on those actions listed in the Improving Health Plan where the Council can add value, and to continue to influence partners and partnerships on tackling the improving health agenda.

37. AWARDED WATERCOURSES SERVICE - CONTRACT TENDERING

The Environmental Services Portfolio Holder presented a report setting out options and recommendations for the future of the Council's awarded watercourses service.

Concern was expressed that the cost of maintenance at £850 per kilometre appeared high and it was hoped that this cost could be reduced.

The Corporate Manager, Health and Environmental Services added that he did not favour letting the whole contract to one provider, and that the Council should be looking to promote competition in both price and quality whilst retaining flexibility.

The Pitt Report into the 2007 national floods

Cabinet was advised that the Scrutiny and Overview Committee would review the Pitt Report at its December meeting. The report, commissioned by the government, was likely to have implications for the Council in its management of surface water drainage systems in the district, therefore it was important to build flexibility into any

recommendations for action at this stage.

Local Expertise

Local Ward Members raised concerns that contractors potentially lacked the necessary knowledge to deal with local issues.

The Leader advised that the recommendations sought to contract out maintenance work and would not substitute local knowledge in management issues, and advised further that Cabinet did not feel it necessary to wait for the full response to the Pitt Report because of the flexibility in the recommendations before it.

Cabinet RESOLVED:

(1) To undergo a competitive tendering process and obtain tenders for the works from external contractors and the in-house service.

(2) That the tenders so obtained are for all the separate aspects of the works such that the maximum flexibility may be used in the evaluation of the tenders. The contract length to be five years extendable by mutual agreement for a further two. It may then prove beneficial to use a combination of external contractors and a portion of the in-house service.

38. EAST HATLEY, ST DENIS CHURCH

Councillor SGM Kindersley declared a personal and prejudicial interest as an immediate neighbour to the church. He left the meeting during its consideration and took no part in the discussions.

The Planning Portfolio Holder introduced this item, which requested that Cabinet approve an additional Historic Buildings Preservation grant of £5,500 towards further repair work at St. Denis Church, East Hatley.

Concern was expressed that there had been no consultation with Local Ward Members or the Parish Council. The church was not in use and had poor access, therefore additional grant support could not be justified.

The Planning Portfolio Holder advised that, historically, the church had become the responsibility of the council and, as such, there was little option but to approve the grant. He added that, by refurbishing the floor, there was the opportunity to use the building as some future juncture.

Cabinet **APPROVED** an additional £5,500 of Historic Buildings Preservation Funding, in order to secure £16,500 of grant aid from English Heritage to complete the repairs to the stonework tracery in the east window and to install a floor within the nave of St Denis Church, East Hatley.

39. TREASURY MANAGEMENT 2007/08 PERFORMANCE

The Finance Portfolio Holder presented a report on the performance of the treasury management function and requested that Cabinet approve additions to the list of counterparties.

The Leader suggested that the Section 151 officer should have an input to any decision to approve additions to the list of counterparties. The Finance Portfolio Holder

concluded.

Cabinet **NOTED** the performance of the treasury management function and **APPROVED** the addition of the organisations listed in paragraph 11 of the report to the category of other banks and financial institutions with a maximum limit of £2.5 million, subject to consultation with the Section 151 Officer.

40. **EFFICIENCY SAVINGS PROJECT - UPDATE**

The Finance Portfolio Holder presented this item, which provided Cabinet with an update on the Council's efficiency savings project and Central Government's expectations and targets for efficiencies within local authorities. He advised that the report highlighted excellent performance and that he regarded the targets for the coming years as realistic.

The Finance Portfolio Holder requested that Cabinet agree the forecast for the National Indicator 179 (NI 179)

Concern was expressed that the Cabinet was looking to set targets when there was no requirement to do so.

The Finance Portfolio Holder replied that he was seeking to embed a culture that embraced continual improvement and new ways of working. Although savings had been made he considered it important to continue to do so, adding that it would be difficult to justify otherwise publicly. Such a policy was particularly important given the Council's budgetary pressures.

The Deputy Leader undertook to provide a written answer to a question posed in respect of the proposed efficiency target on customer service standards.

Cabinet **ENDORSED** the recommendation that the amount to be forecast for NI179 be 3% for 2008/09 and 2% for 2009/10 and 2010/11.

41. **INTEGRATED BUSINESS MONITORING REPORT TO 31 JULY 2008**

The Finance Portfolio Holder presented a report which provided Cabinet with the first 2008-09 monitoring report against budgets and the Corporate Plan performance measures.

Cabinet **NOTED** the projected expenditure position and referred the report to the next meeting of the Finance Portfolio Holder for more detailed consideration.

Cabinet further **AGREED** that the first call on the additional £545,870 revenue element of the Housing & Planning Delivery Grant would be to address the potential planning overspends indicated in the report.

Information Items

42. **UPDATED FINANCIAL POSITION TO 31 AUGUST 2008**

The Finance Portfolio Holder presented this item as an update to the July Financial Position, part of the Integrated Business Monitoring Report as presented at item 15 on the agenda (see minute 41 above).

Cabinet **NOTED** the report.

Standing Items

43. ISSUES ARISING FROM THE SCRUTINY AND OVERVIEW COMMITTEE

None.

44. UPDATES FROM CABINET MEMBERS APPOINTED TO OUTSIDE BODIES

Cllr TJ Wotherspoon informed Cabinet that at a recent seminar on “Comprehensive Area Assessment” only 3 of the 177 delegates were elected Members, a disappointingly low proportion. He said that he would prepare a summary report for Cabinet members.

Councillor Dr DR Bard advised Cabinet that he had attended a Cycling England meeting and had been made aware of the existence of funding for the provision of new, and refurbishment of existing, cycle paths.

**The Meeting ended at 5.00
p.m.**

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HOMELESSNESS REVIEW FEBRUARY 2008

**(To inform the
Homelessness Strategy 2008-2013)**

South Cambridgeshire District Council Homelessness Review 2008

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HOMELESSNESS REVIEW 2008

Chapter 1 - Introduction

The Homelessness Act 2002 requires councils to compile a Homelessness Strategy and to renew this at least every five years. South Cambridgeshire District Council published its first Homelessness Strategy in July 2003 following a comprehensive review of homelessness and services available within the District. Since that time the actions within the Strategy have been monitored closely to ensure that the key objectives have been achieved.

Outcomes of the 2003 Homelessness Strategy

- Reduction in the numbers living in temporary accommodation (152 households in 04/05, compared to 57 as at the end of 07/08)
- Reduction in the number of homeless applications (170 in 2005/06, 128 in 2006/07)
- Reduction by almost 54% in the net expenditure of the Council's homelessness services for 2006/07
- Sub Regional Choice Based Lettings Scheme became operational in February 2008 and a new Local Lettings Policy approved
- Housing Advice & Options Team restructured in 2007, with an emphasis on increased preventative work
- Young Persons Floating Support Scheme implemented in February 2006 (Cambridge Housing Society)
- The Sanctuary Scheme was established in April 2006 to assist victims of domestic violence
- Floating Support Service extended to clients living in all tenures and service achieved a "B" rating in accordance with the Supporting People Quality Assessment Framework
- Increased prevention work including a successful settled homes scheme managed by King Street Housing Society.
- Decision taken not to renew the lease for The Poplars hostel due to increasing void costs associated with the reduction in need for temporary accommodation and value for money
- Surveys undertaken in 2007 of service providers, private landlords, housing associations and homelessness applicants.

The 2003 Homelessness Strategy has achieved its main objectives and now needs to be replaced with a new five-year plan. In formulating the next Strategy, a further Review was undertaken in 2007/08 to help identify any gaps in services and help to redefine the priorities and actions to be taken forward.

In particular, the Review considered:

- the levels and likely future levels of homelessness in the district;
- the existing housing and support available
- the activities and services provided which help to prevent homelessness
- resources and partnership working

Chapter 2

Profile of Homelessness in South Cambridgeshire

2.1 The South Cambridgeshire Area

South Cambridgeshire is located centrally in the East of England region at the crossroads of the M11 / A14 roads and with direct rail access to London and to Stansted Airport. It is a largely rural district, which surrounds the city of Cambridge and comprises over 100 villages, none currently larger than 8,000 persons. It is surrounded by a ring of market towns just beyond its borders, which are generally 10–15 miles from Cambridge. Together, Cambridge, South Cambridgeshire and the Market Towns form the Cambridge Sub-Region. South Cambridgeshire has long been a fast growing district and in 2003 had a population of over 130,000 persons (bigger than Cambridge itself) and has become home to many of the clusters of high technology research and development in the Cambridge Sub-Region.

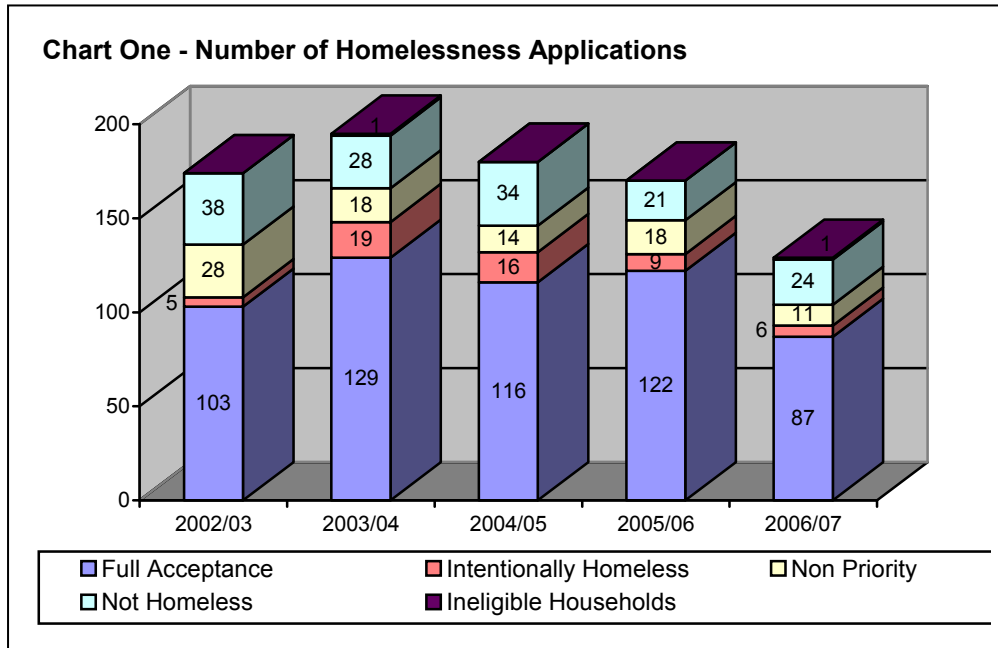
A Strategic Housing Market Assessment (SHMA) was commissioned for the Cambridge Sub Region in 2007. This assessment was carried out to give a clear understanding on the housing market within the Sub Region and the level and type of housing need for the future. From the consultation draft findings of the assessment, it estimates that there will be a 31% population increase by 2021 for South Cambridgeshire; with older people forecasted to show the biggest increase overall in the age groups. The age group 60-74 is expected to increase by over 15,400, a huge rise of around 94% in just 20 years. An even greater increase is projected of over 9,600 for those aged 75+, from 9,150 to over 18,750 residents, a 105% increase. The changes in population by age group clearly pose a number of challenges for supported housing, in particular. It is also estimated that all the Districts in the Sub Region will see an increase in single person households, with South Cambridgeshire forecasted to see an increase of around 13,300 single person households, an 83% increase in just 20 years

From 2006-2021 it is estimated that a further 20,000 properties will be built in the South Cambridgeshire District area. Under the new Local Development Framework adopted in 2007, the amount of affordable housing sought on new planning applications will be 40% or more on all sites of two or more dwellings. However, although there is expected to be an increase in the amount of affordable housing coming forward, the SHMA consultative draft identifies that housing demand for affordable housing will still outstrip supply and estimates that there will be an annual shortfall of 1109 affordable homes each year over the next 5 years.

2.2 Current Levels of Homelessness

A significant number of people make enquiries to the Council's Housing Advice and Options Team regarding their current housing situation. The three main areas of enquiries relate to private renting, the housing register, and the homelessness procedures/route. The number of enquiries received is continuing to increase, with 1071 enquiries recorded for 2005/06 and 1214 for 2006/07. Figures for 2007/08 look likely to be similar to the previous year.

Although the number of enquiries continue to rise, the number of homelessness applications and acceptances has decreased (as shown overleaf) and gives evidence to demonstrate the success of the preventative measures put in place since the implementation of the last Strategy in 2003 – details of which are given at Chapter 4.



Figures collated for the first 3 quarters of 2007/08 indicate that there will be a further reduction in the numbers applying as homeless, which is contrary to the increased figure for those making enquiries with regard to homelessness and their housing options.

2.3 Levels of Rough Sleeping

Because of the rural nature of the District and the relatively few numbers of rough sleepers it was not feasible to undertake a proper rough sleeper count across the District on a particular night. It was decided that it would be more practical and useful to obtain local information for each village. Therefore, as part of the Review, all parish councils were written to asking whether there were any known rough sleepers in their parish. From the responses received, there were only three suspected rough sleepers known throughout the District and it is unlikely that these would fall within the DCLG definition when collecting statistics for rough sleepers. Therefore, in conclusion, South Cambridgeshire does not have a specific problem, in proportion to its population, of those sleeping rough in the District and it is unlikely that this will become a problem in the future since rough sleepers tend to migrate to Cambridge City where there are support services/facilities.

2.4 Profile of Needs

The homelessness legislation defines ‘priority need’ categories that determine people who may be vulnerable and at greater risk if homeless. 122 of the 170 households making an application in 2006/07 (72%) were found to be eligible, unintentionally homeless (not having brought homelessness on themselves) and in one of the ‘priority need’ categories. The Council therefore accepted these as homeless with the duty to provide an offer of permanent housing.

The table overleaf outlines the priority need categories accepted over the last five years and show a similar pattern for the period 2002-2007. The highest reason for accepting homeless applications by far is from those households that include

dependent children, followed by those who are expecting their first child. The third priority group that represent 11% of acceptances over the past 5 years are households that include someone who is vulnerable due to mental illness or handicap.

Table One – Homelessness Acceptances: Priority Need Categories

Priority Categories	2002/03	2003/04	2004/05	2005/06	2006/07
Applicant whose household includes dependent children	56	67	72	70	61
Applicant who is, or whose household includes a pregnant woman and there are no other dependent children	24	22	17	23	12
Applicant aged 16/17 years old	4	5	9	6	0
Applicant formerly "in care" and aged 18 to 20 years old	0	2	0	1	0
Applicant who is, or whose household includes, a person who is vulnerable due to Old Age	0	3	1	0	0
Applicant who is, or whose household includes, a person who is vulnerable due to Physical Disability	4	6	8	5	6
Applicant who is, or whose household includes, a person who is vulnerable due to Mental Illness or Handicap	12	19	7	16	8
Applicant who is vulnerable due to other special reason	1	1	0	1	0
Applicant who is vulnerable due to having fled their home because of violence/threat of violence	2	4	2	0	0
Total Homeless Applications Accepted	103	129	116	122	87

Source: P1E data

Breakdown of Homeless Applications and Enquiries by Age Group

The two charts overleaf show the age groups of those making a homeless application and those making an enquiry for the two years 2005/06 and 2006/07.

The highest age group for both enquiries and homelessness applications are those aged between 25-44, and make up at least 50% of all enquiries and applications. In comparing the number of applications in relation to enquiries, we would expect the number of enquiries to be greater than the homelessness applications, which should signify that once an enquiry has been made and the relevant advice given, fewer applicants should then make a homeless application. However, this is dependent on potential homeless applicants approaching the Council for advice and assistance before they reach crisis point and this is only possible through promoting the awareness of the housing advice and options service. This can be achieved through continual publicity, such as the South Cambs magazine and information on the website and by ensuring that voluntary and statutory organisations are aware of the options available and will signpost applicants at an early stage.

Chart Two - Homelessness Applications by Age Group Year 2005/06

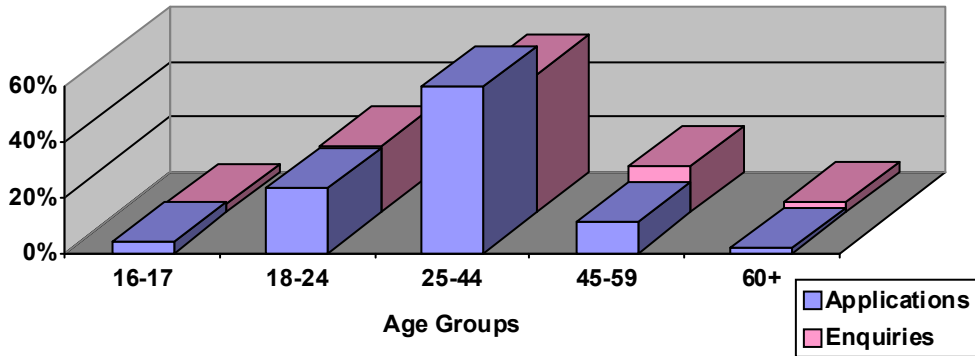
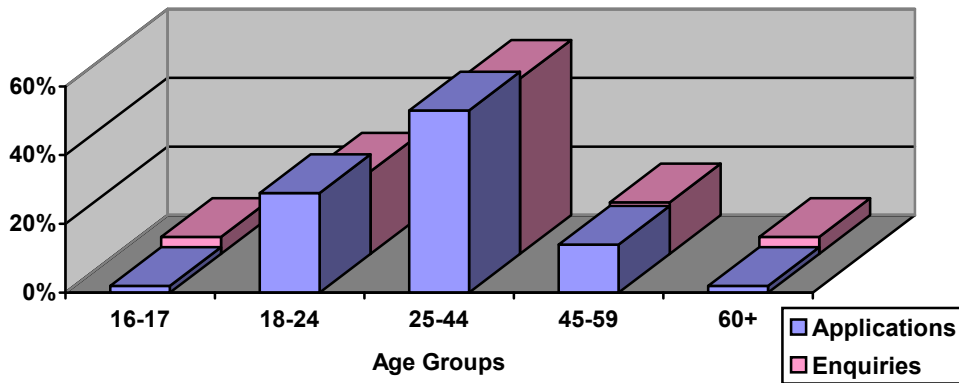


Chart Three - Homeless Applications by Age Group Year 2006/07



Source: Homelessness Database

Table Two – Breakdown of all Homelessness Applications by Household Type

	2005/06	2006/07
Total Applications	170	128
Couple with Children	27%	30%
Single Parent (Female)	31%	31%
Single Parent (Male)	5%	4%
Single (Female)	13%	11%
Single (Male)	18%	18%
Other	6%	6%

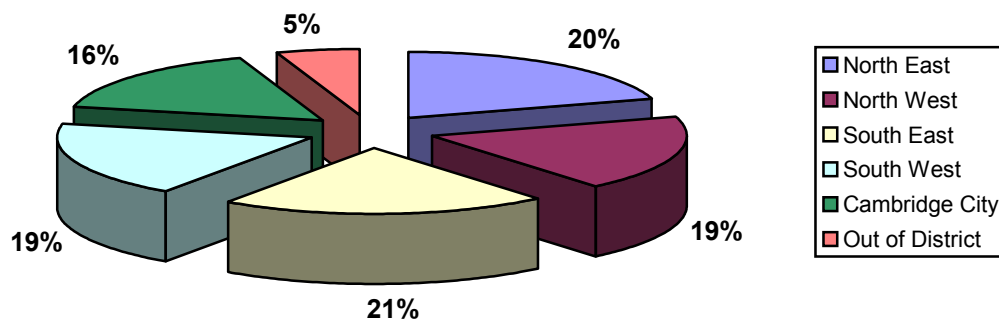
Source: Homelessness Database

The information provided for the two years is consistent and show that the majority have dependant children (63% in 05/06 and 65% in 06/07), with single parents making up at least 35% of all applications received. This highlights the problems faced for those trying to secure alternative accommodation with limited resources within an affluent area such as South Cambridgeshire, where property prices for the lower quartile average at £165,000 for the period Jan-March 2006 and a median average of £210,000. For private rented accommodation, lower quartile rentals in South Cambridgeshire are £450 per month for a one bedroom property, £650 for two bedrooms and £750 for a three bedroom property. (source: *Strategic Housing Market Assessment 2007 Consultative Draft*).

Looking at data for 2006/07 of where applicants who made a homeless application were currently living, there was little variance within South Cambridgeshire. This

would indicate that there are no specific “hotspot” areas that have particular housing problems or indeed that certain parts of the District were less accessible to the housing service. It is also interesting to note that 16% of homeless applicants were currently living in the City but had a local connection with the District. This could be attributed to the fact that there is a lack of privately rented properties available in the District (8.1% privately rented households in South Cambs compared to 20.6% in the City – *Source: Census 2001*).

Chart Four - Homeless Applications 2006/07 - By Area



Source: Homelessness Database

2.5 Reasons for Homelessness

Looking at the trends over the last five years, parents who are no longer willing or able to accommodate remains the highest reason for becoming homeless for each year. In 2005/06 this accounted for 25% of all acceptances and 23% in 2006/07.

From 2002/03 there has been a slight upward trend each year until 2005/06 of those facing homelessness due to termination of an assured shorthold tenancy.

The three highest reasons for homelessness identified in the last Review undertaken in 2003 were

- Parental Eviction
- Loss of Rented Accommodation
- Relationship Breakdown (violent)

Looking at the percentages for the last two years on the reasons for homelessness, there is evidence that very little has changed in the causes of homelessness for South Cambridgeshire, albeit that the total number of applications and acceptances is decreasing. The third highest reason for homelessness is now joint for Relationship Breakdown for both violent and non-violent categories.

Table Three – Homeless Acceptances: Reasons for becoming homeless

Reasons for becoming homeless	2002-03	2003-04	2004-05	2005-06	2006-07
Parents no longer willing or able to accommodate	31	45	35	30	20
Other relative or friend no longer willing or able to accommodate	15	9	7	9	7
Non-violent breakdown of relationship, involving partner	14	14	14	13	8
Violent breakdown of relationship, involving partner	13	19	10	14	8
Violent breakdown of relationship, involving associated persons	1	3	1	0	0
Other forms of Violence	2	4	2	2	3
Other forms of Harassment	0	0	2	2	1
Mortgage Arrears (repossession or other loss of home)	4	5	7	3	4
Rent arrears on Local Authority or other Public Sector Dwellings	2	1	2	0	1
Rent arrears on Private Sector Dwellings	0	6	1	4	3
Termination of assured shorthold tenancy	8	12	13	24	18
Other reason for loss of rented or tied accommodation	7	4	10	9	9
In institution or care (e.g. hospital, prison, on remand, etc.)	1	1	1	4	3
Other (e.g. homeless in emergency, ex-HM forces, returned from abroad, sleeping rough or in hostel, etc.)	5	6	11	8	1
Required to leave National Asylum Support Service Accommodation	*	*	*	0	1
Total	103	129	116	122	87

Source: PIE data

The main reasons for homelessness within South Cambridgeshire are consistent with the national findings of the DCLG research into statutory homelessness in England for families and 16-17 year olds. [*Source: Homelessness Research Summary No. 7, 2008*]

2.6 Ethnicity

BME Households

BME data currently available does not include information on European Union migrant workers, many of who have moved to the UK since the 2001 Census was carried out. Housing issues for migrant workers and the needs of Gypsies and Travellers are dealt with separately within this section.

The BME population is small and dispersed throughout the district, with no particular pockets with high concentrations of BME communities. Previous Needs Surveys have not identified any particular housing needs for any BME groups. Information currently available does not suggest any significant differences in housing need amongst the BME population of the county or the sub-region compared with the White British population. [Source: *Strategic Housing Market Assessment 2007 Consultative Draft*]

The most recent BME research from the County Council reached the following conclusion-

- .” All respondents agreed that they had the same needs as other residents in Cambridgeshire and did not want to be seen as a separate group.” (Source *BME Focus Groups-MRUK Research for the County Council-draft report September 2007*)

In looking at the number of homelessness applications received in comparison to population figures, it would appear that there is a higher percentage of non-white applicants (7.1%) approaching the Council as homeless compared to the population (2.9%). However, these figures can be somewhat misleading as the actual numbers are relatively small, with the highest proportion of 2.6% ‘Mixed – other mixed’ ethnic origin translating into only 3 actual homelessness cases, and two applicants (1.8%) of Chinese origin.

Table Four – Ethnic Origin by Population and Homelessness Applications

	Population <i>Census 2001</i>	Homelessness Applications 2006/07
White British	93.3%	88.5%
White Irish	0.8%	1.8%
White – Other	3.0%	2.6%
Mixed - White & Black African	0.1%	0.0%
Mixed - White & Black Caribbean	0.2%	0.0%
Mixed - White & Asian	0.3%	0.9%
Mixed - other mixed	0.3%	2.6%
Asian Indian	0.5%	0.0%
Asian Pakistani	0.1%	0.0%
Asian Bangladeshi	0.0%	0.0%
Other Asian	0.2%	0.9%
Black African	0.2%	0.9%
Black Caribbean	0.2%	0.0%
Black - other Black	0.1%	0.0%
Chinese	0.4%	1.8%
Other Ethnic Group	0.3%	0.0%
Total	100.0%	100.0%
Total White	97.1%	92.9%
Total non-White	2.9%	7.1%

As from April 2007, ethnic origin data is also collected, where known, from those making an enquiry to the Housing Options Service. Figures for the first three quarters of 2007 show that 814 enquiries have been made, of which only 246 (30%) gave their ethnic origin. It is anticipated that the collection of this data will improve once the recording system is well established.

Of the 246 enquiries received where the ethnic origin was recorded, the figures show that 87.8% were White British, 6.9% White Other, 4.1% Non White and 1.2% Travellers. (Note: Travellers were not identified separately by the national Census). The majority of the 6.9% White Other ethnic group is from Eastern Europe. Although the majority of enquirers are White British, it would appear that there are a higher percentage of other ethnic groups in comparison to the population figures although the actual numbers are small – (eg. 17 enquirers White Other (of which 9 were from Eastern Europe), 10 Non White and 3 Travellers).

At a corporate level the Council has addressed its commitment to promoting Racial Equality with a full review of its Race Equality Scheme-published July 2006. Our corporate objectives highlight the importance of making services accessible and this is reinforced by 'Improving Customer Services' being made a corporate priority.

A translation service is provided on request for those who need information about any Council services. Assessments are made of all households facing homelessness and where appropriate Floating Support (see page 24) is provided for vulnerable households. In 2006/07 the translation service was not used by the Housing Options Team, however, since April 2007 the service has been used on four occasions for translation into Lebanese, Danish and twice for Polish. No requests have been received to have leaflets translated into another language.

To focus on housing issues for ethnic minority households, a full review of services was carried out in 2006 using the revised CRE Code of Practice for Racial Equality in Housing as a guide to best practice. That review was presented to the Housing Portfolio Holder and an action plan agreed to improve ethnic minority record keeping, provide more equality and diversity training for staff, and to formalise the reporting practices for the monitoring of minority households access to services.

Findings within the Consultative Draft Housing Strategic Market Assessment also highlighted the need for improved monitoring to give a more accurate picture of ethnicity across the sub-region. A regional BME monitoring pilot is currently underway which will involve the Cambridge sub-region.

Travellers

The Cambridge sub-region Traveller Needs Assessment, published in May 2006, found that – of the 5,000–5,500 Travellers in Cambridgeshire (including those living in houses), over 1,300 are in South Cambridgeshire. This figure equates to 1% of the South Cambs population. Whilst this is lower than earlier estimates (extrapolated from official caravan counts), Travellers still represent the largest ethnic minority in the district. The survey showed that there were fewer Traveller households living in houses in South Cambridgeshire (28) than previously assumed, whilst 250 Traveller households live in caravans.

The results from the survey show that there is a need for between 405 and 535 extra pitches in the sub-Region up to 2010. Of this total, between 110 and 130 pitches are needed for Travellers currently located in South Cambridgeshire. Most Travellers prefer to live on small, long stay sites owned by Travellers themselves and there is very little demand to move into houses.

These findings will now feed into the Regional Spatial Strategy (RSS) to help identify the number of pitches required for each local planning authority in a way that produces fair and reasonable provision for all Travellers across the whole Eastern Region. The RSS proposal submitted to the Secretary of State in February 2008 proposes an

additional 59 pitches in South Cambridgeshire to bring the total up to 274 pitches by 2011-the highest number for any authority in the Eastern region.

To provide a fair and transparent planning framework for future sites in South Cambridgeshire, the Council is currently out to consultation on its Gypsies and Travellers Development Plan Document as part of the Local Development Framework process. This does not, as yet, identify specific sites but invites suggestions. Consultation on potential sites will begin in 2008. In the interim, temporary planning permissions have been granted for nine sites.

Travellers on unauthorised sites have seen a massive (over 500%) increase since 2003. The Council's Race Equality Scheme 2005-8 highlights Travellers issues as the highest priority and housing advice and homelessness services are specifically identified as amongst the most relevant in promoting equality of opportunity.

Financial support has been given to the Cambridgeshire Travellers Initiative for the production of a CD for Travellers about the planning process. Planning Enforcement Officers also maintain regular contact with those on unauthorised sites, making information available to them via Tape/CD, such as homelessness advice leaflets, and helping them to access housing & council tax benefits to which they are entitled.

However, although it is recognised that there could be a high risk of homeless applications from Travellers if they are evicted from unauthorised sites, figures from 2006/07 homelessness acceptances show that only one application was received and accepted from a Traveller household.

Access to the service is supported by Travellers Liaison Officers at both South Cambridgeshire District Council and the County Council. Access to Housing Options is a preferred route as it facilitates wider choice than Homelessness. The Travellers Liaison Officer has developed and maintained effective working relationships with a wide range of expert agencies that offer specialist services to the Traveller and Gypsy community, ensuring welfare, health and educational needs are met. A review of the role of the Travellers Liaison Officer for South Cambridgeshire will be undertaken in the spring of 2008 to ensure appropriate support is available.

Migrant Workers

As part of the SHMA, research on migrant workers in the Sub Region is currently ongoing. Although it is only possible at this stage to monitor the number of inflow information on migrant workers through the National Insurance Registration Scheme, it does show that the numbers registering in South Cambridgeshire has grown significantly (45%) between 2002 and 2006, totalling 940 workers registering in 2006/07. However, this information does not show how many people are leaving or whether or not people are coming as individuals or with dependants.

On looking at the nationalities of those registering, there appears to be a majority step change from 2004 to mostly Polish registrations.

Table Five – Countries with the highest number of people registering

	Country with highest number of Registrations	Number	% of all Registrations in South Cambridgeshire
2002/03	Philippines/Australia	70	11%
2003/04	Philippines/South Africa	60	10%
2004/05	Poland	130	14%
2005/06	Poland	250	22%

Source: Strategic Housing Market Assessment 2007 (consultative draft)

From the number of enquiries received for the current year 2007/08 and the need to use the translation service on four occasions, it would appear that the Housing Options Team are receiving more enquiries from Eastern European nationals. Whilst there is insufficient data at this time to properly map needs, the research already undertaken would indicate that the numbers approaching the Council for housing advice will continue to increase and possibly translate into homelessness applications as more become eligible for assistance and look to settle in the UK.

Asylum Seekers

South Cambridgeshire District contains the Immigration Reception Centre at Oakington that can accommodate up to 470 Asylum Seekers. For those that are found eligible for support the NASS (National Asylum Support Service) assists detainees with travel, subsistence and accommodation. Accommodation is provided throughout the country in identified dispersal areas. As South Cambridgeshire already has a severe lack of housing in the District and has no existing support networks for Asylum Seekers, it is unlikely that Asylum Seekers will be dispersed to the area. Since the establishment of the Immigration Centre in March 2000, this has had no impact upon the Housing Advice/Options Team.

The Local Authority Social Services Department have a responsibility to provide support to Unaccompanied Asylum Seeking Children under the Children Act 1989 and the Children (Leaving Care) Act 2000. This is currently putting immense pressure on the 16+ Team, OCYPS (Office of Children & Young People's Service, Social Services), who indicate that they currently have 100+ cases throughout the county which is causing severe resource pressures.

Under the Homelessness Legislation, South Cambridgeshire District Council would not have a duty in the future to those Asylum Seekers currently cared for by Social Services where they have no recourse to public funds. However, concerns/issues relating to Unaccompanied Asylum Seeking Children should be taken into account when developing the joint protocol with OCYPS which will cover housing advice, homeless prevention, young people and intentionally homeless families. Information from the P1E forms, show that since April 2004 there have not been any former Asylum Seekers accepted by the Authority as homeless.

2.7 Future Levels of Homelessness

It is anticipated that under the current circumstances, homelessness applications will continue to decrease as the Council increases its pro-active approach to homelessness prevention (see Chapter 4)

However, it is almost impossible to predict future levels of homelessness as there are so many contributory factors that are largely beyond local control, such as house

prices, national policy, population trends and unemployment. Factors that could well affect South Cambridgeshire include:

- The high house prices in South Cambridgeshire mean that many owner-occupiers have to borrow up to their maximum financial limits to be able to obtain a mortgage. Therefore if interest rates increase significantly this is likely to increase homelessness because more households will be unable to meet their mortgage payments. This may similarly impact on Landlords who have mortgages on Buy to Let properties that may be forced to sell, increasing homelessness and reducing availability in the private sector rental market.
- Following the introduction of the Local Housing Allowance in April 2008, this could have an adverse impact on the numbers presenting as homeless. The Government is looking to change the way in which housing benefit is paid to private sector tenants and initial indications from Government suggest that those living in the necklace villages surrounding Cambridge City would be most affected, as the predicted LHA for these areas would not be sufficient to meet current rents and tenants would have to find the remaining amount or seek cheaper rented accommodation.
- Current trends would indicate an increase in the number of Eastern Europeans coming to work in South Cambridgeshire, which could have an adverse affect on the numbers approaching the Council as homeless.
- The number of unauthorised traveller sites within South Cambridgeshire remains a high priority for the Council.

It is important that consideration is given to these factors and preventative measures incorporated into the new Strategy and Action Plan.

Chapter 3 - Existing Housing and Support

3.1 Temporary Accommodation

In January 2005, the Government set all local authorities a target to reduce the number of households in temporary accommodation by 50% by 2010. The numbers in temporary accommodation have consistently reduced each quarter during the last year and exceeded the milestones set locally. This is as a result of the housing advice and homeless prevention work, including a settled homes scheme facilitated through private sector leasing arrangements. There is also a clear intention amongst staff to identify areas of concern and take action to rectify them, and to develop new initiatives and methods of working that not only reduce the numbers in temporary accommodation, but also provide better rehousing solutions and options for people in housing need.

Performance Indicator SH 329:

Reduce The Number of Households in Temporary Accommodation

2005/06 Actual: 148

2006/07 Actual: 112

2007/08 Actual: 57 (Year End Annual Target: 95)

The main forms of temporary accommodation available to the Council are a private sector leasing scheme provided through King Street Housing Society, temporary

tenancies provided within our own stock and hostel accommodation. The following table shows the proportions occupying different forms of temporary accommodation.

Table Six – Temporary Accommodation Occupancy

Type of Temporary Accommodation	Number of households residing in this type of temporary accommodation on 30 th March 2007	Proportion
Bed & Breakfast	0	0
Hostel	23	21%
Private Sector Leasing Scheme	47	42%
SCDC Stock	30	27%
Other RSL Stock	9	8%
Other	3	2%
Total	112	100%

Bed & Breakfast Accommodation

The Council has significantly reduced the use of bed & breakfast accommodation over recent years. This is accepted to be both unsuitable and a very expensive source of temporary accommodation. In 2005/06, over £40,000 was spent on bed & breakfast accommodation. In 2006/7 this reduced significantly to £2,600 and to date in 2007/08 there have been **no** placements in bed & breakfast.

Hostel Accommodation

The Council currently has three hostels that provide shared temporary accommodation for statutorily homeless households, and Sanctuary Hereward Housing currently manages these. Two of the hostels are owned by the Council, namely Robson Court and The Bungalow, with The Poplars being leased from Histon Baptist Church. Sanctuary Hereward Housing undertakes satisfaction surveys with new residents of the hostels and the vast majority find the facilities and overall conditions good or adequate.

Table Seven– Hostel Accommodation

Hostel	Shared Facilities
The Poplars, Histon (7 rooms)	All have en-suites and residents share kitchen and laundry facilities and communal lounge
Robson Court, Waterbeach (16 rooms)	Each room has a kitchenette and microwaves are permitted. Residents have their own separate toilet and sink. They do share bathing, laundry, kitchen and lounge facilities.
The Bungalow, Sawston (4 rooms)	One room has an en-suite shower. The others share all facilities

During 2006/07, 36 households moved into hostel accommodation. Ten were single households, 23 were households with one child and three households had more than one child.

Research into the effects on living in shared temporary accommodation indicates that such living conditions, alongside the uncertainty of their situation, can impact both

physically and mentally on homeless individuals and families. The lack of privacy and space to play can have a detrimental effect on families and children.

When compared to other forms of temporary accommodation, such as the private sector leasing scheme, it is clear that the hostels are an expensive form of temporary accommodation, which is not giving value for money taking into account the quality of the accommodation.

Temporary Accommodation	2005/06	2006/07
Hostel	£78,900	£85,150
Private Sector Leasing Scheme	£142,300	£44,500*

**The cost of providing the private sector leasing scheme has significantly reduced due to the introduction of a new method of management fee collection. Where possible the rents have been increased to incorporate the management fee, whilst still ensuring the rent remains affordable.*

Whilst the overall numbers in temporary accommodation are reducing, the Council's performance in relation to the average length of stay in hostel accommodation is unfortunately significantly over our target. Actions have been taken to try to address this, including amendments to the previous Lettings Policy, prior to the introduction of choice based lettings. However, the main reason for the length of stay is the lack of available two bedroom properties.

Performance Indicator BV 183b:

Length of Stay in Hostel Accommodation

2005/06 Actual: 29 weeks

2006/07 Actual: 34.90 weeks

2007/08 Q.3 Actual: 30.91 weeks (Year End Annual Target: 24 weeks)

In June 2007, a report was presented to the Housing Portfolio Holder to identify service needs for future hostel provision, where it was agreed

- Not to renew The Poplars lease when it expires in March 2008, given the current and increasing costs associated.
- Carry out further investigative work into the long term options via a hostel re-provision strategy which will look at the following options:
 - Continue with the current arrangements with Hereward Housing in respect of Robson Court and the Bungalow.
 - Remodel Robson Court to provide more appropriate self-contained provision
 - Continuation of the Bungalow in its current form
 - Identify new purpose built provision
 - Investigate the ownership and management arrangements for these measures

Discussions are currently underway regarding new provision on some of the larger sites coming forward for development, i.e. Northstowe. Further work on the remodelling of the existing hostels will not be progressed until the outcome of Housing Futures (the possible transfer of Council stock) has been decided.

Private Sector Leasing Scheme

King Street Housing Society provides independent accommodation through a Private Leasing Scheme with South Cambridgeshire District Council. Under the scheme,

there are two types of accommodation provided, one being on a temporary basis upon acceptance of a homeless application, and the other offered as a settled home under an assured shorthold tenancy.

Although the provision of temporary accommodation under the Private Sector Leasing Scheme was seen to be the best type of temporary accommodation available for families with school age children, this did have an adverse affect on the time spent in temporary accommodation, with some living temporarily for over 2 years before being offered suitable alternative accommodation. Although applicants were allocated a higher number of points for being homeless, it did not always give them the highest priority, due to the high number of households in temporary accommodation and the additional points awarded for other types of temporary accommodation which included shared facilities. The accommodation was also limited as to where King Street Housing Society had homes available, as many landlords are reluctant to let to homeless households. This often meant that families had to move away from their existing network of schools, family, and work. etc. Homeless applicants also have less choice over their permanent rehousing as they must identify at least 25 villages in which they would accept a permanent home.

The settled homes scheme is seen as a much more attractive option and pro-active in preventing homelessness. Applicants do not have to go down the homeless route, therefore not facing the stigma associated with becoming homeless. They have a wider choice of where to live and security in knowing they have an assured shorthold tenancy, that is more likely to be renewed as King Street Housing Society have longer term leases with the individual landlords. It is important that the Housing Options Team start working with potentially homeless applicants as early as possible, as this allows officers more time to try to secure a settled home in an area of their choice. All rents are within local reference rent levels (to be reviewed with the introduction of the Local Housing Allowance). All applicants who take this option are able to remain on the housing register and have more choice over their permanent rehousing.

The Settled Homes initiative was implemented in February 2006. At that time there were 80 households accepted as homeless and living temporarily under the private sector leasing scheme. All applicants were written to, giving them the option to convert their temporary tenancies, with 14 households taking up this offer. As at the end of December 2007, there were 63 households accommodated under the Private Sector Leasing Scheme, of which 25 were housed temporarily following a homeless application.

Council Properties Let On Non-Secure Tenancies

Temporary accommodation within the Council's housing stock is used when necessary and is a preferable option ahead of bed & breakfast accommodation. However, the use of this type of temporary accommodation is kept at a minimum and would normally be the difficult to let properties, unless there was an urgent need for temporary accommodation due to high demands or a specific need.

During 2006/07, 31 temporary licences were allocated to homeless households, of which 7 have since been converted to a secure tenancy.

Previously, Council stock identified for redevelopment has also been used as temporary accommodation whilst the properties await demolition. However, the programme for redevelopment is now well underway and the availability of this type of temporary accommodation will decrease as the schemes start on site. As from March

2008 two homeless households are temporarily housed at The Windmill Estate, Fulbourn and one household in an Airey property at Longstanton.

Other Accommodation/Specialist Support

Specialist temporary accommodation is provided mainly within Cambridge City, as it is close to facilities, transport links, education etc. Although South Cambridgeshire does not have specific nomination rights to most of the specialist schemes, allocations can be made via referral, mainly through the Joint Allocations Panel. In 2006/07 one applicant was referred to the Peter Maitland Court Young Parent & Baby Scheme and in the first six months of 2007/08 one referral to the Cambridge Women's Aid Refuge. The Council does have nomination rights to the YMCA for 10 bed spaces, as well as joint nominations with the City Council for an emergency bedspace, all of which are well utilized. It should be noted that referrals/nominations can only be made when accommodation is available.

The following table gives a summary of the different types of specialist accommodation and support available mainly in the City, and at page 33 gives details of grant funding provided by South Cambridgeshire District Council.

Table Eight – Specialist Accommodation/Support

Specialist Accommodation/Support - Summary of Service Type
<p>Cambridge Women's Aid - Cambridge Provides accommodation and support for 11 women, with or without children. Also provide outreach support to women living in their own homes – By self or agency referral.</p>
<p>Cambridge Women & Homelessness Group - Cambridge Direct access hostel with 6 bed spaces. Providing counseling and support. Also provide outreach support for ex-residents – By self or agency referral.</p>
<p>Cyrenians - Cambridge Provision of community houses with live-in volunteer workers. Provides support and advice to vulnerable homeless single people with a focus on alcoholics, those over 50 and those with a mental illness. Outreach and resettlement service – By agency referral only. Subject to Cambridge City Council's Reconnections Policy</p>
<p>English Churches Housing Group – Victoria Road, Cambridge 74 bed hostel accommodation that provides accommodation to vulnerable single homeless people – By agency referral only. Subject to Cambridge City Council's Reconnections Policy</p>
<p>English Churches Housing Group – Willow Walk, Cambridge 22 single rooms providing support and accommodation to vulnerable single homeless people – Referral by Cambridge Street Outreach Team only. Subject to Cambridge City Council's Reconnections Policy</p>
<p>Jimmy's Night Shelter - Cambridge Warm, safe night shelter for 25 men and 6 women (separate room for men and women). Provision of supper, shower and laundry facilities. Non judgemental support available - By self referral at the door Subject to Cambridge City Council's Reconnections Policy</p>
<p>Emmaus - Landbeach Community living project for 29 single homeless people and residential staff. Self financed through a second-hand business site – By self or agency referral.</p>
<p>Castle Project - Cambridge Accommodation - 17 beds in shared flats & supported lodgings Offering support and advice (practical and emotional) to young people on all aspects of their lives – By agency referral only.</p>
<p>Railway House – Cambridge (Cambridge Housing Society) Provides accommodation and support towards independent living. 12 spaces for 16-20 yr olds and 4 spaces for 18-23 yr olds – By agency referral only.</p>

Stonham Housing – Elizabeth Way, Cambridge

14 bed spaces providing a safe & secure environment whilst service users try to adjust after a period in prison – Referral through either probation or via a Prison Resettlement Officer.

Whitworth House – Cambridge (Orwell Housing)

Provides accommodation and support to 13 young single women (16-25) – By self or agency referral.

YMCA - Cambridge

Provision of 78 units of temporary supported accommodation offering advocacy, counselling, life skill training, help with health services, keyworking, move-on work and floating support – By agency referral only.

Young Parent & Baby Project – Cambridge (Cambridge Housing Society)

Provision of 7 units of temporary supported accommodation. Providing support/guidance on all areas of child care/parenting, independence - budgeting, shopping, cleaning, appointments and social relationships. Continuing support provided after move-on – By self-referral, family, friends or agency.

Move-on accommodation for residents of supported housing is incorporated through the Sub Regional Choice Based Lettings Scheme, where priority will be awarded in Band A/B. Further liaison with the YMCA is necessary to identify those ready to move on and help with finding accommodation either through Choice Based Lettings or the Settled Homes Scheme.

The Disability Housing Strategy also sets out a county-wide framework providing a basis from which to develop and evolve the provision of services and support best designed to assist and enable disabled people within Cambridgeshire to achieve and maximize their independence.

The Adult Mental Health Services Strategy for Housing and Related Support aims to alleviate and prevent homelessness for this client group with its emphasis on access to accommodation (including specialist schemes) and support to enable residents to maintain their tenancies.

From the questionnaires recently sent to service providers (see page 29) the lack of suitable accommodation for young single people within the District still remains a real concern.

The Supporting People Programme provides most of the revenue funding for the supported schemes and therefore any new identified need has to be prioritised countywide alongside other schemes within the programme. However, reducing resources in the Supporting People budget make it difficult to implement new initiatives without corresponding savings elsewhere.

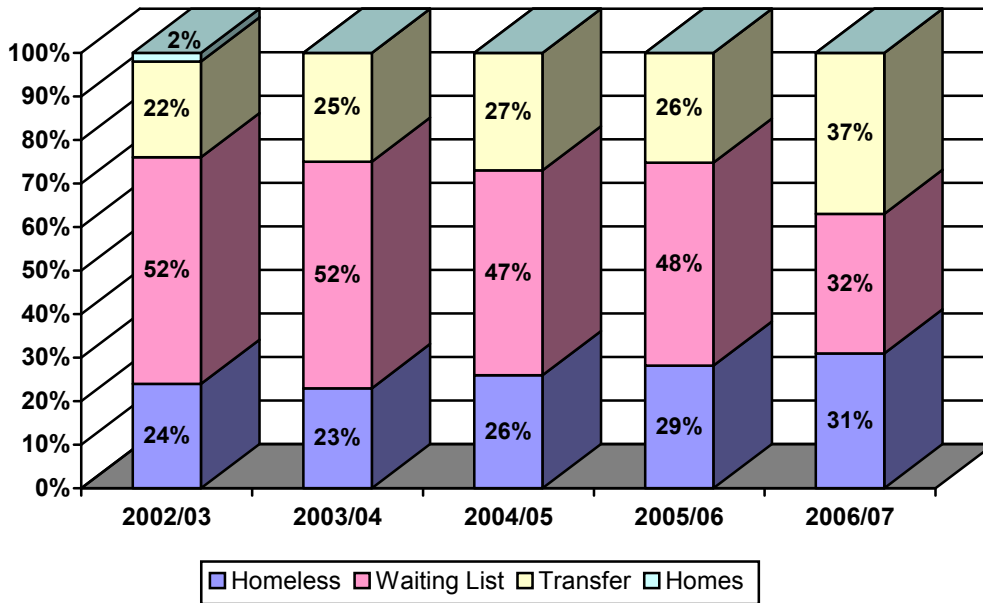
3.2 Permanent Accommodation

Council Housing

As at 1st October 2007, 5,804 homes are owned and managed by South Cambridgeshire District Council, of these 1,365 (23.5%) are for sheltered accommodation (this includes 274 sheltered properties that are currently leased under the equity share scheme for the elderly). The Council is currently investigating under Housing Futures the options for transferring its stock, and is currently working towards a tenant ballot following extensive consultation sometime in late 2008 or early 2009.

Over the last five years, on average 340 allocations have been made per annum, 40% of which are generally for sheltered accommodation and would not normally be suitable for homeless households. Chart Five overleaf shows the number of properties allocated by application type that excludes sheltered accommodation lets, as this gives a truer reflection on the distribution of allocations suitable for homeless households. Since 2004/05 the number of homeless applicants allocated a Council property has continued to increase as a percentage of the total allocations for general needs housing.

Chart Five - Allocations by Application Type - General Needs Housing

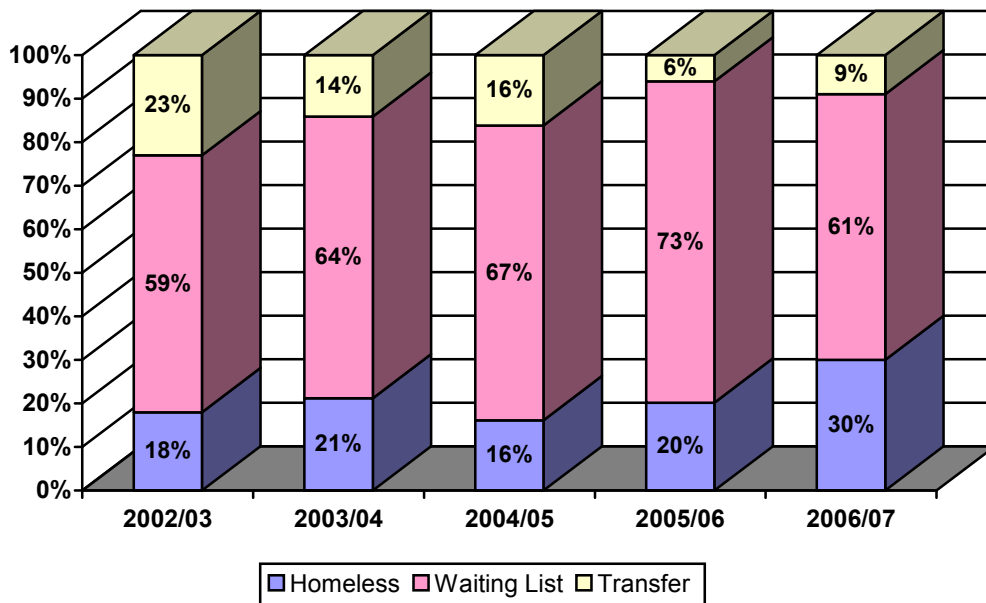


Housing Association/Registered Social Landlords

Information from the 2001 census show that 3.2% of the total housing stock in the District is rented from a housing association or registered social landlord and figures provided by the HIP HSSA statistics for 2007 identify 2,534 RSL/housing association rented properties.

The following table shows the number of nominations made through RSL lettings and the percentage going towards homeless households. Although the majority of nominations go to those on the housing register, the figures for homeless households being allocated an RSL property is continuing to increase – 35 nominations (30%) in 2006/07 compared to 16 nominations (18%) in 2002/03. The actual total number of nominations to RSL’s is also continuing to increase, 88 in 2002/03 and 115 in 2006/07, and this is expected to rise as the strategic growth sites identified start to develop.

Chart Six - Nominations by Application Type



Choice Based Lettings Scheme

The Council have now agreed to use Choice Based Lettings (CBL) as the best approach for the future allocation of housing across its district, in line with government guidance. South Cambridgeshire has implemented a sub-regional scheme with six other local authority areas covering Cambridge City, Fenland, Huntingdon, East Cambridgeshire, St Edmundsbury and Forest Heath. A proportion of each authorities/partner RSLs properties will be made available to people from anywhere in the Cambridgeshire sub regional area. This will offer applicants greater choice and ease of movement between local authorities across the region. The move from a points based lettings system to a CBL banding scheme has been under discussion for some months and a Local Implementation Group was created to move the project forward. The name of the new scheme is Home-Link and it became operational from February 2008.

Each local authority has its own Local Lettings Policy, following sub-regional principles, to ensure that applicants are prioritised accordingly based on their housing needs and waiting time.

A key requirement for ensuring the success and fairness of the Home-Link scheme is that all customers can access Home-Link and that relevant support is provided where appropriate. An Access Strategy has been developed in consultation with voluntary, statutory and support agencies to ensure that vulnerable applicants are not disadvantaged under the new CBL scheme.

Now that the scheme is operational, Home-Link will be monitored and reviewed to ensure:

- Allocations are made to the customers in most need
- Vulnerable customers are bidding for homes
- Customers are bidding for homes appropriate for their needs
- Specific groups of people are not being inadvertently disadvantaged

Homeless applicants will be monitored to ensure that they are making appropriate bids. If they are still in temporary accommodation after a three month period and have not made any bids, their circumstances will be reviewed and if necessary an offer of suitable accommodation will be made outside of the CBL scheme as a direct let in discharge of the Council's statutory duties.

Appropriate move-on accommodation for those that no longer require residential support is incorporated within CBL, where priority will be awarded in Band A./B.

Privately Rented Accommodation

Only 8.1% of households in South Cambridgeshire privately rent. This is based on the 2001 Census data although there is some evidence of a national increase in the number of private sector tenants since then.

Using Local Reference Rents calculations for the lower quartile in South Cambridgeshire, an average one bedroom property is approximately £450 per month, £650 for a two bedroom property and £750 for three bedrooms. Based on average rents, people renting in the private sector can expect to pay about a third of their household income on rent per year.

The lack of availability of privately rented accommodation and the high rentals for those even in the lower quartile bracket make privately renting in South Cambridgeshire inaccessible for many. The Local Housing Allowance based on Broad Rental Market Areas to be implemented in April 2008 which will supersede Local Reference Rent, may also have an adverse impact on the availability of privately rented accommodation in South Cambridgeshire for those on low incomes (see page 13).

Privately owned Housing

The average house price for South Cambridgeshire in 2007 was approximately £247,602 and the average earnings come in at £36,670 per annum. Therefore the average house prices in the District are around 6.7 times the average annual earnings. When the lower quartile prices and wages are compared, house prices are about 7 times the annual earnings. [*Source: SHMA Consultative Draft*]

For many households living in the District purchasing on the open market is therefore beyond their financial resources. The Government has introduced various schemes under the Home Buy initiatives to help people on intermediate incomes access housing. KeyHomes East are the government appointed "one stop shop" for all home ownership schemes - as of December 2007 there were 967 applicants registered in South Cambridgeshire and 92 households have so far been assisted.

Affordable Housing Programme

Funding for new affordable housing is via the Housing Corporation's National Affordable Housing Programme. In the 2006-08 bid round, South Cambridgeshire was successful in receiving nearly £20.5 million to help fund up to 600 affordable homes, which was the highest allocation awarded for the Cambridge Sub Region.

For the 2008-11 bid round, only detailed schemes were given consideration for funding initially, and additional allocations can be made through regular market engagements within the 2008/11 programme. For South Cambridgeshire, just over £4.1 million has been allocated to help fund 144 affordable homes. In addition, a further £5.6 million

was forward funded from the 2006-08 programme, providing a further 124 homes – a total of just over £9.7M being achieved (268 homes). The overall allocation is an extremely positive result for South Cambridgeshire and continues the high level of success achieved in the last bid round. Further submissions for funding will be requested when schemes are ready to go, such as Northstowe and the Cambridge Southern Fringes.

Estimated predictions on sites already identified anticipate a further 1,600 rented properties and 1,100 shared ownership properties being built over the next 5 years in South Cambridgeshire and that eventually the number of nominations to RSLs will be greater than allocations through the Council's own stock. However, research from the Strategic Housing Market Assessment Consultative Draft identifies that there will still be a shortfall of 1109 homes per annum taking into account the projected increase in newbuild housing.

Chapter 4

Homelessness Prevention Activities

4.1 The Housing Advice and Options Team

The Housing Advice and Options Team sits within the Affordable Homes section of the Council and is responsible for providing free and confidential advice (including homeless prevention) to local people in housing need, as well as implementing the Council's statutory duties under the Homeless Act 2002.

The Team was restructured in 2007 due to the expansion of the service, which saw the inclusion of the allocations/lettings function, developing the CBL scheme, management of the Traveller sites and an increase in preventative work.

An additional housing advice officer has been recruited and the management structure improved.

Information collated for BVPI 213 on preventing homelessness show that 89 applicants were successfully prevented from becoming homeless in 2005/06, 107 in 2006/07 and 59 in the first 6 months of 2007/08. Due to the prescriptive measures for this BVPI, it is likely that the actual figures on prevention are higher than the figures quoted.

Regional Champions

Following the success in being selected as regional champions for the East of England, the Housing Advice and Options Team will be working with other authorities across the region to relay the good practice examples that have been implemented, namely:

- Greater focus on homeless prevention.
- New successful prevention initiatives
- Commitment from staff to address concerns, act on these and develop solutions
- Reduction in temporary accommodation (we have now reached 2010 target for temporary accommodation).
- Good examples of partnership working – i.e. settled homes scheme and young person's floating support service.

As a regional champion, work will involve

- Being a source of advice and assistance to other authorities across the eastern region.
- Peer reviews of similar services at other authorities.
- Conferences, workshops etc to highlight the work of regional champions.

Additional funding of £15,000 has been made available from the DCLG to support this work. This will be used to supplement staff training, allow staff time to carry out the regional champion work and develop new pilot schemes to further aid the prevention work being carried out.

4.2 Floating Support

The Floating Support Service has been in operation since 2002 and has proved an invaluable service for many households struggling to maintain their tenancies. In the first few years the scheme was available only to those in Council or temporary accommodation, however as loss of rented accommodation was one of the main reasons for homelessness, it was decided that the scheme should not be restrictive and was opened up to all tenures in 2006, in order to address the greatest needs.

The service is based within the Housing Advice & Options Team and is delivered through the direct employment of two Housing Support Workers and the Travellers and Housing Support Team Leader. Both Support Workers have a caseload capacity of 16 clients each, which is normally at full capacity. The chart below identifies the numbers who have been accepted/assisted during 2006/07:

Table Number – Numbers accepted/assisted during 2006/07 for Floating Support

Client Category	Reason for Referral						Total
	Multiple Needs	Rent Arrears	Domestic Violence	Learning Disability	Resettlement	Tenancy Issues	
Alcohol Problems	1	1	0	0	0	0	2 (4%)
Complex Needs	6	3	1	0	6	2	18 (40%)
Learning Disability	0	1	0	0	0	0	1 (2%)
Mental Health	6	0	0	0	1	1	8 (18%)
Single Parent	0	4	1	0	2	0	7 (16%)
Elderly	0	1	0	0	0	0	1 (2%)
Single Homeless	2	1	0	1	3	0	7 (16%)
Care Leaver	0	0	0	0	1	0	1 (2%)
	15 (33%)	11 (24%)	2 (4%)	1 (2%)	13 (29%)	3 (7%)	45

Many of those assisted have complex/multiple needs and require the support of other support agencies to be involved, such as OCYPS, Connexions, Learning Disability Partnership.

The Floating Support Service is funded through the Supporting People Programme and received £80,000 funding in 2006/07. A review of all the generic floating support

services available in the County was recently undertaken. In terms of general feedback from stakeholders most comments about service delivery were positive and rated as good. More specific comments were reflective of localities and for South Cambridgeshire the Citizens Advice Bureaux commented they felt they were often dealing with housing related support issues and dealing with requests for housing. This issue has been addressed and offers an opportunity to develop closer working links and understanding of the service provided by South Cambs.

An SP Implementation Group has been set up to take forward the recommendations of the Review, which include:

- To carry forward concerns from some stakeholders to the appropriate strategic body i.e. views on the provision of housing and support for young people in East Cambridgeshire and Fenland
- To follow up on the VFM, eligibility, range of costs and performance issues identified.
- This review only covered generic floating support services therefore further investigation and research is required into other ways in which floating support is delivered to enable a better understanding of what is meant by floating support and set the right unit and hourly rates costs for the county.
- Further investigation is required to highlight the need for and determination of specialist floating support services.

4.3 Young Person's Scheme

A young person's floating support scheme has been developed in partnership with Cambridge Housing Society, which is providing an important service to young people and their families who are often living in isolated villages. The service aims to prevent homelessness by assisting young people aged 16-25 to remain living at home or to maintain other living arrangements or tenancies. It helps young people to access services, gain confidence and develop better life chances while remaining in their local communities. The scheme works closely with other young people's services such as Connexions, Community Colleges, 16+ team and detached youth workers to ensure a joined up approach and is funded through the Supporting People Programme.

The service has helped 48 young people during its first 9 months of operation. Successful outcomes include: 6 young people have obtained paid work; 8 young people have participated in education or training; 13 young people have reduced their debts; 22 young people are now in their own tenancy; 4 young people have been supported to make contact with external services/groups or friends/family.

A new performance indicator has been established for 2007/08, in line with the LAA, to monitor the number of homeless 16-18 year olds where prevention has worked. The target for 07/08 has been set at 14, with 16 young people having completed the service by the end of September 2007. However, it is difficult to establish measurable outcomes and as from January 2008 monitoring will be implemented using the Rickter Scale tool required by Supporting People. The funding for the young person's scheme is only temporary (secured up to March 2009) and its continuation will be dependent on future decisions associated with the Floating Support implementation by Supporting People.

From the findings of the DCLG national research of 16-17 year olds accommodated in temporary accommodation, it concluded that *"this is an extremely vulnerable group, in need of extensive support, for whom (supported) temporary accommodation could be*

viewed as a helpful transitional intervention, rather than simply as 'temporary'. These findings support the outcomes already identified through work with the Young Person's Floating Support Scheme and would emphasise the need for the provision of support alongside any temporary accommodation offered to this client group. The findings also stated nationally that homelessness had a pronounced negative (net) impact on young people's economic position, and in particular the very high proportion who were not in education, employment or training. [Source: Homelessness Research Summary No.7, 2008]

4.4 Cambridge Mediation Scheme

One of the main causes of homelessness identified is parental eviction. The Cambridge Mediation Service operates a mediation scheme for people that may become homeless due to family disputes. It is recognised that not all mediation work would lead to the person being able to remain in the family home but may provide a 'bridge' between living independently and still receiving support from their family. Where appropriate, the mediation scheme will be the initial contact between parents and child, followed by a referral to the Young Person's Floating Support Scheme offering extra support if needed to help sustain any arrangements put in place.

Funding for the scheme is made available from the DCLG Homelessness Strategy Fund.

Since June 2006, 10 referrals to the scheme have been made, with 6 having a successful outcome.

4.5 Settled Homes Scheme

As previously mentioned at page 17, the Settled Homes scheme was introduced in February 2006 as an alternative to temporary accommodation through the Private Sector Leasing Scheme. The implementation of this scheme has been vital to the reduction in the numbers living in temporary accommodation.

4.6 Deposit Guarantee Partnership

King Street Housing Society manages the Deposit Guarantee Scheme in partnership with South Cambridgeshire District Council. The Scheme helps people who need accommodation find homes in the private rented sector. It does this by offering rent deposit guarantees to landlords on behalf of prospective tenants who cannot afford deposits themselves.

In 2005/06, 30 households have been assisted through this scheme and 31 in 2006/07. The numbers assisted from April 2007 indicate that there will be less take up of this scheme for the year 2007/08 and this could be mainly due to the difficulties finding accommodation with suitable rents and the fact that more people are being assisted through the Settled Homes Initiative.

4.7 Discretionary Housing Payments (DHP)

Discretionary Housing Payments can be paid to households to help prevent homelessness. The Housing Benefit section administers this fund and links in with the

Council's Housing Options & Advice Team. The budget for 2006/07 was £24,000 and in 2007/08 is £25,000. The financial circumstances of applicants in receipt of Housing Benefit are assessed. Where an affordability issue is identified and tenants are unable to meet full rent requirements then an application is submitted to Financial Services for financial assistance via the Discretionary Housing Payment scheme. The policy for managing the fund is held by Housing Benefit and was developed in consultation with the CAB.

4.8 Sanctuary Scheme/Safe at Home

The Council's Safe at Home Project is available to all tenures and those placed in temporary accommodation who are experiencing domestic violence. The scheme provides free security checks and mobile panic alarms which are connected to a control centre. Any remedial repairs for security purposes are fast-tracked to enable victims of domestic violence to feel safe and secure in their existing home.

From April 2006 the Sanctuary Scheme was set up to assist victims of domestic violence. The scheme aims to ensure there is a safe room in the victim's house that would ensure safety for at least 30 minutes until assistance is received. The room would be adapted and have a direct link to call for assistance in an emergency. This scheme is being run throughout Cambridgeshire and is funded through the Council.

In 2006/07, four applicants were assisted under the Safe at Homes Scheme. To date one applicant in 2007/08 has been assisted under the Sanctuary Scheme.

4.9 Spend to Save

As well as the prevention schemes mentioned above, funding is also available through the prevention budget for "spend to save" initiatives. This allows for individual payments to be made for the prevention of homelessness, which would provide a better outcome for the applicant and be more cost effective in the long term. Payments made under "spend to save" could include help with clearing arrears where this would prevent eviction proceedings.

A new initiative is currently being investigated with the CAB to refer applicants for debt advice/counselling on a fee by fee basis.

Chapter 5 - Partnership Working and Consultation

5.1 Key Forums

A better future through partnership is one of the four corporate objectives of the Council and is key to the success of tackling homelessness in South Cambridgeshire, as many homeless applicants have diverse and complex needs. The Housing Advice & Options Team have established good links with many of the support agencies and providers to ensure a joined up approach in meeting the needs of those facing homelessness in the District, and in the wider Sub Region.

Table Nine overleaf lists the key forums that have an input in the development and monitoring of the homelessness service:

Table Nine – Key Forums

Homelessness Review Steering Group	Key group involved in the development and monitoring of homelessness in South Cambridgeshire.
Homelessness Strategy Working Group	Small in-house working party convened for a limited time to assist in the review of the new Homelessness Strategy.
Sub Regional Homelessness Group	Quarterly meeting to develop a Sub Regional Action Plan, develop shared working protocols and identify common and emerging themes.
Multi Agency Risk Assessment Conference	To assess and manage risk associated with Domestic Violence.
Multi Agency Public Protection Arrangements	Multi Agency quarterly meeting to manage risk associated with high risk individual offenders in the community
Priority and Prolific Offenders	Monthly multi agency meeting to discuss individual support/enforcement plans.
Floating Support Inter Agency	Bi Monthly multi agency meeting with support providers to share good practice, discuss client issues, improved communication, networking, training, etc.
Learning Disability Partnership	County group that meets quarterly to share information and good practice, supporting collaborative working to meet the housing needs of adults and young people with learning disabilities.
Disability Strategy Network:	County group that meets every 2 months, all local authorities attend. Most recent focus has been on developing a countywide disability strategy.
Joint Allocations Panel	Monthly panel meeting to prioritise individual young people for allocations to specialist supported housing services.
Hostel Managers Meeting	SCDC & Sanctuary Hereward hold regular meetings to discuss voids, move on, anticipated voids and rent arrears. Enables Housing Options Team to forward plan hostel temporary accommodation, support prevention of repeat homelessness & plan supported move on.
King Street Meeting	SCDC and KSHS fortnightly meeting to discuss voids, anticipated voids, property handbacks, new stock, rent arrears. Enables Housing Options Team to forward plan temporary accommodation and settled allocations and support homelessness prevention.
Russell Street Allocations	Monthly panel meeting to prioritise individual applicants for specialist supported housing services at Russell Street Housing Project managed by Cambridge Housing
Mental Health Accommodation Forum	Monthly meeting to match applicants with Mental Health Illness to available units within specialized services.

5.2 Consultation

The consultation activities employed to develop the Strategy included consulting with stakeholders via a questionnaire on the various elements of the housing advice & options service. Surveys were sent out to private landlords, RSLs, service providers and previous customers, and the feedback received has been positive in assisting the Review to identify gaps/shortfalls within the service and prioritising actions for the new Strategy.

All Parish Councils will also be consulted on the Homelessness Strategy under the Housing Consultation Protocol.

The Homelessness Review Steering Group have been involved in the development of the Review and Strategy and met at the outset of the Review process to help identify the key issues to be addressed. The Group involved stakeholders who participated in the previous Review and monitoring of the Strategy, and also those that had indicated through the surveys that they wished to be involved further. A further meeting has been arranged to discuss the findings of the Review and to consult on the draft Strategy.

5.3 Outcome of Surveys

In summary, many respondents still felt that there were gaps in services for young people and it was suggested that there was still a need for an accommodation based scheme or perhaps support going into general needs accommodation. Partnership work with the Office of Children & Young People (OCYPS) Service was ongoing to formulate a joint protocol and the 16+ team were in early discussions with Supporting People for revenue funding for a Supported Lodgings Scheme.

Accessibility was also another issue raised by many respondents.

Copies of the surveys and results will be published on the Council's website. A brief summary of the findings for each survey is outlined below:

Service Providers

69 service providers were surveyed to gauge how well they felt the Homelessness Strategy 2003-08 had been implemented, what they felt the Council could do better and to identify any gaps in services/issues that needed further investigation. A total of 19 responses were received (27% response rate).

The results highlighted the need for more contact with the service providers to ensure they were aware of all the services available and provide early intervention options for those facing homelessness. The Housing Advice and Options Team are hoping to visit organisations, send out leaflets etc and welcome the opportunity to attend any team meetings, etc. to publicise the service.

Private Landlords

Questionnaires were sent out to 51 Letting Agents who operate in and around the South Cambridgeshire District. The aim of the survey was to identify the willingness of private landlords to engage with the District Council and their attitudes towards letting to those on low incomes/facing homelessness. The response rate for the return of the survey was poor, with 7 responses received (14%).

The poor response showed the reluctance from the private sector to get involved. It was fortunate that by working with King Street Housing that firm links had been established with some of the private sector. From those that had responded, the housing advice/options team were planning to visit these jointly with housing benefit, to ensure they knew what services were on offer, information regarding the new Housing Allowance scheme, as well as trying to encourage landlords to rent to those who could potentially become homeless. The Floating Support Scheme was also now available to private tenants and again early intervention was key to preventing homelessness and this message needs to get across to the private sector

RSL

18 RSLs operating in the South Cambridgeshire District were asked to complete a survey that included identifying potential gaps in provision, how they could contribute to addressing these gaps, as well as highlighting good practice that already exists. A total of 11 responses were received (61% response rate).

From the results it was felt that there was a shift in working practices to work in a more joined up way, which was in line with the Housing Corporation's Tackling Homelessness Strategy.

One area of concern resulting from the survey highlighted the need for further work on developing a joint protocol regarding tenants who are threatened with homelessness. Three housing associations indicated that they had made a total of 8 evictions in the South Cambridgeshire area in 2006/07 in general needs housing. The reasons stated were either for rent arrears and/or anti social behaviour. There were no evictions made for those in special needs housing.

Customer Satisfaction

From those seeking housing advice and/or made a homeless application between 1st April 2006 and 30th March 2007, a customer satisfaction survey was sent to 181 random applicants seeking their views on the service they received and how they felt this could be improved. A response rate of 23% was received from 41 applicants.

Headline results include:

78% of respondents felt we were able to provide the information and advice they required.
85% of respondents found staff to be helpful.
87% of respondents living in temporary accommodation found the staff that manages the accommodation to be helpful.
However, 61% of respondents felt that the average time spent in temporary accommodation was too long

The results also highlighted the need to review the current information available to make sure it was more user friendly and accessible to all.

Chapter 6 - Performance Monitoring

6.1 Homelessness Strategy Action Plan

The Action Plan forms a vital part of the Homelessness Strategy. This defines the actions to be progressed as a consequence of the strategic review and will be monitored and reviewed on a 6-monthly basis by the Homelessness Strategy Review Group. It is expected that some actions may evolve over the lifetime of the Strategy; any such changes will be agreed by this Group.

The following objectives that have not been achieved within the last Action Plan for the period 2003-08 are listed below, and where appropriate will be included in the next Plan.

- *Apply for the Community Services Quality Mark for the Council's in-house service*

There had been a change to the Charter Mark and it was now felt that it was more appropriate to concentrate on the Audit Commission KLOES (Key Lines of Enquiries), which enables a gap analysis of the service provided – see page 32.

- *Establish an information sharing protocol with RSLs to enable the early identification of households at risk of homelessness through breach of tenancy conditions*

This will be a priority target in the new Action Plan, with a view to possibly developing a sub-regional RSL Homelessness Strategy.

- *Review the Young People Joint Protocol with Social Services*
Work is currently underway with the OCYPS which will incorporate this.

- *Provide information leaflets on the Council's temporary accommodation stock which are regularly updated in order to inform homeless applicants of the options available*

Hereward Housing had updated leaflets on facilities/amenities for the hostel accommodation. It was not felt beneficial to provide a leaflet on B&B. More focus on prevention – leaflets available on Settled Homes. A leaflet to be drafted specifically for Young People and a pack would be put together to take to Lettings Agents.

- *Review the Hostel Provision managed by Hereward Housing*

A report was considered by the Housing Portfolio Holder in June 2007 on the options available, where it was agreed to continue the current arrangement with Sanctuary Hereward in the interim until a decision had been made on the transfer of the Council's housing stock. – see page 16.

6.2 Value for Money Exercise

The recommendations of a VFM study carried out by HQN identified that more work is needed to investigate the apparent cost differences relating to homeless applications and temporary housing costs across the sub region. It recommends developing a best practice guide to processing homeless applications and the development of customer satisfaction measures for applications and temporary accommodation.

6.3 Key Lines of Enquiry – Gap Analysis

A self assessment was undertaken using the Audit Commission’s Key Lines of Enquiry. In order for the Council to achieve an “Excellent Service”, the following actions have been identified which are not already incorporated in the Homelessness Review:

- With all casework clients, follow up verbal advice in writing
- Conduct audit of homelessness decisions to ensure consistent application in line with policy

Chapter 7 - Resources

7.1 Expenditure and Income

The following table shows a comparison of income and expenditure in respect of the Council’s services for homelessness and potentially homeless people since the implementation of the last Homelessness Strategy in July 2003.

Table Ten – Expenditure and Income

	2002/03	2006/07
Payments for Accommodation (excluding hostel accommodation)	£245,160	£47,479
Storage of Household Goods, etc.	£5,569	£5,361
Provision for Irrecoverables	£1,379	£0
Rent Deposit Partnership Scheme	£11,025	£36,642
Charitable Payment Scheme	£1,617	£29
Prevention Measures (Camps Mediation, Sanctuary Scheme, Spend to Save, etc.)	0	£8,808
Consultation on Homelessness Strategy (CIPS)	£9,995	£0
Staff & Central Support Costs	£94,072	£126,606
Total Expenditure	£368,817	£224,925
Income – Contributions	£20,392	£2,690
Income – Government Grant	£10,000	£40,700
Total Income	£30,392	£43,390
Net Expenditure	£338,425	£181,535

Not only have the figures for homelessness acceptances, numbers in temporary accommodation and preventative measures significantly improved as reported earlier in the Review, the net expenditure in 2006/07 is 46% less than the costs incurred for 2002/03. Prevention is key to the success of the service and an increased budget for preventative measures of £30,000 has been earmarked for 2007/08 and 2008/09.

7.2 Hostels

The total expenditure for the provision of hostel accommodation has continued to increase in line with inflation (£78,382 in 2002/03 and £85,146 in 2006/07). However, the revised budget for 2007/08 shows a significant increase of £125,340, which is mainly due to the increasing void costs associated with the reduction in need for

temporary accommodation. It is anticipated that the estimated budget for 2008/09 will decrease to £94,790 following the termination of The Poplars lease.

7.3 Floating Support Service

The Floating Support Service is mainly funded through the Supporting People Programme. The total expenditure for 2006/07 was £89,531, of which £80,465 was received from SP and £7,706 through HRA contributions.

7.4 Grants to External Organisations

The Council provides grant aid to organisations that offer housing advice and other support to homeless and potentially homeless households. In 2006/07 some difficult decisions had to be made following the Government's announcement to impose a capping limit on the District Council's budgets. Unfortunately, as grants are discretionary these had to be considered as potential savings and it was agreed to reduce future budgets by half. The following organisations were allocated grant funding for 2007/08 at a reduced level to previous years:

Table Eleven – Housing Grants to Voluntary Organisations 2007/08

Cambridge Women's Aid	£3,760
Cambridge Cyrenians	£1,250
Cambridge Women & Homelessness Group	£1,630
Cambridge SOFA	£1,000

Community Grants are also available to organisations that benefit residents in South Cambridgeshire, including Citizens Advice Bureaux, support groups, etc. Although these organisations are not specific to housing, many involved do play a role in meeting the diverse needs of homeless/potentially homeless applicants. In 2007/08 a total grant allocation of £87,770 was granted to four CABs and the Cambridge Law Centre, and a further £48,350 went towards funding 18 voluntary organisations, such as Care Network, Connections Bus Project and Cambridge Relate.

Chapter 8 - Conclusion

In conclusion the Review highlights the change in direction the Council has taken since the implementation of the Homelessness Strategy in 2003. The numbers in temporary accommodation have reduced significantly and the prevention measures put in place have shown huge savings in the overall budgets. The achievements to date have been recognised by central government when it named SCDC as a Regional Champion for the East of England.

However, with the continuing increase in the numbers approaching the Housing Advice & Options service and the possible affecting influences on homelessness in the District, the role of prevention is paramount in ensuring the downward trend of homeless application acceptances. In summary, the following points should be noted in implementing the new Strategy and Action Plan:

- Time spent in temporary accommodation was still too long.
- Although the numbers of homeless acceptances is decreasing, with the release of The Poplars Hostel and the Settled Homes scheme, the availability of

temporary accommodation needs to be considered, in line with the remodelling of the Robson Court hostel and any possible new sites.

- Parents no longer willing or able to accommodate remains the highest reason for becoming homeless.
- Service Providers feel that the lack of suitable accommodation for young single people within the District still remains a real concern.
- Traveller issues are identified as the highest priority in the Council's Race Equality Scheme 2005-08, and highlight the housing advice and homelessness service as amongst the most relevant in promoting equality and opportunity.
- Traveller Liaison Officer Post Review
- The number of migrant workers registering in the District is continuing to increase which could have an impact on the numbers approaching the Council for housing advice and the need to ensure that all information and advice is accessible.
- The questionnaire results highlighted the lack of knowledge from service providers and private letting agencies of the services provided by the Housing Advice & Options Team – actions to be implemented to address this issue.
- Further work needed to be undertaken in the engagement with the private sector
- An information sharing protocol with RSL's should be taken forward in view of the fact that there were 8 evictions from RSL properties in 2006/07
- The new Choice Based Lettings Scheme will need to be monitored carefully to ensure vulnerable applicants are not disadvantaged and the impact on temporary accommodation and homelessness is evaluated.
- Housing Futures – Options Appraisal



South
Cambridgeshire
District Council

EQUALITY IMPACT ASSESSMENT

Assessment Form

Homeless strategy 2008-2013

Equality Impact Assessment (EIA) Assessment Form

Please use this form to record your findings in relation to the assessment of an existing policy, function, service and practice.

<p>A. POLICY, PRACTICE, FUNCTION OR PROJECT TO BE ASSESSED</p>
<p>A1. Please describe what are the main aims, objectives, purpose and intended outcomes of the policy or function? The overall aim of the homelessness strategy is:</p> <ul style="list-style-type: none"> ➤ the prevention of homelessness ➤ ensuring that there is sufficient accommodation available to people who are, or who may become homeless ➤ ensuring there is adequate support for people who are, or who may become homeless, or who need support to prevent them from becoming homeless again
<p>A2. Is this policy or function associated with any other Council policy or priority? Yes, these are outlined on pages 4-7 of the strategy document and include:</p> <p>Regional Homelessness Action Plan The Cambridgeshire Local Area Agreement 06-09 The Supporting People Commissioning Body Choice Based Lettings Scheme Housing strategy Housing Futures Sustainable Community Strategy 2007-10</p> <p>Corporate Objective:</p> <ul style="list-style-type: none"> ▪ <i>Deliver high quality services that represent best value and are accessible to all our community.</i>
<p>A3. Who are the intended beneficiaries/stakeholders of the policy or function? How many people are affected and from what sections of the community? All residents in the district who need housing advice or are at risk of homelessness. Key agencies in the area where joint working will be of benefit to the community. The homelessness review document illustrates figures of those accessing the service.</p>

<p>A4. Is the policy/function corporate and far reaching? Yes – this is a statutory responsibility and could have a significant impact on finances.</p>	
<p>A5. Are you expecting to make any significant change to the policy or service in the near future? If so, please give details. Potential changes could arise as a result of legislative changes, the outcome of the housing futures project and external factors – such as ‘credit crunch’</p>	<p>A new strategy for 2008-2013, replacing previous 2003-2008 strategy.</p>
<p>Lead Officer</p>	<p>Sue Carter</p>
<p>Service</p>	<p>Housing advice and options</p>
<p>Date of Assessment</p>	<p>01/07/08</p>
<p>Equality Impact Assessment Team</p>	<p>Sue Carter</p>
	<p>Julie Fletcher</p>
	<p>Patricia Crampton</p>

B.	<p>EVIDENCE/ DATA</p> <p>It is important to consider all information that is available in determining whether the policy or function could have a differential impact. Please attach examples of monitoring information, research or consultation reports.</p>
B1.	<p>What monitoring or other information do you have about relevant target groups which will show the impact of the policy or function?</p> <p>The homeless review shows statistical information on the impact of the service, including those accessing the service, homeless prevention and homeless applications.</p>
B2.	<p>Have you compared the data you have with the equality profile of the local population? What does it show?</p> <p>Page 10 of the homeless review shows comparisons between homeless applications and population by ethnic origin. Whilst there are a higher proportion of non-white applicants making homeless application (7.1% compared to 2.9%), these figures could be misleading due to the actual numbers being very small (the highest proportion of 2.6% is for mixed-other mixed which translates to 3 non-white homeless applications).</p>
B2.	<p>If monitoring has not been undertaken, will it be done in the future or do you have access to relevant monitoring data for this area? If not please specify what arrangements you have in place to undertake this?</p> <p>Homeless monitoring on equality has tended to cover ethnicity only. Further consideration to be given to other equality factors, such as those contained in the housing register application form.</p> <p>Improved monitoring of housing advice enquiries – part of action plan.</p>
B3.	<p>Please list any consultations that you may have undertaken or supporting consultation, research or other information that will assist you in carrying out this impact assessment.</p> <p>General consultation carried out in respect of the Homeless Strategy. Surveys during homelessness review conducted with service providers, private landlord, housing associations, and service users. Research during homelessness review.</p>

B4. Have you undertaken any consultation with staff to assess their perception of any impacts on the policy or function?

Informal discussion on review and action plan at team meetings.

C1.

IMPACT OF THE POLICY OR FUNCTION

Assess the potential impact on each of the equality strands/groups. The impact could be negative, positive or neutral. If you assess a negative impact for any of the groups then you will need to assess whether that impact is low, medium or high. Refer to the evidence you use.

	DESCRIPTION OF IMPACT	Nature of Impact (Positive/ Neutral/ Adverse)	Extent of Impact (Low, Medium, High)
GENDER	The proportions of male or female headed households making homeless applications are similar to those accepted as homeless. Statutory guidance is followed for such applicants – there is the possibility that more women could be assisted, due to pregnancy and increased incidents of domestic violence. As prevention increases and occupants of temporary accommodation decrease, more resources are available to assist non-priority cases (gender neutral)	Neutral	Low
RACE	Page 10 of the homeless review shows comparisons between homeless applications and population by ethnic origin. Whilst there are a higher proportion of non-white applicants making homeless application (7.1% compared to 2.9%), these figures could be misleading due to the actual numbers being very small	Neutral	Low
DISABILITY	Disability can impact on assistance offered to single applicants – if this places them in priority need. Aim of strategy is to also provide support for vulnerable residents. Will also be linked into the Disability Housing Strategy.	Positive	High
AGE	Age can impact on assistance offered to single applicants – if this places them in priority need. Aim of strategy is to also provide support for vulnerable residents. Prevention scheme, which is age specific – young persons floating support service.	Positive	High
SEXUAL ORIENTATION	No information available (monitoring in future to be considered). Assistance offered not affected, as does not affect vulnerability.	Neutral	Low

RELIGION/FAITH	No information available (monitoring in future to be considered). Assistance offered not affected, as does not affect vulnerability.	Neutral	Low
OTHER	Migrant workers – need for better monitoring (identified in homeless strategy).		

Generally, proceed to a full assessment if the Nature of the Impact is Adverse on equalities.

C2. Could you minimise or remove any negative or potential impact that is high, medium or low significance? Explain how.
Homeless strategy is about intervention to ensure the needs of those who could be potentially homeless are addressed. Assistance in place for vulnerable groups. Statutory provisions. Further monitoring – and will increase that in draft action plan to cover all strands of equality.
C3. Does the policy actively promote equal opportunities and good community relations?
Yes – this is a key action within the action plan, including through work with partner agencies to address further the needs of vulnerable groups and through the equality and diversity priority (amendment to be made as indicated above to cover monitoring of all equality strands).
C4. Please provide any further information, qualitative or quantitative that does not fit into the questions but you feel has a likely impact on this assessment.
None

D	COMMUNITY/VOLUNTARY SECTOR INVOLVEMENT
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D1. Please give details of any community engagement in connection with this impact assessment. Do you feel that external involvement in this assessment is adequate?

Involvement in the homelessness review and consultation on the strategy – see acknowledgments in the strategy, including parish councils.

E	ACTION PLANNING AND MONITORING
E1. Have you drawn up an action Plan to implement changes?	Will incorporate additional actions identified into homeless strategy action plan (as currently in consultation period).
E2. How will you monitor the achievement of your action plan and its impact?	Quarterly or six monthly monitoring.

F	CONCLUSION									
F1. Did you conclude that the policy or function would have an adverse impact (medium or high impact) on equalities? (Partial Assessment)	<table border="1"> <tr> <td>Yes?</td> <td><input type="checkbox"/></td> <td>GO TO F2</td> </tr> <tr> <td>No?</td> <td><input type="checkbox"/></td> <td>GO TO F4</td> </tr> <tr> <td>Insufficient Evidence?</td> <td><input type="checkbox"/></td> <td>GO TO F5</td> </tr> </table>	Yes?	<input type="checkbox"/>	GO TO F2	No?	<input type="checkbox"/>	GO TO F4	Insufficient Evidence?	<input type="checkbox"/>	GO TO F5
Yes?	<input type="checkbox"/>	GO TO F2								
No?	<input type="checkbox"/>	GO TO F4								
Insufficient Evidence?	<input type="checkbox"/>	GO TO F5								
F2. Did you complete a full assessment and Action Plan?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> </tr> </table> <p style="text-align: right;">GO TO F3</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Yes	<input type="checkbox"/>									
No	<input type="checkbox"/>									
F3. What are your plans (if any) for completing the full assessment?										
F4. Do you plan to review the service/policy in future to assess whether there has been any change? If so, when?	Ongoing monitoring. As new strategy, renewed focus on trends. Achieved objectives from last strategy. To review annually.									

F5 Please give your plans for evidence gathering and continuing with the assessment	
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Signature of Lead Officer	
Signature of Corporate Manager:	
Date completed:	
Please retain the original form on your service area and return a copy of the completed form to the Equality & Diversity Officer.	

ACTION PLAN

Recommendation	Key Activity	Progress/Milestone	Officer Responsible	Progress
<p>Further monitoring of all strands of equality</p>	<p>Further consideration by the team of appropriate methods.</p> <p>To use similar monitoring to that on Housing register form</p>	<p>Improved recording methods in place by March 2009.</p>	<p>Sue Carter</p>	

**CAMBRIDGE CITY
AND
SOUTH CAMBRIDGESHIRE
IMPROVING HEALTH PLAN
2008-2011**

Plan to take forward the recommendations of the health objectives of the Sustainable Community Strategies for Cambridge City and South Cambridgeshire

**Cambridge City and South Cambridgeshire
Improving Health Partnership
June 2008**

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**Approved by Cambridge City and South Cambridgeshire
Improving Health Partnership
16 June 2008**

Cambridge City and South Cambridgeshire Improving Health Plan

Chapter 1 Introduction

1.1 Vision

The vision for the Improving Health Plan is illustrated by these excerpts from Cambridge City and South Cambridgeshire Sustainable Community Strategies:

“The Local Strategic Partnership wants to ensure that people in Cambridge City live in sustainable communities that are that are strong, healthy, active, safe and inclusive - where the well-being of people is improved and inequalities reduced, so that people feel a sense of belonging and can fully participate in community life and share in the city’s success”

Strategic priority - Cambridge Sustainable Community Strategy

Cambridge LSP wants to see

“A reduction in the inequality in life expectancy between different parts of the City and the enhancement of personal health and wellbeing.”

“Active, healthy and inclusive communities where residents can play a full part in community life, with a structure of thriving voluntary and community organisations.

“Building successful new communities where developments have affordable homes to meet local needs and create attractive places where people want to live, supported by a range of quality services and social networks.

Strategic objectives from South Cambridgeshire Sustainable Community Strategy

1.2 Purpose

The purpose of this document is to provide a plan to take forward and monitor the health priorities and objectives that are identified in the sustainable community strategies (SCS) for Cambridge City and South Cambridgeshire. Cambridge City Sustainable Community Strategy (2008 -2011) was launched in January 2008 and the South Cambridgeshire Strategy is currently being completed.

1.3 Background

The importance of working in partnership to improve health and wellbeing has been well understood and supported in South Cambridgeshire and Cambridge City with district wide health partnerships in place from 2001 and a joint Improving Health Partnership established in 2005.

Cambridge City and South Cambridgeshire Improving Health Partnership (IHP) is a strategic partnership, setting direction and creating the environment for joint

delivery of health outcomes. The Terms of Reference of the partnership are set out in the Appendix.

The IHP has worked closely with local partners to identify priorities for inclusion in the district wide Sustainable Community Strategies for Cambridge City and South Cambridgeshire. These priorities have been based on an understanding of the health needs of the local population drawn from local demography and data sets, previous Annual Reports of Public Health as well as national public health policy.

This understanding has been further supplemented by Joint Strategic Needs Assessments (JSNA) that have been developed for Older People, Adults of 'working age', Adults with learning disabilities, Adults with mental health problems and Children and Young People. A further JSNA for adults with a physical disability is in production. A Joint Strategic Needs Assessment for Cambridgeshire: Phase 1 that brings together the key findings of all the current JSNAs will be published in June 2008. This is a new and developing process and from April 2008, it has become a shared statutory duty for the PCT and Cambridgeshire County Council to undertake a JSNA with partner agencies.

1.4 Priorities

The Sustainable Community Strategies are about improving quality of life and as such relate to the wider determinants of health such as employment, income, housing, education and environment. There are a range of partnerships that are responsible for addressing these areas and this plan, therefore, attempts to focus on those priority areas where this partnership has the lead responsibility for their monitoring and implementation. In the main, these are areas that relate to healthy living.

The IHP also has a role in maintaining an overview of local health improvement initiatives and partnership arrangements to ensure that appropriate delivery mechanisms are in place to address local priorities (see Terms of Reference in the Appendix).

The majority of the health objectives/priorities identified in the City and South Community Strategies are common to both and are also identified in Cambridgeshire's Local Area Agreement. These are

- Smoking and Tobacco Control
- Obesity (including increasing physical activity and healthy eating)
- Mental Health (including relationship to obesity and social inclusion/new growth)
- Harm reduction from Alcohol
- Sexual Health
- Older people - increasing independence and reduction in falls

South Cambridgeshire Community Strategy also identifies

- Road traffic injuries and deaths
- Travellers and new migrant population

These priorities are looked at in more detail in the forthcoming chapters, summarising why they are an issue, how they are being addressed and monitored and how the partnership can contribute to health improvement.

Detailed local background information and data is available in the public health data set and a list of other key references for overarching strategy and policy documents is included. Where appropriate, recommendations from the latest annual report of the Director of Public health (2007) are also highlighted. These and other key documents including the JSNAs are available on the public health pages of the PCT website www.cambridgeshirepct.nhs.uk.

Migrant population. A specific section on the migrant population has not yet been included. An extensive report on the demographic impact of Migrant Workers in Cambridgeshire has now been completed by Cambridgeshire County Council. It is anticipated that this will be used as a basis for the Improving Health Partnership to develop an understanding of the issues for migrant workers in Cambridge City and South Cambridgeshire. It will also be of considerable interest to other LSP theme groups such as the Cambridge City and South Cambridgeshire Personal and Community Development Learning Partnership.

1.5 Demographic change

During the period of this Plan and beyond, the IHP faces two discrete but inter-related challenges:

Population growth

Cambridgeshire County Council population forecasts show that by 2021 there are likely to be another 90,000 people living in Cambridgeshire. The biggest growth will be in South Cambridgeshire (25%) and in Cambridge City (31.5%). For the child population aged 0-19, there is forecast rise of 40% in Cambridge City and 13.9% in South Cambridgeshire.

The impact of new communities is starting to be felt:

- Cambourne under development with further planning applications
- Cambridge Northern Fringe started in 2006 (3 sites)
- Northstowe - first homes July 2009
- Cambridge East; new urban quarter possibly from 2009
- Cambridge Southern Fringe - 2008
- North West Cambridge - 2 sites - start 2008

The ageing population

The number of people aged 65+ in Cambridgeshire is expected to rise by 60% between 2006 and 2021. The largest rises are in South Cambridgeshire and Huntingdonshire. People's health and usage of health services is strongly related to age. NHS expenditure for someone aged 85+ is expected to be more than ten times the expenditure for someone aged 5-15. This means that for local health and social care services, changes in the age structure of the population are likely to have as big an impact as changes in population size.

1.6 Health inequalities

The Sustainable Community Strategies for City and South both set out a commitment to reducing health inequalities and this principle is addressed throughout the priority areas in this plan.

The Annual Public Health Report (2007) describes how health outcomes are known to be closely associated with socio-economic deprivation. A commonly used measure of socio-economic deprivation is the Index of Multiple Deprivation (IMD) which assesses socio-economic deprivation across the seven domains of: income; employment; health and disability; education, skills and training; housing and distances to services; living environment and crime and calculates a composite 'deprivation score'.

The IMD scores show that with the exception of Fenland, the districts in Cambridgeshire are less socio-economically deprived than the England average, with South Cambridgeshire being one of the ten least deprived districts in the country. When looked at by electoral ward level, three wards in Cambridge City - King's Hedges, Abbey, East Chesterton and Arbury appear in the 20% of wards with the highest deprivation scores in the county.

When even smaller areas, roughly the size of housing estates, known as lower super output areas (LSOA) are looked at, then different patterns of disadvantage emerge. Of the fifth most disadvantaged LSOA's in Cambridgeshire, 23 out of the 73 fall in areas of Cambridge City and one is in South Cambridgeshire (within Histon and Impington ward). When Individual domains of the Index are looked at, this shows that within small areas of South Cambridgeshire there can be issues such as income deprivation and barriers to access to housing and services.

Gypsies and Travellers is a population group that suffers significantly poorer health outcomes and is particularly identified in the South Cambridgeshire Sustainable Community Strategy. This is considered in more detail in Chapter 9.

People with Learning Disabilities is another population group that is spread across the county and experiences poor health outcomes. The recent JSNA that has been undertaken will provide a detailed analysis of this population's needs and an opportunity for partners to understand how they can contribute to improving outcomes for this group.

The main cause of death in Cambridgeshire is circulatory disease (heart disease and stroke) with higher rates experienced in the more socio-economically deprived wards. In the short term, national work has shown that the most effective methods of decreasing inequalities in life expectancy in areas of higher socio-economic deprivation are likely to be:

- helping people to stop smoking through additional support to smoking cessation services
- ensuring that people with high blood pressure are treated
- ensuring that people at high risk of heart disease are treated with statins

In recognition of this, the Annual Public Health Report (2007) makes the following recommendation: 'Cambridgeshire Primary Care Trust should support GP practices and local communities in more socio-economically deprived areas of the county, to ensure patients are accessing treatment for heart disease risk factors.'

The main risk factors for heart disease include smoking, physical activity, diet and obesity and these are addressed within a wider context in subsequent chapters. The IHP will need to consider what further actions might be taken in the disadvantaged areas that have been identified in the Public Health Report. This should also take into account the PCT's plans to address the pledges set out in the East of England Strategic Health Authority's (SHA) Strategy: 'Improving Lives Saving Lives Next Steps'; in particular, Pledge 8 "We will work with Partners to reduce the differences in life expectancy between the poorest 20% of our communities and the average in each PCT."

The Annual Public Health report for Cambridge City for 2003-04 focused on promoting social inclusion in the City. The report recognised the 'social gradient' effect and that actions to promote social inclusion need to engage right across the social gradient and not concentrate solely on those most at risk of social exclusion. Thus, policy approaches to address health inequalities need to include a combination of targeted approaches to disadvantaged and at-risk groups, and universal approaches. The report recommended that we challenge current practice to ensure that it is underpinned by the evidence and experience of what is effective.

The Audit Commission has recently conducted an audit with partner agencies in Cambridgeshire to establish the effectiveness of joint working to address health inequalities. The report was published in Spring 2008 and has made a number of recommendations. Initially these are being taken forward by the new Cambridgeshire Health and Wellbeing Partnership; in particular to agree a strategic approach for tackling health inequalities across the County.

1.7 Performance monitoring and action plan

The detailed action plans and performance monitoring framework for the Improving Health Plan is set out in an accompanying document. These actions will also be identified in the wider action plans of the City and South Cambridgeshire Sustainable Community Strategies that are currently being developed. The Improving Health Partnership will be the lead partnership for health objectives such as smoking, obesity, sexual and mental health but it is likely to have a contributory role for health related objectives such as road traffic accidents, older people, Travellers and harm reduction from alcohol.

A list of national indicators for monitoring outcomes is listed for each priority area. These are taken from the national indicators to be agreed with the Government for the new Cambridgeshire LAA in June 2008 (includes 34 national indicators, five local indicators and 16 statutory ones for education). Other national indicators (from the full set of 198) are also listed where they are relevant as there will be a process for monitoring all of these. A new performance monitoring and reporting system is being developed for the new LAA and LSPs, and it is the intention this plan should be in step with this process.

Chapter 2 Smoking and Tobacco Control

DPH Recommendation

“Reducing the prevalence of smoking continues to be a public health priority for Cambridgeshire. The successful partnership project to reduce smoking amongst school children in East Cambridgeshire and Fenland should be taken forward and extended across the county as a whole”.

Why is this an issue?

Reducing the number of smokers remains the intervention that has the most impact on health improvement.

About half of people who smoke will die from smoking related diseases such as circulatory disease (heart disease and stroke) and lung cancer. Smoking is a major contributor to health inequalities with higher death rates from heart disease experienced by people in lower socio-economic groups.

If people who have been smoking for many years stop, even well into middle age, they avoid most of their subsequent risk of lung cancer.

National

In 2004 26% of adults smoked in England, which mirrors the regional East of England figure.

Currently 9% of 11-15 year olds in England are regular smokers.

It is estimated that for every £1,000 invested by the NHS in brief interventions for smoking cessation, there is a cost saving to the NHS of between £11,000 and £12,000 over the next 11 years, as a result of reductions in heart attacks and stroke.

Local

Adults in South Cambridgeshire - estimated figures:

- 17% of adults smoke compared to the national average of 26%
- On average 161 deaths per year (87.2 per 100,000 population) are attributable to smoking related diseases (2002-2004 figures)

Adults in Cambridge City - estimated figures:

- 25.3% of adults smoke compared to the national average of 26%
- On average 123 deaths per year (95.0 per 100,000 population) are attributable to smoking related diseases (2002-2004 figures)

Children

- 8% students in Year 8 and 10 in Cambridgeshire defined themselves as regular smokers. This increases to 12% when including occasional smokers (Health Related Behaviour Survey (2006))
- Females tend to have higher smoking levels than males

- The most common source of obtaining cigarettes for young people was from friends followed by shops (Health Related Behaviour Survey - HRBS 2006)

With the increase in age of sales for tobacco from 16 to 18 it is likely that cigarettes may be sourced from friends at school who have older siblings.

What do we want to see happen?

- Promoting smoke free environments and reducing the number of people who smoke (South Cambridgeshire SCS)
- More people are stopping smoking in the City (Cambridge City SCS)
- An increase in the number of referrals to the Camquit service
- An increase in the number of people referred to the Camquit service who successfully quit smoking for 4 weeks

Helping people to stop smoking through smoking cessation services has been shown to be the most effective short term method of decreasing inequalities in life expectancy in areas of higher socio-economic deprivation.

Also important for reducing the number of people who smoke is the creation of smoke free environments that do not encourage smoking and support those who wish to quit.

What is already happening?

Partnerships:

- Smoke Free Cambridgeshire and Peterborough

Policy:

- NICE Public Health intervention
 - Guidance 1: Smoking cessation, March 2006
 - Guidance 5: Workplace health promotion: how to help employees to stop smoking, April 2007
 - Guidance 10: Smoking Cessation Services, Feb 2008
 - Guidance 6: Behaviour Change at population, community and individual levels
 - Guidance - Preventing the uptake of smoking by children is expected July 2008
- Health Act 2006
- East of England Health Strategy 'Improving lives Saving Lives' – Pledge 10

Initiatives and services:

Camquit - NHS stop smoking services across Cambridgeshire.

Implementation of the Health Act 2006 (securing compliance with the smoke free premises and the underage tobacco sales requirements).

Promotion of Smoke free environments by Environmental Health Departments in City and South.

How we will know we are making a difference?

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- 16+ current smoking rate prevalence (NI 123)
- All cause all age mortality in the 20% most deprived areas in Cambridgeshire (NI 120)

Additional relevant national indicators

- Mortality from cancer in people aged under 75 per 100,000 directly age standardised population (NI 122)
- Mortality from circulatory diseases in people aged under 75 per 100,000 directly age standardised population (NI 121)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

What are the actions for the IHP?

The Camquit NHS Stop Smoking Service and Smoke Free Cambridgeshire and Peterborough have a key role in helping people to quit smoking through direct services and by policies to provide supportive environments. We have very challenging local targets to meet to reduce the number of people smoking. This is measured by the number of people supported to quit smoking as measured by '4 week quitters' (1379 in Cambridge City and South Cambridgeshire in 2008/09). Support by partner agencies will be vital to help achieve these and proposed ways to provide support are set out in the accompanying action plan.

Examples include:

- Promote the CAMQUIT Smoking Cessation Service.
- Support staff in partner organisations to be trained in making brief interventions and referrals to specialist services.
- Where there is sufficient demand, provide on-site stop smoking support.
- Develop a smoking cessation policy with partner organisation's workforce.
- Give support to the LPSA bid on tobacco control focused on Children and Young People including work with retailers and development of new stop smoking services for Young People.

Chapter 3 Obesity

DPH Recommendation

“The Countywide Partnership Strategy to prevent and address both childhood and adult obesity should be further developed and used to construct realistic multi-agency action plans”.

Why is this an issue?

Obese people have an increased risk of dying prematurely or developing Cardiovascular Disease, Type 2 Diabetes, Hypertension, Dyslipidemia, some cancers, musculo-skeletal problems and other diseases. In addition, obese people are more likely to suffer from a number of psychological problems such as low self-image and confidence, social stigma, reduced mobility and a poorer quality of life.

- Obesity and its consequences cost the NHS approximately £1 billion per year.
- The obesity epidemic will not be reversed by targeting any one aspect of lifestyle or the influences on lifestyle. Obesity prevention strategies need to address multiple facets of lifestyle and environment, aiming to effect a shift in the behaviour and culture of the whole of society.
- Inequalities exist in the distribution of obesity within the population. The prevalence of obesity and overweight is highest in people aged 45+ and, in general, the problem is worse in less-affluent sections of the population.

National

- In 2006, 24% of adults (aged 16 or over) in England were classified as obese. This represents an overall increase from 15% in 1993.
- Men and women were equally likely to be obese, however women were more likely than men to be morbidly obese (3% compared to 1%)
- In 2006, 16% of children aged 2 to 15 were classed as obese. This represents an overall increase from 11% in 1995.
- Boys were more likely than girls to be obese (17% compared to 15%)
- Of children aged 8 to 15 who were classed as obese, two thirds (66%) of girls and 60% of boys thought that they were too heavy

Local

Adults:

- Estimated levels of obesity are 16.7% for Cambridge City and 17.1 % in South Cambridgeshire, lower than the estimated county average of 25%.
- Approx 26% of adults (16 yrs+) in Cambridge City achieved a level of participation in moderate intensity (sport and recreational) of at least 30 minutes on three occasions per week. In South Cambridgeshire this was approx 20% of adults (16yrs+) which is just below the England average.
- In general, levels of participation are higher amongst males than females
- Approx 45% of adults (16+) in South Cambridgeshire and 41% of adults (16+) in Cambridge had a zero participation in moderate intensity (sport and recreational) of at least 30 minutes on three occasions per week.

- Cambridge City has noticeable higher rates of people with a limiting disability who participate in moderate intensity activity on at least 3 occasions per week over the previous 28 days, at over double the average for England (16.5% compared to 8.8%).
- Levels of participation are generally highest in people from higher socio-economic groups but in South Cambridgeshire levels of participation in the higher socio-economic group are relatively low compared to the other districts and the national average.
- Levels of non participation in physical activity is lowest in the lowest socio-economic groups
- Cambridge City has the highest levels of club membership, people receiving coaching/tuition and people involved in competition.
- South Cambridgeshire shows high level of satisfaction with sports provision
- In general all the districts in Cambridgeshire, with the exception of Fenland, have higher levels of walking and cycling than seen nationally.

Children:

- In February 2008, the results from the National Childhood Measurement Programme 2006/07 were released. These showed that of the children that were measured in Cambridgeshire
 - 11% of reception children were overweight and 8% were obese
 - 13% of Year 6 Children were overweight and 16% were obese.All of these percentages are lower than the national average. However, it is important to note that coverage i.e. the proportion of children measured was relatively low in 2006/07 compared to other areas in the country.
- On average 1 in 10 pupils eat 5 or more fruit and vegetables a day. (Cambridgeshire Health Related Behaviour Survey 2006).

What do we want to see happen?

- Preventing obesity through promoting healthy eating, physical activity and mental health and wellbeing (South Cambridgeshire SCS)
- A reduction in the rise of obesity as monitored by annual surveys of weight and height in children (Cambridge City SCS)
- More adults participating in at least 30 minutes moderate intensity sport and or active recreation (Cambridge City SCS)
- An accessible transport system that promotes walking, cycling and the use of public transport (Cambridge City SCS)
- Improving the provision of cycling and walking in and between villages including new settlements and Cambridge City (Cambridge City SCS)

Most evidence suggests that the main reason for the rising prevalence of overweight and obesity is a combination of less active lifestyles and changes in eating patterns. Both these factors must be tackled to produce reductions in obesity with even a modest weight loss of 5-10% of body weight in an obese or overweight person resulting in health and well-being benefits.

What is already happening?

Partnerships

Cambridgeshire Obesity Strategy Group
Cambridgeshire Food and Health Group
Cambridge & South Cambridgeshire Locality Obesity Group (working partnership being developed)
Living Sport Partnership (County)
Travel for Work (County)
South Cambridgeshire Access and Transport Group

Joint Initiatives

Exercise Referral schemes in City and South Cambridgeshire.
TEAM (To Energise and Motivate) - Locally devised and evaluated community programme for families and children in South Cambridgeshire.

Mainstream initiatives and services

Curriculum based work in schools, extended schools and Health Promoting Schools, School Meals Policy implementation.
Wide range of Local Authority sport and leisure services in City and South Cambridgeshire.
NHS obesity services with wider signposting eg 'Fit for the Future'.
Annual weighing and measuring of children in reception and year 6 in primary schools and an accompanying targeted and wider school intervention programme.

Policy

- National Obesity Strategy – Healthy Weight Healthy Lives (Jan 2008)
- Cambridgeshire Obesity Prevention & Management Strategy (in draft)
- NICE Clinical Guideline 43: Obesity – Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. Dec 2006
- NICE Public Health Intervention
 - Guidance 2: Physical Activity, March 2006
 - Guidance 6: Behaviour Change at population, community & individual levels Oct 2007
 - Guidance 8: Physical Activity and Environment, Jan 2008
- NICE Public Health Guidance forthcoming :
 - workplace health promotion with reference to physical activity, May 2008
 - physical activity, play and sport for pre-school and school age children, Jan 2009
 - Promotion of Physical activity in children, Jan 2009
- East of England Health Strategy 'Improving lives Saving Lives' – Pledge 11, also 8 and 9

How we will know we are making a difference?

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- Obesity among primary school age children in year 6 (NI 56)

- Adult participation in sport (NI 8)
- Children travelling to school – mode of travel usually used (N198)
- Young people's participation in positive activities (NI 110)

Additional relevant national indicators

- Obesity among primary school age children in Reception year (NI 55)
- Children and Young people's participation in high-quality PE and Sport (NI 57)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

What are the actions for the IHP?

The local Cambridge City and South Cambridgeshire Obesity partnership will be a key working group to ensure the coordinated delivery of activities to tackle obesity through initiatives related to physical activity, healthy eating and mental health promotion. This group will be the local delivery arm of the forthcoming Cambridgeshire Obesity Prevention and Management Strategy.

Improving Health Partners should support the agenda by ensuring representation (or appropriate engagement) on the new local working group to maximise resources and gain synergy between service providers. The local actions are set out in the accompanying action plan and examples where partners can add value include:

- Continuing to promote the community obesity prevention programmes for children and exercise referral schemes in Cambridge and South Cambridgeshire, ensuring they continue to be resourced, evaluated and further developed.
- Reviewing sport service provision in City to identify opportunities to enhance health, link with primary care and tackle inequalities. Identify opportunities for enhanced working between Community Development and Cambridge Community Services for new programmes to support adults and families.
- IHP partners to begin implementing in their own organisations NICE Obesity Guidance 43 for local authorities, schools and early years providers, work places and the public.

Chapter 4 Mental Health

DPH Recommendation: The new national indicator set for Local Authorities and Local Authority Partnerships includes an indicator for social cohesion 'Percentage of people who feel that they belong to their neighbourhood'. Because of the importance of social networks and social capital for health and wellbeing, it is recommended that this and/or similar indicators that reflect mutual 'trust' within communities are used to assess and monitor the social environment in both new and existing communities in Cambridgeshire.

Why is this an issue?

Mental health is fundamental to good health, wellbeing and quality of life. It impacts on how we think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. We all have mental health needs irrespective of any diagnosis associated with mental health. Mental health influences our ability and motivation to make healthy choices, exercise control and to adopt a healthy lifestyle.

National

- One in four British adults experience at least one diagnosable mental health problem in a year, with one in six experiencing this at any given time.
- The economic and social cost of mental health problems in England was £77 billion in 2003 (Greater than the cost of crime and more than spent on NHS and social services).
- Having a low income, being unemployed, living in poor housing, low levels of education and lower social economic status are all associated with greater risk of experiencing mental health problems.
- Those with mental health problems are much more likely to have significant health risks and major health problems including obesity, smoking, heart disease, high blood pressure, respiratory diseases, diabetes and stroke.
- People with poor physical health are at higher risk of experiencing common mental health problems. Depression affects 27% of people with diabetes, 31% of people who have a stroke and 33% of cancer patients.

Local

- From the indicators that are known to influence mental health, it is estimated that people living in Cambridge City are more likely to have mental health problems than other areas within Cambridgeshire.
- The social environment impacts on mental health. Locally, there has been concern of the mental distress identified in new growth areas. The importance of social cohesion in mental health and wellbeing and the need to ensure that, alongside the built environment, this is planned into new developments, has been identified. This is acknowledged in the DPH recommendation above.

What do we want to see happen?

- Ensuring good health and mental well-being through the delivery of joint service provision and community development (South Cambridgeshire SCS).

- Ensuring the early provision of leisure, community facilities and social infrastructure in the major growth areas (South Cambridgeshire SCS)
- All residents benefit from the growth of the city, in particular investment is made in community development to promote social inclusion and build the social capital essential for promoting health and wellbeing (Cambridge City SCS)
- Support given to the flourishing voluntary and community sector so that development of social capital continues to improve the quality of life in the City (Cambridge City SCS)
- Preventing obesity through promoting healthy eating, physical activity and mental health and wellbeing (South Cambridgeshire SCS)

Mental health promotion work needs to be embedded within all interventions to improve health. It is fundamental to contributing to and sustaining the range of Improving Health priorities. We want to add life to years, not just years to life.

What is already happening?

Partnerships

There are specific mental health partnerships operating at county and district level as well as wider partnerships that have a client focus such as children and young people and older people that also address mental health and wellbeing issues. Key mental health specific partnerships are:

- Cambridgeshire and Peterborough Mental Health Local Implementation Team
- Southern Cambridgeshire Adult Mental Health Working Group
- Working Together Cambridge

Initiatives

Mental health promotion work is an integral part of services and interventions that are delivered from a range of providers including the voluntary sector.

Specific areas of involvement by Cambridgeshire Community Services Public Health team:

- For people with mental health problems - work around the smoking agenda and physical health, and support around medication is being implemented.
- For the wider population - a large programme for involvement for older people has been developed and is being sustained eg Cambridgeshire Celebrates Age.

The IHP has commissioned the project

- 'Building Communities that are Healthy and Well' to take forward recommendations on the recent Public health report on the effect of the social environment on mental health (see local issues above).

Policy

- A Mental Health Promotion Strategy for Cambridgeshire will be developed in 2008/09
- A preliminary Joint Strategic Health Needs Assessment (JSNA) for mental health was undertaken (January 2008) and a more comprehensive version – Part 2 will be available in June 2008. The mental health promotion section contains evidence of good practice.
- NICE Evidence Briefing:

- Public health interventions to promote positive mental health and prevent mental disorders among adults. January 2007
- NICE Public Health Interventions
 - Guidance 12: Mental Wellbeing of children in primary education. March 2008
- Guidance 6: Behaviour Change at population, community & individual levels,
 - Guidance 9: Community engagement to improve health, Feb 2008
- NICE Public Health Intervention Guidance forthcoming:
 - Mental Wellbeing in Secondary education – July 2009
 - Workplace Mental health – October 2008
 - Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care – July 2008

How will we know we are making a difference?

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- % of people who believe people from different backgrounds get on well together (NI 1)
- % of people who feel they can influence decisions in their locality (NI 4)
- Environment for a thriving third sector (NI 7)
- Young people's participation in positive activities (NI 110)
- Children who have experienced bullying (NI 69 - LAA local target)
- Overall/general satisfaction with the local area (NI 5 - LAA local target)

Additional relevant national indicators

- Percentage of people who feel that they belong to their neighbourhood (NI 2)
- Engagement in the arts (NI 11)
- Emotional health of children (NI 50)
- Adults in contact with secondary mental health services in employment (NI 150)
- Self-reported measures of people's overall health and well-being (NI 119)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

What are the actions for the IHP?

- A Mental Health Promotion Strategy will be developed in 2008/09. Partners can contribute to this by engaging in this process and subsequently by reviewing and implementing the recommendations. These will be related to the evidence base and will therefore include actions for employers which will be of particular relevance to partner organisations.
- Partners should continue to support and develop on going projects eg Cambridgeshire Celebrates age as detailed in the action plan.
- Partners to agree a process for taking forward the recommendations of the Building Communities that are Healthy and Well project (June 2008 Report).

Chapter 5 Alcohol

DPH Recommendation

“The potential for preventative work to reduce high rates of alcohol related hospital admissions in Cambridge City should be explored”.

Why is this an issue?

Drinking alcohol at hazardous levels, which have been defined as regularly consuming more than five units of alcohol a day for men and more than three for women, is harmful to individual health, the family and wider society. In addition, episodic ‘binge’ drinking can also be damaging. It was estimated by the UK government in 2004 that alcohol is related to half of all violent crimes, one third of domestic violence and 70% of Accident and Emergency admissions at peak times.

It is a key contributory factor to increasing existing health inequalities, for example through homelessness. Whilst moderate use of alcohol can have a beneficial effect on heart disease, at a population level the harms caused by alcohol outweigh the benefits.

National

- 30% of men and 22% of women aged 16-24 drink more than the recommended weekly limits and alcohol consumption across all ages is greatest in this age group.
- Alcohol consumption by women, especially those in the age group 16-24, is increasing.

Local

East of England

- 3.5% of all deaths in the East of England during 2002 were caused by alcohol related disease. Alcoholic liver disease, oesophageal cancer and hemorrhagic stroke are the main alcohol related causes of death.
- Alcohol costs the East of England around £60 million per year in hospital admissions and £20 million in ambulance journeys. A total of 42,000 crimes in the East of England in 2004-2005 are related to alcohol. Although this figure is high, alcohol related crime in the East of England is below the national average.
- Most PCTs in the East of England have lower than the national average proportion of people who binge drink.

South Cambridgeshire

- It has been estimated that 16.1% of adults in South Cambridgeshire binge drink compared to 18.2% in England (Health Survey for England)
- It is estimated that over 5000 people aged 16 and over are drinking harmfully or are dependent on alcohol; harm includes that to physical and mental health, or significant harm to others.
- Over 18,000 are estimated to be drinking hazardously; this group will include those responsible for antisocial behaviour, drink drivers and the victims of alcohol-related incidents.

- 43% of year 8 (aged 12-13) and year 10 (aged 14-15) students in South Cambridgeshire reported consuming alcohol in the 7 previous days – this was the highest percentage reported in the Cambridgeshire survey (Health Related Behaviour Questionnaire 2006).
- The rate of hospital admissions attributable to alcohol is significantly lower than the England average in males, being 790 per 100,000; the rate in females is non-significantly lower at 130 per 100,000 females (data from 2005/6).
- Alcohol-specific mortality is significantly lower than the England average in both sexes.
- Alcohol related crime and alcohol related violent and sexual crime rates, are significantly lower than the England average.

Cambridge City

- Cambridge City experiences the highest rate of alcohol-related harm in Cambridgeshire in many indicators where data exists. The large student population and the fact that Cambridge is a thriving regional entertainment centre have a large impact on the data. One ward within Cambridge City, Market ward, has double the density of licensed premises compared with any other in Cambridge City.
- It has been estimated that 20.61% of adults in Cambridge City binge drink compared to 18.2% in England (based on the Health Survey for England)
- It is estimated that just under 4500 people aged 16 and over in Cambridge City are drinking harmfully or are dependent on alcohol, whilst just over 18,000 are drinking hazardously.
- 28% of year 8 (aged 12-13) and year 10 (aged 14-15) students in South Cambridgeshire reported consuming alcohol in the 7 previous days – this was the lowest percentage reported in the Cambridgeshire survey (Health Related Behaviour Questionnaire 2006).
- The rate of hospital admissions attributable to alcohol is significantly higher than the England average, being 1091 per 100,000 males and 614 per 100,000 females in 2005/6.
- Alcohol-related crime rate and alcohol related violent crime rates are significantly lower than the England average, but are higher than the East of England and Cambridgeshire rates.

What do we want to see happen?

- Reducing the harm from alcohol (South Cambridgeshire SCS)
- Fewer retail premises selling alcohol to under 18s (Cambridge City SCS)
- A reduction in alcohol related violence and anti social behaviour (Cambridge City SCS)

The World Health Organisation has identified the most cost-effective approaches for reducing alcohol related harm is to implement the following policies:

- Increase in alcohol prices
- Reducing the availability of alcohol
- Measures against drunk driving and underage drinking.

GPs and other primary care staff are the most likely to be in a position to have contact with those who may benefit from screening and to offer intervention. Evidence suggests that opportunistic intervention is successful and cost effective when compared to no intervention.

What is already happening?

Partnerships

Cambridgeshire Drug and Alcohol Team (DAAT)
South Cambridgeshire Crime and Disorder Reduction Partnership
Cambridge City Community Safety Partnership

Policy

- Cambridgeshire Alcohol Health Needs Assessment (in draft)
- Cambridgeshire Alcohol Strategy (working document June 2008 for publication September 2008)
- Application for certain areas in Cambridge City to be considered a “Cumulative impact area” under the Licensing Act 2003, which if successful would mean that potential new licensees would have to prove that opening new premises will not cause harm to the public
- The Cambridge City Community Safety Plan; Priorities for 2008-2011 include alcohol related anti-social behaviour and vandalism, and alcohol related violence. A further priority, domestic abuse, is linked to alcohol
- The South Cambridgeshire Crime and Disorder Reduction Partnership Rolling Plan has alcohol as an underlying theme; 2008-2011 priorities include areas related to alcohol: Anti-social behaviour and criminal damage, and domestic abuse.
- NICE Public Health Intervention
 - Guidance 7: School based interventions on alcohol. November 2007
 - Guidance 6: Behaviour Change at population, community and individual levels
- NICE Public Health Programme Guidance forthcoming:
 - Alcohol use disorders in Adults and Young People – March 2010
 - Personal, Social and health education focusing on sexual health and alcohol Sept 2009

Initiatives

- Drinksense (Cambridge City)
- Cambridge City Night Time Care Centre over festive period to reduce pressure on Addenbrooke’s A&E
- Young users service, intervention for young people with severe substance misuse problems, including alcohol, across Cambridgeshire
- A range of programmes working with young people on risky behaviour and antisocial behaviour (also see links with sexual health)
- The application of Designated Public Places Orders (DPPOs) to reduce alcohol consumption and associated anti-social behaviour in known problem areas

How will we know we are making a difference?

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- Substance misuse by young people (NI 115)

Additional relevant national indicators

- Alcohol-harm related hospital admission rates (NI 39)
- Perceptions of drunk or rowdy behaviour as a problem (NI 41)
- Perceptions of anti-social behaviour (NI 17)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

What are the actions for the IHP?

- An alcohol strategy for Cambridgeshire has been endorsed by the Drug and Alcohol Action Team (DAAT, June 2008). The key action for the IHP is to review this strategy and identify where the partnership and its individual member organisations can contribute to this and to the DPH recommendation.
- A specific action that has already been identified by the IHP is to explore implementation of the 'Cardiff model' for harm reduction which involves collaboration between the Acute Trust, PCT, Local Authority, licensed trade and police.

Chapter 6 Sexual Health

Why is this an issue?

Sexual health is an important part of physical and mental health. In recent years, there has been a dramatic increase in the number of sexually transmitted infections (STIs). England also continues to have the highest teenage pregnancy rate in Europe, although there have been improvements in some areas in recent years.

Many STIs have serious health consequences. HIV is associated with serious morbidity, from opportunistic infections and cancers, and a significant mortality with high numbers of years of life lost. Chlamydia infection often produces no symptoms but if untreated can lead to pelvic inflammatory disease in women and resulting infertility and ectopic pregnancy. Inadequate or delayed treatment and poor follow up of contacts can result in increased transmission of infections.

Sexual ill health is not equally distributed in the population with the highest burden borne by women, gay men, teenagers, young adults and minority ethnic groups. There is a strong link between social deprivation STI's, abortions and teenage conceptions. Teenage mothers and their babies are more likely to suffer poor health and social outcomes.

HIV services cost the NHS around £580 million per year and the total costs of treating other STIs is approximately £165 million per year.

Local issues:

- Cambridgeshire has a significantly low teenage conception rate in girls aged under 18 years when compared to England and Wales.
- Cambridgeshire has a target to reduce the under 18 conception rate by 45% by 2010. The rate had been falling until 2003-05 when there was an increase that resulted in the county rating changing from green to amber. The latest figures for 2004-2006 show that the downward trend has been re-established. (Numbers aggregated over three years as they are small).
- In South Cambridgeshire Teenage conception rates are well below the national and county average but there has been a 4.9% increase from the 1998 baseline.
- In Cambridge City, the teenage conception rate in Abbey ward is well above the national average with the wards of West Chesterton, Petersfield and East Chesterton close to the national average. There has been a downward trend in the conception rate.
- The increase in STIs nationally has been reflected in Cambridgeshire eg there was a 68% increase in new diagnoses of Chlamydia between 2000 and 2005.
- The number of people living with HIV in Cambridgeshire is increasing with the highest number of people living in Cambridge City. The commonest route of infection is heterosexual sex.
- Chlamydia screening is offered opportunistically to 15 – 24 year olds but the uptake is very low at around 10% of the monthly screening target.
- 55% of year 10 students (aged 14-15) in Cambridgeshire and Peterborough did not know or answered “no” to whether they knew if there was a locally available contraceptive service. (Health Related Behaviour Questionnaire 2006). The

majority of females (aged 12-15) would like their parents to be the main source of information on sex and relationships whereas males would prefer school lessons to be their main source.

What do we want to see happen?

- Improving the sexual health of the population with a focus on young people (South SCS)
- Improving sexual health with a reduction in teenage pregnancy rates, increase in the uptake of chlamydia screening and numbers of people seen in GUM clinics within 48 hours (City SCS)

We want to see young people friendly services in community settings providing accessible and appropriate services and information. NICE guidance recommends that one to one interventions with the under 18s and at risk and vulnerable groups are effective. Partner notification is key to reducing onward transmission of infection.

What is already happening?

Partnerships

- Cambridgeshire Teenage Pregnancy Strategic Partnership group.
- City and South Sexual Health Forum
- Better Support for Teenage Parents (City and South)

Policy

- NICE Public Health Intervention
 - Guidance 3: Preventing sexually transmitted infections and reducing under 18 conceptions, February 2007
 - Guidance 6: Behaviour Change at population, community and individual levels, Oct 2007
- NICE Public Health Programme Guidance on Personal, Social and health education focusing on sexual health and alcohol – expected September 2009
- Cambridgeshire Teenage Pregnancy Partnership Strategic Plan 2008/09 (and accompanying forward Implementation Plan)
- Community Sex and Relationships Education (SRE) Policy – Cambridgeshire PSHE Service and Health Promoting Schools 2006
- Children and Young People's Relationship and Sexual health Policy and Practice Guidance in Cambridgeshire (2007)
- Guidance for professionals working with sexually active young people under the age of 18 in Cambridgeshire (2007) – Cambridgeshire Local Safeguarding Children Board (LSCB) Executive Committee
- East of England Health Strategy 'Improving lives Saving Lives' – pledge 8

Initiatives

- Chlamydia screening programme
- Cambridgeshire C Card (Condom Card) Scheme
- School based Personal and Social Health Education (PSHE) programmes including Sex and Relationships Education (SRE)
- Workforce training in SRE in mainstream partner agencies

- School based health services eg Centre 33 drop in service at Chesterton Community College
- Targeted work with at risk groups of young people, in particular Looked After Children and Care Leavers
- Teenage Parent Support projects
- Integrated and targeted youth support - work with youth service including condom schemes, service design and signposting to specialist services
- Voluntary sector interventions targeted at high risk populations eg men who have sex with men, BME minority groups.

The interventions are implemented in partnership and address risk taking behaviour that also has implications for addressing issues related to alcohol, smoking and substance misuse.

How will we know we are making a difference?

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- Under 18 Conception rate (NI 112)

Additional relevant national indicators

- Prevalence of Chlamydia (NI 113)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies. The Teenage Pregnancy Implementation Plan also has a detailed monitoring dataset that is used for the detailed monitoring of its strategy.

What are the actions for the IHP?

The strategy and programme to improve sexual health and reduce teenage pregnancy is based on partners working together and Improving Health Partners are asked to continue to support this ongoing work. In particular, for partners who are in contact with young people, this can be by promoting and signposting to local services and /or becoming a condom distribution site. As part of the Partnership's rolling programme, we will look at this in more depth in 2009 to identify further actions.

The Chlamydia Screening programme has challenging targets and its success is dependant on public awareness. Partners have a key role in promoting the programme to young people, including their own employees, through for example:

- Displaying posters, postcards and promoting the website for postal testing www.cambstakeatest.com.
- Asking the Chlamydia Screening team to come in to give a talk to young people following by a screening session
- Becoming a screening site that can give out test kits

The details are set out in the accompanying action plan.

Chapter 7 Older People

DPH recommendation.

Significant increases in the numbers of older people in Cambridgeshire, including those who are physically or cognitively frail, are forecast over the next fifteen years. Joint Planning between Cambridgeshire Primary Care Trust, Cambridgeshire County Council and district councils is required to meet the needs of the growing older population in a way that will maintain older people's independence and quality of life. It will also provide appropriate levels of adapted and supported housing, and ensure appropriate models of health and social care services within local communities.

Why is this an issue?

To reduce health inequalities in older age, studies show that the broader determinants of health are very important. This includes social and economic factors (poverty, housing, gender, ethnicity and isolation) as well as issues of access which include transport, information, technology, mobility, safety, discrimination in service provision). In addition, issues of participation such as public involvement, decision making, discrimination and ageism are very important.

Cigarette smoking is implicated in 8 of the top 14 causes of death for people aged 65 years or older, as well as several common conditions that require ongoing healthcare, such as heart disease and chronic obstructive pulmonary disease.

Falls represent the most frequent and serious type of accident in the over 65 age group.

Local

South Cambridgeshire

- There are 21,500 people aged 65+ in South Cambridgeshire
- Between 2006 and 2011 the population aged 75 years and above is expected to rise by 1,300 (12%).
- Between 2006 and 2011 the numbers of elderly frail people will rise from 3,450 to 4,000.
- Between 2006 and 2021, there will be an 80% increase in the population aged 75 and over.
- The numbers of people of "working age" compared to the dependent population over age 65 will reduce.
- South Cambridgeshire is 372 places short of the target for sheltered accommodation with extra care.
- There are 1,600 people with dementia in South Cambridgeshire and this will rise to 1,900 by 2011 and to 2,900 by 2021.

Cambridge City

- There are 13,780 people aged 65+ in Cambridge City.
- Between 2006 and 2021 the population aged 75 years and above is expected to rise by 22%.

- Between 2006 and 2011, the numbers of frail elderly people is predicted to rise from 2,370 to 2,500.
- Five areas in Cambridge City are in the worst 10% in England for fuel poverty.
- Over 600 pensioners live alone without central heating in Cambridge.
- Cambridge City is 103 places short of the target for sheltered accommodation with extra-care places.
- There are 1,100 people with dementia in Cambridge City and this will rise to 1,200 by 2011 and to 1,400 by 2021.
- It has been estimated that 30% of people over 60 suffer a fall each year, which translates to 14,218 people in Cambridge City and South Cambridgeshire.
- 2,536 people in Cambridge City and South Cambridgeshire are likely to attend A&E in a year following a fall, with 801 needing hospital admission and at an estimated cost of £3,838,830 to health and social care.

What do we want to see happen?

- More older people enabled to live independent active lives and have the opportunity to thrive in their communities (Cambridge City SCS)
- An increase in the number of eligible people claiming income related benefits (Cambridge City SCS)
- Different generations (older and younger) and ethnic groups living harmoniously alongside each other and feeling a sense of belonging (Cambridge SCS)
- A reduction in the risk of older people falling (Cambridge City SCS)
- Promoting independence for older people and reducing falls in older people (South SCS)

We want to help people age well, promote people's independence and better support more people at home for longer. To do this we will develop further services that promote a healthy and active older age including services to reduce the impact of falls and strokes and build the capacity of community based services to support people at home.

Alongside this we will need to reconfigure our supply of sheltered accommodation with extra care, and care services in residential homes to allow us to better meet the needs of frail older people and improve the links between community based care and hospital care.

Key to achieving the outcomes set out in the Local Area Agreement is the need to make the most effective use of existing grants such as the Supporting People and the Disabled Facilities Grant.

What is already happening?

Partnerships

There are a number of county-wide multi-agency strategic partnerships:

- Adult and Social Care Joint Commissioning Group (covers Older People, Mental health, Physical and Learning Disabilities)
- Cambridgeshire Care Partnership
- LAA Older People's Group
- Cambridgeshire Home Improvement Agency (CHIA) network

- Cambridgeshire Older People and Active Communities group
- Older People's Partnership (membership from older people and is supported by the County Council)

Policy

- Joint Strategic Needs Assessment (JSNA) for Older People (January 2008).
- The Joint Commissioning Strategy for older people is being refreshed. This will need joint working with the district councils and other sections of the County Council and engagement of groups involving older people. It should support the development of Practice Based Commissioning.
- A broader Older People's strategy is being developed in partnership through 'Cambridgeshire Together'
- Local Authorities' Private Sector Housing Renewal Strategies (targeting grants for disabled adaptations)
- NICE Clinical Guideline 21: Falls. Aug 05
- Nice Public health Guidance 6: Behaviour Change at population, community and individual levels
- East of England Health Strategy 'Improving lives Saving Lives' – Pledges 5,7,8,9,10

Initiatives

- Health and social care services are provided through the Cambridgeshire Primary Care Trust under a section 31 Partnership Agreement, monitored by the Joint Commissioning Group
- Local organisations from the public, voluntary and community sector work together to promote social inclusion and improve access to services.
- The JSNA includes a mapping exercise of the services which are in the community for supporting people at home through intermediate care and rehabilitation services
- A Cambridgeshire falls programme is in place, but is currently being reviewed
- Local Authority Grants to enable disabled people to live independently at home (Disabled Facilities Grants)
- South Cambridgeshire District Council "return home from Hospital" grant to enable rapid discharge from hospital.

How will we know we are making a difference?

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- Achieving independence for older people through rehabilitation /intermediate care (NI 125)
- People supported to live independently through social services (NI 136)
- Number of vulnerable people achieving independent living (NI 141)
- Delayed transfers of care from hospitals (NI 131)

Additional relevant national indicators

- Self reported measure of people's overall health and well-being (NI 119)
- Mortality rate for all circulatory diseases at ages under 75 (NI 121)
- People with a long term condition supported to be independent and in control of their condition (NI 124)
- Healthy life expectancy at age 65 (NI 137)
- Satisfaction of people over 65 with both home and neighbourhood (NI 138)
- People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently (NI 139)
- Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating (NI 187)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

What are the actions for the IHP?

The actions for the IHP will be informed and defined by the Joint Strategic Needs Assessment for Older People and forthcoming Cambridgeshire Older Peoples Strategy and Commissioning Strategy for Older People.

Some examples of actions to be taken forward:

- Contribute to improving the health and wellbeing of older people through health promotion, particularly in smoking cessation schemes, physical activity, obesity reduction and stroke prevention.
- Ensure that those who are entitled to benefits are targeted.
- Continue to promote falls classes referral schemes, ensuring they continue to be resourced, evaluated and further developed.
- Support the LPSA bids that relate to older people in South Cambridgeshire and Cambridge City.
- Influence land use planning and appropriate provision of lifetime homes.

Chapter 8 Road Traffic Injuries

DPH Recommendation

"The County Council, Police, Fire and Rescue Service, Primary Care Trust and others continue to work together to reduce high rates of road traffic injuries and deaths in rural areas in Cambridgeshire. Individual campaigns and Initiatives need to be robustly evaluated and adapted to incorporate the latest available evidence"

Why is this an issue?

Road traffic accidents are an important public health issue because they represent a major cause of preventable deaths, especially in younger age groups. Road traffic injuries can affect people of all ages causing significant years of life lost and a high burden of disability.

- Road traffic injuries and deaths remain the only category of mortality for which Cambridgeshire residents consistently have worse rates than the national average.
- Drivers under 25 constitute approximately one eighth of all drivers, yet they are involved in one third of fatal accidents
- One third of all road casualties are employees undertaking work related journeys.
- Drivers using mobile phones are four times as likely to be involved in crashes resulting in serious injury. There is strong evidence to suggest that using a hands-free phone is not any safer.

Local

There is an increased risk of serious injury or death if involved in an accident on a rural road - 87% of main road traffic in Cambridgeshire and Peterborough occurs on rural roads (compared with 75% for Great Britain as a whole).

South Cambridgeshire

- In 2007, 116 people were killed or seriously injured (KSI) - of these 49 were car occupants, 30 were motorcyclists, 10 pedal cyclists and 14 pedestrians (the remaining 13 were awaiting classification at the time of publication).
- Motorcyclists represent a disproportionately high number of these deaths and serious injuries. They constitute around 3% of all traffic, yet represent over 25% of all KSI casualties.
- 780 people sustained injuries in South Cambridgeshire during 2007- many of these people do not live locally.
- 32 South Cambridgeshire residents were killed in a one-year period (from 2004 -2006 pooled rates) - significantly higher than the national mortality rate.
- There were 153 injuries sustained in South Cambridgeshire by Young Drivers (17-25 years of age) - 22 of these were serious or fatal.
- Casualties from road traffic collisions occurring in South Cambridgeshire has been estimated to cost the community approximately £48 million annually.¹ This figure takes into account medical and healthcare costs, lost economic output,

¹Calculated from Department for Transport Highways Economics Note No. 1: 2005 Valuation of the Benefits of Prevention of Road Accidents and Casualties.

costs associated with pain, grief and suffering, material damage, police and fire service costs, insurance administration and legal and court costs.

Cambridge City

- There are fewer fatal accidents in Cambridge than in rural districts where average impact speeds are higher. The road accident mortality rate for Cambridge residents is less than the national average.
- 44% of all road traffic accidents involve pedal cycles. This does not mean that cycling in Cambridge is more dangerous than elsewhere; it is simply that there are many more cyclists.
- The peak age for cyclists injured in Cambridge is 19-23. 48% of the casualties are female. (Outside Cambridge there are 68% male pedal cyclist casualties compared to 32% female.)

Comprehensive local data is available from the annually produced Joint Data Casualty Data Report.

www.cambridgeshire.gov.uk/transport/safety/strategies/joint+road+casualty+report.htm

What do we want to see happen?

- Improving road safety and reducing the rate of road injuries and deaths (South Cambridgeshire SCS)

There is no specific objective related to road safety set out in the City plan and this reflects the relatively low rates of killed and seriously injured people.

What is already happening?

Partnerships

- Cambridgeshire and Peterborough Road Safety Partnership (has invested over £1.4 million in measures during 2007/08 in addition to the standard services delivery by the County and partner agencies)
- South Cambridgeshire Access and Transport Group
- South Cambridgeshire Community Safety Partnership

Initiatives

- Cambridgeshire County Council teams
 - Road Safety Team
 - Safer Routes to School
 - Highways and engineering
- Safety Camera Unit, publicity campaigns and educational training courses for vulnerable road users such as motorcyclists; road safety engineering works; accident remedial work and nationally acknowledged educational resources.
- 'Road Safety: We Mean Business' programme, funded by DfT and run in Partnership with the charity RoadSafe. Businesses and major employers are encouraged to promote road safety to their employees for work related journeys.
- School road safety programmes

- Law enforcement by police in relation to driver behaviour
- An accident database and analytical systems are in place to help inform practitioners on where their efforts are most likely to have an effect in reducing accidents and/or improving road safety for vulnerable road users.

Policy

- NICE Public health
 - Guidance 6: Behaviour Change at population, community and individual levels
 - Guidance 8: Promoting and creating built or natural environment that encourage and support physical activity

How will we know we are making a difference?

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- People killed or seriously injured in road traffic accidents (NI 47)

Additional relevant national indicators

- Children killed or seriously injured in road traffic accidents (NI 48)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

What are the actions for the IHP?

The main partnership with a locality overview for this area is the South Cambridgeshire Access and Transport group with Cambridgeshire County Council leading on preventive programmes.

Local partners can contribute to this by for example

- supporting campaigns and adopting employer road safety programmes.
- providing support on the evidence base and evaluation

Chapter 9 Travellers

DPH recommendation

Travellers make up nearly one per cent of the Cambridgeshire Population and have significantly worse health than the average. Local NHS and non NHS organisations should work together to take forward recommendations of the draft Travellers Health Strategy overseen by the Cambridgeshire Travellers Coordination Group.

Why is this an issue?

Gypsies and Travellers represent 1% of the Cambridgeshire population and the largest ethnic minority in the county. They have poorer health outcomes than the general population. Approximately one-third of Travellers are statutory homeless.

National

Findings from national research commissioned by the Department of Health reported that:

- life expectancy is likely to be 10 – 12 years shorter than the rest of the population
- mothers are twenty times more likely to experience the death of a child

Local

A recent Travellers Health Needs Assessment conducted in Fenland highlighted that, compared to the general population, Travellers experience:

- much lower life expectancy
- higher infant mortality rate
- poorer access to preventative care

Travellers' health is also affected by accommodation, a lack of cultural understanding by others and low literacy levels. This is highlighted by education statistics provided by Cambridgeshire County Council:

- In 2007, **no** Traveller pupils in Cambridgeshire achieved 5+ GCSEs at grades A*- C including Maths and English. National figures are not yet released but likely to be around 45%.
- In Key Stage 4 in 2006 -7, only 51% of Traveller children were on school rolls.

What do we want to see happen?

- Tackling health inequalities by ensuring that health needs are met, particularly in the relation to the health of Travellers and new migrant populations (South Cambridgeshire SCS).
- A reduction in the inequality in life expectancy between different parts of the City and the enhancement of personal health and wellbeing (City SCS).
- More residents feeling that their area is a place where people from different backgrounds get on well together (City SCS).
- All children and young people having a sure start in life an equal opportunity to thrive within their families and communities.

Applying traditional methods to promote health and access to health care in Travelling communities has not been effective and culturally sensitive outreach work is necessary to engage Gypsies/Travellers in access to health care.

What is already happening?

Partnerships

Cambridgeshire Travellers Coordination group
Cambridgeshire's Travellers health sub-group
South Cambridgeshire Travellers Liaison group

Policy

- Cambridgeshire Travellers Health Strategy (2008) and action plan has been developed by the Health sub group. (Status – for final endorsement by the Travellers Coordination Group). Key areas in the strategy include:
 - Reducing inequalities by working in partnership on wider determinants and service delivery
 - Empowering Travellers to improve their health and wellbeing
 - Improved accommodation
 - Building mutual trust by increasing cultural understanding (includes developing ethnicity monitoring)
 - Raising awareness of Traveller health issues with providers of health care
 - Improving access to and use of services
- The strategy is based on a community development approach and key to this delivery is identifying resources for a team of community development and health workers.
- Regional Spatial strategy Single issue Review: Planning for Gypsy and Traveller Accommodation in the East of England. Draft Policy February 2008
- East of England Health Strategy 'Improving lives Saving Lives'- Pledges 8 and 9
- NICE Public Health Guidance 6: Behaviour Change at population, community and individual levels Oct 2007
- Guidance 9: Community engagement to improve health, Feb 2008

Initiatives

Resources to take forward the health strategy are being actively pursued through applications for LPSA reward grant funding.

Resources have been identified from the Primary Care Trust to support the development of a Travellers health team. This is to contribute to pledge 9 of the East of England Health Strategy 'Improving lives Saving Lives'. Pledge 9 is "we will ensure healthcare is as available to marginalised groups and 'looked after children' as it is to the rest of us".

There is ongoing work through mainstream health provision eg on site work with health visitors and advocacy work delivered by the Ormiston Children and Families Trust. The Cambridgeshire Public Health provider team is also working with Ormiston to develop literature for use by health and other professionals to help dispel myths associated with the Gypsy and Traveller culture.

How will we know we are making a difference?

The outcomes of the Travellers Health Strategy will potentially contribute to a wide range of indicators both within the LAA and to the wider Indicator set with some examples of these set out below. However, more directly applicable local targets and monitoring arrangements will be agreed as described in the accompanying action plan.

New national indicators (NIs) agreed in the LAA that are related are:

- Percentage of people who believe people from different backgrounds get on well together in their local area (NI 1)
- % of people who feel they can influence decisions in their locality (NI 4)
- All-age all cause mortality rate (NI 120)
- Children who have experienced bullying (NI 69 - LAA local target)

Note that work with the Travellers community will also support the targets identified in the other priority areas eg smoking prevalence, obesity among primary school children, children who have experienced bullying etc.

Additional relevant national indicators include:

- Fair treatment by local services (NI 140)
- Percentage of people who feel that they belong to their neighbourhood. (NI 2)
- Civic participation in the local area. (NI 3)
- Number of primary fires and related fatalities and non-fatal casualties, excluding precautionary checks (NI 49)
- Self-reported measure of people's overall health and wellbeing (NI119)
- People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently (NI 139)
- User reported measure of respect and dignity in their treatment (NI 128)
- Early access for women to maternity services (NI 126)

What are the actions for the IHP?

Partner agencies can support the implementation of the Travellers Health Strategy/Action plan by engaging with the health sub group and supporting the development of a coordinated multi-agency health team.

Examples of specific actions include

- support the LPSA proposal on Travellers
- enable and encourage employees and elected members to participate in cultural awareness events, and disseminating resources to staff eg 'myth busting' leaflet.
- influence land use planning processes to ensure that there is adequate pitch provision in the districts and that Travellers needs are also taken into account when planning new settlements.

Terms of Reference Cambridge City and South Cambridgeshire Improving Health Partnership

Vision

Local organisations from the statutory, voluntary and community sector will work in partnership, providing strategic leadership to improve health, reduce inequalities and promote social inclusion for the population of Cambridge City and South Cambridgeshire.

Aim

To ensure the delivery and implementation of local health improvement priorities as identified in the Sustainable Community Strategies for Cambridge City and South Cambridgeshire and in Cambridgeshire's Local Area Agreement (LAA).

Objectives

The Improving Health Partnership is a strategic partnership, setting direction and creating the environment for joint delivery of outcomes. The partners will work together to

- Understand the health and well being needs, and issues related to health inequalities in the local population by drawing on and contributing to the Joint Strategic Needs Assessments.
- Identify local health priorities and ensure these are incorporated into the new sustainable community strategies for City and South and contribute to the refresh process of Cambridgeshire's LAA.
- Maintain an overview of local health improvement initiatives and partnership arrangements to ensure appropriate delivery mechanisms are in place to address both local priorities (for example new growth) and national Choosing Health targets.
- Identify areas where there are gaps and focus partnership resources on these areas to support or put in place effective health promotion interventions to create change eg for adults of working age.
- Ensure robust evaluation is in place.
- Monitor progress and achievement developing a continuous process of joint action and review.
- Develop a three year plan and integrate the actions into the three year action plans of the Sustainable Community Strategies, aligning with the commissioning timetables of the PCT, voluntary and community sector, local authorities and the LAA for joint planning purposes.

Principles

To achieve significant changes in the health of the local population we will take a health promotion approach that is in line with the principles of the **Ottawa Charter**, namely:

- Adopting **healthy public policies** that promote health and protect us from the impact of other people's lifestyles, eg smoke-free policies.

- Creating **supportive environments** where the way schools, communities, homes and workplaces run promotes health; the healthy choice is the easy choice.
- Ensuring **communities** have the capacity to identify and respond to their own needs where possible.
- Increasing **personal skills** so we can improve our own health; whether this is increasing the exercise we take, improving our diet, stopping smoking or practising safe sex.
- Embedding **prevention into the NHS** with health and social care professionals helping people identify how they can keep healthy and pointing them in the right direction to get support to make changes.

Accountability

South Cambridgeshire LSP

Cambridge City LSP

Cambridgeshire Together (Cambridgeshire's LAA)

Cambridgeshire Health and Wellbeing Partnership (when established)

Membership

The multi agency membership reflects that the main influences for improving health are the wider determinants of health that sit outside the health service.

The following partner organisations will be represented:

- Cambridge City Council
- South Cambridgeshire District Council
- Cambridge Council for Voluntary Services (CCVS)
- Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)
- Cambridgeshire Constabulary – Southern Division
- Cambridgeshire County Council
- Voluntary sector organisations operating in Cambridge City and South Cambridgeshire
- Cambridgeshire Primary Care Trust
- Cambridgeshire Community Services
- LINKs (being established in April 2008)

Frequency of Meetings

Meetings will be held four times per year.

Administration

This will be undertaken by Cambridgeshire Primary Care Trust

Review

These Terms of Reference were reviewed and agreed by the Improving Health Partnership at the meeting held on 10 March 2008 and will be reviewed in six months.

Key References

Audit commission. Improving Health and Wellbeing. Health Briefing June 2007.
Available at: www.audit-commission.gov.uk/Products/NATIONAL-REPORT/1F9DA3D9-AF0F-4381-83E2-76D8F94678E6/Health%20and%20wellbeing.pdf

Cambridge Local Strategic Partnership. Cambridge Sustainable Community Strategy 2008-2011: Improving Quality of Life in the City for All.
Available at www.cambridge.gov.uk/ccm/cms-service/download/asset/?asset_id=8794007

Cambridgeshire County Council and Cambridgeshire Primary Care Trust. Annual Public Health Report 2007.
Available at: www.cambridgeshirepct.nhs.uk/default.asp?id=656

Cambridgeshire County Council and Cambridgeshire Primary Care Trust. Joint Strategic Needs Assessments
Available at: www.cambridgeshirepct.nhs.uk/default.asp?id=656

Cambridgeshire PCT. Public health and Health inequalities Data Set 2007
www.cambridgeshirepct.nhs.uk/default.asp?id=656

NHS East of England. Improving Lives, Saving Lives: Next steps
Presentation available at: www.eoe.nhs.uk/page.php?page_id=60

National Institute for Health and Clinical Excellence (NICE) guidance available at:
www.nice.org.uk

South Cambridgeshire Local Strategic Partnership. Working together for a better Cambridgeshire: Sustainable Community Strategy (draft) January 2008.
Available at: www.cambridge.gov.uk/ccm/cms-service/download/asset/?asset_id=9698015

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