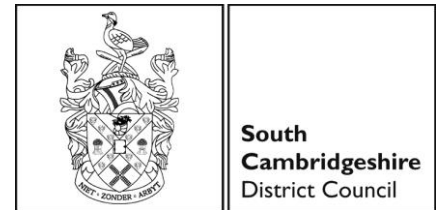


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5 May 2020

To: Chairman – Councillor Grenville Chamberlain
Vice-Chairman – Councillor Brian Milnes
Members of the Scrutiny and Overview Committee – Councillors
Dr. Shrobona Bhattacharya, Anna Bradnam, Dr. Martin Cahn, Nigel Cathcart,
Sarah Cheung Johnson, Graham Cone, Dr. Claire Daunton,
Dr. Douglas de Lacey, Geoff Harvey, Steve Hunt, Peter McDonald and
Judith Rippeth
Quorum: 5

Substitutes:	Councillors Gavin Clayton, Heather Williams, Mark Howell, Sue Ellington, Bunty Waters, Henry Batchelor, Peter Fane, Philip Allen, Jose Hales, Clare Delderfield and Deborah Roberts
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There is a pre-meeting session at 4.25pm for members of the Committee only, to plan their lines of enquiry.

Dear Councillor

You are invited to attend the next meeting of **SCRUTINY AND OVERVIEW COMMITTEE** on **THURSDAY, 14 MAY 2020 at 5.20 p.m.** Due to the Covid-19 outbreak, Central Government has imposed restrictions on the size of public gatherings. As a result, this meeting will be conducted remotely using the Microsoft Teams video conferencing system. There will be no access to the meeting at the Council Offices, but a live stream of the meeting will be available via Microsoft Teams. A web link to enable members of the Press and public to view, or listen to, the proceedings will be published on the relevant page of the Council's website at least 24 hours before the meeting.

Members are respectfully reminded that when substituting on committees, subcommittees, and outside or joint bodies, Democratic Services must be advised of the substitution **in advance of** the meeting. It is not possible to accept a substitute once the meeting has started. Council Standing Order 4.3 refers.

Yours faithfully
Liz Watts
Chief Executive

The Council is committed to improving, for all members of the community, access to its agendas and minutes. If you have any specific needs, please let us know, and we will do what we can to help you.

AGENDA

PAGES

1. **Apologies**
To receive apologies for absence from committee members.
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** **1 - 10**
To authorise the Chairman to sign the Minutes of the meeting held on 12 March 2020 as a correct record.
4. **Public Questions**
5. **New Build Council Housing Strategy 2020-2025** **11 - 26**
6. **Health and Wellbeing Strategy** **27 - 66**
7. **Work Programme** **67 - 82**
The Scrutiny and Overview Committee's work programme is attached with the Council's Notice of forthcoming Key and Non-Key Decisions.
8. **To Note the Dates of Future Meetings**
Tuesday 9th June 2020 at 5.20pm.
9. **Exclusion of the Press and Public**
The Press and public are likely to be excluded from the meeting during consideration of the following agenda item in accordance with the provisions of Section 100(a)(4) of the Local Government Act 1972 (exempt information as defined in paragraph 3 of Schedule 12A (as amended) of the Local Government Act. Paragraph 3 relates to 'information relating to the financial or business affairs of any particular person including the authority holding that information'.
10. **Confidential minutes of the previous meeting** **83 - 84**
To agree the confidential minutes of the meeting held on 12 March 2020.

Exclusion of Press and Public

The law allows Councils to consider a limited range of issues in private session without members of the Press and public being present. Typically, such issues relate to personal details, financial and business affairs, legal privilege and so on. In every case, the public interest in excluding the Press and Public from the meeting room must outweigh the public interest in having the information disclosed to them.

If the Press and public are to be excluded from the meeting, the following statement will be proposed, seconded and voted upon:

"I propose that the Press and public be excluded from the meeting during the consideration of the following item number 10 in accordance with Section 100(A) (4) of the Local Government Act 1972 on the grounds that, if present, there would be disclosure to them of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act."

If exempt (confidential) information has been provided as part of the agenda, the Press and public will not be able to view it. There will be an explanation on the website however as to why the information is exempt.

Guidance notes for members of the public

Members of the public are welcome to view the live stream of this meeting, except during the consideration of exempt or confidential items, by following the link to be published on the Council's website.

Any person who participates in the meeting in accordance with the Council's procedure rules, is deemed to have consented to being recorded and to the use of those images (where participating via video conference) and/or sound recordings for webcast purposes. When speaking, members of the public should not disclose any personal information of any individual as this might infringe the rights of that individual and breach the Data Protection Act.

If a member of the public interrupts proceedings at a meeting, the Chairman will warn the person or persons concerned. If they continue to interrupt, the Chairman will order their removal from the meeting. The meeting may be suspended until order has been restored.

For more information about this meeting, including access arrangements, please contact democratic.services@scambs.gov.uk

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Agenda Item 3

SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

Minutes of a meeting of the Scrutiny and Overview Committee held on
Thursday, 12 March 2020 at 5.20 p.m.

PRESENT: Councillor Grenville Chamberlain – Chairman
Councillor Brian Milnes – Vice-Chairman

Councillors:	Dr. Shrobona Bhattacharya	Anna Bradnam
	Dr. Martin Cahn	Sarah Cheung Johnson
	Graham Cone	Dr. Claire Daunton
	Dr. Douglas de Lacey	Geoff Harvey
	Peter McDonald	Judith Rippeth
	Henry Batchelor	

Councillors Neil Gough, Bill Handley, Dr. Tumi Hawkins and John Williams were in attendance, by invitation.

Officers:	Trevor Nicoll	Head of Environment and Waste
	Liz Watts	Chief Executive
	Victoria Wallace	Scrutiny and Governance Adviser
	Peter Maddock	Head of Finance
	Rory McKenna	Deputy Head of Legal Shared Service
	Heather Jones	Strategic Lead 3C Building Standards
	David Ousby	Head of Commercial Development & Investment
	Sagar Roy	Deputy Head of ICT - Operations

1. APOLOGIES

Apologies for absence were received from Councillors Nigel Cathcart and Steve Hunt. Councillor Henry Batchelor was present as a substitute for Councillor Hunt.

The Conservative Leader Councillor Heather Williams, who had hoped to attend the meeting, asked for her apologies to be noted.

2. DECLARATIONS OF INTEREST

Regarding agenda item 9 (Property Acquisition – Sawston), Councillor Milnes informed the committee that he had expressed opinions during discussions regarding the Sawston site.

3. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting were agreed as a correct record, subject to the following amendments:

- Inclusion in the list of attendees of Councillors John Williams, Neil Gough, Tumi Hawkins and Bridget Smith.
- Regarding the Crime and Safety Partnership, wording would be amended to reflect that it was not the purpose of the CSP to hold the Police to account.

4. PUBLIC QUESTIONS

Mr Daniel Fulton was invited to ask his question which had been submitted in advance of the meeting. Due to annual leave, Planning officers were unable to attend the meeting to provide a response. A written response was therefore provided, which the Chairman read out:

Through 2019, the Council a total of 61 applications/submissions subject to “call in” requests from Parish Councils and 3 application/submissions subject to Member call in requests were considered. The breakdown of these applications by type is as follows:

Application type	Parish call in requests	Member call in requests	Total number of applications
Outline planning applications	3	1	59
Applications for full planning permission	48	2	584
Approval of reserved matters	6	0	47
Listed building consent	1	0	191
Discharge of condition	0	0	1051
Variation of condition	3	0	163
Totals	61	3	2095

As a result of the Parish/member call in requests, the following outcomes arose for each of the items:

Application Type	Application referred to Ctte	Application approved under delegated powers	Application refused under delegated powers	No decision and matter deferred for further information/consideration.
Outline Planning Permission	0	1	2	1
Full Planning Permission	3	24	13	10
Approval of reserved Matters	2	2	1	1

Listed Building Consent	0	0	0	1
Variation of condition	1	2	0	0

Mr Fulton made the following supplementary statement:

“In September 2018, the leader of the council, the portfolio holder for planning, the entire cabinet, the chief officers, and the joint director for planning and economic development were made aware of serious legal defects in the manner in which the council was deciding planning decisions. The leader of the council asked the joint director for planning and economic development to undertake a review of the council’s scheme of delegation for planning decisions. This never happened.

Between November 2018 and May 2019, I contacted multiple officers and members of the council in regards to this issue and on multiple occasions wrote to the Council’s solicitors at 3C Shared Services. Still, no action was taken.

The Council persisted in issuing planning decisions under the unlawful delegation schemes, and on 10 January 2020, the Council was served with a pre-action letter indicating that the council’s unlawful delegation scheme would be challenged in the High Court.

The Council now finds itself in the position of being unable to operate effectively as the district’s local planning authority, and a large backlog of undetermined applications is currently awaiting consideration.

Prior to this scandal, as of Q3 of calendar year 2019, the Council’s on-time performance statistic for major planning applications was 66.1%. For comparison, South Cambridgeshire District Council’s performance on this measure is ranked number 337 out of 346 local planning authorities in England, or 9th from worst.

As I said, the current on-time performance statistic for major planning applications is 66.1%. This was before the Council had to effectively suspend the determination of major planning due to the lack of lawful delegation scheme. The threshold for the Secretary of State for Housing, Communities, and Local Government to designate a local planning authority as underperforming is 60%. A planning authority that is designated as underperforming loses its right to determine major planning applications, and applicants can instead bypass this Council and obtain planning permissions directly from the Planning Inspectorate.

Based on my calculations, the 60% threshold is virtually certain to be breached by this council in 2nd, 3rd, and 4th quarters of calendar year

2020. This will leave the council with no say on major planning applications by 2021.

This situation was avoidable if the leader, members of the cabinet, and chief officers had not taken a nonchalant and lackadaisical attitude towards the council conducting its planning process in an unlawful manner.

Having been present at a number of scrutiny meetings and having read the minutes from the recent meetings I have not attended, I have been surprised that this committee has not more closely examined why the Council persisted in knowingly issuing unlawful planning permission for nearly a year and a half and why no one has been held accountable for these obvious failures that are very highly likely to result in the council losing its discretionary powers over major development applications.

I would like to ask the Chairman why there has not been more rigorous scrutiny of the cabinet's and officers' roles in this scandal, and in particular, whether at any point, any officer has advised the chairman or members of this committee not to pursue this issue within the context of the scrutiny and overview committee."

5. ICT UPDATE AND ICT SHARED SERVICE BUSINESS PLAN 2020/21

The Deputy Leader (non-statutory) introduced the Shared Services Business Plans 2020/2021. He provided an explanation of the governance arrangements for the shared services.

The committee received an update on ICT from the Deputy Head of ICT. There was a detailed discussion during which the Deputy Head of ICT informed the committee of the following:

- Disaster recovery tests would be carried out for new systems and a full network disaster recovery test would be carried out. Regular disaster recovery tests would be carried out on network infrastructure going forward.
- Backups were used on a regular basis. The ICT service knew how long it took to recover each service, application or data from scratch. The current plan required each council to provide ICT with their priority applications for recovery. This was provided to ICT by each council's Intelligent Client.
- Regarding the service's KPI-2 Service Availability, the target of 95% was queried. The Deputy Head of ICT informed the committee that this equated to several days of downtime per year, which was not considered to be acceptable as residents wanted to access council services 24/7. He explained that the service was running above target.
- The relationship with the County Council was explained and the committee was informed that the ICT service used the County Council's data centre room. Given the County Council's move from Shire Hall, a new location for this was being discussed. The committee was informed that South Cambridgeshire District Council was responsible for its server

- unit and that there was no requirement for a generator here.
- The committee was informed that the ICT service had an asset register, which had been audited.
- The Deputy Head of ICT was confident that all single points of failure could be identified and that there was resilience in these areas.
- Corporate risk management decisions would be escalated to the Shared Service Board and from there issues would be escalated to Cabinet if appropriate.
- The telephony project was underway, which South Cambridgeshire District Council was leading. Designs had been proposed and requirements developed with key service areas. The plan was to go out to market in around June 2020.
- The Deputy Head of ICT explained the processes and measures that were in place to protect against cyber security attacks.
- Information was held in a central repository which all 3 councils could access.
- The committee was informed that not all vacant posts in the service had been filled but recruitment was ongoing. These vacancies were difficult areas to which to recruit.
- The Deputy Head of ICT explained how funding was split across the 3 authorities.
- The committee was informed that customer satisfaction would be surveyed through a general staff survey, however the timescale for this was not yet known.
- The Chamber equipment upgrade project would include the AV equipment, not the microphone equipment.

It was noted by the committee that documentation requested, such as IT Security Policy, Business Continuity Plan and others had still not been provided.

The committee noted that the albeit incomplete Council Anywhere project was delivering significant improvements and had put the council in a strong position with regards to the Covid-19 outbreak. However, the committee noted that the resilience of the ICT infrastructure was not being tested frequently enough and following significant changes.

Members requested that text on coloured background was not used in reports as this was not easily legible.

The Vice Chairman requested a copy of the ICT Security Policy be circulated to all members of the committee.

The committee noted the update and thanked the Deputy Head of ICT for this.

6. EXCLUSION OF THE PRESS AND PUBLIC

The committee agreed that the Press and public be excluded from the meeting during the consideration of the 3C Building Control Business Plan and for the consideration of agenda items 8 and 9, in accordance with the provisions of Section 100(A)(4) of the Local Government Act 1972 (as amended) (exempt

information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Act). Paragraph 3 refers to information relating to the financial or business affairs of any particular person (including the authority holding that information).

7. SHARED SERVICES 2020/21 BUSINESS PLANS

The Deputy Leader (non-statutory) introduced the Shared Services Business Plans which were discussed in turn by the committee.

Legal Shared Service Business Plan

The committee was informed by the Deputy Head of Legal Practice, that Cambridge City Council was the primary employer for the service and as such ran the recruitment process with support from HR. He informed the committee that there was difficulty in recruiting legal officers, which was likely due to competing with private sector salaries. The other benefits of working in Local Government, which were not financial, were promoted during recruitment. The use of paralegals and trainee solicitors was being looked at.

It was clarified that Tom Lewis was the Head of Legal Practice and Monitoring Officer for Cambridge City Council and Huntingdonshire District Council. Rory McKenna was the Deputy Head of Legal Practice and Monitoring Officer for South Cambridgeshire District Council.

The committee **noted** the Legal Shared Service Business Plan.

Shared Planning Service Business Plan

The Lead Cabinet Member for Planning presented this business plan which the committee discussed. The committee was informed by the Lead Cabinet Member of the following:

- The career development opportunities offered by this large service were being recognised. Officers had the opportunity to work on exciting projects due to the large number of strategic sites in the district.
- A significant number of new staff appointments had been made to the service after it had been featured in two articles in key Planning publications.
- The service's customer service had improved.
- Training on the new planning portal had been provided for parish councils, all of which had access to their own portal account.
- The new software project was discussed, and the committee was informed that all data had been transferred to the new system.
- The Chief Executive explained the financial arrangements for the shared planning service, which were complicated. Income from planning applications remained with the relevant council to which the application had been made. The costs for the Joint Local Plan would be split equally between the relevant councils.
- The service was looking at bringing in extra resource when needed for conservation area appraisals.

The committee **noted** the business plan.

Greater Cambridge Shared Waste Service (GCSWS) Business Plan

The Head of Environment and Waste and Lead Cabinet Member presented the business plan.

Committee members provided some positive feedback regarding the service.

Communications around recycling was discussed. Members thought the information on recycling provided on the website was useful, however the website was difficult to navigate. Members suggested that some further communication around items that could be recycled, was needed. The Head of Environment and Waste explained the action that had been taken regarding this.

The Head of Environment and Waste outlined to the committee the measures that were being taken to reduce the service's carbon impact. He informed the committee that the service's biggest carbon impact was from its waste vehicles. The detail of the timing of the new electric bin lorry would be announced in due course and moving the rest of the fleet to electric vehicles would be worked on.

The committee was informed by the Head of Waste and Environment that a food waste trial had started with 1000 properties split between South Cambridgeshire and Cambridge City Council. This had been well used by residents. Food waste collection was likely to be part of the new waste strategy.

The committee was informed that over 400 litter picking kits had been given to parishes that had been proactively using these.

The Lead Cabinet Member informed the committee that cleaning out recyclable plastics was an education issue and that fresh water was not needed for this.

The Head of Environment and Waste informed the committee that:

- Some people were moving away from the use of highly recyclable materials, such as plastic, to other materials that were more difficult to recycle.
- The service had historically suffered from high levels of staff sickness due to the nature of the work. Staff were being supported with their sickness and work was being done to ensure extra burden was not put on remaining staff.
- Officers were working with waste teams to mitigate against Covid-19 and the service had an extensive business continuity plan.

The committee **noted** the business plan.

Shared Internal Audit Service Business Plan

The Head of Finance informed the committee that the process of auditing the Council's accounts was nearing completion. A full report would be presented to the next meeting of the Audit and Corporate Governance Committee.

The committee **noted** the business plan.

3C Building Control Business Plan

As agreed by the committee at agenda item 6, the committee discussed the 3C Building Control Business Plan in closed session. The Head of Building Control explained the figures which demonstrated the saving that had been made by the service. She explained the enforcement model and that it was anticipated there would be more enforcement and powers to recover the cost of this activity. There was a risk related to the competency and numbers of staff required if the service had to increase enforcement activity to the extent that was expected. The head of service informed the committee that a successful bid for funding had been submitted to Cambridge City Council to help support training for the Building Control team.

The Lead Cabinet Member for Planning highlighted to the committee the transformation of this service, which was award-winning, since it had become a shared service. The Lead Cabinet Member was confident that the same would happen with the new Shared Planning Service.

8. PROPERTY ACQUISITION - CAMBRIDGE SCIENCE PARK

The Lead Cabinet Member for Finance presented the investment opportunity at Cambridge Science Park, which he considered to be a good investment. As agreed at agenda item 6, committee members discussed this in closed session. Despite the concerns raised by committee members, the committee supported this investment going forward to Cabinet for consideration.

9. PROPERTY ACQUISITION - SAWSTON

The Lead Cabinet Member for Finance presented the investment opportunity at Sawston Business Park, which he informed the committee provided facilities that were needed and provided the opportunity to deliver sustainable development. Committee members discussed this in closed session and outlined their concerns.

10. TRANSFER OF COMMUNITY ASSETS POLICY

The Lead Cabinet Member for Finance presented the policy for the potential transfer of community assets to relevant third-party organisations.

Members commented that this was an excellent document and the committee indicated its support for the policy.

11. WORK PROGRAMME

The Scrutiny and Overview Committee **NOTED** its work programme.

12. TO NOTE THE DATES OF FUTURE MEETINGS

The next meeting would take place on Thursday 21st April 2020 at 5.20pm.

The Meeting ended at 8.20 p.m.

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REPORT TO: Scrutiny and Overview Committee 14th May 2020

LEAD CABINET MEMBER: Councillor Hazel Smith. Lead Cabinet Member for Housing

LEAD OFFICER: Interim Head of Housing - Liz Bisset
Head of Housing - Peter Campbell

New Build Council Housing Strategy 2020 - 2025

1. Executive Summary

- 1.1 This New Build Council Housing Strategy sets out the reasons for, and context within which, South Cambridgeshire District Council (SCDC) will acquire or directly commission new build affordable homes to be owned and managed directly by the Council. It brings the strategy which was agreed in June 2015 up to date.
- 1.2 This strategy retains those elements from 2015 which are still relevant but takes account of and makes clear where there are changes to policy and practice. The 2020 New Build Council Housing Strategy will provide an updated framework for future activity, reflecting the significant changes that have taken place since the previous Strategy was written and agreed.

2. Key Decision

Yes. The key decision was first published in the May 2020 Forward Plan.

3. Recommendations

Scrutiny Committee is asked to consider and comment on the New Build Council Housing Strategy

Reasons for Recommendations

To give Scrutiny the opportunity to consider the report before it is presented to Cabinet and Council.

4. Details

- 4.1 The New Build Council Housing Strategy is attached as Appendix A. A summary is given here drawing out the main points in the strategy which has been developed in the context of SCDC broader aspirations.
- 4.2 Both local and national policies relating to the delivery of new affordable council housing have changed since the previous New Build Strategy was agreed in 2015. Of particular relevance for this updated strategy are the revised SCDC target to at least double Council new builds by 2024; the removal of restrictive cap on Housing Revenue Accounts (HRA) for borrowing; the mix of available sites across the District to meet the 5 year land supply requirements; and the creation of a new Investment Partnership between the Council and two development companies.
- 4.3 The Council will be guided on the selection of sites and the acquisition of homes by criteria set out in the strategy. New build homes will therefore contribute to one or more of the following:
- Ensuring that the Housing Revenue Account budget maintains an income from rents and shared ownership sales that enable good quality services to be delivered, and help to fund future affordable housing.
 - Contributing to meeting the need for types of housing in short supply. For example, the requirement for smaller properties to meet the needs of those on the housing register, older people looking to downsize, and disabled adapted homes.
 - Better standards of housing design which contribute to lowering energy costs and meeting the Council's net zero carbon target.
 - Achieving best value in terms of the investment in new housing, related to the quality and type of housing, with agreed payback periods.
- 4.4 Funding is in place to deliver against a target of 350 new homes in the 5 years to 2024, and delivery has been on course to achieve this. Funding streams are identified in the Medium Term Financial Strategy for the Housing Revenue Account, and set out on in the table in section 4.3 in the appendix. The as yet unknown impact of the lockdown arrangements to minimise the spread of Covid-19 will need to be stress tested against this financial model.
- 4.5 The New Build Council Housing Strategy identifies a range types of sites where there will be potential opportunities to acquire new affordable Council housing. These include land and assets such as garage sites owned by the Housing Revenue Account; Large strategic sites where affordable housing is delivered as part of the Section106 planning requirements; rural exception sites identified to meet local needs; and other sites which have been agreed to meet the 5 year land supply requirement.

- 4.6 SCDC has both the financial resources and the administrative capacity to deliver against the aspiration for at least 350 new affordable Council homes by 2024. A New Build Team, located in the Housing Service has the skills necessary to both negotiate with developers delivering S106 affordable housing and to directly commission developments on smaller sites. The new SCDC Investment Partnership will be developing sites with the potential for the Council to acquire the affordable housing; and the Ermine Street could come in on opportunities to include private rented properties in any mix.
- 4.7 As a landlord SCDC is concerned to maintain rents at an affordable level, and will set rents at no more than the long-term Local Housing Allowance, set by Government as the maximum level to be covered by Housing Benefit.
- 4.8 The implementation of the strategy will be monitored against the targets for homes built or acquired; the criteria against which decisions are made; and budget forecasts. Schemes where the payback period is more than 35 years will be agreed by the Head of Housing in consultation with the Lead Member for Housing if valued under £2 million, or Cabinet if over this amount. An annual progress report will be presented to Leadership Team and Cabinet

5. Implications

In the writing of this report, taking into account financial, legal, staffing, risk, equality and diversity, climate change, and any other key issues, the following implications have been considered:-

Financial

The New Build Council Housing Strategy has been fully costed. The table in Section 4.3 shows the estimated and actual costs of schemes across a 5 year period and Capital expenditure allocations against this. These funding requirements of the New Build programme will be reviewed 6 monthly as part of the overall review HRA brought to Council.

Legal

There are no additional legal considerations relating to this strategy. Appropriate legal advice is sought on individual schemes as these are brought forward.

Staffing

There are no additional staffing implications relating to this report.

Risks/Opportunity

The corporate strategic risk register includes risks relating to the New Build programme. The Housing Service Plan provides an annual update of risks. As the programme has grown it now merits a specific, more detailed risk register for the development pipeline to be completed by April 2020 and to be reviewed twice yearly at Leadership Team.

Equality and Diversity

The strategy addresses the provision of Council housing to meet specific needs, such as housing for older people who may want to downsize, or who may require adapted homes.

Climate Change

We will seek through a revised housing design specification to set out the features SCDC will seek in new build purchases, aligned to the Council's green to the core objective, and contributing to moving towards net zero carbon emissions.

6. Alignment with Council Priority Areas

Growing local businesses and economies

A growing economy needs places for people to live close to their place of work, and able to spend in the local economy.

Housing that is truly affordable for everyone to live in

This is a strategy to deliver an increasing in affordable Council housing. Setting rent at the Local Housing Allowance will keep rents at an affordable level

.

Being green to our core

See section on climate change.

A modern and caring Council

The strategy prioritises homes which are built to good design and sustainability standards and are well connected to transport and amenities. To meet local village needs it supports the development of rural exception sites.

7. Background Papers

2015 SCDC New Build Strategy.

8. Appendices

Appendix A New Build Council Housing Strategy

9. Report Author:

Liz Bisset – Interim Head of Housing
Peter Campbell - Head of Housing

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DRAFT New Build Council Housing Strategy 2020 - 2025

1. Why Build?

The Council is committed to putting the heart into South Cambridgeshire by:

- Building homes that are truly affordable to live in
- Helping business to grow
- Being green to our core
- Putting our customers at the centre of everything we do

The New Build Strategy supports all these objectives. It also links to other agreed strategies, primarily:

- The Greater Cambridge Housing Strategy 2019 – 2023
- The South Cambridgeshire Local Plan 2018
- The Greater Cambridge Sustainable Design and Construction SPD 2020

The strategy will be updated to reflect major changes in these linked strategies.

2. Current Position

- 2.1 This New Build Strategy sets out the reasons for, and context within which, South Cambridgeshire District Council (SCDC) will acquire or directly commission new build affordable homes to be owned and managed directly by the Council. It brings the strategy which was agreed in June 2015 up to date.
- 2.2 This strategy retains those elements from 2015 which are still relevant but takes account of and makes clear where there are changes to policy and practice. The 2020 New Build Strategy will provide an updated framework for future activity, reflecting the significant changes that have taken place since the previous Strategy was written and agreed.
- 2.3 The 2015 Strategy gave the following reasons for the SCDC acquiring new build properties.
 - Increase the supply of housing which is affordable to local people, including (but not exclusively) Council rent, Council shared ownership, Council owned intermediate rented properties.

- Re-balancing of housing supply (number of bedrooms) to offset welfare benefit changes.
- Increase the housing choices available to people with disabilities – including an increased supply of wheelchair accessible housing.
- To make the best use of the Council's land and property assets
- Reducing fuel poverty and promoting energy efficiency
- Being able to build homes that achieve high standards of design and construction; and the procurement of new homes to achieve best value for SCDC.

2.4 All the above remain relevant, but both the national and the local political landscape for housebuilding have changed since 2015, bringing additional considerations. Most influential for this strategy are the revised SCDC target to at least double Council new builds by 2024; the removal of restrictive cap on Housing Revenue Accounts (HRA) for borrowing; the mix of available sites across the District to meet the 5 year land supply requirements; and the creation of a new Investment Partnership between the Council and two development companies. The significance of these changes will be explored in the following sections setting out criteria for selection of sites, funding, delivery and risks.

3. Updated Criteria for Selection of Sites

3.1 The following are desirable criteria against which any future purchases will be evaluated. The Council is providing affordable housing alongside other providers – mainly Housing Associations, and these criteria focus on the added value that new builds bring to Council owned housing.

Increasing HRA properties

3.2 Following the elections in May 2018 a revised target was set in the Business Plan for the number of new build homes acquired by the Council, increasing the target from 35 to 70 over 5 years giving a total of 350, with an aspiration to deliver up to 100 a year if feasible. Since 2018 a total of 209 new Council homes have started on site, with a further 81 homes at Northstowe due to start on site in 2020-2021. These are a mixture of affordable rent and shared ownership. We are confident that we will exceed this target, playing our part to address the great need in South Cambridgeshire for more affordable housing.

3.3 Increasing the numbers of affordable homes the Council is able to offer will ensure that the HRA maintains a healthy income stream from rents and shared ownership sales and staircasing.

Meeting Identified Housing Need

- 3.4 The Council new build programme will seek to address housing needs that are not adequately catered for by the current market.
- 3.5 The welfare reforms highlighted in 2015 are one, but not the only reason, that the supply of smaller homes is not sufficient to cater for demand. The housing needs register shows that for December 2019 51% of applicants were registered for a 1 bed property, 31% for a 2 bed property, and 12% for a 3 bed property, leaving 6% requiring a 4 bed or larger property. This pattern is consistent over time, reinforcing the greater requirement for 1 and 2 bed properties.
- 3.6 Local villages often have specific housing needs. Assessment of individual village housing need based on local connections, usually undertaken by Cambridgeshire ACRE, differ from the district wide assessments used on larger strategic sites. Alignment with village needs assessments, particularly to address deficits, will be taken into account when considering potential HRA purchases.
- 3.7 On both larger strategic sites and village sites there remain deficits not only in terms of numbers but also in certain types of home. As identified in the Greater Cambridge Housing Strategy 2019-2023 there is a lack of homes for older people (including homes attractive to those wanting to downsize), entry level homes for first time buyers, and homes built to accessible and adaptable dwellings standards. Some types of homes for older people are exempt from Right to Buy, and new build will provide attractive opportunities for downsizing and releasing family sized property; additional reasons to favour this type of tenure.
- 3.8 For all sites where HRA purchases are considered decisions will take account of the benefits of promoting homes that are well located to services and facilities and well-integrated into communities.

Design Standards – Building Greener Homes

- 3.9 Being green to our core means a commitment to create a cleaner, greener, zero carbon future. This applies to new build. The January 2020 Greater Cambridge Sustainable Design and Construction SPD provides requirements and guidance on how new developments can be built in a sustainable and environmentally friendly way, better insulated with lower energy consumptions

and therefore a lower carbon footprint, and potentially reduced heating bills. We will seek through a revised housing design specification to set out the features SCDC will seek in new build purchases, aligned to the Council's green to the core objective. This will include modern methods of construction, including modular builds, where this meets the requirements set out in our design specification for Council homes.

- 3.10 For purchases from Section 106 sites the ability to specify precise standards for affordable housing will be limited, as these are largely pre-agreed, and although they must meet planning requirements, cost considerations for developers mean that enhanced specifications are not standard. Where there are opportunities to negotiate enhanced standards to meet our new build desired specifications SCDC will do so.

Achieving Best Value

- 3.11 As in the previous strategy sites will be evaluated to ensure they provide value for money using both ProVal- a widely used evaluation model, and the in-house assessment model based on the Chartered Institute of Housing viability model. The payback period for a scheme, using a blended rate where there is a mix of tenures, will have a payback of no more than 35 years, reflecting current property and HRA rental values, unless there are justifiable reasons relating to better design standards to meet our broader aspirations. In 2015 a reasonable payback period was considered to be 30 years. Based on current performance 35 years, with flexibility to go beyond this is more reasonable given the increase in prices and the impact of the 2016 – 2020 freeze to all social rents. Circumstances which warrant purchases of affordable housing schemes with a payback in excess of 35 years will be agreed by the Head of Housing in consultation with the Lead Member for Housing if valued under £2 million, or Cabinet if over this amount.

4. Funding

- 4.1 Funds have been allocated in the Capital Programme to meet all the current commitments. Unallocated sums have been retained to meet further acquisitions to 2024/25. The following table shows the breakdown of allocated and unallocated funds, and the available funding streams. The mid-year revision of the Medium-Term Financial Strategy will enable adjustments to be made as pipeline commitments are confirmed.
- 4.2 The lifting of the HRA borrowing cap provides capacity to borrow a further £45 million as set out in the HRA budget paper agreed at Council in February

2020, only £7 million of which is currently included within the current funding schedule.

- 4.3 Alongside new builds there is a commitment to fund the greening of the HRA existing stock, and work is underway to develop a planned and costed programme for upgrading existing Council homes, which will also require additional Capital investment. The HRA business plan shows that there is sufficient funding to deliver the target of 70 homes a year until 2024/25 and the cost of greening our homes will be built into future modelling alongside our ambitions to increase the number of Council homes year on year.

Housing Revenue Account	Budget 2020-21	Budget 2021-22	Budget 2022-23	Budget 2023-24	Budget 2024-25
	£'000	£'000	£'000	£'000	£'000
HRA New Build					
Allocated	18,122	10,537	687	0	0
Unallocated New Build / Acquisition Budget	8,749	8,369	4,224	11,200	11,200
Total HRA New Build	26,871	18,906	4,911	11,200	11,200
Housing Capital Resources					
Other Capital Receipts (Self-Build Plot Sales)	(600)	(600)	(600)	(600)	(600)
New-Build Shared-Ownership receipts	(600)	(2,040)	(2,921)	(3,438)	(1,200)
Direct Revenue Financing of Capital	(13,713)	(9,599)	0	(4,422)	(6,660)
Other Capital Resources (Grants / S106 funding)	(1,095)	(300)	(500)	(500)	(500)
Retained Right to Buy Receipts	(5,863)	(4,367)	(890)	(2,240)	(2,240)
HRA CFR / Prudential Borrowing	(5,000)	(2,000)	0	0	0
	(0)	(0)	(0)	0	0

- 4.4 Homes England and the Cambridgeshire and Peterborough Combined Authority (CPCA) provide additional sources of funding. CPCA funding is offered through a range of measures which involve a payback mechanism including loans, investment equity that provides a return, and recoverable grants. Homes England funding programmes are targeted towards additionality - that is providing subsidy for new build that is additional to the numbers and type agreed through Section 106 agreements, or homes built on land where the units provided are additional to any pre-existing units. The

added value for SCDC new build programme of external funding will be kept under review.

- 4.5 The impact of Covid-19 on the construction industry, the ability of prospective tenants to pay an affordable rent, and the take up of shared ownership will be stress tested within the current financial model, when the impact is known. If available capital funding remains the same the model is flexible enough to accommodate changes by extending payback periods. If any funding streams were to reduce, without compensating funding from elsewhere this would reduce the numbers of new dwellings that could be achieved.

5. Opportunities for Development

HRA Land and Property Assets

- 5.1 The position outlined in the 2015 strategy has not substantially changed. The Council owns and manages 5248 homes, including sheltered housing with communal facilities, flats with leaseholders and equity share properties. 286 of the properties are of non-traditional construction and there are garage blocks throughout the district with widely differing levels of usage.
- 5.2 An up-to-date audit will be undertaken in 2021 to inform the potential for the Council to build on HRA owned land. This is a prerequisite to deciding whether, and how, to commission new build on HRA land. Availability of HRA land for new build is known to be limited. Alongside this the Asset Management Strategy, which will be updated and agreed this year, will identify potential land and property including garage sites, where assets are in very poor condition and could release valuable land, or in the case of sheltered schemes provide a greater number of homes built to a higher standard.

Large Sites

- 5.3 Council New Build on larger strategic sites will come through the purchase of affordable housing required under S106 agreements. Section 106 sites will remain the primary source of achieving the target number of new homes set out in the business plan as new sites come forward for consideration. These large strategic sites will be brought forward by developers, including the Council's Investment Partnerships, and the affordable housing element is required to meet planning obligations. The reasons for purchase will relate to specific Council objectives as set out in the criteria in sections 2 and 3 of this paper. There must be a justification for why the Council will potentially be competing against other providers for the affordable housing and where the opportunity is there, we will work collaboratively with other providers. As we

have seen the HRA has a need for certain types of housing, and the Council has broader objectives that mean it may want to invest in a geographical area, and meet specific lower carbon, more sustainable, design standards.

Rural Exception Sites

- 5.4 SCDC is very supportive of bringing forward rural exception sites. These are sites, usually on the edge of villages and sometimes in green belt or arable land sites, agreed to address the housing need of a village. These sites have a long lead in time and deliver relatively small numbers of dwellings. To date the Council has been the provider of the affordable housing on only two rural exception sites. In the first instance households eligible to be allocated affordable housing on rural exception sites will have a local connection and incomes that are potentially higher than the district wide housing needs register. If the Council is the affordable housing provider the property can be purchased under the Right to Buy and cannot therefore be retained in perpetuity for those in need. The risk of RTB purchase is greater because the preference for a local connection when allocating homes means income can be higher. This is not the case if the affordable housing is owned by a Housing Association where there is no Right to Acquire. For this reason Council purchase of new build affordable housing on rural exception sites will only be where there is no reasonable alternative offer from another provider.

Other 5 Year Land Supply Sites

- 5.5 The Council have a 5 year land supply as set out in the South Cambridgeshire Local Plan, agreed in 2018. This is updated annually. Sites agreed for housing development will be at various stages of development. The New Build Strategy can have a part to play where sites have outstanding permissions and purchase of affordable housing contribute to unlocking a site and meeting Council priorities at the same time.

6. Capacity to Deliver

New Build Team

- 6.1 The 2015 Strategy relied heavily on the Housing Development Agency, a previously shared service which is now solely focused on delivering new build for Cambridge City Council. SCDC's own new build team comprises of a manager, 3 development officers and a consultant and self-build team of 2 people. The new build team work closely with the exception sites officer, located in the strategic housing team.

- 6.2 The size of the new build team is sufficient to manage the current approach to acquiring new build Council housing, and has skills to directly commission and manage the current new build contracts on sites owned or acquired by the HRA. If SCDC were to embark on a major direct new build programme capacity would need to be reviewed. Because SCDC would have greater control over building on owned sites there are enhanced opportunities to build to a higher specification and give preference to housebuilders who contribute to the local economy and have an apprenticeship scheme.

Investment Partnership

- 6.3 In April 2020 the SCDC Cabinet agreed the terms of Investment Partnerships with two separate developers – Hill Partnership Ltd and Balfour Beatty Investments - to deliver homes of all tenures including affordable housing, and to deliver positive financial returns for the Council. The Investment Partnerships are at an early stage but will be an important source of good quality affordable housing in the future. Completions are likely to be realised in 2-3 years' time.
- 6.4 It is important to recognise that the Investment Partnerships are public/private joint ventures. The Investment Partnership Agreements are created on a “framework” basis primarily created with a view to making a profit and potentially the Investment Partnerships could refuse to develop and/or sell to the Council if it was not in the Investment Partnerships' best interests – for example, if the sale price was substantially below that being offered by a third party or was otherwise loss making. This would need to be negotiated in practice. The Council would need to establish a methodology for establishing VFM in terms of having purchased from either IP – bearing in mind that it also has a vested interest in maximising profits. Nevertheless, the IP is likely to be a key delivery vehicle for the acquisition of affordable homes

Ermine Street Housing

- 6.5 Ermine Street Housing is a wholly owned company operating from 2014 to purchase buy-to-rent properties, returning an investment for the Council. Ermine Street Housing can commission private rented housing as part of overall development packages, potentially alongside the delivery of new affordable homes in the district, or to work with developers and landowners on wider mixed use (residential/ commercial) development sites. The New Build team is tasked with delivering the Council's affordable homes programme, and opportunities may arise with developers for the Company to purchase stock for market rent as part of an overall scheme to provide new build homes to meet Ermine Street's business objectives.

7. Landlord Considerations

Affordability of Rent Levels

- 7.1 Most of SCDC Council housing remain at social rent levels which equate to approximately 45% of market rents. Current practice is to set rent levels for new build affordable rented homes at the level of the Local Housing Allowance (LHA) which equates to about 60-65% of market rents. This ensures that New Build can achieve reasonable payback of capital investment, typically within 35 years. Affordable rents set at this level can be covered by Housing Benefit where this is paid, although it should be noted that Universal Credit is not differentiated for local rental values but is capped at an overall amount. Nevertheless, LHA levels remain the best indicator of affordability available and will be retained as the benchmark rental values for SCDC new build affordable rent. Financial modelling shows that this is consistent with a payback period of up to 35 years and the assumptions in the 30 year business plan. Providing social rents for new build properties would require a level of subsidy not currently available, or savings would be required, to maintain the existing HRA business plan projections.

8. Monitoring Arrangements

- 8.1 The budget for the new build programme is agreed in the HRA business plan and will be reviewed at least every 6 months. Acquisitions valued below £2 million that are within budget and meet current policy will be agreed with the Head of Housing and the Lead Member for Housing. Acquisitions above the amount will be agreed by Cabinet. A progress report will be produced annually, in April, and will be reported to Leadership Team and Cabinet.

9. Risk Management

- 9.1 The corporate strategic risk register includes risks relating to the New Build programme. The Housing Service Plan provides an annual update of risks. As the programme has grown it now merits a specific, more detailed risk register for the development pipeline to be completed by April 2020 and to be reviewed twice yearly at Leadership Team.

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Agenda Item 6



14 May 2020

Report to: Overview & Scrutiny Committee

Lead Cabinet Member: Hazel Smith, Lead Member for Housing and Health

Lead Officer: Gareth Bell, Communications Manager

Health & Wellbeing Strategy

Executive Summary

1. This report presents to the Scrutiny and Overview Committee a Health & Wellbeing Strategy for South Cambridgeshire District Council (SCDC) for which Cabinet approval is sought in June 2020.
2. Once approved the strategy will provide clearer guidance and priority to those actions which promote health and wellbeing and which support the Council's business plan.
3. A healthy society is necessary for a prosperous and flourishing society. If we are to make thoughtful decisions about our environment and be able to contribute to the wider community, people's basic health needs must be satisfied first. The greatest factors influencing people's health comes from activities such as education, employment, housing, the environment and community all of which fall within the role of local government. Therefore, health and wellbeing is not an isolated activity but one which permeates every area of the Council's work.
4. The Health & Wellbeing strategy has been developed following thorough examination of the data describing the health of our district's residents, with a clear understanding of the structures which allow this Council to address these needs in partnership with others and with member engagement at its centre.
5. It should be noted, however, that this process occurred prior to the Covid-19 pandemic – which has already had profound impacts on lifestyles, health and wellbeing and will continue to do so in the medium and longer terms. Whilst it is too early for a full assessment of how this crisis will change the health landscape, some of the likely impacts have already been evaluated (by local Directors of Public Health in conjunction with the LGA ⁽¹⁾); therefore a degree of flexibility within this strategy to respond may be necessary as the pandemic takes its course and a clearer picture emerges.

Key Decision

6. No this is not a key decision.

Recommendations

7. It is recommended that Scrutiny and Overview Committee considers and comments on the Health and Wellbeing strategy prior to submission to Cabinet.

Reasons for Recommendations

8. To agree a strategic direction which continues to promote and support the wellbeing needs – both physical and mental - of the residents of South Cambridgeshire.

Details

9. The District Council has identified its health and wellbeing priorities to support delivery of the business plan, using data from the Cambridgeshire and Peterborough Joint Strategic Needs Assessment (JSNA) 2019 and the District Summary for South Cambridgeshire JSNA 2019. The JSNA report, published by the Public Health team at Cambridgeshire County Council aims to identify local needs and views in order to support local strategy and service planning. This strategy also takes into consideration the wider context of the socio and economic environment across the County and nationally, and recognises the work being undertaken in collaboration with the public sector under the Think Communities approach to place-based working and the delivery of Primary Care through the Primary Care Networks (PCNs). By working in partnership with our wider health stakeholders our role is to support, facilitate and enable action at a community level which acts to promote good health. The activities we undertake and support all lead to the promotion of a strong sense of place, with good community cohesion and connectivity and healthier, greener environments; all of which help contribute to keeping people physically and mentally well and reducing the burden on the healthcare services.
10. As a District Council we are members of and represented on the Cambridgeshire and Peterborough Health and Wellbeing Board. The aim of the board is to improve integration between practitioners and local health and social care, public health and related public services so that patients and other service-users experience more joined up care. Through our membership we are signed-up to the wider County priorities and work with our colleagues in Public Health to address more local issues pertinent to South Cambridgeshire.

11. The Draft Cambridgeshire and Peterborough Health and Wellbeing Board Strategy 2019-23

The Cambridgeshire and Peterborough Health and Wellbeing Board is currently updating its strategy; however, the emerging 4 key priority areas are:

- 1) Places that support our health and wellbeing
- 2) Helping children achieve the best start in life
- 3) Staying healthy throughout life
- 4) Quality health and care services

12. It is also important to take into consideration the health priorities of the NHS. These are set by the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP). The STP has two geographical Alliances, in the North and South. PCN's will operate within an Alliance geography. In South Cambridgeshire our health care services will fall within the Southern Alliance and they are charged with developing Integrated Neighbourhoods to help the PCNs to develop local integrated services with community partners. NHS community teams and the Combined Local Authority Think Communities teams will align to PCNs to support integration opportunities as Integrated Neighbourhoods.

13. The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will lead on the development of these delivery plans on behalf of the STP and work in partnership with the Southern Alliance. The priorities are listed as follows:

- 1) Promoting care in people's homes via neighbourhood care hubs, and a focus on people powered health and wellbeing.
- 2) Providing safe and effective hospital care when needed
- 3) Partnership working
- 4) Developing a culture of learning as a health and care system
- 5) Using technology to modernise health

14. Much of the work we do as a District Council is already aligned to these priorities. This is demonstrated within the Greater Cambridge Housing Strategy and our commitment to create homes which promote good health, and through our housing officers and community work focused on enabling people to live independently in their own homes for as long as possible. We will continue to work in partnership with health professionals to avoid hospital admissions and facilitate timely discharge from hospitals; exploring the adoption of tech-enabled solutions in our Healthy New Town at Northstowe.

15. Primary Care

In July 2019 GP surgeries started working in partnership (geographically) and at scale to address the growing needs of their increasing ageing population as PCN's which serve populations of approximately 40,000-50,000 people each. They aim to work more collaboratively with other agencies such as Public Health commissioned services, community and local authority led projects, mental health, social care, pharmacy, hospital and voluntary services.

16. There are 3 main PCNs across the District, within which the majority of our GP practices fall:

- ⇒ **Cambridge South East Villages** (Granta): Shelford, Sawston, Linton, Barley and Royston Surgeries in Hertfordshire
- ⇒ **Cambridge West Villages** (Meridian): Harston, Comberton, Bourn, Orchard (Royston), Royston and Roysia surgeries
- ⇒ **Cambridge North Villages**: Firs House (Histon), Milton, Willingham, Over, Cottenham, Swavesey, Maple (Bar Hill) and Waterbeach (and yet to be built Northstowe) Surgeries
- ⇒ Papworth Surgery is part of the Huntingdon Central PCN
- ⇒ Monkfield Medical Practice (Cambourne) is part of the St Neots PCN
- ⇒ Greensands Medical Practice (Gamlingay) is joined to a Bedfordshire PCN

17. Secondary Care

Annual hospital care attendances and admissions for people registered within South Cambridgeshire are shown in the table below:

Area	All ages		Under 75s		75 and over	
	Number of admission episodes	DASR per 1,000	Number of admission episodes	DASR per 1,000	Number of admission episodes	DASR per 1,000
Cambridge	25,709	250	20,297	206	5,412	696
East Cambridgeshire	21,719	247	16,303	203	5,416	690
Fenland	33,112	314	24,926	267	8,186	798
Huntingdonshire	50,089	285	38,403	235	11,686	789
South Cambridgeshire	38,683	252	28,893	205	9,790	722
Cambridgeshire	169,312	268	128,822	220	40,490	746
Peterborough	47,062	259	37,707	215	9,355	707
Cambridgeshire and Peterborough	216,374	266	166,529	219	49,845	738

For the table:

DASR - directly age-standardised rate.

Includes all elective, emergency, maternity and other admissions (excluding well babies receiving usual care). Cambridgeshire districts are benchmarked against Cambridgeshire average value, Cambridgeshire against C&P average value, and Peterborough against C&P average value.

- ⇒ There was a total of **38,683 inpatient admission episodes for South Cambridgeshire** in 2017/18 (22.8% of Cambridgeshire's total).
- ⇒ Rates of inpatient admission episodes are more than three times **higher in people aged 75 and over** than in under 75s for most of the C&P CCG areas. For **South Cambridgeshire** the rates are **more than three and a half times higher in the 75 and over age group**.
- ⇒ 64% of beds are occupied by patients over 65 years ⁽³⁾.

18. Most hospital attendances for the residents of South Cambridgeshire take place at Cambridge University Hospital (CUH), Addenbrookes. Demand for hospital services are predicted to continue to rise as a result of high population growth from housing growth across the County and the increase in the older population.

19. District Overview

South Cambridgeshire is predicted to have the **highest level of growth in absolute numbers and proportional growth** of any Cambridgeshire district between 2016-2036.

- ⇒ Recent growth has primarily been driven by **natural change, rather than migration. However, our planned new housing sites and the numbers of dwellings expected in South Cambridgeshire also contribute to the expected population growth.**
- ⇒ In South Cambridgeshire, as with most Cambridgeshire districts, the **White British** group comprises around 90% of the population. Travellers make up the largest ethnic minority group in the District and have the poorest health outcomes.
- ⇒ South Cambridgeshire is markedly the **least deprived district** in Cambridgeshire, and none of its population live in the most deprived fifth (20%) of areas nationally.

- ⇒ The **proportion of people** from the **Asian: Indian/Pakistani/ Bangladeshi** group in South Cambridgeshire is **smaller** than the proportion found nationally (1.9% compared to 5.6%).
- ⇒ **Health outcomes in South Cambridgeshire are broadly very good** and often statistically significantly better than national averages.
- ⇒ South Cambridgeshire's **educational attainment** and **employment** rates are statistically significantly **better than the England average**.
- ⇒ South Cambridgeshire has statistically significantly **higher levels of emergency hospital stays for self-harm**. There are also higher levels of hospital admissions to 24-hour led services, although this may reflect local service provision.

20. Forecasting future needs for health and care in South Cambridgeshire

The total resident population of South Cambridgeshire was 155,660 in 2016 and is forecast to rise by 28.8% reaching a total of 200,480 to 2036.

21. Between 2016-2026 the older age groups, particularly the over 75 age group, are expected to have the greatest population growth across Cambridgeshire. The predicted population of people aged 90+ is set to increase by 137% by 2036.
22. As a result of the predicted high population growth from housing growth and within the older populations, demand for health and social care will also continue to increase.
23. The Strategy outlines the activities we are undertaking at present with some planned activities for the future to address the health issues outlined above, taking a life course approach.
24. The Strategy does not include any actions specific to addressing the medium and longer terms outcomes of the Covid-19 pandemic. Therefore, flexibility will be needed once there is a clearer understanding of how this will develop.
25. The Covid-19 pandemic has demonstrated that populations with chronic long-term conditions, such as obesity, type-2 diabetes, heart disease and chronic obstructive pulmonary disease (COPD), many of which are lifestyle related, are at higher risk of severe outcomes and mortality than healthier populations.

Options

1. Recommend to Cabinet any action, including redeployment of resources required to address issues identified within this report and its appendices.
2. Request clarification on any aspects relating to the data contained within this report and its appendices.

Implications

26. In the writing of this report, taking into account financial, legal, staffing, risk, equality and diversity, climate change, and any other key issues, the following implications have been considered:-

Financial

27. It is highly likely that there will be financial implications as a result of the Covid-19 pandemic. These could present as both opportunities and risk to the Council. Over the coming months we will be focused on examining the fall out of our residents' mental health, debt, loss and loneliness, relationships and inequalities.
28. However, over the past few months we have seen more individuals and families participating in walking and cycling across the District and in a society which may need to practice more social distancing in the future there may be opportunities for the Council to capitalise on this increased outdoor leisure take-up.
29. The future of the leisure industry is uncertain and, according to industry experts, people who traditionally enjoyed attending the gym or swimming may no longer wish to return to an indoor environment or no longer have the financial means to do so.
30. This Council is in a unique position whereby it does not manage any of its leisure centres, which fall under the Village Colleges. This means they are likely to fall outside of any government grant arrangements, or membership of national associations and the schools may have other pressing priorities than their leisure offer.
31. The Council should also bear in mind the role of the local village halls and sports halls owned by parish councils or trusts within villages and the likely impacts on these which host a huge number of weekly sporting activities such as martial arts, yoga, badminton, dance etc and make up a substantial part of the offer. There will inevitably also be an impact on the village sports clubs, such as cricket, rugby and football.
32. The Council may need to consider what financial support it might offer, if needed, to ensure that these activities remain accessible to residents and the impact on villages is minimised over the short to medium term. These activities are vital to maintaining a 'sense of place' and creating vibrant communities.
33. The Council may also want to consider whether a coordinating role is adopted to help centres apply for the myriad of grant funding available to adapt facilities which enable people to continue to exercise in a gym environment safely whilst maintaining social distancing.

Consultation responses

34. A workshop was held with elected Members in April 2019 with 2 further follow up meetings.

Alignment with Council Priority Areas

35. Growing local businesses and economies

Good health and wellbeing are fundamental to support a thriving economy. Security of income is fundamental to good health and wellbeing. Both enable individuals and families to plan for their future, pay for the necessities and have income left over to secure an enhanced

quality of life. In the face of high economic and housing growth, the Council's aim will be to at least maintain our excellent current levels of air quality and health and wellbeing.

36. Housing that is truly affordable for everyone to live in

Having a secure, affordable home in which to live and raise a family with easy access to all services and amenities is another key determinant of good health; stable and affordable housing supports mental health by limiting stressors related to financial burden, long commutes and moving frequently. Within these priorities there is a firm commitment to encourage more people to participate in active and healthy lifestyles.

37. Being green to our core

Reducing emissions of greenhouse gases through improved transport, energy efficient housing stock, food and energy-use choices can result in improved physical and mental health. The more homes and workplaces the district hosts the more important this is, especially around air quality; this will be mitigated for example through well-designed communities, improving access to green space and increased tree planting in every parish.

38. A modern and caring Council

Supporting local community and voluntary groups and local businesses to help carry out projects which benefit people and the community, especially the most vulnerable; to enhance sustainable, healthy, connected communities.

Background Papers

[Cambridgeshire and Peterborough JSNA Core Dataset 2019](#)
[District Summary – South Cambridgeshire JSNA Core Dataset 2018/2019](#)

Appendices

Appendix A: Executive Summary

Appendix B: Health & Wellbeing Strategy 2019 -2024 Draft incl a description of current and planned activities against life stage.

Appendix D: Health & Wellbeing Budget draft

Appendix E: LGA Outcomes triangle for Health & Wellbeing and Strong Communities

References

1. <https://local.gov.uk/public-mental-health-and-wellbeing-and-covid-19>

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South Cambridgeshire District Council Health and Wellbeing Strategy 2020-2024

Executive Summary

The Council is committed to continuing to improve health outcomes for all our residents by focusing on the wider determinants of health (see infographic below), a diverse range of social, economic and environmental factors and aspires to integrate health into all its policies, to address local health issues and inequalities. We hope that by taking a holistic, long term approach, we will deliver sustained interventions which help our residents start well and live well regardless of who they are, where they live or how much they earn.

This strategy has been developed following thorough examination of the data describing the health of our district's residents, a clear understanding of the structures which allow this Council to address these needs in partnership with others and with member engagement at its center. This process however, occurred prior to the Covid-19 pandemic – which has already had profound impacts on lifestyles, health and wellbeing and will continue to do so in the medium and longer terms. Whilst it is far too early for a full assessment of how this crisis will change the health landscape, some of the likely impacts have already been evaluated (by local Directors of Public Health in conjunction with the LGA); therefore a degree of flexibility within this strategy to respond may be necessary as the pandemic takes its course and a clearer picture emerges.

HOW DISTRICTS IMPACT THE SOCIAL DETERMINANTS OF HEALTH AND WELLBEING



People

Sheltered housing, homelessness advice, debt advice, benefits advice.



Social and community environment

Social cohesion, community activation and hubs, support for voluntary groups, neighbourhood wardens, social prescribing services, community safety, environmental health, food safety, pest control, noise control, health and safety, licensing pubs and clubs, leisure centres, physical activity promotion, play provision, sports development.



Local economy

Regeneration, economic development, local employers, local government jobs, commissioning services, grants, business grants, tourism, marketing.



Built environment

Housing, strategic housing, home adaptations, handyman services, planning, building control, creating green spaces, parks and playing fields, play spaces, healthy infrastructure, cycle routes, car parking, CCTV.



Natural environment

Sustainable development, home insulation, planning and development control, biodiversity, climate change strategies, air quality monitoring, waste and recycling collections, conservation areas, conservations officers, arboriculture, allotments, cemeteries.

Appendix A

Beyond its core functions, the district council has a number of enabling roles which support good public health mainly through the development of community wellbeing initiatives and activities such as community groups and clubs which create community cohesion. These comprise the “Wider Determinants of Health”, which are a range of social, economic and environmental factors, alongside behavioural risk factors which often cluster in populations, affecting lives. Please refer to appendix 1

There are a number of issues specific to South Cambridgeshire:

- Demand for health and education services will continue to increase significantly as a result of the particularly strong local housing growth and the general aging of the population.
- South Cambridgeshire has a significantly higher birth rate than the Cambridgeshire average due in part to the number of new communities which attract young and growing families.
- The high cost of housing in South Cambridgeshire means that young families and individuals are at greater risk of poverty.
- Where poverty does exist the percentage of children achieving a good level of development at the end of reception is significantly worse than the England average for local children with free school meal status
- Cambridgeshire has high levels of hospital admissions among 10-24 year olds due to self-harm (almost twice as high as reported across the East of England and 1.5 times higher than found nationally).
- In South Cambridgeshire approximately a quarter of adults are physically inactive, not meeting the recommended 150 minutes of moderate intensity activity each week. Over half of all adults across the district are classified as overweight or obese.

The strategic activities of the District Council are organised into four areas:

- Children and Young People
 - Promoting activity for children
 - Supporting vulnerable families with children
 - Early identification of children at risk
- Healthy Behaviours and Lifestyles
 - Promoting activity for the aging population
 - Designing health and welfare into our strategic sites
 - Support residents facing fuel poverty
 - Delivering improved air quality
- Mental Health
 - Actively building community connections in our strategic sites
 - Early identification of risk signs and counselling service provision to families at risk
- Ageing Well
 - Support elderly residents living independently at home
 - Investing in services to reduce isolation
 - Providing preventative education to avoid risk events
 - Ensure provision of suitable housing choice for aging population

Appendix A

Delivery

Some of these objectives are delivered directly; others are delivered indirectly or in partnership through SCDC providing funding or capability to other organisations. See Appendix 2 for a full account of current activities and future plans.

South Cambridgeshire District Council Health and Wellbeing Strategy 2020-2024

1.0 Foreword

Written by Bridget Smith

Health and Wellbeing is not a standalone issue. It is inextricably linked to our priorities to be “Green to Our Core”, to grow local businesses and economies and to provide homes that people can afford to live in. It is so very much more than access to health centres and sports clubs. The Quakers in the 19th Century understood that if they wanted an efficient and productive workforce they needed people to be well educated, to be in good health, to live in high quality homes close to their employment and to be able to breathe fresh air and access the countryside.

These lessons are as relevant today as they were then. We know that poor education and poor health impact negatively on productivity. We know that long commutes on congested and dangerous roads leads to stress, over-tiredness and poor mental and physical health as well as air pollution. We know that 21st century employers understand their role in ensuring a fit and healthy workforce and we know it is our job to help them do this by creating spaces for activity in and around our major employment sites.

If we really want South Cambridgeshire to be somewhere recognised for the good health and wellbeing of its residents we must build communities that are close to where people work so that they have the choice to walk or cycle to work and even not own a car, thereby helping not only their finances but also the environment. We also need to build homes close to where our residents learn, play and have fun ensuring that the green spaces are a short walk or cycle ride from every home.

And we do have a role to kick start local initiatives that deliver healthy outcomes especially for those for whom access to health giving activities is difficult. We will work with communities to help them tackle loneliness which is all too frequently a factor in ill health as well as a consequence of ill health.

If we can get this right then we will be fully maximising the role of the District Council in the prevention of ill health and the promotion of good health.

2.0 Introduction

Our health and wellbeing is an outcome of the circumstances in which we are born, grow, live and work and the personal and social connections we make along the way⁽¹⁾. These wider environmental and social factors influence our ability to flourish and do well and make the most of the opportunities that are presented to us throughout life, making for a compelling case that responsibility for the health of the public goes beyond the health and social care system.

South Cambridgeshire is already a great place to live, work, grow and prosper, in fact it's one of the least deprived Districts nationally, where people on the whole consider themselves to be well and have lower levels of chronic illness and obesity than is seen in other parts of the County. However, the District faces the challenge of high economic growth in the face of an increasing number of older people where more people will need physical and financial support and with fewer people of working age able to fund services. It's therefore an imperative that as a population we retain good health into

older age not only to ensure we can work productively until retirement but to enjoy a good quality of life and to continue to contribute to society well into retirement.

The Council is therefore committed to continuing to improve health outcomes for all our residents by focusing on the wider determinants of health (see infographic below), a diverse range of social, economic and environmental factors and aspires to integrate health into all its policies, to address local health issues and inequalities. We hope that by taking a holistic, long term approach, we will deliver sustained interventions which help our residents start well and live well regardless of who they are, where they live or how much they earn.

The District Council has identified its health and wellbeing priorities to support delivery of the business plan, using data from the Cambridgeshire and Peterborough Joint Strategic Needs Assessment (JSNA) 2019 and the District Summary for South Cambridgeshire JSNA 2019. The JSNA report, published by the Public Health team at County Council aims to identify local needs and views in order to support local strategy and service planning.

The following infographic is taken from the paper “Shaping Healthy Places” (Feb 2019)⁽⁶⁾, LGA and DCN and illustrates how a District Council can influence the health through the delivery of statutory and non-statutory services.

HOW DISTRICTS IMPACT THE SOCIAL DETERMINANTS OF HEALTH AND WELLBEING



People

Sheltered housing, homelessness advice, debt advice, benefits advice.



Social and community environment

Social cohesion, community activation and hubs, support for voluntary groups, neighbourhood wardens, social prescribing services, community safety, environmental health, food safety, pest control, noise control, health and safety, licensing pubs and clubs, leisure centres, physical activity promotion, play provision, sports development.



Local economy

Regeneration, economic development, local employers, local government jobs, commissioning services, grants, business grants, tourism, marketing.



Built environment

Housing, strategic housing, home adaptations, handyman services, planning, building control, creating green spaces, parks and playing fields, play spaces, healthy infrastructure, cycle routes, car parking, CCTV.



Natural environment

Sustainable development, home insulation, planning and development control, biodiversity, climate change strategies, air quality monitoring, waste and recycling collections, conservation areas, conservations officers, arboriculture, allotments, cemeteries.

The Business Plan

The Business plan published in 2019 focuses on 4 key areas of priority:

1. Growing local businesses and economies

Good health and wellbeing are fundamental to support a thriving economy. Security of income is fundamental to good health and wellbeing. Both enable individuals and families to plan for their future, pay for the necessities and have income left over to secure an enhanced quality of life. In the face of high economic and housing growth, the Council's aim will be to at least maintain our excellent current levels of air quality and health and wellbeing.

2. Housing that is truly affordable for everyone to live in

Having a secure, affordable home in which to live and raise a family with easy access to all services and amenities is another key determinant of good health; stable and affordable housing supports mental health by limiting stressors related to financial burden, long commutes and moving frequently. Within these priorities there is a firm commitment to encourage more people to participate in active and healthy lifestyles.

3. Being Green to our core

Reducing emissions of greenhouse gases through improved transport, energy efficient housing stock, food and energy-use choices can result in improved physical and mental health. The more homes and workplaces the district hosts the more important this is, especially around air quality; this will be mitigated for example through well-designed communities, improving access to green space and increased tree planting in every parish.

4. A modern and caring council

Supporting local community and voluntary groups and local businesses to help carry out projects which benefit people and the community, especially the most vulnerable; to enhance sustainable, healthy, connected communities.

The Wider Context

Whilst it's important to focus on the needs of the local population this should be viewed in relation to the wider context of the health and care system; the greatest health gains to be made are when we work together as one system rather than disparately. Simplifying how people can access and navigate the multitude of services will be key to enabling long-term health and wellbeing.

This strategy has not been developed in isolation; rather, it takes into consideration the wider context of the socio and economic environment across the County and nationally and recognises the work being undertaken in collaboration with the public sector under the Think Communities approach to place-based working and the delivery of Primary Care through the Primary Care Networks (PCNs).

As a District Council we are members of and represented on the Cambridgeshire and Peterborough Health and Wellbeing Board. The aim of the board is to improve integration between practitioners and local health and social care, public health and related public services so that patients and other service-users experience more joined up care. Through our membership we are signed-up to the wider County priorities and work with our colleagues in Public Health to address more local issues pertinent to South Cambridgeshire.

The Draft Cambridgeshire and Peterborough Health and Wellbeing Board Strategy 2019- 2023

The Cambridgeshire and Peterborough Health and Wellbeing Board is currently updating its strategy, however, the emerging 4 key priority areas are:

1. Places that support our health and wellbeing
2. Helping children achieve the best start in life
3. Staying healthy throughout life
4. Quality health and care services

Cambridgeshire and Peterborough Sustainability and Transformation Plan. (STP) ⁽⁶⁾

It's also important to take into consideration the health priorities of the NHS. These are set by the Cambridgeshire and Peterborough STP. The STP has two geographical Alliances, in the North and South. Primary Care Networks (PCN's outlined on page 8) will operate within an Alliance geography. In South Cambridgeshire our health care services will fall within the Southern Alliance and they are charged with developing Integrated Neighbourhoods to help the PCNs to develop local integrated services with community partners. NHS community teams and the Combined Local Authority Think Communities teams will align to PCNs to support integration opportunities as Integrated Neighbourhoods.

The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will lead on the development of these delivery plans on behalf of the STP and work in partnership with the Southern Alliance. The priorities are listed as follows:

1. Promoting care in people's homes via neighbourhood care hubs, and a focus on people powered health and wellbeing.
2. Providing safe and effective hospital care when needed

3. Partnership working
4. Developing a culture of learning as a health and care system
5. Using technology to modernise health

Much of the work we do as a District Council is already aligned to these priorities. This is demonstrated within the Greater Cambridge Housing Strategy and our commitment to create homes which promote good health, and through our housing officers and community work focused on enabling people to live independently in their own homes for as long as possible. We will continue to work in partnership with health professionals to avoid hospital admissions and facilitate timely discharge from hospitals; exploring the adoption of tech-enabled solutions in our Healthy New Town at Northstowe.

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District Overview

- ⇒ South Cambridgeshire is predicted to have the **highest** level of **growth in absolute numbers and proportional growth** of any Cambridgeshire district between 2016-2036.
- ⇒ Recent growth has primarily been driven by **natural change, rather than migration. However**, our planned new housing sites and the numbers of dwellings expected in **South Cambridgeshire also contribute to the expected population growth.**
- ⇒ In South Cambridgeshire, as with most Cambridgeshire districts, the **White British** group comprises around 90% of the population. Travellers make up the largest ethnic minority group in the District and have the poorest health outcomes.
- ⇒ South Cambridgeshire is markedly the **least deprived district** in Cambridgeshire, and none of its population live in the most deprived fifth (20%) of areas nationally.
- ⇒ The **proportion of people** from the **Asian: Indian/Pakistani/ Bangladeshi** group in South Cambridgeshire is **smaller** than the proportion found nationally (1.9% compared to 5.6%).
- ⇒ **Health outcomes in South Cambridgeshire are broadly very good** and often statistically significantly better than national averages.
- ⇒ South Cambridgeshire's **educational attainment** and **employment** rates are statistically significantly **better than the England average.**
- ⇒ South Cambridgeshire has statistically significantly **higher levels of emergency hospital stays for self-harm.** There are also higher levels of hospital admissions to 24-hour led services, although this may reflect local service provision.

The core Health and Wellbeing functions of district councils include economic development, planning, housing, environmental health and waste services. However, beyond its core functions, the district council has a number of enabling roles which support good public health mainly through the development of community wellbeing initiatives and activities such as community groups and clubs which create community cohesion. These comprise the “Wider Determinants of Health”, which are a range of social, economic and environmental factors, alongside behavioural risk factors which often cluster in populations, affecting lives.

By addressing the wider determinants of health, we can help improve the overall health of our residents by helping to improve the conditions into which they are born, live and work. Keeping people well and independent throughout their life is crucial to supporting the economic growth of the district whilst also reducing demand on pressured services. South Cambridgeshire is ideally placed to showcase how it is specifically addressing “*putting health into place*” through its work at [Northstowe](#) an NHS Healthy New Town demonstrator site.

The LGA Outcomes triangle: Strong Communities and Strong Economy (appendix A), illustrates how through investment in health and wellbeing strong, resilient and empowered communities can be created and thus a healthy society has the skill base and resilience to support the anticipated economic growth across the region.

Overview of South Cambridgeshire

Forecasting future needs for health and care in South Cambridgeshire

The total resident population of South Cambridgeshire was 155,660 in 2016 and is forecast to rise by 28.8% reaching a total of 200,480 to 2036.

Between 2016-2026 the older age groups, particularly the over 75 age group, are expected to have the greatest population growth across Cambridgeshire. The predicted population of people aged 90+ is set to increase by 137% by 2036.

As a result of the predicted high population growth from housing growth and within the older populations, demand for health and social care will also continue to increase.

Primary Care

In July 2019 GP surgeries started working in partnership (geographically) and at scale to address the growing needs of their increasing ageing population. Practices across the District have formed themselves into Primary Care Networks (PCN) which serve populations of approximately 40,000-50,000 people each. They aim to work more collaboratively with other agencies such as Public Health commissioned services, community and local authority led projects, mental health, social care, pharmacy, hospital and voluntary services.

There are 3 main PCNs across the District within which our GP practices fall:

- ⇒ **Cambridge South East Villages** (Granta): Shelford, Sawston, Linton, Barley and Royston Surgeries in Hertfordshire
- ⇒ **Cambridge West Villages**: Harston, Comberton, Bourn, Orchard (Royston), Royston and Roysia surgeries
- ⇒ **Cambridge North Villages**: Firs House (Histon), Milton, Willingham, Over, Cottenham, Swavesey, Maple (Bar Hill) and Waterbeach (and yet to be built Northstowe) Surgeries
- ⇒ Papworth Surgery will join the Huntingdon Central PCN
- ⇒ Monkfield Medical Practice (Cambourne) will join the St Neots PCN
- ⇒ Greensands Medical Practice (Gamlingay) will join a Bedfordshire PCN

Secondary Care

Annual hospital care attendances and admissions for people registered within South Cambridgeshire are shown in the table below:

Area	All ages		Under 75s		75 and over	
	Number of admission episodes	DASR per 1,000	Number of admission episodes	DASR per 1,000	Number of admission episodes	DASR per 1,000
Cambridge	25,709	250	20,297	206	5,412	696
East Cambridgeshire	21,719	247	16,303	203	5,416	690
Fenland	33,112	314	24,926	267	8,186	798
Huntingdonshire	50,089	285	38,403	235	11,686	789
South Cambridgeshire	38,683	252	28,893	205	9,790	722
Cambridgeshire	169,312	268	128,822	220	40,490	746
Peterborough	47,062	259	37,707	215	9,355	707
Cambridgeshire and Peterborough	216,374	266	166,529	219	49,845	738

For the table:

DASR - directly age-standardised rate.

Includes all elective, emergency, maternity and other admissions (excluding well babies receiving usual care). Cambridgeshire districts are benchmarked against Cambridgeshire average value, Cambridgeshire against C&P average value, and Peterborough against C&P average value.

- ⇒ There was a total of **38,683 inpatient admission episodes for South Cambridgeshire** in 2017/18 (22.8% of Cambridgeshire's total).
- ⇒ Rates of inpatient admission episodes are more than three times **higher in people aged 75 and over** than in under 75s for most of the C&P CCG areas. For **South Cambridgeshire** the rates are **more than three and a half times higher in the 75 and over age group**.
- ⇒ 64% of beds are occupied by patients over 65 years ⁽³⁾.

Most hospital attendances for the residents of South Cambridgeshire take place at Cambridge University Hospital (CUH), Addenbrookes. Demand for hospital services are predicted to continue to rise as a result of high population growth from housing growth across the County and the increase in the older population.

Joint Strategic Needs Assessment (JSNA):

A JSNA is an evidenced based document which looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services within a local authority.

Health Headlines for South Cambridgeshire

Please note, all the variances which follow are statistically significant.

Maternity Services

South Cambridgeshire has a significantly higher birth rate than the Cambridgeshire average due in part to the number of new communities which attract young and growing families.

The rate of under 18 conceptions is significantly lower in South Cambridgeshire than the England average and is declining.

Children and Young People's Health

The percentage of children living in poverty in South Cambridgeshire is statistically significantly lower than England, and all the other Cambridgeshire districts. However, this doesn't mean that poverty doesn't exist. Families living in poverty in our district are more dispersed due to the rural nature of the district and are often restricted to individual households or streets. Due to the high cost of housing in South Cambridgeshire, young families and individuals are at greater risk of poverty.

In Cambridgeshire, the percentage of children achieving a good level of development at the end of reception is similar to the national average. However, this **percentage drops to a level significantly worse than the England average for local children with free school meal status.**

Needs identified in the JSNA

- 70.2% of South Cambridgeshire pupils achieved at least 5 GCSEs at grades A*-C in 2015/16.
- South Cambridgeshire's GCSE attainment rate is significantly better than the England average (57.8%).
- The percentage of children living in poverty in South Cambridgeshire is significantly lower than England and the other Cambridgeshire districts.
- South Cambridgeshire has significantly lower levels of excess weight in children and adults, nevertheless, **almost 25% of local children leaving primary school are overweight or obese.**
- Levels of physical activity in 15 year olds in Cambridgeshire (no local data is available) is similar to England averages with only **11.9% being physically active.**
- 72.4% of 15 year olds in Cambridgeshire have 'ever had an alcoholic drink'. This is significantly worse than the England average. Levels of 'regular drinkers' are similar to levels nationally.

- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed – equivalent to approximately 3,690 children and young people in South Cambridgeshire.

Priority Areas

- High levels of hospital admissions among 10-24 year olds due to self-harm (almost twice as high as reported across the East of England and 1.5 times higher than found nationally).⁽²⁾
- **South Cambridgeshire** has significantly **higher** levels of **emergency hospital stays for self-harm** than found nationally.
- Hospital stays for alcohol-specific conditions (under 18's) is similar to England averages but one of the higher rates across the Cambridgeshire Districts.
- Childhood obesity, whilst better than Cambridgeshire and national averages; 11% of children in South Cambridgeshire are leaving primary school in year 6 classified as obese.
- Countywide, children entitled to free school meals do less well developmentally at the end of reception than their counterparts.

Health Behaviours and Lifestyle

Our lifestyles are influenced by the way our health develops over our lifetime. Health promoting behaviours such as eating a healthy balanced diet, taking regular physical activity, avoiding smoking and drinking alcohol within the recommended limits are known to be protective and can enable people to stay healthy for longer.

In South Cambridgeshire approximately a quarter of adults are physically inactive, not meeting the recommended 150 minutes of moderate intensity activity each week. Overall, physical inactivity is responsible for up to one in five premature deaths and is estimated to cost the UK economy more than £7 billion annually. It is also one of the biggest health challenges facing the nation. At every age physical activity reduces the risk of developing musculoskeletal conditions; the cause of 8.9 million days lost per year in sickness leave nationally ⁽³⁾.

Over half of all adults across the district are classified as overweight or obese. Carrying excess weight leads to greater risk of developing chronic long-term illnesses such as obesity, diabetes, heart disease, all forms of cancer and stroke.

Most district councils provide leisure services and access to green spaces. South Cambridgeshire District council does not own and run its own leisure centres and the majority of open spaces are owned by parish councils. Through our planning function, S106 contributions can be sought to help communities set up sustainable clubs and initiatives as well as gain external funding to invest in schemes which promote activity within the community such as the "Outdoor Gym" initiative planned for Northstowe, or by creating active travel environments which create safe cycling and pedestrian infrastructure in our new communities. According to the Kings Fund, reduced-cost, innovative schemes and free access to leisure services suggest that up to £23 in value can be created for every £1 invested ⁽¹⁾.

Needs identified in the JSNA

- Although statistically better than the England and Cambridgeshire rates; 56% of adults in South Cambs aged 18+ are classified as overweight/obese; representing over half of all adults.
- Smoking rates are similar to the national average – approximately 12% of adults smoke.
- 25% of adults do not undertake any regular physical activity.
- Hospital stays due to alcohol specific conditions are similar to England and County averages.
- Diabetes Diagnosis rates are significantly worse than the England and County averages.
- The prevalence of Asthma is statistically significantly higher in South Cambridgeshire (7%) than in England (5.9%) and Cambridge City (4.9%).

Long term conditions and premature mortality

Healthy life years are an important measure of the relative health of populations. However, whether extra years of life gained through increased longevity are spent in good or bad health is hugely important for the individual and their quality of life. Whilst life expectancy at birth is statistically significantly higher in South Cambridgeshire than the England average for both males and females, the number of years lived in good health is reducing and this is especially so for people living in areas of higher deprivation.

The main causes of death across Cambridgeshire and Peterborough are from all forms of cancer, cardiovascular disease, respiratory diseases and dementia/Alzheimer's.

Priority Areas

- Prevalence of **asthma is significantly higher in South Cambridgeshire** than the national average.
- For **chronic obstructive pulmonary disease (COPD), coronary heart disease, high blood pressure, stroke, cancer, and diabetes**, the prevalence in **South Cambridgeshire is lower than the national average**.
- The number of years lived in good health (healthy life expectancy at birth) is significantly higher than the England average for females in Cambridgeshire but similar to the England average for males.

Mental Health

Mental health is the biggest cause of disability in the UK, representing 23% of the burden of illness⁽³⁾. People with severe mental illness die on average 20 years earlier than the general population. In fact one in four adults will be affected by a mental health problem in their lifetime. 50% of all lifetime mental illness will be established by aged 14 and 75% by the time a person reaches their mid-twenties. South Cambridgeshire has its own challenges, particularly around the prevention of mental illnesses and the management of mental health in young people aged 10-24 years.

Needs identified in the JSNA

- South Cambridgeshire has significantly higher levels of emergency hospital stays for self-harm than found nationally
- Hospital stays due to alcohol specific conditions are similar to England and County averages.
- Suicide rate (per 100,000) is similar to England and County averages.
- The numbers of people claiming Employment Support Allowance for mental and behavioural disorders (across the County) is increasing.

Ageing Well

South Cambridgeshire enjoys a higher life expectancy than other Districts across the County and England. However, ageing should focus on the number of years lived in good health rather than how long a life is lived. The Council wants to ensure that all people have a good quality of life that adds value and purpose, one in which they can continue to contribute to their families and the wider economy well into retirement (if they so choose).

Ageing can bring challenges, such as frailty, chronic long-term conditions, feelings of isolation and loneliness and dependence but these need not be an inevitable part of ageing. There is much one can do to maintain good health and wellbeing as we age. Public services, the third sector, the commercial sector and local government can ensure that South Cambridgeshire is a great place to grow older and live well.

Needs identified in the JSNA

- Rates of Excess Winter deaths in older people aged 85+ tend to show no significant difference to the England Average
- Rates of hip fractures in people aged 65 and over tend to show no significant difference to the England Average
- Dementia diagnosis rates for people aged 65+ across the District are significantly lower (worse) than the national average.

For South Cambridgeshire, based on CCCRG future population estimates, see section 1 above, (which consider local growth plans in their methodology and assumed to be more accurate), the predicted increases 2017-2035 in those experiencing certain conditions are:

- ⇒ Moderate physical disability: 19.4%
- ⇒ Serious physical disability: 20.6%
- ⇒ Mod/Serious personal care disability: 19.8%
- ⇒ Common mental disorder: 17.8%
- ⇒ A fall: 65.4%
- ⇒ Dementia: 93.4%

All of these will have serious implications on demand for specialist housing and a built environment which is dementia and age friendly.

How we will measure success

An effective public health approach recognises that it is only through actively working together on these many factors, that we can make inroads into improving health for the whole population¹. We cannot achieve this alone. Actions will need to be monitored and outcomes evaluated where possible; however, changes to population health often take many years to achieve. Therefore, it is important to recognise that whilst we cannot directly influence individual health outcomes, we can make a significant positive contribution to health and wellbeing at a population level through the actions outlined in the strategy.

“Designing a dementia friendly town won’t prevent dementia but it will improve the quality of life for those living there”.

Conclusions

This Strategy aims to address the Health and Wellbeing needs of a population who on the whole report good health but where there is continuing high housing growth and ambitious economic growth in the face of an increasingly ageing population where more people will need physical and financial support with fewer people of working age able to fund services. The role we play in the wider determinants of health will ensure our populations are physically and mentally fit enough to contribute to, and benefit from, the economic growth across the region and continue to positively contribute to society and live full lives well beyond retirement. Providing for health and wellbeing is an essential element to place making, building strong and resilient communities; and is complimentary and achieved in part by a supportive built environment designed to promote health and wellbeing.

The health priorities for this Council will be to promote optimum health through the wider determinants where we can use our influence. Health cannot be achieved alone through the built environment; spaces need to be animated and activities supported by the Council. Providing the opportunities for young people to participate in activity acts to embed activity into their lifestyles at the outset which stays with them as they mature and grow; so being active becomes part of their lifestyle. Helping adults to regain activity helps demonstrate a good role model to young people and helps to create a culture of physical activity. An holistic approach to health and wellbeing is required to maximise every opportunity available to influence, support and encourage health and wellbeing leading to a virtuous circle of mutually reinforcing interventions.

By adopting a “health in all policies” approach the Council will seek to achieve a net gain in human health in all its endeavours and activities.

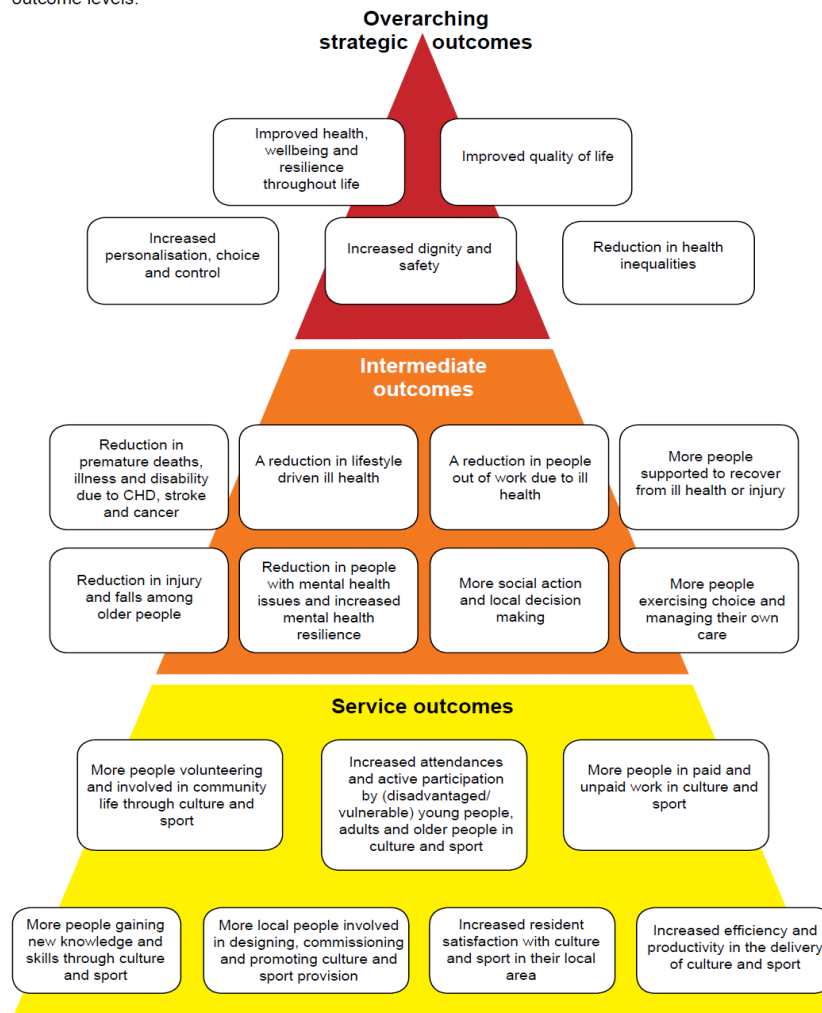
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- (2) <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000006/ati/102/are/E10000003/iid/90813/age/305/sex/4><https://www.scambs.gov.uk/housing/housing-strategy-and-policy/>
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Appendices⁽⁵⁾

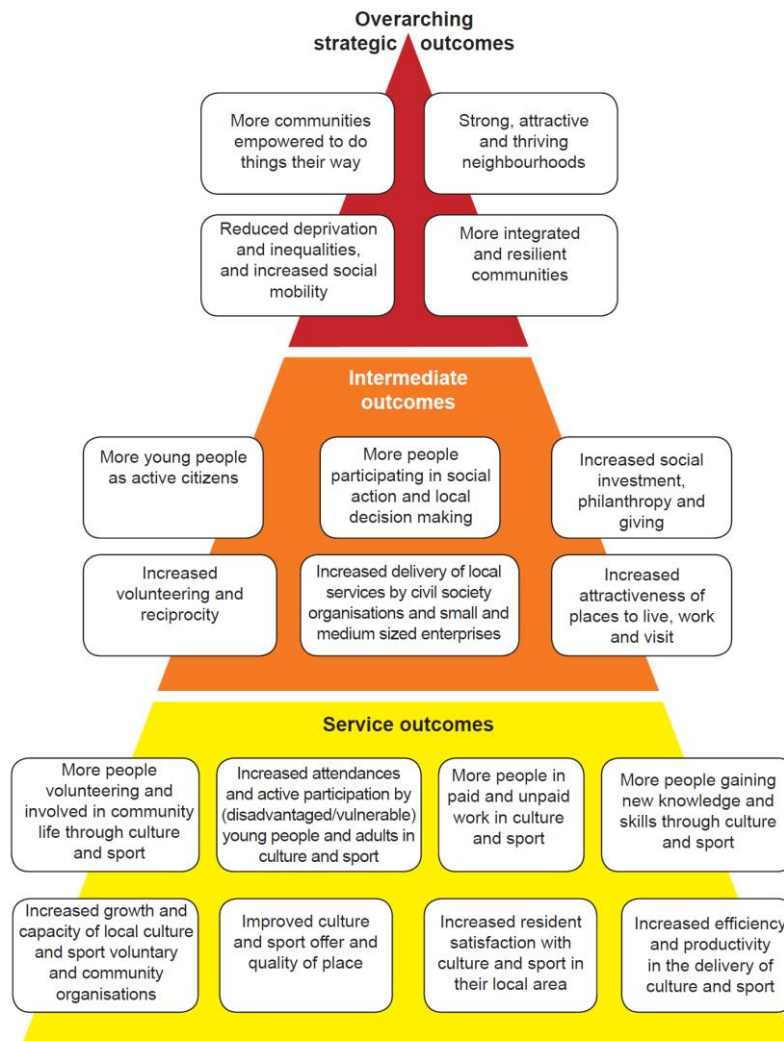
Outcomes triangle: health and wellbeing

This outcomes triangle gives an overview of culture and sport's contribution to better outcomes for health and wellbeing. It suggests local outcomes at service, intermediate and overarching strategic outcome levels.



Outcomes triangle: strong communities

This outcomes triangle gives an overview of culture and sport's contribution to better outcomes for strong communities. It suggests local outcomes at service, intermediate and overarching strategic outcome levels.



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H&W Budget 2020/21			Indirect Costs		Overhead recovery	Direct Costs		Project income		Net Project Cost	
					30%						
Children & Young People											
Home Start	Grant Funding	£	70.40	£	21.12	£	1,333.33	£	-	£	1,424.85
Holiday Sports Camps	Self Funding	£	181.00	£	54.30	£	12,026.20	£	13,800.00	-£	1,538.50
Mini olympics	Project	£	181.00	£	54.30	£	1,000.00	£	-	£	1,235.30
Athletics Camps	Project	£	-	£	-	£	2,662.00	£	-	£	2,662.00
Encourage more volunteering	officer time 5 days	£	140.80	£	42.24	£	704.00	£	-	£	887.04
Wild Minds	Project, Ext funding	£	181.00	£	54.30	£	3,226.00	£	-	£	3,461.30
Children & Young People	Sub Total	£	754.20	£	226.26	£	20,951.53	£	13,800.00	£	8,131.99
Healthy Behaviours & Lifestyles											
Active & Healthy4Life	Project	£	181.00	£	54.30	£	22,000.00	£	-	£	22,235.30
Lets Get Moving	External Funding	£	181.00	£	13,500.00	£	-	£	45,000.00	-£	31,319.00
Active Travel Tool kit	Officer time 5 days	£	181.00	£	54.30	£	704.00	£	-	£	939.30
Health Impact Assessments	Officer time 20 days	£	-	£	-	£	2,816.00	£	-	£	2,816.00
Active new communtiites	External funding	£	-	£	-	£	-	£	-	£	-
Increasing workplace activity	Officer time 10 days	£	307.00	£	92.10	£	1,408.00	£	-	£	1,807.10
CAB, DISH, Reach,	Grant Funding	£	-	£	-	£	97,110.00	£	-	£	97,110.00
Community Safety Partnership	Officer time	£	2,924.55	£	877.37	£	8,194.56	£	-	£	11,996.48
Local Plan Health Objectives	Officer time 1 day	£	-	£	-	£	140.80	£	-	£	140.80
Health Impact Assessment SPD	Officer time 10 days	£	-	£	-	£	1,408.00	£	-	£	1,408.00
Working with PCNs	Officer time 35 days	£	-	£	-	£	4,928.00	£	-	£	4,928.00
Fuel Poverty and Warm Homes	Officer time 3 days	£	-	£	-	£	422.40	£	-	£	422.40
Healthy Behaviours & Lifestyles	Sub Total	£	3,774.55	£	14,578.07	£	139,131.76	£	45,000.00	£	112,484.38
Mental Health											
Mental Health Officer	HRA/EHO Funding	£	140.80	£	42.24	£	-	£	-	£	183.04
Early intevention prevention programme	Housing Officers	£	-	£	-	£	-	£	-	£	-
Art based mental health therapy	Grant Funding	£	70.40	£	21.12	£	2,500.00	£	-	£	2,591.52
Drug and Alcohol training for staff	officer time 1/2 day	£	-	£	-	£	70.40	£	-	£	70.40
Mental Health First Aider	Officer time 2 days	£	-	£	-	£	486.34	£	-	£	486.34
Mental Health	Sub Total	£	211.20	£	63.36	£	3,056.74	£	-	£	3,331.30
Ageing Well											
Ageing Well Strategy Board	Office time 3 days	£	-	£	-	£	422.40	£	-	£	422.40
Existing Mobile Warden Schemes	Projects	£	243.17	£	72.95	£	27,000.00	£	-	£	27,316.12
Care Network independent living scheme	Grant Funding	£	70.40	£	21.12	£	7,700.00	£	-	£	7,791.52
Investment in Age UK Handyperson Scheme	Grant Funding	£	140.80	£	42.24	£	20,000.00	£	-	£	20,183.04
Work with Falls Prevention teams	Officer time 3 days	£	-	£	-	£	422.40	£	-	£	422.40
Parish Toolkit Promotion and Roadshow	Officer time 3 days	£	-	£	-	£	486.34	£	-	£	486.34
Care Network Open Arms scheme	Grant Funding	£	-	£	-	£	3,800.00	£	-	£	3,800.00
Community Transport Schemes	Grant Funding	£	181.00	£	54.30	£	10,000.00	£	-	£	10,235.30
Cope older peoples newsletter	Grant Funding	£	-	£	-	£	2,000.00	£	-	£	2,000.00
Community Rail Partnership	External Funding	£	-	£	3,090.00	£	10,300.00	£	14,040.00	-£	650.00
Specialist Advice for Voluntary Sector	Grant Funding	£	-	£	-	£	10,000.00	£	-	£	10,000.00
Support to families to help maintain tenancy	Grant Funding	£	-	£	-	£	4,000.00	£	-	£	4,000.00
Military Veterans Covenant	Officer time 2 days	£	-	£	-	£	281.60	£	-	£	281.60
District wide cover of Mobile Wardens	Projects	£	486.34	£	145.90	£	200,000.00	£	-	£	200,632.24
Dementia Friendly Communities	Officer time 5 days	£	-	£	-	£	704.00	£	-	£	704.00
Dementia Friendly training to frontline staff & taxi drivers	Officer time 5 days	£	-	£	-	£	704.00	£	-	£	704.00
Ageing Well	Sub Total	£	1,121.71	£	3,426.51	£	297,820.74	£	14,040.00	£	288,328.96
Grand Total		£	5,861.66	£	18,294.20	£	460,960.77	£	72,840.00	£	412,276.63

Gross £		Net £	Income
£	1,424.85	£	1,424.85
£	12,261.50	-£	1,538.50
£	1,235.30	£	1,235.30
£	2,662.00	£	2,662.00
£	887.04	£	887.04
£	3,461.30	£	3,461.30
£	21,931.99	£	8,131.99
£	22,235.30	£	22,235.30
£	13,681.00	-£	31,319.00
£	939.30	£	939.30
£	2,816.00	£	2,816.00
£	-	£	-
£	1,807.10	£	1,807.10
£	97,110.00	£	97,110.00
£	11,996.48	£	11,996.48
£	140.80	£	140.80
£	1,408.00	£	1,408.00
£	4,928.00	£	4,928.00
£	422.40	£	422.40
£	157,484.38	£	112,484.38
£	183.04	£	183.04
£	-	£	-
£	2,591.52	£	2,591.52
£	70.40	£	70.40
£	486.34	£	486.34
£	3,331.30	£	3,331.30
£	422.40	£	422.40
£	27,316.12	£	27,316.12
£	7,791.52	£	7,791.52
£	20,183.04	£	20,183.04
£	422.40	£	422.40
£	486.34	£	486.34
£	3,800.00	£	3,800.00
£	10,235.30	£	10,235.30
£	2,000.00	£	2,000.00
£	13,390.00	-£	650.00
£	10,000.00	£	10,000.00
£	4,000.00	£	4,000.00
£	281.60	£	281.60
£	200,632.24	£	200,632.24
£	704.00	£	704.00
£	704.00	£	704.00
£	302,368.96	£	288,328.96
£	485,116.63	£	412,276.63

Officer Time		
Day rate for mid point grade 6 salary (net) £140.80		
Day rate for mid point grade 6 salary (gross) £191.05		
Day Rate	Net £	Gross £
1/2 day	£ 70.40	£ 95.53
Full day	£ 140.80	£ 191.05
5 days	£ 704.00	£ 955.25
10 days	£ 1,408.00	£ 1,910.50
15 days	£ 2,112.00	£ 2,865.75
20 days	£ 2,816.00	£ 3,821.00

*£12,500 H's salary

outdoor gym, cycle store?

add income from hra

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Appendix D

Health & Wellbeing Strategy 2020-2024

Appendix 1

Table 1: Children and Young People

What we're doing now	Why we're doing it	Delivery model	Cost
Home Start Grant Funding for new parents	A child's future is determined before they are born. The Home Start programme is targeted to parents with young children under the age of 4 living in the most disadvantaged areas of the District and supports the Countywide priority of giving children the best start in life.	Funding provided for Home Start via the Service Support Grants.	£4000 over 3 years
Holiday Sports Camps	To provide opportunities for children from all backgrounds to participate in sport activity to build confidence, improve educational attainment (direct link between children who play sport and educational attainment), social and community cohesion. These events are supported by volunteers from the young leader programme via School Sports Partnership.	Sport camps Disability school athletic sport.	Self funded £335 pa
Mini Olympics for year 4 pupils	Promoting sport in schools. 44 schools across South Cambridgeshire attending with 1600 pupils introduced to a wide range of sports and involving 128 volunteers from the 8 secondary schools. Children who engage in sports early adopt healthy lifestyle habits which are more likely to continue into adulthood. There is a strong correlation between sporting activity and educational attainment	South Cambs Schools Sports partnership (Total event cost £4300)	£1000
Working with vulnerable families	Through our housing officers, identifying families who may be struggling and working across agencies to provide wrap around support.	Housing Support Officers and Complex Case Officer	£Officer time
Advice Services	To provide debt counselling and advice services such as CAB and Disability Cambridgeshire to families in need of additional support	Funding provided for voluntary sector organisations via the Service Support Grants.	£85,000/pa CAB £ 5,000/pa DC £ 3,000/pa DISH £ 4,110/pa Reach
Health Impact Assessments (HIA)	Using the Health Impact Assessment tool to work with developers and planners to ensure new settlements promote health and wellbeing through good quality housing, equitable access to local amenities, open green space and play areas.	Sustainable Communities Officers	£Officer time
Future Plans	Why we're doing it	Delivery model	Cost
Training for front line staff to recognise the early signs of alcohol and drug addiction	To provide early intervention, sign posting and support and prevent the escalation of symptoms and to improve the wellbeing of the individual, their immediate family, (often young children) and their neighbours.	Delivered by the Change Grow Live team.	£Officer time training
Encourage greater participation in volunteering and intergenerational work for young people	Utilising existing schemes such as time banks and linking with schools and groups to create more volunteering opportunities for young people.	Community development officers	£Officer time

Appendix D

Table 2: Healthy Behaviours and Lifestyles

What we're doing now	Why we're doing it	Delivery model	Cost
Creating an Active Travel Toolkit	To guide planners, developers and officers in creating truly active environments in new communities to encourage residents to adopt more active healthier lifestyle behaviours as soon as they move in. Encouraging more people to travel by cycle or on foot will not only create safe more sustainable environments in which children can play, it will improve population-based activity levels, increase community cohesion and improve air quality. To be included in the next Local Plan and create an Active Travel SPD.	Planning, policy, S106	£Officer time
Creating healthy new communities through the planning system	Working closely with developers and planners to create new communities which design-in active lifestyle, promote physical activity, health and wellbeing via high quality housing, easy access to green space, amenities and healthcare, learning from what works well at Northstowe.	Planning, policy, S106	£Officer time
Active and Healthy 4 Life (Exercise on referral)	Exercise Referral scheme for adults with a medical condition. Delivered at sports centres across the district. Continue to work with PCNs to improve and increase referral rates across the District.	Local Sports Centres Sports co-ordinator contractor	£22,000
Let's Get Moving Activities for Adults	A County funded programme aimed at those most in need to encourage participation in physical activity. Participating in physical activity improves physical health, e.g. can help reduce obesity, reduce risk of developing diabetes, heart disease and other chronic illnesses and positively impacts mental wellbeing.	Funded by Public Health and hosted by SCDC promoted by Project Officer post.	Funded in full by CCC
Active New Communities	HNT programme/Sport England funded programme to support physical activities in new communities including Northstowe and Hauxton.	HNT and Sport England	Funded by NHS HNT & Sport England
Promoting greater activity in the workplace via national initiatives i.e. cycle to work day; lunch time walks, various activities in the recreation room; health and wellbeing learn at lunch sessions. Mental Health First Aiders, coffee morning initiative.	To improve employee morale, encourage more inter-departmental cohesion, create an enjoyable working environment, improve physical activity levels and support mental wellbeing for employees.	Officer support and Everyone Health (funded by CCC).	£Officer time
Mental health crisis support	A local 'Crisis Care Concordat implementation plan aimed to prevent mental health crisis in community settings and reduce the use of section 136 of the Mental Health Act signed by this Council.	CCC/SCDC	£Officer time
Early intervention and prevention to support debt and prevent homelessness	To help residents to maintain tenancies, reduce stress and maintain good mental health, to the benefit of the individual and their families.	CAB, Reach (Via service support grants), housing support	£Officer time
Investment in community-based art-therapy groups.	Offering residents suffering with poor mental health alternative therapies to managing mood	Part-funded by service support grants.	£2500/pa
Community Safety initiatives across the age groups	Domestic Abuse training for front line staff; communications on a range of issues such as Hate Crime, Scams, Domestic Abuse and Sexual Violence and Hoarding. The development of a range of toolkits to build community resilience in the face of vulnerability to crime	CSP	£Officer time

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Future Plans	Why we're doing it	Delivery model	Cost
State clear health and wellbeing objectives in the Local Plan	To make clear to those seeking to develop and build that only developments which address our criteria will meet planning approval.	Planning policy	£Officer time
Apply the 10 principles from the Healthy New Town Network and the best innovations from our work at Northstowe Healthy New Town and apply the learning to new planning applications.	To ensure every new site is a healthy new town to address inequalities between new sites and create consistency on what new residents can expect when moving into a new settlement.	Planning policy	£Officer time
The Health Impact Assessment SPD will be revised and updated.	To reflect new policy and evidence in which to work with developers and planners to create new developments which produce a net gain in health	Planning policy	£Officer time
Secure from major developers S106 funding for the phasing arrangements for early delivery of community spaces such as parks, greens spaces, orchards and allotments in new communities.	To ensure that new developments promote health and wellbeing from the outset giving opportunities for the early residents to have access to quality open green space, parks to promote mental and physical wellbeing.	Planning policy	£Officer time
Creation of a "Top Ten Tips to future proof your home" – sharing best practice for private homeowners wishing to extend or build new homes.	Sharing our learning, expertise and best practice in creating quality lifetime homes for residents wishing to build their own home and extend their existing home to promote good health and independent living for as long as possible.	Planning policy	£Officer time
Create a Sustainable Design and Construction SPD	To be part of the next Local Plan policies, a new supplementary planning document to capture our learning and understanding of what works well and turn into policy.	Planning, policy	£Officer time
Continue to invest in mental health first aiders in the workplace	To create a more supportive working environment, signposting employees to various voluntary sector support to prevent escalation of symptoms leading to crisis, improve productivity and reduce absenteeism.	Training provided by Everyone Health (free) and delivered by Officers	£Officer time
Working with PCNs within an integrated neighbourhood delivery model to wrap support around the individual.	To create more seamless access to services for our residents, prevent escalation of symptoms leading to crisis and support independent living and delayed transfer of care into hospital or social care. This will be a multi-agency approach working with health and social care partners and the voluntary sector.	Officers	£Officer time
To set up a Council partnership with an external agency that can deliver low carbon, energy efficiency and fuel poverty services to all residents.	Helping to meet the Council's Business Plan to be 'Green to our Core' and working towards a carbon neutral future. Helping to tackle fuel poverty which has an adverse impact on health and wellbeing due to cold and damp homes.	Housing and Environmental Health	£Officer time
Agree an Air Quality Strategy and review the air quality monitoring network.	To ensure that we maintain or improve the good level of air quality our residents currently enjoy and review the ongoing monitoring network so that it takes full account of future air quality changes resulting from the high growth across the District.	Environmental Health	£Officer time
Set emissions standards for Private Hire and Taxi vehicles	Set emissions standards (Euro 5 and 6) for Private Hire and Taxi vehicles to reduce CO2 and NOX	Licencing, policy	£Officer time

Appendix D

Table 3: Mental Health

What we're doing now	Why we're doing it	Delivery model	Cost
Mental Health Officer	Developing a business case using the reallocation of resources to enable the appointment of a mental health worker to work with families struggling with anxiety, depression, drug and alcohol addictions to improve the wellbeing of the individual, their immediate family, (often young children) and their neighbours.	Housing, Neighbourhood Services.	£30,000 (funded 80% from HRA and 20% EH)
New community development. Learning from the issues relating to mental health in the early development of Cambourne and applying this learning to all new developments	To ensure all new communities offer early residents the opportunities to meet and connect with each other; employing community development workers to bring people together and ensuring that early infrastructure is provided through S106 funding.	Officers	£Officer time
Early intervention and prevention via our housing officers to support debt and sustain housing for those in need.	To help prevent individuals and families from falling into debt/or helping them to manage debt and to help sustain tenancies.	Officers	£Officer time
Investment via service support grants to provide community-based art-therapy groups	Arts play an important role within mental health care supporting the positive mental health of individuals.	Grant Funding	£ 2,500 pa
Work with our economic development team to ensure secure jobs which match the skill base of the residents across the patch.	Having a secure job with regular income is the most single important influence on good mental health and wellbeing.	Officers	£Officer time
Providing temporary homes during the most severe weather for rough sleepers	To offer temporary respite to rough sleepers during the harshest of weather conditions	Housing	£

Future Plans	Why we're doing it	Delivery model	Cost
Creation of a Mental Health Officer post. Developing a business case using the reallocation of resources to enable the appointment of a mental health worker to work with families struggling with anxiety, depression, drug and alcohol addictions to improve the wellbeing of the individual, their immediate family, (often young children) and their neighbours.	Housing officers currently spending an inordinate amount of time on a small number of tenants who present with quite complex mental health needs, but which don't meet the thresholds for NHS intervention. Freeing up time for housing officers to work a broader caseload and prevent escalation of symptoms of resident leading to crisis and possible loss of tenancy	Housing, Neighbourhood Services.	£Included above
Training for all front-line staff in early identification of drug and alcohol addiction.	To identify residents and families at risk or early on and signpost to services to avoid escalation of symptoms	Change, Grow, Live external provider (free training).	£Officer time training
Continued investment in mental health first aiders within the workplace	To provide peer to peer support and an alternative outlet for colleagues who want to talk/need support to help prevent the escalation of symptoms of poor mental health.	External provider	£Public Health

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Table 4: Ageing Well

What we're doing now	Why we're doing it	Delivery model	Cost
Invest in the Mobile Warden Schemes to enable older people to continue to live independently in their own homes if they choose	To enable older people to continue to live independently in their own homes if they choose	Parish Councils, Age UK, Grant Funding	£27,000 pa
Invest in Care Network independent living schemes	To enable vulnerable people to continue to live independently in their own homes if they choose.	Grant Funding	£ 7,700 pa
Offer the Housing Options for Older People service across tenure for those wishing to consider alternatives. This is tenure neutral	To enable people to remain living and ageing well in age-appropriate housing, avoiding early hospital or care admission	Housing officers and promotion of service through social media and magazine	£Officer time
Create flexible homes to support independent ageing through the joint housing strategy.	To enable people to remain living and ageing well in age-appropriate housing, avoiding early hospital or care admission	Planning, housing	£Officer time
Planning and building the right number of homes to meet demand for older peoples housing needs using the HOPSR ⁽³⁾ and ECDA tools ⁽⁴⁾ and developed under the HNT programme	To provide the right supply of homes which give people greater choice by building attractive homes in places where people want to live eg good accessibility, close to amenities etc	Planning, housing	£Officer time
Investment in the Home Improvement Agency (HIA).	To enable residents to apply for adaption to homes to enable them to remain living independently for as long as possible avoiding earlier hospital or care admission	Housing.	£Officer time Funded entirely by the Better Care Fund
Investment in the Age UK Handyperson scheme	Tenure neutral scheme enabling residents to apply for minor work/jobs to keep their homes functioning, enabling them to live comfortably and longer in their own homes for as long as possible avoiding earlier hospital or care admission	Grant funding	£20,000 pa
Promote the Community Lifeline scheme to residents.	To offer remote support to vulnerable residents at risk of falling etc	Housing	£175,000 (generates a profit of £50,000)
Work with the Falls Prevention teams	To identify and refer those at risk to the falls teams at CPFT and promote strength and balance classes and community based activities	Housing officers	£Officer time
Invest in digital care within our new communities	Tech-enabled care together with services such as the Lifeline enable residents to be monitored to detect early signs of deterioration in health plus more immediate connectivity to carers, families and health professionals should something go wrong.	Housing, new communities	£Officer time
Promote the Parish toolkit to address isolation and loneliness in our rural communities.	To encourage more parishes and groups to engage in activities which create community and social cohesion to help prevent isolation and loneliness	Development Officers	£Officer time

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Provide support Parishes and Community Groups to develop local initiatives which benefit the wider community	Helping groups and parishes set up locally driven initiatives which support local people.	Care Network	£ 3,800 pa
Invest in community transport schemes such as the Royston and District Community Transport Scheme and Care Network Community car schemes. Continue to produce the transport directory.	Lack of community transport negatively effects the most vulnerable people in our society including the elderly, and those on low incomes. Continued investment will enable independence and social connection to those that would otherwise not have the means to travel beyond their village and access healthcare and other necessary amenities	Funding via the service support grants.	£7000 pa RDCT £3000 pa Voluntary Network
Support the publication of COPE, the newsletter aimed at keeping local older people connected and in touch with the outside world.	To keep older people connected. Many older house-bound people who do not have or want access to the internet rely on this form of newsletter as a source of information on what's going on locally.	COPE	£ 2,000 pa
Promote the Community Rail Partnership	To encourage modal shift to more active travel by promoting cycling and walking routes and public transport options to and from stations, and promoting rail use as a key part of sustainable and healthy journeys	Project officer	£Officer time
Specialist advice for voluntary sector	To provide specialist advice for the voluntary sector in terms of access to various sources of grant funding, training and general support	CCVS	£10,000 pa
Providing support to help families and individuals maintain their tenancies	To help vulnerable families maintain tenancies to help avoid homelessness	Cambridge Cyrenians Cambridge Re-Use Cambridge Womens Aid	£ 4,000 pa
Support the Military Veterans Covenant	To help support retired military service personnel who re-settle in the District on a range of issues such as benefits, housing and welfare.	Project Officer	£ Officer time

Future Plans	Why we're doing it	Delivery model	Cost
District wide cover of the Mobile Warden Scheme	To enable greater access for older/vulnerable people access to a supportive scheme which enables them to continue to live independently in their own homes, avoiding earlier admission into care or hospital.	Parish Councils / Age UK Grant funding	£200,000 pa estimate
Work with our Parishes to create recognised Dementia Friendly communities across the District	To enable those living with dementia and their families and carers to remain living safely in their local communities and to feel supported and understood. This will help avoid early admission into care or hospital.	Parishes, planning, housing	£Officer time
Provide safeguarding and dementia friendly training to frontline staff and licenced taxis	To ensure those living with dementia feel well supported. To enhance knowledge of taxi drivers to support people living with dementia and who may be lonely or living in isolation.	Cross council and licencing officers	£ Officer time
Develop a Council owned exemplar scheme of age-exclusive apartments at Northstowe.	To ensure that the Council is at the forefront of developing the next generation of affordable rented homes specifically targeted at older people, that promotes an active lifestyle and supporting residents to live safely and independently for as long as possible.	Council newbuild programme	£ TBC
Organise a Parish toolkit roadshow across the District to show case community-based solutions to tackle social isolation	To inspire local communities and provide practical advice and support, peer to peer, to Parishes and community groups interested in learning more about how to tackle social isolation.	Project officer	£ Officer time

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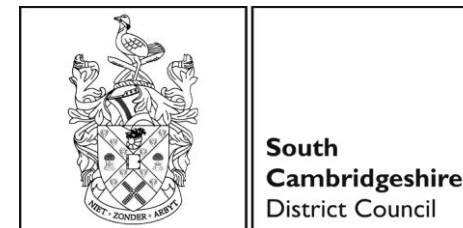
Scrutiny and Overview Committee Work Programme 2019/20

Meeting date	Potential Agenda item (subject to prioritisation by Chairman and Vice Chairman)
Every meeting	Selected Key Decision items prior to Cabinet Selected Non-Key Decision items prior to Cabinet Work programme Feedback from task and finish groups
June 2020	Items scheduled for June Cabinet Decision: <ul style="list-style-type: none"> • Potential Property Investment Decision • Q4 Performance report • North East Cambridge Area Action Plan (Key) (confirmed for June) • Resident Involvement Strategy (confirmed for June) • Update of Greater Cambridge Local Development Scheme • Greater Cambridge Local Plan: Issues and Options Feedback and next steps
July/August 2020	Items scheduled for September Cabinet Decision <ul style="list-style-type: none"> • HRA, General Fund and Capital Budget Provisional Outturn 2019/20 (Non Key) • Asset Register (Non-Key) • Consultation on draft Biodiversity Supplementary Planning Document (Non-Key)

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NOTICE OF KEY AND NON KEY DECISIONS

To be taken under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 from May 2020



Notice is hereby given of:

- Key and Non-Key decisions that will be taken by Cabinet, individual Lead Cabinet Members or Officers
- Confidential or exempt executive decisions that will be taken in a meeting from which the public will be excluded (for whole or part)

A Key Decision is a decision, which is likely:

- (1) (a) to result in the authority incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards
- (2) On determining the meaning of 'significant' for the purposes of the above, the Council must have regard to any guidance for the time being issued by the Secretary of State in accordance with section 9Q of the 2000 Act (guidance).

A notice / agenda, together with reports and supporting documents for each meeting will be published at least five working days before the date of the meeting. In order to enquire about the availability of documents and subject to any restriction on their disclosure, copies may be requested from Democratic Services, South Cambridgeshire District Council, South Cambridgeshire Hall, Cambourne Business Park, Cambourne, Cambridge, CB23 6EA. Agenda and documents may be accessed electronically at www.scambs.gov.uk

Formal notice is hereby given under the above Regulations that, where indicated (in column 4), part of the meetings listed in this notice may be held in private because the agenda and reports for the meeting will contain confidential or exempt information under Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. See overleaf for the relevant paragraphs.

*If you have any queries relating to this Notice, please contact
Victoria Wallace on 01954 713026 or by e-mailing Victoria.Wallace@scambs.gov.uk*

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

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

The Decision Makers referred to in this document are as follows:

Cabinet

Councillor Bridget Smith
Councillor Aidan Van der Weyer
Councillor Neil Gough
Councillor Tumi Hawkins
Councillor Hazel Smith
Councillor Bill Handley
Councillor John Williams

Leader of the Council
Deputy Leader
Deputy Leader (non-statutory)
Planning
Housing
Environmental Services and licensing
Finance

Key and non-key decisions expected to be made from May 2020

Decision to be made	Description of Decision	Decision Maker	Date of Meeting	Reason for Report to be considered in Private	Portfolio Holder and Contact Officer	Documents submitted to the decision maker
Potential Property Investment Decision Key	Potential decision on potential Investment Strategy acquisition.	Cabinet Cabinet Cabinet	06 May 2020 29 June 2020 2 September 2020	Part or all of the report may be exempt by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972	Leader of Council Trevor Roff, Interim Director of Finance	Report (publication expected 27 April 2020) Report (publication expected 22 June 2020) Report (publication expected 21 August 2020)
Potential property acquisition decision Key	Provisional decision item relating to acquisition of property.	Cabinet Cabinet Cabinet	06 May 2020 29 June 2020 2 September 2020	Part or all of the report may be exempt by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972	Lead Cabinet member for Housing Kirstin Donaldson, Head of New Build	Report (publication expected 27 April 2020) Report (publication expected 22 June 2020) Report (publication expected 21 August 2020)
Shared Services Business Plans Key	To seek approval of the Shared Services Business Plans.	Cabinet	06 May 2020	Part or all of the report may be exempt by virtue of paragraph 3 of Part 1 of Schedule 12A	Leader of Council Chief Executive	Report (publication expected 27 April 2020)

Key and non-key decisions expected to be made from May 2020

Decision to be made	Description of Decision	Decision Maker	Date of Meeting	Reason for Report to be considered in Private	Portfolio Holder and Contact Officer	Documents submitted to the decision maker
				of the Local Government Act 1972		
Review of barriers to procurement from SMEs Non-Key Page 72	To review the outcomes of the work undertaken as a result of Cabinet's approval of recommendations from the Scrutiny task and finish group which reviewed the barriers to procurement from SMEs.	Cabinet	06 May 2020		Sean Missin, Procurement Officer Johanna Davies, Economic Development Officer	Report (publication expected 27 April 2020)
Transfer of Community Assets Policy Non-Key	To determine a policy for the potential transfer of community assets to relevant third-party organisations.	Cabinet	06 May 2020		Lead Cabinet member for Finance Liz Watts, Chief Executive	Report (publication expected 27 April 2020)
Council Tax Discretionary Reductions Policy Non-Key		Cabinet	06 May 2020		Lead Cabinet member for Finance Katie Kelly, Revenues Manager	Report (publication expected 27 April 2020)

Key and non-key decisions expected to be made from May 2020

Decision to be made	Description of Decision	Decision Maker	Date of Meeting	Reason for Report to be considered in Private	Portfolio Holder and Contact Officer	Documents submitted to the decision maker
Zero Carbon Strategy Key	To adopt a Zero Carbon Strategy for South Cambridgeshire.	Cabinet Council	06 May 2020 21 May 2020		Leader of Council Siobhan Mellon, Development Officer - Climate and Environment, Trevor Roff, Interim Director of Finance	Report (publication expected 27 April 2020) Report (publication expected 13 May 2020)
Milton Country Park Financial Support Page 73	To consider the provision of financial support to Milton Country Park as a result of the Covid-19 pandemic. This will be discussed by Cabinet but will be a Council decision.	Cabinet (for discussion) Council (for decision)	06 May 2020 21 May 2020	Part or all of the report may be exempt by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972	Lead Cabinet Member for Finance Deputy Leader (non-statutory) Peter Maddock, Head of Finance	Report (publication expected 27 April 2020) Report (publication expected 13 May 2020)
Investment Partnerships - Members agreements Key	To consider membership agreements with framework suppliers.	Council	21 May 2020	Part or all of the report may be exempt by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972	Leader of Council David Ousby, Head of Commercial Development & Investment	Report (publication expected 13 May 2020)
Town Centre Development	To outline arrangements for	Council	21 May 2020	Part or all of the report may be	Deputy Leader (non statutory)	Report (publication expected 13 May

Key and non-key decisions expected to be made from May 2020

Decision to be made	Description of Decision	Decision Maker	Date of Meeting	Reason for Report to be considered in Private	Portfolio Holder and Contact Officer	Documents submitted to the decision maker
Northstowe Phases 1&2 Key	the design and build of three community buildings in Northstowe as required by planning obligations and the Council role in the process.			exempt by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972	Chief Executive	2020)
Council Write-Offs Non-Key	Annual report to Council regarding debts written off in the previous financial year.	Council	21 May 2020		Lead Cabinet member for Finance Katie Kelly, Revenues Manager	Report (publication expected 13 May 2020)
Medium Term Financial Plan Key	To report an updated Medium Term Financial Plan following the outcome of a mid-year review of financial forecasts and projected changes in service spending.	Cabinet	29 June 2020		Lead Cabinet member for Finance Peter Maddock, Head of Finance	Report (publication expected 22 June 2020)
Financial Procedure Rules Non-Key	To review the existing Financial Regulations to ensure that they remain sound for the purpose of ensuring the proper	Audit and Corporate Governance Committee Council	28 July 2020 24 September 2020		Lead Cabinet member for Finance Peter Maddock, Head of Finance	Report (publication date tbc)

Key and non-key decisions expected to be made from May 2020

Decision to be made	Description of Decision	Decision Maker	Date of Meeting	Reason for Report to be considered in Private	Portfolio Holder and Contact Officer	Documents submitted to the decision maker
	administration of the Council's financial affairs.					
North East Cambridge Area Action Plan Key Page 75	To approve the draft Plan report for public consultation. This is a joint AAP with Cambridge City Council for North East Cambridge. The issues and options consultation took place in Spring 2019. The draft plan report will outline the Councils' proposed planning policy framework for the development of the area.	Cabinet	29 June 2020		Deputy Leader of the Council Julian Sykes, Urban Extensions Project Manager	Report (publication expected 19 June 2020)
Proposed extension to the Shared Services Business Plans Non-Key	To consider an extension of the original Shared Services Agreement for Legal, Building Control and ICT services beyond the expiry date of 30 September 2020.	Cabinet	29 June 2020	Part or all of the report may be exempt by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972	Lead Cabinet member for Customer Service and Business Improvement Liz Watts, Chief Executive	Report (publication expected 19 June 2020)
Resident	To approve the final	Cabinet	29 June 2020		Lead Cabinet	Report (publication

Key and non-key decisions expected to be made from May 2020

Decision to be made	Description of Decision	Decision Maker	Date of Meeting	Reason for Report to be considered in Private	Portfolio Holder and Contact Officer	Documents submitted to the decision maker
Involvement Strategy Key	Resident Involvement Strategy.				member for Housing Jennifer Perry, Residents Involvement Team Leader	expected 22 June 2020)
Health and Wellbeing Strategy Non-Key	To approve a district wide Health and Wellbeing Strategy for public consultation.	Cabinet	29 June 2020		Lead Cabinet member for Housing Lesley McFarlane, Development Officer - Health Specialist	Report (publication expected 22 June 2020)
Refreshed New Build Council Housing Strategy Key	To agree the approach to achieving the Council Housing New Build ambitions for the next 5 years. The Council's previous New- Build Strategy for Council Housing has been updated to take account of national and local changes in policy, funding and context	Cabinet Council	29 June 2020 14 July 2020		Lead Cabinet Member for Housing Peter Campbell, Head of Housing	Report (publication expected 22 June 2020)
Greater Cambridge Local Plan: Issues	To receive an update on the	Cabinet	29 June 2020		Lead Cabinet member for	Report (publication expected 22 June

Key and non-key decisions expected to be made from May 2020

Decision to be made	Description of Decision	Decision Maker	Date of Meeting	Reason for Report to be considered in Private	Portfolio Holder and Contact Officer	Documents submitted to the decision maker
and Options Feedback and Next steps Key	Greater Cambridge Local Plan Issues & Options consultation. To agree the process for plan making moving forward, and revisions to the timetable.				Planning Jonathan Dixon, Planning Policy Manager	2020)
Update of Greater Cambridge Local Development Scheme Key	To agree updates to the Local Development Scheme. The Local Development Scheme sets out the timetable for plan making, including the Greater Cambridge Local Plan and the North East Cambridge Area Action Plan.	Cabinet	29 June 2020		Lead Cabinet member for Planning Jonathan Dixon, Planning Policy Manager	Report (publication expected 22 June 2020)
Consultation on draft Biodiversity Supplementary Planning Document Non-Key		Cabinet	2 September 2020		Deputy Leader of the Council Jane Green, Built and Natural Environment Manager	Report (publication expected 21 August 2020)

Key and non-key decisions expected to be made from May 2020

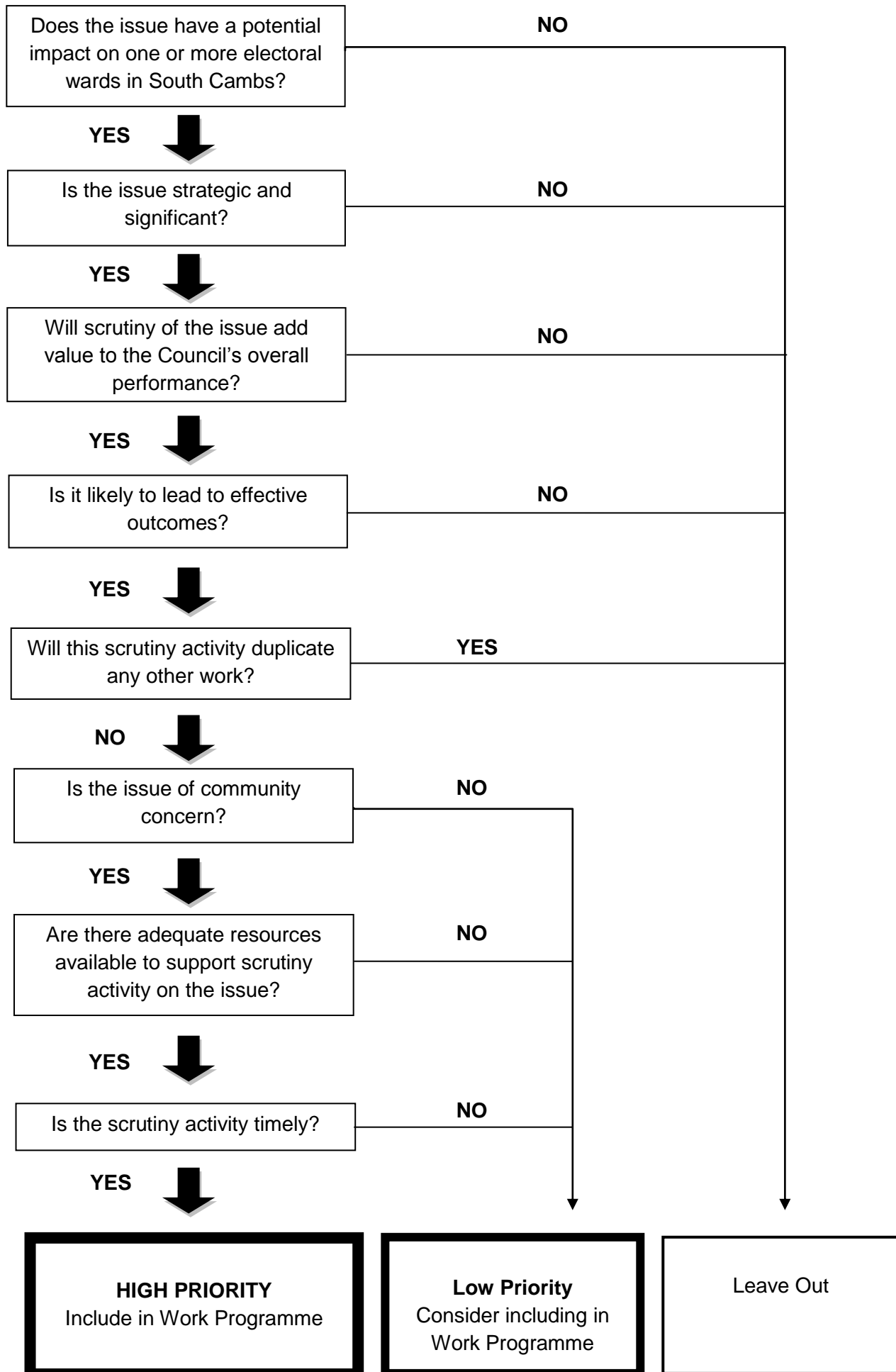
Decision to be made	Description of Decision	Decision Maker	Date of Meeting	Reason for Report to be considered in Private	Portfolio Holder and Contact Officer	Documents submitted to the decision maker
Housing Revenue Account (HRA), General Fund, Revenue and Capital Budget Provisional Outturn 2019/2020 Non-Key	To receive the HRA, General Fund, Revenue and Capital Budget outturn position for the financial year 2019/2020.	Cabinet	2 September 2020		Lead Cabinet member for Finance Peter Maddock, Head of Finance	Report (publication expected 21 August 2020)
Asset Register Non-Key	To review and publish the Council's updated Asset Register.	Cabinet	2 September 2020		Lead Cabinet member for Finance Peter Maddock, Head of Finance	Report (publication expected 21 August 2020)
South Cambs Ltd trading as Ermine Street Housing: Review of Business Direction Non-Key	To consider the future direction and business objectives of Ermine Street Housing from 2021/2022.	Cabinet	2 September 2020		Leader of Council, Lead Cabinet member for Finance Peter Maddock, Head of Finance, Liz Bisset, Interim Head of Housing	Report (publication expected 21 August 2020)
Making of the Cottenham Neighbourhood Plan	Following a successful referendum the Council will be required to make	Council	June/July 2021		Lead Cabinet member for Planning Alison Talkington,	Report (publication expected 23 March 2020)

Key and non-key decisions expected to be made from May 2020

Decision to be made	Description of Decision	Decision Maker	Date of Meeting	Reason for Report to be considered in Private	Portfolio Holder and Contact Officer	Documents submitted to the decision maker
Non-Key	(adopt) the Cottenham Plan.				Senior Planning Policy Officer	
Making of the Histon and Impington Neighbourhood Plan Key	The making (adoption) of the Histon & Impington Neighbourhood Plan. Once made this plan will become part of the statutory development plan for the district.	Council	June/July 2021		Lead Cabinet member for Planning Alison Talkington, Senior Planning Policy Officer	

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Scrutiny Work Programme Prioritisation Tool



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