**Cambridge sub-Regional Housing Board (CRHB)**

Meeting at:

Swansley Room, SCDC offices, Cambourne
9.30am – 12.30pm, Friday 9 June 2017

**D R A F T NO T E S**

| Attendees & apologies |  |
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| * Stephen Hills, SCDC (chair)
* Julie Baird, West Suffolk
* Helen Reed, Cambridge City
* Nigel Howlett, CHS (RP rep)
* Dan Horn, FDC
* Caroline Hannon, PCC and HDC
* Sue Beecroft, CRHB
* Aidan Fallon, CPFT (for Item 2)
 | Apologies* Sarah Ireland, bpha (RP rep)
* Alex Frances, GCGP LEP
* Alan Lewin, Axiom (RP rep)
* Alan Carter, GC HDA
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| ITEM | ACTION |
| --- | --- |
| 1. Welcome/apologies |  |
| * Draft minutes were agreed
* Minutes and papers are available at [www.cambridgeshireinsight.org.uk/housing/crhb](file:///%5C%5CMH_SHARED_SERVER%5CSHARED%5CMH%5CDATA%5CStrategic%20Housing%20Team%20Plans%20and%20info%5CSue%20Beecroft%5CHousing%5CCRHB%20papers%5C2014%5CNov%202014%5Cwww.cambridgeshireinsight.org.uk%5Chousing%5Ccrhb)
* Actions:
* SB to circulate GCHDA webpage link, here <https://www.cambridge.gov.uk/greater-cambridge-housing-development-agency>. On this page you will find - under ‘key documents’ – the annual review for 2016-17 and a looking ahead summary. There is also the most current business plan for 2017-18.
* SB to develop diamond-o-grams for each district: new income data just released (CACI) which means a little more time is needed to update the diamond-o-grams using 2015-16 income data and property prices. Draft diamonds to be circulated by email in July.
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| 2. Cambridgeshire & Peterborough STP: Aidan Fallon, CPFT |  |
| Intro:* Aidan is Head of Communications and Engagement in the Sustainability and Transformation Programme – system delivery unit at CPFT, and will introduce the sustainability and transformation plan for Cambs & Peterborough

Presentation:* Aidan has provided a report on the STP at [www.cambridgeshireinsight.org.uk/crhb](http://www.cambridgeshireinsight.org.uk/crhb)
* Summary of headlines:
	+ Demographic pressures.
	+ Our area has good secondary healthcare services but could do better on primary services i.e. in he community.
	+ If we can increase community based services, both reduces pressure on secondary but also improves quality of life by avoiding hospital admission and dependency.
	+ Pounds per person, we are the poorest area in the country.
	+ The NHS funding formula is based on a per head amount, but always lags locally by 3 to 4 years. Due to the rate of growth of our population.
	+ The new Peterborough Hospital and Papworth site are both PFI funded. It was the only funding option at the time, but now turns out to be poor VFM.
* STPs are a national thing. The require health service to face up to strategic debt and look at community based services.
* They have also made the individual “kingdoms” in the NHS structure work together.
* CCGS buy services from hospitals, It's a market place but also it's confrontational. The STP aims to reduce barriers within the NHS.
* Our local STP was published in November last year at:
* [www.fitforfuture.org.uk/what-were-doing/publications/](http://www.fitforfuture.org.uk/what-were-doing/publications/)
* Want to move activity from the hospitals to the community (down the 'pyramid of care' on page 4) but hospitals are paid per action in the hospital, which works against this concept. However is overloaded, the hospital begins to stop coming.
* Now there is some resource being identified to regroup services. So we want to maximize early interventions “at home” action.
* 80% of NHS spend is in the top 2 tiers of the pyramid of care.
* Early steps:
	+ Invest in community capacity to reduce pressure on A&E.
	+ Reduce number of elderly and frail in hospital.
	+ There is now a shared services delivery group. Looks at procurement, HR, comms and estate.
* Estate particularly relevant to housing. Has become clear that
	+ each organisation within the NHS is not clear on what it owns, and what others own
	+ There is much land not being put to best use
	+ want to make better use of it
	+ There is no money for capital projects.
* Have started to meet with Public Services Board (PSB) quarterly.
* Estates, housing and planning are big priorities.
* GPs also under pressure as most building s are owned by the GPs, and it is becoming difficult to recruit GPs who want to buy a share in the practices. Prefer just a salary. Makes the building a problem as may also not be fit for purpose. So the NHS can afford staff, but can't get them.

Brief intro to “accountable care”* In2018/19 the NHS will be required to look at single accountability for funding and care, irrespective of the organisation individual budgets i.e. Cambs and Peterborough may get one allocation, then work out how to divide it up.

**Q&A**Q: Aidan asked about CRHB's view and thoughts on s106 and what limits the amount you can secure via s106. A: Viability. Acknowledges s106 could maybe be used better.Q: Richard asked about eh MAC project, intention was to identify and use our public estate collectively, what happened to that? Seems signed up to the idea but not being implement\ed?A: STP team of 15 to 20 people is trying to get the estates teams to talk to each other. May be looking to secure an “estates\” expert who can see through the various different areas / barriersQ: what happened about social prescribing pilots?A: on hold, not sure of reasonsQ: districts might hold useful data, e.g. who needs assisted bin collections. Could help NHS machine to spot early signs of people who MIGHT need help.A: Will all helpQ: What does the NHS want form its land - money, homes for keyworkers, a return, to build for the future?A: No clear single strategic purpose on this. Discussion: Could feed into housing plans, and maybe devo 2 bid, might not be very costly to get the estates expertise in to resolve this issue.Q: how can NHS / STP better engage with housingA: Suggested look at the housing guide, continue to have conversations like this one, very helpful to “get” the reason for different plans and changes being made. Q: There is a cultural gap between health and social care. Lack of trust between teams / partnersA: STP has workstream on organisational development which should break down some of these barriers. Culture and values are vital to its success.  |  |
| 3. Care Homes plan from Cambs County Council: Richard O’Driscoll |  |
| * County has looked at demand and supply of care homes.
* Only about 3% of older population goes into care:
	+ About 100,000 over 65s in the county
	+ Means 3 to 3.5K in residential care and care homes
* Largely for people who can't sue any other model, many at end of life. Dementia forms a large part of the need.
* Richard has identified a shortfall of 450 beds, some self-funded, some publically funded.
* This has gone through CCC governance process.
* Two main barriers are land and nursing staff. Got agreement in principle for CC to use its own assets to help.
* Started planning for 5 care homes of 90 beds, now revisiting in response to consultation with providers who feel 90 is too large / too risky. More likely to be around 60 beds, about two thirds self-funding.
* Richard has discussed with 10 providers and 10 different models have been suggested! Has tried to work with the NHS on it.
* Ely is particularly in need of care places. Massive pressure on dementia care, residential and care places including nursing care.
* Nigel H – CHS sells less than 25% of the scheme to social care teams now as it's such a low amount of money, does not cover the cost of the acre for those places.
* Richard mentioned £900 per week being charged, Nigel confirmed it’s possible for an RP to charge this amount within its rules.
* Q: What is the relationship of these care homes with extra care? Does this plan hint that county is more interested now / concerned with care, than extra care?
* A: No, interested in everything on the “continuum”. Want to keep people out of residential care which is more expensive if at all possible, through interventions / options all along the spectrum.
* Q: Viability - we need a long term plan for services and investment. Will services prevent the homes being needed? And how much can commissioners specify the standards, quality and usability of the buildings?
* A: All to be worked on
* SB - check the vacant public land register for Ely and the supported housing mapping project
 | SB |
| 4. Devolution update & discussion: Stephen Hills |  |
| * Introduction to the Mayor’s first 100 day commitments. Can find theme on our new page here <http://cambridgeshireinsight.org.uk/housing/devolution>
* £100m spend is now in a delivery programme, and Stephen has engaged a project manager to steer the programme delivery. Headlines:
* **Housing investment fund**
* New Edge consultants engages to provide a framework for detail to deliver a schemes. Will include
	+ monitoring
	+ due diligence
	+ detailed criteria
	+ process
	+ governance
* Stephen is looking to re-constitute the housing taskforce (who put the business case together) to provide an overview.
* **“Quick wins”**
* Ahead of HIF scheme being worked up, need some quick wins.
* Sensible list of schemes identified approx 100 homes in total, to announce in July.
* David Keeling has met each district.
* Will not be as much additionality for the quick wins as the full HIF programme but is what the mayor requires as part of the first 100 days.
* **Summit**
* Morning of 24 July, 50-60 delegates , meeting in Cambourne.
* Focus on private sector developers and builders.
* 3 workshops will be run twice. On
	+ SME
	+ Partnerships
	+ Delivery
* Will invite RSL group, LEP contacts. Dan H suggested checking for Fenland developers, all SMEs.
* Dan to send list of FDC developers to Stephen to check against invite list
* **CLTs**
* Working with CLT East.
* **Modular homes**
* MMC report is now finished, SH to circulate
* SH is speaking to consultants about a feasibility study on MMC.
* SCDC is also doing a pilot on a piece of their own land. Will put one MMC property up and invite people to see it. Want them to last 60 years +. Will look at possibility of different standards e.g. lifetime homes. Also links with training and skills: Some need very skilled labour others not.
* Build East is already looking at feasibility in East of England so will see what they conclude.
* **SME fund**
* Requirement is to commence consultation on mayoral SME fund.
* HCA has worked on this; we are hoping to be able to help develop their work further, locally.
* **Strategy**
* At present looks like it will include
	+ scene-setting
	+ accelerating delivery of homes
	+ how to develop a strategy after July.
* Will take a report to the CA board in July giving indicative timetable and resource needed fully develop.

General actions* SH will put officer team together again to give governance / overview of the whole programme. Could be the taskforce who developed the business case. Possibility of taskforce meeting after CRHB meetings?
* 'Programme on a page' to be circulated to this group.
* Julie Baird, West Suffolk, offered help and support
* CPO linkages: Need join-up to stop affordable housing being written out of s106 agreements.
* Still think we want to pool viability teams.
* Paul Williams was working on this, SH to find out where it has got to.
* RPs would welcome a combined approach to housing, planning, viability and delivery.
 | DH/SHSHJB/SHSH |
| 5. CRHB’s 2016/17 action plan: Sue B / all |  |
| * Link to our “start of year” action plan here <http://cambridgeshireinsight.org.uk/file/3356/download>
* SB to bring R-A-G update to July meeting
 | SB |
| 6. AOB |  |
| * Alan Lewin is overall lead, he is on invite list (gave apologies for today)
* Adam Broadway is now the housing development lead on NHF RP group. SB to invite to CRHB meetings. Mary Gibbons is lead on housing management. SB to invite to CRHB meetings
* Summary: Alan, Nigel, Mary and Adam become CRHB's housing association / registered provider reps.
 | SB |
| 7. Future meeting dates (all at SCDC offices, Cambourne) |  |
| * 7 July
* 4 Aug (review potential attendance at July meeting and agree whether to go ahead)
* 8 Sept
* 6 Oct
* 3 Nov
* 1 Dec
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