

SCRUTINY COMMISSION FOR HEALTH ISSUES

THURSDAY 8 JANUARY 2015

7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

Page No

1. **Apologies**
2. **Declarations of Interest and Whipping Declarations**

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.
3. **Minutes of Meetings Held on 14 October and 11 November 2014** 3 - 18
4. **Call In of any Cabinet, Cabinet Member or Key Officer Decisions**

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions.. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.
5. **UnitingCare Partnership** 19 - 20
6. **Transforming Day Opportunities for Adults Under 65** 21 - 32
7. **Consultation on a Future Model for NHS 111 AND GP Out of Hours Services** 33 - 50
8. **Cambridgeshire and Peterborough Clinical Commissioning Group's Response to Francis Review Recommendations** 51 - 64
9. **Forward Plan of Executive Decisions** 65 - 86
10. **Work Programme 2014/2015** 87 - 92

11. Date of Next Meeting

- 9 February 2015 - Joint Scrutiny of the Budget Phase 2
- 27 February 2015 - Joint Scrutiny in a Day – One Year On Event
- 10 March 2015 - Scrutiny Commission for Health Issues

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<http://democracy.peterborough.gov.uk/documents/s21850/Protocol%20on%20the%20use%20of%20Recording.pdf>



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Committee Members:

Councillors: B Rush (Chairman), J Stokes (Vice Chairman), S Allen, R Ferris, N Shabbir, K Sharp and A Shaheed

Substitutes: Councillors: Sylvester, D Fower, R Herdman and M Lee

Further information about this meeting can be obtained from Paulina Ford on telephone 01733 452508 or by email – paulina.ford@peterborough.gov.uk



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE FORLI ROOM, TOWN HALL
ON 14 OCTOBER 2014**

Present:	Councillors B Rush (Chairman), J Stokes, S Allen, K Sharp, R Ferris, Shabbir and Shaheed	
Also present	Jane Pigg	Company Secretary, Peterborough & Stamford Hospitals NHS Foundation Trust
	Katie Norton	Director of Commissioning, NHS England East Anglia Team
Officers Present:	Jana Burton	Executive Director of Adult Social Care and Health and Wellbeing
	Janet Dullaghan	Head of Commissioning, Health and Wellbeing
	Tony Marvel	Interim Programme manager BCF
	Paulina Ford	Senior Governance Officer

1. Apologies

Apologies for absence was received from David Whiles representative of Healthwatch.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meeting Held on 10 September 2014

The minutes of the meeting held on 10 September 2014 were approved as an accurate record.

4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for Call-in to consider.

5. NHS England Primary Care Strategy

The report was introduced by the Director of Commissioning, NHS England East Anglia Team and provided the Commission with an overview of the Primary Care Strategy as it relates to Peterborough and the role of NHS England.

Observations and questions were raised and discussed including:

- Members referred to page 14 and asked for an update regarding the rationale for prioritisation particularly in relation to Orton Bushfield Medical Centre. *The Director of Commissioning, NHS England East Anglia Team responded that six months ago there were constraints from the NHS in moving forward on the regeneration plans but there have now been measures put in place to ensure that the NHS would not act as a blockage and the plan could now move forward.*

- Members expressed concern that there might be a move to achieve 7 day access to General Practitioner (GP) services providing additional stress on GP's and the effect on recruitment and retention. *Members were informed that there was already 24hour access to Primary Care and GP surgeries through provision of out of hours for urgent care. There was a need to develop new ways of working with GPs and that this would need to be done in a measured way to respond to customer needs.*
- Members sought clarification with regard to the review of Primary Medical Services (PMS) contracts. *Members were informed that the figures showed a degree of inequity in the way funding was being allocated to GP Practices. It was recognised that across Cambridgeshire and Peterborough there were disproportionately more practices that had benefited historically from levels of investment through the PMS Contracts. The money would not be lost but there was a need to ensure that best value for money was being achieved and it was being invested correctly.*
- Members referred to page 14, paragraph 5.6, Primary Care at Scale. One Member felt that out of the three ways of working that were being explored the *"Discussions between individual practices where they have identified the potential benefits of merger"* should be at the top of the list and given primary consideration. *Members were informed that none of the three ways of working being explored were mutually exclusive and all of them would need to be 'bottom up'.*
- Members asked why there was an omission in the paper with regard to patients managing their own care. *The Director of Commissioning, NHS England East Anglia Team responded that this was a drafting oversight and that self-care and personal responsibility was crucial.*
- Members asked for more information on Telecare and other technological measures in order to diagnose and manage patients at home. *Members were informed that the use of technology was fundamental and these measures were increasingly being used. This needed to be communicated to patients in a measured way to ensure they were not alienated from their care.*
- Members asked if there had been feedback from pharmacies which use electronic prescription services. *Members were informed that there had not been any feedback received but this would be followed up.*
- Members stated that there had been a big expansion in the south of Peterborough and there were issues around people getting appointments and wanted to know if more GP practices would be opened. *Members were advised that opening new GP practices was difficult and it was easier to grow existing ones than to start something new.*
- Members asked what measures could be put in place in order to ensure emergency admissions to A&E were reduced. *The Director of Commissioning responded that emergency admissions were relatively low in Peterborough, but more work could be done. There was an increasingly elderly population with long term conditions which meant admissions were higher. There was a need to support these admissions for those people outside of hospital.*
- *A Member commented that a piece of land in the south of Stanground had been set aside for a GP Practice but nothing had been done with it. The Director of Commissioning had no knowledge of the land and advised that it would be looked into.*
- Members referred to page 22 and asked where the 25 Police Custody Suites mentioned would be transferred to. *The Director of Commissioning, NHS England East Anglia Team stated that this was not a change of location but a change of responsibility for commissioning of the service from the constabulary to health.*
- Members asked if Papworth Hospital would be moved to Addenbrookes. *The Director of Commissioning stated that this had been approved and would happen soon.*
- Members noted that on page 53 of the report there had been a recognition of the importance for local needs to be identified. GPs had been positive about the involvement of Health and Wellbeing Boards in understanding what local issues were.
- Mary Cooke a member of the public addressed the Commission and stated that at least £3bn had been wasted on the Health and Social Care Bill and stated that GPs were doing a great job in a city with such high levels of deprivation.

- Members referred to page 33, Life Expectancy and noted that Peterborough was at the bottom in terms of life expectancy across East Anglia. *The Director of Commissioning, NHS England East Anglia Team responded that it was vital to get GPs and the NHS working together on this. There were social-economic factors which affected life expectancy and it was therefore vital to make sure children had health checks to give children a better start in life. Many of the issues were life style issues. The Director of Adult Social Care and Health and Wellbeing commented that the Health and Wellbeing Board were focussing on cardio vascular disease and child health care.*
- Members stated that Peterborough had a big influx of non-English speaking patients. *The Director of Commissioning responded that the NHS had committed translation services and that some GP Practices had innovative practises in place to support the management of patients with different languages.*
- Members stated that there was a unique problem in Peterborough relating to churn of population. *The Director of Commissioning, NHS England East Anglia Team responded that she was aware of this and the contractual frameworks reflected the implications of population churn.*

The Chair thanked the Director of Commissioning for attending the meeting and presenting an informative report.

ACTIONS AGREED

The Commission noted the report.

6. Healthy Child Programme / Child Health / Joint Commissioning Arrangements

The report was introduced by the Head of Commissioning, Health and Wellbeing and provided the Commission with an update on developments and performance within the Healthy Child Programme (HCP) and specialist services in Peterborough.

Observations and questions were raised and discussed including:

- Members asked what work was being done to address childhood obesity, especially encouraging children to walk to school and promoting healthy eating options in schools. *The Head of Commissioning, Health and Wellbeing responded that much was already being done but a consistent and joined-up approach needed to be embedded. The Executive Director, Adult Social Care and Health and Wellbeing responded that messages needed to reach parents as well as children.*
- Members asked if mothers who had recently given birth needed to go to the hospital or if they could instead have home visits. *The Head of Commissioning, Health and Wellbeing responded that they were able to have home visits and health visitors could use interpreters if there were language issues.*
- Members asked if every Year 6 child was measured. *The Head of Commissioning responded that this was the case.*
- Members asked if teenage pregnancies had reduced in Peterborough. *Members were informed that the figure had been higher than the national average but it was now just below the national average. There was therefore still a lot of work to do.*
- Was there a teenage strategy in place to reduce teenage pregnancies? *Members were informed that there was a multi-agency team involved in a concerted effort to reduce teenage pregnancies which would report to the Health and Wellbeing Board.*
- Mary Cooke, a member of the public stated that there was a shortage of school nurses, health visitors and midwives. *The Head of Commissioning, Health and Wellbeing responded that there were 45 health visitors now, when previously there had been 25. There had been a real investment in service, including Hypa clinics in schools.*
- Mary Cooke followed-up by stating that there needed to be an education programme in place and that children with autism were have trouble getting appointments.

- Members asked if there was a breakdown of teenage pregnancy statistics. *The Head of Commissioning responded that there was and this was looked at in order to assess if it was a cultural issue. 95% of the girls were white British.*

ACTION AGREED

The Commission noted the report.

7. Health and Wellbeing Action and Delivery Plan Progress

The report was introduced by the Executive Director of Adult Social Care and Health and Wellbeing and provided the Commission with an update on the progress being made on the action plan following the LGA Peer Review held in March 2014.

Observations and questions were raised and discussed including:

- Members referred to page 134 action point 4, *Implement the British Heart Foundation's House of Care model (regardless of success of the application) and asked for an update. Members were informed that the application had not been successful and therefore did not get the funding but some of the initiatives would still be taken forward.*

ACTION AGREED

The Commission noted the report.

8. Better Care Fund Update

The report was introduced by the Interim Programme Manager, Better Care Fund (BCF) and provided the Commission with an update on the BCF submission in light of the new guidance issued by Central Government requesting that plans be resubmitted by 19 September 2014.

Observations and questions were raised and discussed including:

- Members referred to the joint arrangement between the Cambridgeshire and Peterborough Clinical Commissioning Group and Peterborough City Council and asked who the accountable body would be in case something went wrong. *The Interim Programme Manager, Better Care Fund responded that accountability was at the Health and Wellbeing Board.*
- Members asked if the pot of money could be added to. *The Interim Programme Manager, Better Care Fund stated that this was possible.*
- Members asked why the protection of Adult Social Care was a high-risk factor. *Members were informed that the regulations for the Care Act had not been received yet. It was not expected that the funds would meet the Care Act responsibilities. It was originally designed for older people but it now included A & E.*
- Members asked if the Better Care Fund was just for adults. *The Interim Programme Manager, Better Care Fund responded that an element of the grant dealing with disability also included children.*
- Members asked how often the risk log would be revisited and updated. *The Interim Programme Manager, Better Care Fund responded that it was critically important to keep it up to date. The Better Care Steering Group would meet every three to four weeks and it would be updated then.*
- Members asked who took the risk in cases of overspend now that the budget was pooled. *The Interim Programme Manager, Better Care Fund responded that the risk lies with the CCG and the preferred bidder rather than the local authority.*
- Mary Cooke a member of the public stated that part of the money was to implement the Care Act, which was not signposted and could be used for anything. Older people would suffer from this. *The Executive Director of Adult Social Care and Health and Wellbeing*

responded that Councillor Rush wrote as part of consultations on Better Care procurement and had identified this as an issue.

ACTION AGREED

The Commission noted the report and requested that the Interim Programme Manager provide a briefing note on the outcome of the recent Better Care Fund submission once known.

9. Forward Plan of Key Decisions

The Commission received the latest version of the Forward Plan of Key Decisions, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Forward Plan of Key Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

ACTION AGREED

The Commission noted the Forward Plan of Key Decisions.

10. Work Programme 2014/2015

Members considered the Committee's Work Programme for 2014/15 and discussed possible items for inclusion which included:

- Healthy Schools Programme

ACTION AGREED

To confirm the work programme for 2014/15 and the Senior Governance Officer to include any additional items as requested during the meeting.

The meeting began at 7.00pm and finished at 9.09pm

CHAIRMAN

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**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL
ON 11 NOVEMBER 2014**

Present: Councillors B Rush (Chairman), J Stokes, M Lee, K Sharp, R Ferris, Sylvester and Shaheed

Also present	Neil Winstone	Associate Director, Cambridge and Peterborough NHS Foundation Trust (CPFT)
	Dr Chess Denham	Medical Director, Cambridge and Peterborough NHS Foundation Trust (CPFT)
	Dr Gary Howsam	Chair, Borderline LCG
	Jessica Bawden	Director of Corporate Affairs, C&PCCG
	Stephen Graves	Chief Executive Officer, Peterborough and Stamford Hospitals NHS Foundation Trust
	Chris Wilkinson	Chief Nurse and Director of Care Quality, Peterborough and Stamford hospitals NHS Foundation Trust
	Jo Bennis	Deputy Chief Nurse, Peterborough and Stamford Hospitals NHS Foundation Trust
	Jill Metcalf	Healthwatch
Officers Present:	Jana Burton	Executive Director of Adult Social Care and Health and Wellbeing
	Paulina Ford	Senior Governance Officer

1. Apologies

Apologies for absence were received from Councillor Allen, Councillor Shabbir and David Whiles. Councillor Lee was in attendance as substitute for Councillor Allen and Councillor Sylvester was in attendance as substitute for Councillor Shabbir.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for Call-in to consider.

4. CPFT Consultation Paper – Personality Disorder Community Service/Complex Cases, including Lifeworks

The report was introduced by the Associate Director, Cambridge and Peterborough NHS Foundation Trust (CPFT) and provided the Commission with the outcome of the Community Personality Disorder Service (CPFT) consultation and current position regarding the service.

Observations and questions were raised and discussed including:

- Do you feel the consultation has improved people's confidence? *Members were advised that the consultation had helped to rebuild confidence and most of the dissatisfaction was around the proposed closure of the Life Works. The co-design of work involving service users had also helped. It was no longer just about personality disorder but about all kinds of mental health problems.*
- Members noted that as a consequence of the sit in at the Life Works Centre in Cambridge the closure of the centre had now been delayed for another five years. How have you therefore managed to maintain the service and provide an equitable service across the area? *Members were informed that no one part of the service was for life and there were several components. The pathway implemented was now equitable.*
- Members noted that some of the comments received in the consultation seemed quite desperate. *Members were advised that these comments were anonymous but it was likely that they came from people who were part of Life Works. The clinical team had however been involved with those service users in supporting them during the time of the consultation.*
- How many consultation papers had been sent out? *Members were advised that approximately 400 to 500 had been sent out. There had also been an online version and focus groups had been held. The response of 58 had provided a fair representation of users.*
- Members commented that there had been several suicides reported recently at city centre car parks. *Members were informed that the Trust, the Council and the Car Park Authorities had all been involved in working together to address this by trying to make it harder for people to end their life by jumping from a car park. There was also various groups working together with the aim of making Peterborough a suicide free town. Suicide was everyone's business and not the responsibility of one agency. The Executive Director of Adult Social Care and Health and Wellbeing informed Members that there was a Suicide Prevention Strategy in place across Peterborough and Cambridgeshire.*
- Members noted with concern that the report mentioned that services were under severe pressure and there was an aspiration to provide more of the services within the voluntary sector. *Members were informed that there were many voluntary sector organisations already doing some of this work and it was more about linking up with these groups and providing a more joined up approach.*
- What more could the Commission do to support the CPFT? *The Associate Director, Cambridge and Peterborough NHS Foundation Trust welcomed the interest from the Commission which raised the profile of mental health issues. If there was scope within the Better Care Fund to provide resources that would also help. Consideration could be given to piloting the model in Peterborough.*
- In developing this proposal and model of care what thoughts and input had been given to the alignment from Adult Social Care? *Members were advised that this particular piece of work went back to the redesign of Adult Services in 2012 where Adult Services were involved. Going forward the council would be involved in the co-design piece of work.*
- Has there been any consideration of service users accessing facilities in Peterborough like Vivacity and links to the council's enablement services where appropriate. *Members were informed that the specialist team had been building up their case load in Peterborough over the past few months and this would be part of the work the team would be looking into.*

The Medical Director, Cambridge and Peterborough NHS Foundation Trust (CPFT) was also in attendance and tabled a report which provided a general update on Mental Health Services in Peterborough. The report is attached at Appendix 1 of the minutes. The Medical Director presented the report and Members asked questions in response.

Observations and questions were raised and discussed including:

- Members noted that the Memory Clinic was relocating to the Dementia Resource Centre. Members were informed that the work of the Memory Clinic was excellent. *Members were advised that there was a need to develop the relationship between dementia and memory loss. It was everyone's business and not just a specialist service.*
- Were young people and adults with mental illness who were being taken into custody being assessed in police cells in Peterborough? *Members were informed that the mental health assessment facilities for people who have been detained by police were attached to an adult ward and children were not allowed to be assessed in an adult ward. There was no children's mental health ward for forty miles. There was a serious national problem of a shortage of beds for children with mental health problems. Children were currently being assessed in inappropriate settings and often located far from home as there was a shortage of mental health wards for children. There was a review currently being undertaken to bring in more children's mental health wards. In relation to adult mental health care there was a 136 Suite which was a place of safety in the Cavell Centre which was part of one of the wards. There was however difficulty in staffing this facility.*
- When a 'significant incident' is reported where does the information go? *Members were informed that there was a national process in place and it was reported to the Clinical Commissioning Group who would check that the process had been followed correctly. This was then reported to NHS England.*
- Members commented that the arts can help with mental health. *Members were informed that there had been little Arts Therapy provision in Peterborough but provision would now be put in place. There needed to be a distinction between arts and Arts Therapy. Arts Therapy was about working therapeutically with people and a specialist role.*

The Chair thanked the Associate Director, Cambridge and Peterborough NHS Foundation Trust (CPFT) and the Medical Director, Cambridge and Peterborough NHS Foundation Trust (CPFT) for attending the meeting and an informative report and presentation.

ACTIONS AGREED

The Commission noted the reports.

5. Cambridgeshire and Peterborough Clinical Commissioning Group Update

The report was introduced by the Director of Corporate Affairs, C&PCCG and provided the Commission with an update on the following services:

1. Minor illness and Injury Unit Peterborough (MIIU).
2. Future CCG Commissioning Intentions for specialist personality disorder services
3. Preferred bidder from the Older Peoples' healthcare and adult community services procurement programme.

Observations and questions were raised and discussed including:

- Was the MIIU the same as the walk in centre? *Members were advised that it was.*
- One Member commented that he had been asked to go to the MIIU for a blood test as his own surgery advised him that they no longer provided this service. *Members were informed that phlebotomy services were not available at all GP's surgeries due to not being funded to provide this service.*
- Members wanted to know if people attended the MIIU because they had difficulty in accessing their own GP's. Was there any data to confirm this? *Members were advised that there was a survey out at the moment and some responses coming through was about difficulties accessing GP's.*
- Members sought clarification on how it would be communicated to people on where to go for treatment instead of going straight to A & E. *Members were informed of various*

- marketing activities including work with Radio Cambridgeshire to target students, a competition with schools to come up with a 'jingle' and Parish magazines,*
- Members commented that the NHS online service tended to signpost people to A&E. *Members were informed that if a call is made to the 111 service they can pin point where the caller is located and direct them to the appropriate service which might be the MIU. In Peterborough there was a pilot scheme where a GP was on call at the 111 service to assist with diagnosis and help call handlers understand what an emergency was.*
 - Members noted that A&E usage was up and the performance was down. *Members were informed that it was a national problem and there was a mixture of issues causing the problem. The increase of population, change in demography, and introduction of the MIU were some of the issues. People today also seemed to have a lack of self-awareness and self-care.*
 - What action was being taken to address the issue of performance with winter months approaching when it would only worsen? *Members were informed that work was being undertaken with all providers including Adult Social Care, Peterborough and Stamford Hospitals NHS Foundation Trust and 111 to assess the risks and work out a plan of action. There would be an increase in staffing in all services over the Christmas holidays.*
 - The Chair requested a visit to the 111 Call Centre for members of the Commission.
 - A Member commented that he had met with some migrant workers recently that advised him that if they were ill they would automatically go to A&E. Was information on where to go provided in different languages? *Members were advised that most migrant workers were registered with GP's. All materials provided for the campaign were provided in a number of different languages, community groups were also involved in delivering the message.*
 - Members asked if notices were put in local shops where migrant workers went. *Members were informed that this had not been done but would be looked into.*

ACTION AGREED

The Commission noted the report and requested that a visit be arranged to the 111 Call Centre.

6. Peterborough and Stamford Hospitals NHS Foundation Trust Update Report

The report was introduced by the Chief Nurse and Director of Care Quality and provided the Commission with an update on the Trust's overall position with specific detail regarding staffing levels and "winter pressures" planning.

Observations and questions were raised and discussed including:

- When you survey why nurses are leaving was there one particular reason as to why they leave? *Members were advised that there were various reasons including: family members moving away and they therefore wanted to relocate with them or different opportunities e.g. moving into more specialist roles at another hospital*
- What is the target for staffing levels? *The Chief Nurse did not have the exact numbers but stated that there were currently 84 vacancies. There was a 10% to 11% vacancies rate and the target was to reduce this to 5% or 6% by the end of the current financial year.*
- A recent article in the Peterborough Telegraph stated that the hospital was more interested in reducing the debt than patient care. *Members were informed that this was definitely not the case.*
- There was a perception that Stamford Hospital services were being wound down. If this was the case what was the implication to Peterborough. *Members were informed that there was a differentiation between the services being provided and the site. The money from the sale would be ploughed back into the services provided at Stamford. Much of the site was either not being used or under used therefore it was the intention to sell part of the site. There was no plan to reduce activity at Stamford.*

Councillor Lee left the meeting at this point.

- The Chair mentioned the recent visit to the hospital by members of the Commission and thanked the Chief Executive and Chief Nurse for a very interesting and informative visit. The Chair made particular mention to a visit to the dementia ward and discussions with the lead dementia nurse who had come across as very dedicated and enthusiastic about ideas for improving the dementia ward. The Chair asked how her proposals were progressing. *Members were informed that the proposals had not been presented to the Board yet.*

The Chair informed the Commission that the Chief Nurse and Director of Care Quality after almost 13 years at the Trust would be retiring in January. As this would therefore be her last scrutiny meeting the Chair thanked her on behalf of the Scrutiny Commission for her dedication to improving the quality of patient care over the years. The Chair read out a brief resume of her career. The Chair also thanked her for all the work that she had done for Peterborough and the Scrutiny Commission and wished her a happy retirement

ACTION AGREED

The Commission noted the report.

7. Scrutiny in a Day – One Year On

The report was introduced by the Senior Governance Officer. The report informed the Commission of a proposal to hold a further joint scrutiny event on 9 January 2015 to review the progress made against the lines of enquiry developed at the Scrutiny in a Day event on the impacts of welfare reform which had been held on 17 January 2014.

ACTION AGREED

The Commission noted the report and endorsed the proposal to hold a further Scrutiny in a Day – One Year On event.

8. Notice of Intention to Take Executive Decisions

The Commission received the latest version of the Forward Plan of Executive Decisions, containing Executive Decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Forward Plan of Executive Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

ACTION AGREED

The Commission noted the Forward Plan of Executive Decisions.

9. Work Programme 2014/2015

Members considered the Committee's Work Programme for 2014/15 and discussed possible items for inclusion.

The Senior Governance Officer advised the Committee that Scrutiny of the Budget would be held in two phases this year. The first meeting would be held on 3 December 2014 and the second meeting would be on 9 February 2015.

ACTION AGREED

To confirm the work programme for 2014/15 and the Senior Governance Officer to include any additional items as requested during the meeting.

The meeting began at 7.00pm and finished at 9.20pm

CHAIRMAN

SCRUTINY COMMISSION FOR HEALTH ISSUES
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11 NOVEMBER 2014

Tabled Report of Dr Chess Denman, Medical Director, Cambridge and Peterborough NHS Foundation Trust (CPFT)

GENERAL UPDATE ON MENTAL HEALTH SERVICES IN PETERBOROUGH.

1. PURPOSE

- 1.1 This report is being presented to the committee at its request following changes to the mental health services over the past year. The committee also wanted to be advised of any planned changes to mental health services in future.

2. RECOMMENDATIONS

- 2.1 The committee is asked to note the contents of this report.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

Supporting vulnerable people in furtherance of Priority 1: Creating Opportunities - Tackling Inequalities

4. BACKGROUND

- 4.1 The need, in common with other health service providers to make recurrent annual savings in mental health services as well as a desire to continue to develop and improve services where this is possible has led to a number of service changes that affect mental health provision in Peterborough.

5. KEY ISSUES

Service changes already implemented

333 acute care model

The Acute Care Services in Peterborough has under gone a major transformation in the last few years and has developed a care model that focuses on early recovery and focussed interventions that allow patients to be treated at home, assessed in hospital for shorter periods and also receive treatment in hospital for longer periods where needed. This model is called 3-3-3 model and includes a 3 day Acute Assessment Unit, 3 week Treatment Unit and 3 month recovery unit. All admissions are gate kept by the Crisis and Home Treatment Team which works closely with the Acute Assessment Unit and other wards allowing smooth transition from community in to hospital and vice versa. From Acute Assessment Unit about 70% of patients are discharged back to community (CRHT, locality teams and Primary care) thus ensuring bed availability and shorter hospital stay.

All service areas of the Acute care (wards, Crisis team, ECT service) are accredited through the Royal college of Psychiatrists accreditation

programme to improve the quality of care in mental health or going through the accreditation process and some have achieved excellence meaning that they are one of the best in the country.

Adult community redesign.

In 2013 adult community mental health team were redesigned. The rationale being:

- the need to achieve significant savings (£1.6M) across adult MH services due to national efficiency targets over the next three years
- the requirement to implement Payment by Results (PbR) from April 2014
- A desire to build on the current quality of our services, delivering safe and effective services which are seen as providing good value for money.
- The need to implement the proposals detailed in the 2011 public consultation, including the Trust wide implementation of the Advice and Referral Centre (ARC).

From October 2013 a new locality pathway based model was introduced. 5 locality teams and 2 specialist county wide teams (CAMEO – Early Intervention in Psychosis, and the Personality Disorder Community Service) were established delivering 4 main pathways, plus perinatal mental health and an assessment/advice pathway.

In Peterborough the initial focus was in addressing significant waiting times and numbers of patients waiting. This was a significant safety concern for the Trust. Additional resource was provided by the Trust and later by the CCG to mitigate the impact of the cost improvements, improve waiting times.

Since then the P'boro Adult Locality Team have made significant improvements in a number of key areas:

- Referral response times have improved so that currently all urgent referrals are seen within 5 working days and routine referrals within 3 weeks
- A new direct booking clinic service started in Oct
- A new aligned integration model (between CPFT and PCC funded social care staff) has been implemented by PCC that has provided better performance on key Section 75 performance indicators
- Senior clinicians are developing closer working relationships through the locality focus – consultant psychiatrists have clusters of surgeries that they work with. This provides better opportunity for collaboration pre and post referral.
- A new ARC referral form was issued to all GPs/practices in October. This aims to improve the quality of referrals and reduce the number of inappropriate referrals coming to locality teams.

Future plans:

- Continue to fully implement redesigned teams, building on the positive impacts of the aligned integration model through the PCC/CPFT contract performance meetings
- Further improve ARC systems and efficiency
- Develop further the partnerships between the locality team, consultant psychiatrists and primary care. Broaden the use of CONFER (Secure message facility between consultants and GPs) to improve outcomes of service users.

Reprovision of care for service users of Otters retreat.

The CCG Governing body met in public and approved the closure of Otter's Retreat in Peterborough and for the support needs of families who have children who meet the eligibility for Continuing Care to be met through a multi agency process and plan which will allow for individualised and personalised packages of care. This would also follow the model of the Education, Health and Care (EHC) plans which are integral to the Children and Families Act 2014 (Part 3).

The service model was of a health led service where the majority of the care was provided by qualified nurses. Whilst highly appreciated by the 8 families who used the service this is a model of care which the evaluations following the Aiming High initiatives have been found not to meet the needs of the majority of families.

The service had declining numbers over the last 2-3 years as the process for accessing support services has developed within Peterborough, with the formation of an integrated 'panel' on which health, social care and education are represented. The children who received a service from Otter's Retreat had not previously had a holistic assessment of their needs by health and social care; this also meant the children had not been assessed under the National Framework for Children and Young People's Continuing care (DOH 2010).

The families' agency panel felt that the children's needs could be met with a range of individual health and social care packages and alternative resources. Therefore the Children and Young People's Commissioning Team recommended the decommissioning of respite care at Otter's Retreat and that this resource be used more equitably for children and young people with complex health needs and physical disabilities in Peterborough., and recommended a more integrated service model which will offer families greater choice and flexibility, in line with both the personalisation and personal health budgets agenda.

There were two formal consultation meetings with the parents whose children accessed Otter's Retreat. At these meetings there was representation from the CCG commissioning team, CPFT and Peterborough City Council. Interpretation services were offered and the parents were offered the support of both the Otter's Retreat Parents Liaison Worker and Family Voice. There were also meetings with the CCG and parents to discuss alternatives to Otter's Retreat. Discussions also took place individually with parents to discuss their concerns and wishes.

Proposed further service changes

Arts Therapy review

A review of arts therapies within mental health started in October 2013 as part of a wider initiative to provide recovery orientated services, and to improve productivity and value. Arts therapies have not been reviewed recently, in line with other services, and analysis of service provision and activity indicates that there are a number of issues with the current structure and provision of arts therapies. For example, there is inequality of access with service users in Cambridge city receiving twice as much access to arts therapies as all other Trust geographical areas combined.

An initial period of review and consultation took place between March and April 2014, which resulted in extensive feedback from stakeholders. The feedback from this was used alongside further analysis and engagement to reshape the proposals, which culminated in a second set of formal proposals (staff consultation 28 August 2014-26 September 2014).

A formal response document was provided to staff in October 2014. The new service model aims to ensure that arts therapies are;

- ✓ accessible to those who will benefit from it most

- ✓ available across the whole Trust (county of Cambridgeshire)
- ✓ delivered in a way which promotes self management, social inclusion and support recovery
- ✓ cost effective
- ✓ providing evidence of effectiveness (outcomes)

The changes are designed to contribute to the Trusts cost savings requirements whilst improving the service. Crucially, whilst there will be a reduction in substantive workforce hours / posts, capacity for arts therapies will actually increase through;

- ✓ More effective matching of referrals against capacity using specific criteria
- ✓ Increased use of group work
- ✓ Clear agreements about clinical activity (face to face contact time)
- ✓ Use of honorary contract staff as well as volunteers and students, which with good supervision and governance can enhance provision. There are examples of this working effectively within other Trusts.

In addition, there will be additional flexibility to 'spot purchase' additional therapy time and/or modalities if required, and this will be considered on an individual basis.

We are now working towards implementing the new service model. The formal response document has been shared with staff. Clinical teams are now communicating with people currently receiving arts therapies to advise them that changes are being made, and that they will be asked to take part in a collaborative care plan meeting to review their arts therapies in relation to their needs and goals, and agree a revised care plan. The revised care may include 'no change' as arts therapies may progress / be completed as planned.

Co- location of children's services with social care provision.

Plans are in progress for improvement of Children's Services which are currently based at the City Care Centre and neighbouring Winchester Place in Peterborough. These services are to be co-located and sites are being explored. The Trust is also exploring the exciting possibility of co-locating a small number of colleagues from Peterborough City Council to further integrate children's services for the benefit of service-users and staff. The correct venue for this development is currently being considered.

Improvements to care for elderly patients – Integrated care.

The trust and Cambridge University Hospital have been jointly appointed preferred providers for integrated care for frail elderly patients and chronic conditions. The provider organisation will be called Uniting Care Partnership.

The bid involves an innovative integrated model for the provision of care to patients centred on neighbourhood teams whose composition will be adapted to take account of local needs and priorities.

This is a very significant development in the structure and organisation of care and has attracted considerable national interest.

At the time of writing contract negotiations between UCP and the clinical commissioning group remain in progress.

Liaison psychiatry for Peterborough City Hospital

A Liaison Psychiatry Service has recently been commissioned for Peterborough City Hospital and the first phase of this development was implemented in April 2014. The team are already demonstrating impact and are now providing a service for older patients on the medical and surgical wards with both physical and mental health problems (the most common being dementia, delirium and depression). This is facilitating more rapid discharge and better outcomes for older patients.

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
8 JANUARY 2015	Public Report

Report of the Director of Corporate Affairs, Cambridgeshire & Peterborough Clinical Commissioning Group

Contact Officer(s) – Jessica Bawden, Director of Corporate Affairs
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SETTING THE SCENE FOR THE UNITINGCARE PARTNERSHIP (UCP) INTEGRATED OLDER PEOPLE’S HEALTHCARE AND ADULT COMMUNITY SERVICES PRESENTATION

1. PURPOSE

1.1 To introduce the Lead Provider for the Integrated Older People’s Healthcare and Adult Community Services contract.

2. RECOMMENDATIONS

2.1 To note this report and presentation that follows from UnitingCare Partnership.

3. BACKGROUND

3.1 UnitingCare Partnership has been selected as the new provider to improve older people’s healthcare and adult community services across Cambridgeshire, Peterborough and parts of Northamptonshire and Hertfordshire.

UnitingCare Partnership is a new organisation made up of a consortium of Cambridgeshire and Peterborough NHS Foundation Trust with Cambridge University Hospitals NHS Foundation Trust.

As the Lead Provider for these services UnitingCare Partnership will be responsible for ensuring care is much better co-ordinated. They will provide adult community health services and hold the budget for the following services:

- Urgent care for adults aged 65 and over including inpatients as well as A&E services
- Mental Health Services for people aged 65 and over
- Adult (all people over 18) community health services, for example district nursing, rehabilitation and therapy after injury or illness, speech and language therapy, care for patients with complex wounds, support for people with respiratory disease or diabetes
- Other health services which support the care of people aged over 65.

Commonly NHS contracts are just one or two years in length. This contract is different in that it is a five-year contract, giving UnitingCare Partnership time to invest in and transform services for the better.

In addition the contract is outcomes based rather than the traditional NHS contract, which is based on activity.

4. KEY ISSUES

4.1 UnitingCare Partnership is currently in the mobilisation phase and the service is planned to go

live on 1 April 2015. The planning of the new service needs to be congruent with local authority plans, transforming lives and Better Care Fund.

5. IMPLICATIONS

- 5.1 The current focus is on staff consultation and TUPE; this includes the new service model and service geographical footprint.

6. CONSULTATION

- 6.1 The CCG consulted on proposals to improve older people's healthcare and adult community services from March to June 2014. The recommendations from this consultation were presented to the bidders in the procurement process so that their final submissions would reflect the feedback received from the public and key stakeholders during this consultation. These final submissions were then evaluated and the Preferred Bidder was announced on 1 October 2014.

7. NEXT STEPS

- 7.1 UnitingCare Partnership has started areas of their mobilisation plan including meeting with Cambridgeshire Community Services NHS Trust (CCS) and with Peterborough City Council.

The CCG's Older People's Programme Team is continuing to prepare for mobilisation and work will continue via the leads listed below:

System	Clinical lead	Strategic lead
Programme	Arnold Fertig Gary Howsam	Matthew Smith
Borderline and Peterborough	Paul Van den Bent	Chris Rowland
CamHealth & CATCH	Cathy Bennett	Ian Weller
Hunts Care Partners and Hunts Health	Simon Brown	Ian Weller
Isle of Ely and Wisbech	John Jones IOE Andrew Wordsworth WIS	Fiona Mortlock Chris Humphris
Older People's Mental Health	Emma Tiffin	John Ellis

8. BACKGROUND DOCUMENTS

- 8.1 None

9. APPENDICES

- 9.1 None

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
8 JANUARY 2015	Public Report

Report of the Executive Director of Communities		
Contact Officer	Wendi Ogle-Welbourn, Director of Communities	Tel. 01733 863749
	Mubarak Darbar, Head of Commissioning Learning Disabilities and Autism, Communities	Tel. 01733 452354

TRANSFORMING DAY OPPORTUNITIES FOR ADULTS UNDER 65

1. PURPOSE

- 1.1 This report is to consult with the Commission regarding the Transformation of Day Opportunities for Adults under 65. The Commission had two previous reports presented on the development of day opportunities over the past 18 months. The first was on the 19 Sept 2013 and the second was on the 22 Jan 2014. On both occasions the Commission was very pleased with the progress being made and wanted to see the final proposal.

2. RECOMMENDATIONS

- 2.1 The Commission is asked to note the report.

3. LINKS TO THE HEALTH & WELLBEING BOARD STRATEGY/PLAN

- 3.1 Priority 1 from the Health and Wellbeing Board Strategy/Plan: Ensure that children and young people, including those with complex needs and disabilities have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.
- 3.2 The new day opportunities model will offer young people opportunities and choices whilst in transition into adulthood which will enable them to be more independent, have greater life chances and enjoy healthy and active lives.
- 3.3 Priority 2 from the Health and Wellbeing Board Strategy/Plan: Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs. This is through robust, integrated care pathways, care planning and commissioning arrangements from early years into adulthood and old age.
- 3.4 Through strengthening the personalisation and personal budgets offer by improved links with health, education and social care and the commission and establishment of the 0 -25 Transition team, the focus will be on the whole-life approach to adulthood for people with disabilities (including people with complex needs).

4 BACKGROUND

- 4.1 In March 2014, Cabinet concluded that the day opportunities model currently offered by the council did not meet all the needs of local people and requested a proposal that invested in preventing people from needing long term support from adult social care

(ASC). In addition, it should help people maintain their independence in the community and invest in helping people gain employment and skills for living.

- 4.2 The council currently runs five centres. Fletton Day Centre and Kingfisher Day Centre are traditional day centres that operate principally around leisure based activities. The other three centres that provide support around employment opportunities are 1-2 Westcombe Square, 441 Lincoln Road and 49 Lincoln Road. These centres support approximately 347 people and are open five days a week, typically between 9am and 4pm.
- 4.3 As this paper explains, the council is now looking to proceed with the development of a new way of delivering day opportunities for under 65s, which will support people to be as independent as possible in their own communities. In particular, it will look to support people to gain skills which will help them to gain employment, or skills which will support them to live independently. This new model should better support people to reach their full potential in life.
- 4.4 The model aligns with national ASC policy such as Our Health Our Care Our Say 2006, Putting People First 2007 the Valuing People 2009 and the new Care Act 2014. The main principle behind these policies and legislation is to put the individual at the centre of their care and support plans, something many local authorities have already been doing.

5. PROPOSAL

- 5.1 The vision for day opportunities for adults under 65 is as follows:
- To transform day opportunities for adults by moving away from primarily a leisure based model to offer people greater independence, employment and ordinary living skills.
 - To create employment related day opportunities for young people when they move into adult services.
 - To target support using personal assistants where possible.
- 5.2 To deliver this vision it is recommended that we commission one provider to deliver these services. This will ensure seamless service delivery and economies of scale around back office functions such as management and administration.
- 5.3 The future proposal for each of the existing centres is as follows, including the creation of new community based satellite centres:

5.3.1 Kingfisher Day Centre, Bretton

We propose that the centre will continue to support people with complex needs. We would also propose that those adults with complex needs that currently use the Fletton Day Centre would move to the Kingfisher Day Centre. There will be a wider range of activities provided including the opportunity to develop employment related skills with the development of micro enterprises, such as the car wash scheme or catering company which offer people the chance to earn a living. This is to avoid a segregated service that only caters for people with complex needs.

There have been many benefits already achieved from operating micro enterprises. For example, there has been a reduction in the amount of intensive support received by some service users as issues related to their behaviour have reduced through meaningful employment activities and increased inclusion within their community.

Micro enterprises are small businesses which enable people with learning disabilities to achieve paid employment, vocational skills and work experience. There are 12 micro enterprises already operating under the current model in Peterborough.

5.3.2 Fletton Day Centre, Fletton

If Cabinet approves the proposals as they stand, people with complex needs would transfer from Fletton Day Centre to Kingfisher Day Centre from August 2015. It is envisaged that the centre will continue to provide services for people with lesser needs until the new provider had developed its redesigned services. It will be up to the new provider to decide if they want to continue using Fletton as one of the satellite centres or acquire an improved site and location.

5.3.3 441 Lincoln Road, Westcombe Square and 49 Lincoln Road

These service will create employment related opportunities by:

- Developing new micro enterprises and building on existing enterprises such as Royce Rolls Catering, Westcombe Car Wash and Horticultural Activities. The aim is to establish businesses which will allow people to achieve paid employment, vocational skills and work experience.
- Working with organisations to support individuals to develop and run new and current micro enterprises by building on the successful launch of recent enterprises such as 49 Laundry Services and The Friendly Fruit Co.
- Offering voluntary placement with employers for work experience.

The goal is for people to be able to progress into unsupported employment.

The new provider may wish continue to provide these services from these locations or may decide to acquire improved sites with better facilities and access.

5.4 Investment in new community based satellite centres

The satellite centres will be fully equipped to provide assisted changing facilities including bathing/showering provision.

The main focus will be supporting people to move away from traditional leisure based activities towards services which promote greater independence. The types of opportunities that will be on offer include:

- Development of employment related skills and opportunities.
- Development of ordinary living and social skills.
- Friendship activities.
- Special interest activities such as sewing, arts and crafts.
- Health and wellbeing related learning sessions.
- Use as a platform to access local community opportunities and mainstream city wide activities.

This will be achieved by:

- Enabling people to access services locally without the need to undertake lengthy journeys from pick up points around the city.
- Using the centres as a base for people to meet others to improve social skills.
- Working closely with local area co-ordinators¹, personal assistants and volunteers to maximise local opportunities and access local resources so people can be more active within their communities.
- Linking individuals with communities including other people, activity groups,

¹ Local Area Coordinators: A team of people that will be based in each community satellite locality with the aim to link people with disabilities with communities including individual people, activity groups, employment, volunteering and social events.

employment, volunteering and social events. Local area coordinators, personal assistants and volunteers will help people to build a circle of support to enable them to be as independent as possible and access support from within their community.

- Enabling people to develop greater independence and ordinary living skills in a structured way. This will be delivered either through personal assistants or volunteers and where necessary through staff allocated to each satellite centre for focused activities around independent living skills.

5.5 What the new model offers and delivers

The new model will better support people to reach their full potential in life. It will look to support people to develop skills which will help them to gain employment, and/or skills which will support them to live independently. It will also support those people with complex needs with a more targeted approach to ensure that their needs are met.

People with less complex needs will be supported through a combination of employment related services, community satellite centres and where possible, with personal assistants.

Employment services will continue to offer employment related activities ranging from supported employment, voluntary work to paid employment. This will be offered to every person eligible to receive a service.

The ultimate aim of this investment will be to allow people to secure paid employment wherever possible.

5.6 How the new model was arrived at

The recommended new model of delivery has been developed with stakeholders. A design group made up of service users, family carers and staff was tasked with developing the new model following the Cabinet decision in March 2014. Many issues raised by the design group were addressed and resolved, such as how to avoid a segregated service for people with complex needs and what innovative solutions could be considered to support people to gain employment.

5.7 Independent sector providers have also been fully involved in the design of the new delivery model. A provider conference was held in July 2014 inviting local, regional and national independent sector providers which helped shape the future model. This built upon extensive work already undertaken with stakeholders over the past 18 months.

5.8 There has been regular communication with people including responses to emails, Facebook postings and letters, as well as a progress newsletter for service users.

6 DELIVERY MODEL - OPTIONS CONSIDERED

6.1 A) One organisation that offers day opportunities and employment under one management structure. This would comprise of community satellite centres, a complex needs centre and employment and micro enterprises managed within one service.

6.2 B) More than one organisation to take responsibility and ownership for delivering services. This would comprise of community satellite centres, a complex needs centre and employment and micro enterprises delivered by different organisations.

6.3 C) Continue with the delivery of in-house provision.

7 RECOMMENDED DELIVERY MODEL

7.1 Based upon a benefits and risk evaluation scoring method² the highest scoring was option A. This option would allow:

- better links between the different day opportunities and the employment offer
- a person centred approach that has no barriers across the services
- greater flexibility in resource and management of staff
- A more efficient model to manage and achieve economies of scale.

7.2 The delivery mechanism for this single organisational model would be to commission an external provider to develop and deliver current in house services through an open tender exercise.

Note:

One of the recommendations agreed by Cabinet in March was for the new model of delivery to involve service users, staff and carers in the governance and management of the organisation. This will be achieved by making this a contractual requirement within Option A. The successful organisation will be required to implement a structure that has stakeholder involvement at its heart. This will include agreeing where the satellite centres need to be sited.

8 KEY ISSUES

8.1 Ensuring effective engagement through the consultation period with all stakeholders is undertaken and appropriate consideration is given to facilitate meaningful discussion, views and consideration that will further shape the proposed future model.

8.2 The impact of transformation for vulnerable people who do not cope with change well. This will need to be managed effectively with support from advocacy, care planners and the care management team once the new provider has been awarded the contract.

8.3 The development of the Local Area Coordination, the commission of personal assistant's support and working with existing providers will provide capacity and assist in reshaping the market place.

8.4 Culture change within the council and the wider market place in managing expectations around transformation for users and carers. Continue coproduction and engagement with all stakeholders throughout change process and invite service users and carers with staff to be part governance arrangement of the new model.

9 IMPLICATIONS

9.1 Human Resources

There are 62 (FTE) staff who will be affected by the proposals set out in this document. These staff will transfer to the new provider once it is appointed. Staff will be fully supported and consulted throughout the process in accordance with the council's policies and procedures.

The provisions of the Transfer of Undertakings (Protections of Employment) Regulations 2006 (TUPE) apply to a relevant business transfer where the transferor has a dedicated team of employees that carry out the service activity that is to be transferred. In practice, this will apply where any council service is outsourced or externalised. In such cases all employees essentially dedicated to the services within scope would transfer on existing

² Risk Scoring Service Delivery Model Appendix A

terms and conditions and there would be no break in their continuity of service. A programme for informing staff and unions of the proposals is in place.

9.2 Financial

The current cost of providing in house day opportunities and employment is £1,747,269. If agreed, the proposals would generate savings in the region of £292,453 in 2015/16. The new provider would be instructed to deliver this level of saving when redesigning the service. However, this saving will only be achieved following the contract award and mobilisation of the new service.

For any new provider who takes over the service, there will be a mobilisation period of up to six months when the new model and specification will be put in place in line with the terms and conditions the contract will set out. This means that any benefit expected to be realised from the model will not be fully delivered until the new model has been implemented post contract award, which could take up to six months.

Capital investment of up to £500,000 for community satellite locations or improvements to Kingfisher Day Centre and any other building the provider takes on will also be made available. The funding required has already been identified and allocated in the ASC Health & Wellbeing capital programme budget.

The council also commissions services from independent sector providers. The overall cost for these services is circa £1.2million. Through contract negotiations and better value for money in the independent sector there will be a further £307,547 saving achieved in 2015/16.

This brings the total savings across all day services to £600,000 per annum recurring.

9.3 Procurement

Discussions have taken place with procurement to ensure services can be successfully and legally transitioned to an alternative governance model. Further work will be undertaken on the proposals as they progress from the consultation exercise itself and these will be presented to Cabinet as part of a future report. An equality impact assessment has been completed³.

9.4 Legal

Legal advice has been sought to ensure that services in the alternative governance model can be legally transitioned.

Currently the council has a legal duty to provide section 29 National Assistance Act 1948 and section 2 of the Chronically Sick and Disabled Persons Act 1970 to provide facilities for occupational, social, cultural, educational and recreational activities but these do not have to be provided in traditional day centres run by the Council. The alternative governance model would conform to the current duty.

The Care Act 2014 comes into force on 1 April 2015 and replaces the current legislation. The duty on the Council will be ensure that service users are met appropriately with a mixture of high quality services and the Council working with partners and outside providers to ensure that this happens.

³ Equality Impact Assessment Appendix C

9.5 Property

There will be changes to the property portfolio arising from the change of provider. Engagement is ongoing with the Councils Strategic Property Department and other ASC transformation work streams which will continue through implementation phase with the new provider.

10 **CONSULTATION**

10.1 Duty to consult

A principle of fairness applies to consultation on the new governance model proposals, both consultation required under section 138 of the Local Government and Public Involvement in Health Act 2009 and more generally, which operates as a set of rules of law. These rules are that:

- Consultation must be at a time when proposals are still at a formative stage;
- The proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response;
- Adequate time must be given for consideration and response; and
- The product of consultation must be conscientiously taken into account in finalising any statutory proposals.

Added to which are two further principles that allow for variation in the form of consultation which are:

- The degree of specificity with which, in fairness, the public authority should conduct its consultation exercise may be influenced by the identity of those whom it is consulting; and
- The demands of fairness are likely to be somewhat higher when an authority contemplates depriving someone of an existing benefit or advantage than when the claimant is a bare applicant for a future benefit.

10.2 Consultation activity

There has already been a comprehensive and extensive period of consultation and stakeholders including service users, family carers and staff have worked closely with the council to develop the proposed model.

To shape the wider independent market place for day opportunities, we met with the eight independent day opportunities providers that offer services for people with learning disabilities and physical disabilities. We also hosted a major market development event in July 2014.

Independent sector providers understand the new approach and many are already making changes to their service offer by supporting people into employment related services and offering support to develop people's independence. This engagement is further intended to support local day service providers, particularly small and medium size businesses, to understand the requirements of the subsequent tender exercise and what they would need to do now to prepare for it.

10.3 Additional consultation period

Subject to approval of the recommendations within this report, a further four week period of formal consultation will be required prior to any final decision by Cabinet. Events with service users, parents and carers, staff, providers, ward councillors and other key stakeholders have provisionally been organised for January 2015 should the proposal by

Cabinet be agreed.

At the end of this consultation, when all the responses have been fully considered and any amendments made, final proposals will be made to Cabinet for approval in March 2015.

11. NEXT STEPS

11.1 The outcome of the consultation will be reported back to Cabinet in March 2015.

12. BACKGROUND DOCUMENTS

The following was used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985.

- Cabinet paper -Transforming Day Opportunities for Adults under 65 –
December 2013 – <http://democracy.peterborough.gov.uk/>
March 2014 - <http://democracy.peterborough.gov.uk>
- Consultation January 2014 to March 2014 response -
www.peterborough.gov.uk/ascresponses
- Have your say YouTube presentation - <http://www.peterborough.gov.uk>

13. APPENDICES

Following appendices support this report

Appendix	Title
A	Risk scoring – service delivery model
B	Risk scoring – service delivery vehicle and summary of options, including discounted
C	Equality impact assessment

APPENDIX A

Risk scoring – service delivery model

100%	Project	One organisation that offers day opportunities and employment under one structure	Different organisations delivering separate services under separate lots
5.0%	Funding source	0.1	0.4
12.5%	Sustainability	0.5	1
2.5%	Member support	0.05	0.05
2.5%	Complexity	0.1	0.2
7.5%	Reputational risk	0.15	0.6
12.5%	Timescale	0.5	0.5
7.5%	Targets	0.3	0.6
17.5%	HR	2.8	2.8
2.5%	Policy	0.2	0.2
7.5%	Stakeholders	0.6	0.6
5.0%	Track record	0.4	0.4
17.5%	Outcomes	0.7	2.8
Total Risk Score		6.4	10.15

Total Score	0.0 - 3.9/12	4.0 – 7.9/12	8+/12
Level of Risk	Low	Medium	High

APPENDIX B

Risk scoring – service delivery vehicle

100%	Project	Maintain in-house provision increased investment	Commission external provider to develop / deliver in house service (<i>competitive tender</i>)	Outsource In house to PCC Setup of CIC (<i>Social Enterprise, Single Source</i>)
5.0%	Funding source	0.20	0.20	0.20
12.5%	Sustainability	1.50	0.75	1.25
2.5%	Member support	0.15	0.10	0.05
2.5%	Complexity	0.10	0.25	0.35
7.5%	Reputational risk	0.60	0.60	0.45
12.5%	Timescale	0.50	0.75	1.50
7.5%	Targets	0.60	0.60	0.60
17.5%	HR	2.10	2.80	2.80
2.5%	Policy	0.10	0.10	0.10
7.5%	Stakeholders	0.60	0.90	0.60
5.0%	Track record	0.40	0.20	0.60
17.5%	Outcomes	2.80	1.40	2.10
Total Risk Score		9.65	8.65	10.60

Total Score	0.0 - 3.9/12	4.0 – 7.9/12	8+/12
Level of Risk	Low	Medium	High

Summary of options, including discounted

Rank	Option	Potential saving	Risk	Price (60% weighting)	Quality (40% weighting)	Weighted score (100%)
1 st	Outsource open market	£292k	8.65/12	60%	70%	64%
2 nd	Outsource community interest company	£200k	10.60/12	50%	60%	54%
3 rd	Maintain in house	£160k	9.65/12	40%	60%	48%
4 th	Retain some in house service	£160k	N/A	40%	50%	44%
5 th	LA LOCO	£160k	N/A	40%	50%	44%
6 th	Joint venture	£160k	N/A	40%	40%	40%
7 th	Do nothing	£0	N/A	20%	30%	24%
8 th	Decommission in house service	£0	N/A	10%	3%	18%

APPENDIX C

Equality Initial Impact Assessment:

Transforming Day Opportunities for Adults under 65 – In House Deliver Model

1) What is the aim of your policy, project or strategy/purpose of activity?

To propose a service delivery model and service delivery vehicle for the provision of person centred day opportunities for adults under 65 years old. The model will have up to four community satellites located across Peterborough and one complex needs service. The proposed model includes one service that offers day opportunities and employment under one structure. The proposed vehicle is to commission an external provider or providers to develop and deliver current in-house services (competitive tender)

2) Will your policy/project/strategy have a disproportionate effect on members of the equality groups below?

Equality Group	Is the effect Positive, Negative, Neutral or Unclear?
Particular age groups	<p>18 to 65 Adults (People using the service)</p> <p>Positive: Impact as service will move to be enabling and more person centred, creating more individualised opportunities with clear outcomes.</p> <p>Adults aged 16 and over (Staff)</p> <p>Neutral: Due to recent local policy to recruit to vacancy via Short Term Contracts and agency the risk of redundancy is limited</p>
Disabled people	<p>Adults with a learning disability, physical disability and mental health under the age of 65 are the largest single group accessing adult social care day opportunity services and as such any changes may have an impact on them.</p> <p>Positive: The proposed service delivery model will have positive effects as services will be more person centred, inclusive and personalised and employment focused.</p> <p>Negative: The proposed service delivery model may mean some people are provided support in different ways/settings. If this was to occur then great care will be taken to ensure people are consulted and informed of any proposed changes, and appropriate transitional support will be provided to manage any change.</p> <p>Neutral/Indirect: More effective use of people's personal budgets will ensure people have greater choice and control over the services they purchase and receive. The new service delivery model will promote social inclusion, integration and better and more focussed outcomes through the opportunities this will present.</p>
Married couples or those entered into a civil partnership	At the current time, neither a positive or negative impact is presented.

Pregnant women or women on maternity leave	At the current time, neither a positive or negative impact is presented.
Particular ethnic groups, including Gypsy and Travellers and new arrivals	At the current time, neither a positive or negative impact is presented.
Those of a particular religion or who hold a particular belief	At the current time, neither a positive or negative impact is presented.
Male/Female	Staff Neutral: The majority of staff are women however as the risk of redundancy is minimal there is a neutral impact to staff as a result of gender
Those proposing to undergo, currently undergoing or who have undergone gender reassignment	At the current time, neither a positive or negative impact is presented.
Sexual orientation	At the current time, neither a positive or negative impact is presented.

If there are any negative or unclear affects, you are required to do a full EqIA.

Need for a full EqIA: **No**

Date Initial EqIA completed:	2 Oct 2014
Assessment completed by:	Julie Bennett and Mubarak Darbar
Signed by Head of Service:	Paul Grubic

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
8 JANUARY 2015	Public Report

Contact Officer(s) – Susan Last, Assistant Director of Public Engagement and Membership
Contact Details – susan.last2@nhs.net 01223 725323

CONSULTATION ON A FUTURE MODEL FOR NHS 111 AND GP OUT OF HOURS SERVICES

1. PURPOSE

- 1.1 The purpose of this report is to raise awareness of Cambridgeshire and Peterborough Clinical Commissioning Group's consultation on Out of Hours and NHS 111.

2. RECOMMENDATIONS

- 2.1 That the Scrutiny Commission for Health Issues notes the consultation.

3. BACKGROUND

- 3.1 Cambridgeshire and Peterborough CCG is looking for a single provider for the NHS 111 and GP Out of Hours services. Currently the service is provided by Hertfordshire Urgent Care (HUC) across Cambridgeshire and Peterborough. GP Out of Hours services are provided by Urgent Care Cambridgeshire (UCC) and Cambridgeshire Community Services NHS Trust (CCS) for Cambridgeshire and Peterborough respectively.

The nine week consultation is to gather feedback on the current services with the aim to get the people to the right service or get the right advice, first time.

4. KEY ISSUES

- 4.1 The Governing Body is considering introducing a common assessment process at all walk in sites to enable us to manage our urgent care system more effectively, thus improving patient safety.

Public consultation meetings will take place in January and February 2015 as follows:

Venue	Date	Time
The Fleet, Peterborough	Monday 12 January	7pm to 8.30pm
Cambridge library	Wednesday 14 January	1pm to 2.30pm
Ely library	Wednesday 21 January	1pm to 2.30pm
Huntingdon library	Wednesday 28 January	1pm to 2.30pm
Peterborough library	Friday 30 January	1pm to 2.30pm
Meadows Community Centre, Cambridge	Tuesday 3 February	7pm to 8.30pm

5. IMPLICATIONS

5.1 The consultation covers Cambridgeshire and Peterborough.

6. CONSULTATION

6.1 The consultation will run from 19 December 2014 to 5pm 20 February 2015.

7. NEXT STEPS

7.1 Cambridgeshire and Peterborough CCG will report the outcome of the consultation to the Committee.

8. APPENDICES

8.1 Consultation Document

Consultation Document

Consultation on a future model for NHS 111 and GP Out of Hours services for Cambridgeshire and Peterborough

19 December 2014 to 5pm on 20 February 2015

This nine week consultation is to gather feedback on how we can provide good quality NHS 111 and GP Out of Hours services to the people of Cambridgeshire and Peterborough. We want residents to get to the right place for help or advice, first time.

This consultation is aimed at patients living in Cambridgeshire and Peterborough, including patients who attend GP practices in Oundle and Wansford.

Royston patients will continue to have their NHS 111 services and GP Out of Hours commissioned by East & North Hertfordshire CCG.

Wisbech patients will have their NHS 111 services and GP Out of Hours services commissioned by West Norfolk CCG and separate information about this service will be available to them in January 2015.

This document is available in other languages and formats on request, to request alternative formats or if you require the services of an interpreter, please contact us on:

- 01223 725304 or
- capccg.engagement@nhs.net

یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر شکل میں درکار ہو، یا اگر آپ کو ترجمان کی خدمات چاہئیں تو برائے مہربانی ہم سے رابطہ کیجئے۔

Pokud byste si chtěli tento dokument přečíst v jiném jazyce nebo formátu, nebo pokud požadujete služby tlumočnicka, kontaktujte nás.

Siete pregati di contattarci se desiderate ricevere questo documento in un'altra lingua o se richiedete i servizi di un interprete.

Jeżeli chcieliby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

જો તમને આ દસ્તાવેજ બીજી ભાષા અથવા રચનામાં જોઈતો હોય, અથવા જો તમને ઇન્ટરપ્રિટરની સેવાઓ જોઈતી હોય તો, કૃપા કરી અમારો સંપર્ક સાધો.

Je pageidaujate gauti šį dokumentą kita kalba ar kitu formatu, arba jei jums reikia vertėjo paslaugų, kreipkitės į mus.

Se gostaria de ter este documento noutró idioma ou formato, ou se necessita de um intérprete, contacte-nos.



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Glossary

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Cambridgeshire and Peterborough CCG is the organisation responsible for planning, organising and purchasing NHS-funded healthcare for residents. A CCG is clinically-led, meaning that decisions about local health services are made by local doctors and health professionals, alongside patients. Cambridgeshire and Peterborough CCG has a patient population of approximately 900,000 which has a diverse, ageing population with significant health inequalities. We manage a budget of around £890 million to spend on healthcare for the whole population of this area.

Commissioning

Identifying health needs of local people, planning and purchasing health services which respond to their needs. CCGs are responsible for deciding what services their local residents need from the NHS and buy these services with public money from the most appropriate providers.

Emergency Department (ED) or Accident and Emergency (A&E)

ED and A&E refers to the departments within hospitals that deal with seriously ill patients e.g. Road Traffic Accidents, Heart Attacks, Strokes etc. These are referred to as Emergency Departments or Accident and Emergency but are the same service.

GP Out of Hours Service

Primary care (GP) services provided outside the normal opening hours of GP surgeries and is for medical conditions that cannot wait until normal GP services are open.

Local Commissioning Groups (LCGs)

Cambridgeshire and Peterborough Clinical Commissioning Group is divided into Local Commissioning Groups to enable effective local commissioning of health services. LCGs are enabled and supported by the CCG to make local change happen and manage resources through delegated budgets. They report into the Governing Body of the CCG.

NHS 111

A telephone service for patients who need help in an urgent, but non-life threatening situation. It provides a sign-posting service to patients to the most appropriate service first time and is available 24/7, 365 days of the year.

Procurement

The act of buying services, intended to promote fair and open competition for their business while minimising exposure to fraud and collusion.

Urgent Care

Urgent Care is care that is needed when you have an illness or injury that does not appear to be life-threatening, but also cannot wait for a routine appointment.

Walk-In Centre (WIC) / Minor Injury Unit (MIU) / Minor Injury and Illness Unit (MIIU)

A medical centre offering free and fast access to healthcare advice and treatment. Centres provide advice and treatment for minor injuries and illnesses and guidance on how to use NHS services.

'Walk in' services

These are services that people can go to if they need urgent treatment, eg. Minor Injury Units, Walk in Centres, and A&E departments.

Who we are

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is one of the largest CCGs in England, by patient population, with 108 GP practices as members. The CCG is organised into eight local groups, known as Local Commissioning Groups or LCGs, covering all GP practices in Cambridgeshire and Peterborough, as well as three practices in North Hertfordshire (Royston) and two in Northamptonshire (Oundle and Wansford).

Cambridgeshire and Peterborough CCG has a patient population of approximately 900,000 which has a diverse, ageing population with significant inequalities. We manage a budget of around £890 million to spend on healthcare for the whole population of this area, which equates to just under £1,000 per person.

What we do

Cambridgeshire and Peterborough CCG is the organisation responsible for planning, organising and purchasing NHS-funded healthcare for people living in the Cambridgeshire and Peterborough area. It replaced NHS Cambridgeshire and NHS Peterborough (the Primary Care Trusts, or 'PCTs') on 1 April 2013.

Cambridgeshire and Peterborough CCG is responsible for commissioning 'urgent care' services for people living in this area, this includes the NHS 111 service, GP Out of Hours service, Minor Injury Units (MIUs), Minor Illness and Injury Unit (MIIU), Walk-in Centres (WIC), the Accident and Emergency departments A&E (called ED or Emergency Department at some hospitals) and the East of England Ambulance Service.

What are the NHS 111 and GP Out of Hours services?

NHS 111

In an emergency situation patients can telephone 999 for a life threatening illness or injury. In an urgent, but non-life threatening situation, they can call 111. The call to both 999 and NHS 111 is free from a land line or a mobile phone.

The NHS 111 service is staffed by a team of highly trained advisers, supported by experienced clinicians, including nurses and paramedics. On answering the call the advisers ask a series of questions to initially obtain the patient's contact information and registered GP practice. The adviser, using specialised software designed by senior doctors and consultants, then assesses the caller's and/or patient's symptoms.

The adviser will first ensure that the condition is not life threatening. If the condition is life threatening an ambulance will be sent. The adviser then gives the caller/patient the healthcare advice needed and will direct patients to the most appropriate local service for their condition. That is likely to be the GP Out of Hours service, a Walk in Centre, Minor Injury Unit, Minor Illness and Injury Unit, an emergency dentist, a late-opening pharmacy, a community nurse and in more serious cases to the A&E department at the local hospital.

The NHS 111 service operates at various call centres across England and is a telephone based service. The centre for Cambridgeshire and Peterborough is based in the City Care Centre in Peterborough, to ensure that advisers have local knowledge of this area for patients.

Patients can contact the NHS 111 service at any time, even when GP practices are closed, for example in the evening and at weekends. If patients call their GP practice when it is closed they will be either automatically re-directed to the NHS 111 service or asked to hang up and re-dial 111. The patient or caller will be assessed as above, then passed through to the most appropriate service, which in approximately 50% of cases is the GP Out of Hours service.

Depending on the symptoms, the GP Out of Hours service will call the patient back to give advice over the telephone, or give the patient an appointment to visit their nearest Out of Hours base to see a GP or nurse practitioner. In cases where a patient is too unwell to travel the GP out of hours service can arrange a home visit to the patient.

The GP Out of Hours services for our area have appointment only bases at North Brink Surgery, Wisbech; Doddington Hospital; Princess of Wales Hospital, Ely; Hinchingsbrooke Hospital, Huntingdon; Chesterton Medical Centre, Cambridge and the City Care Centre, Peterborough.

For less serious illnesses or injuries the patient may be asked to attend a walk in centre such as the Minor Injuries and Illness Unit (MIIU) in Peterborough, or the Minor Injury Units in Doddington, Wisbech or Ely.

What are the issues that need to be addressed?

Some of the calls answered by the NHS 111 service might be better discussed with a more experienced clinician, such as a GP. Although patients are advised to call their GP practice within 24 or 48 hours, or to attend a walk in centre or dental access centre, some do not take this advice and present themselves at the nearest A&E.

NHS 111 services are staffed by trained call handlers and clinical advisers. A number of NHS 111 services across the country are proposing that the NHS 111 and the GP Out of Hours services are purchased as an integrated service, which will make the service more able to deal with more complex illnesses and advise appropriately.

Currently around 45,000 patients per month use either NHS 111, call 999 or go to an open access service such as Walk in Centres, Minor Injury Units, Minor Injury or Minor Illness and Injury centres, or A&E.

Estimates across the country vary, but around 30% of patients that self-present could be better advised if they called NHS 111 first. This is because 111 will direct patients to the most appropriate service for their needs in the first place and will avoid inconvenience to patients who otherwise may not be attending the best place for their condition, first time.

This consultation is about helping people get to the right service or get the right advice, first time. This would help support our busy 999 services and A&E departments, whose skills, facilities and experience are better utilised dealing with life threatening illnesses or injuries.

Why are we consulting with you now?

The current contracts for the NHS 111 service and the GP Out of Hours services are coming to an end. This is a good opportunity for the CCG to think about the future of these services and whether we can improve the services for patients and help to relieve the pressures we are experiencing in all of the A&E and 999 services across our area.

Although these services are closely linked currently they are run by different providers.

The NHS 111 service currently is provided by Hertfordshire Urgent Care (HUC) across Cambridgeshire and Peterborough. GP Out of Hours services are provided by Urgent Care Cambridgeshire (UCC) and Cambridgeshire Community Services NHS Trust (CCS) in Cambridgeshire and Peterborough respectively.

As part of the early stages of this project the CCG's Governing Body looked at three options for the future of these services:

- Re-commissioning the 111 and Out of Hours services as before and have different providers for different parts of the service.
- Procuring the NHS 111 and GP Out of Hours services together. They could be run by a single service provider which will allow patients a more integrated journey when they need health advice.

- Piloting a common assessment process at all walk-in sites, which could include a face to face NHS 111 reception desk at the entry to these services before the patient is registered with the service. This would ensure that every patient receives a high quality experience regardless of which service they contact or walk into. This service would then be able to direct patients to the most appropriate service for their condition. Where a different service is more appropriate, it could be co-located within a short walk from the assessment point.

Cambridgeshire and Peterborough CCG's Governing Body has decided to procure an integrated GP Out of Hours and NHS 111 service to start in time for winter 2015. Also this CCG is considering introducing a common assessment process in 2016 at all walk-in sites at a later date, subject to further review and consultation.

What we are asking you

Cambridgeshire and Peterborough CCG is looking for a single provider for the NHS 111 and GP Out of Hours services. This nine week consultation is to gather feedback on the current NHS 111 and GP Out of Hours services, and how we could improve access to the right health services through this procurement. There is a set of questions on pages 9, 10 and 11.

The CCG's Governing Body is considering introducing a common assessment process at all 'walk in' sites to enable us to manage our urgent care system more effectively, thus improving patient safety. The CCG has taken the decision to run pilots of different types of face to face assessment models in the A&E departments over winter 2014. These pilots will vary according to local need and will need to run for a number of months for the CCG to be able to analyse their impact and success. The CCG will be monitoring these pilots on a weekly basis, gathering data on service levels, clinical and patient feedback. The data and information from these pilots will help the CCG decide if a face to face assessment will be helpful for patients, improve patient safety and help to manage our urgent care system more effectively.

If the pilots are successful, we will then have a further consultation on the additional service at a later date, before new changes are introduced.

What will be different?

Patients will receive the same high quality experience of the NHS 111 service with the call answered in 60 seconds and the call lasting around seven minutes.

The patient experience will be integrated so that, where a patient needs to be seen by a GP in the Out of Hours service, this will be booked for the patient by the 111 service and they will be advised of the time to attend and at the centre of their choice. Having GPs, clinical advisers and health advisers all working together will give the service the flexibility to have an appropriately trained member of staff dealing with different levels of illness and advice.

This greater flexibility will also extend to other services as the CCG continues to improve links with other providers such as community services and Social Care, and align appointment booking and referral services.

Questions

There are a number of free text boxes for you to give us your views. Please do not give us any personal information that would allow you to be identified.

Have you used the NHS 111 service in the last six months?

Yes	No
-----	----

If yes, how likely are you to recommend the NHS 111 service to a friend or family member?

Very likely	Likely	Unlikely	Very unlikely
-------------	--------	----------	---------------

Do you have any suggestions for improving the NHS 111 service? Or any other comments you would like to add?

Have you used the GP Out of Hours service?

Yes	No
-----	----

If yes, how likely are you to recommend the GP Out of Hours service to a friend or family member?

Very likely	Likely	Unlikely	Very unlikely
-------------	--------	----------	---------------

Do you have any suggestions for improving the GP Out of Hours service, or any other comments you would like to add?

Did you visit an Out of Hours base to see a GP or Nurse Practitioner?

Yes	No
-----	----

If yes, which Out of Hours base did you visit? please tick

<input type="checkbox"/>	Doddington Hospital
<input type="checkbox"/>	Princess of Wales Hospital, Ely
<input type="checkbox"/>	North Brink Surgery, Wisbech
<input type="checkbox"/>	Hinchingbrooke Hospital, Huntingdon
<input type="checkbox"/>	Chesterton Medical Centre, Cambridge
<input type="checkbox"/>	City Care Centre, Peterborough

Was the Out of Hours base easily accessible?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Would you find it helpful if the GP Out of Hours appointment was booked by the NHS 111 health adviser?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

Would you be happy to speak over the phone to receive health advice?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
--------------------------	-----	--------------------------	----	--------------------------	------------

We are also looking at pilots around the way patients are assessed at all walk-in services, such as A&E and minor injuries and illness units. We would like to ask some questions about this.

Would you be happy to be asked a series of questions, similar to those asked when you dial NHS 111, within a few minutes of when you walked into a service?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
--------------------------	-----	--------------------------	----	--------------------------	------------

Do you feel that it would make your choice of service easier if common questions were asked within a few minutes whatever service you walked in to (A&E, MIU, MIIU, Walk in Centre)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If you attended A&E and after the initial assessment you were asked to attend another service would you be happy with this?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

If you said no, please could you give us some more detail on your reasons? Please choose all that apply.

<input type="checkbox"/>	Distance to other services
<input type="checkbox"/>	Mode of travel, eg. walking, car, bus, would make it more difficult to go elsewhere
<input type="checkbox"/>	Opening hours of other services
<input type="checkbox"/>	Another reason

please state

If you have any other comments you would like to make please write them here.

Finally, to understand who has given their views, we would like to collect some details.

Any information provided in this section will only be used by Cambridgeshire and Peterborough Clinical Commissioning Group for the purpose of understanding who has responded to this consultation.

Can you tell us which of the following age bands you belong to?

<input type="checkbox"/>	16-29 years	<input type="checkbox"/>	30-44 years	<input type="checkbox"/>	45-59 years	<input type="checkbox"/>	60-74 years	<input type="checkbox"/>	75+ years
--------------------------	-------------	--------------------------	-------------	--------------------------	-------------	--------------------------	-------------	--------------------------	-----------

Are you....

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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Which of the following best describes your ethnic background?

White

<input type="checkbox"/>	English, Welsh, Scottish, Northern Irish or British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>	Any other White background
--------------------------	---	--------------------------	-------	--------------------------	--------------------------	--------------------------	----------------------------

Mixed/multiple ethnic groups

<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Any other mixed/multiple ethnic background
--------------------------	---------------------------	--------------------------	-------------------------	--------------------------	-----------------	--------------------------	--

Asian/Asian British

<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Black, African, Caribbean, Black British

<input type="checkbox"/>	African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Any other Black, African, Caribbean background
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Other Ethnic Group

<input type="checkbox"/>	Arab	<input type="checkbox"/>	Any other ethnic group
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<input type="checkbox"/>	Prefer not to say
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Finally, please could you tell us the first part of your postcode?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Thank you for taking the time to complete this questionnaire.

Your feedback

You can send your feedback to the CCG in many different ways:

- By completing the online survey www.cambridgeshireandpeterboroughccg.nhs.uk,
- By completing the survey attached to this document and returning it to:

Freepost Plus RSCR-GSGK-XSHK
 Engagement Team
 Cambridgeshire and Peterborough CCG
 Lockton House
 Clarendon Road
 Cambridge
 CB2 8FH

- or email it to: CAPCCG.engagement@nhs.net

You can also:

- write to us with your views (at the address above)
- telephone us on 01223 725304
- email us your views to CAPCCG.engagement@nhs.net
- or you can attend one of the planned meetings to tell us what you think.

Venue	Date	Time
The Fleet, Peterborough	Monday 12 January	7pm to 8.30pm
Cambridge library	Wednesday 14 January	1pm to 2.30pm
Ely library	Wednesday 21 January	1pm to 2.30pm
Huntingdon library	Wednesday 28 January	1pm to 2.30pm
Peterborough library	Friday 30 January	1pm to 2.30pm
Meadows Community Centre, Cambridge	Tuesday 3 February	7pm to 8.30pm

Through this public consultation your views will be fed into the development of the final proposal. All of the feedback received from all of the responses to this consultation will be collated into a report for the CCG's Governing Body to consider before it makes any decisions on the future of these services.

The closing date for receipt of responses to this consultation is 5pm on 20 February 2015.

Legal requirements

This consultation document has been drawn up in accordance with the following legal requirements and guidance:

Cabinet Office Consultation Principles July 2012

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before, and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at:

<https://www.gov.uk/government/publications/consultation-principles-guidance>

Section 14Z2 Health and Social Care Act 2012

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

- (a) in the planning of the commissioning arrangements by the group,
- (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- (c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution—

- (a) a description of the arrangements made by it under subsection (2), and
- (b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

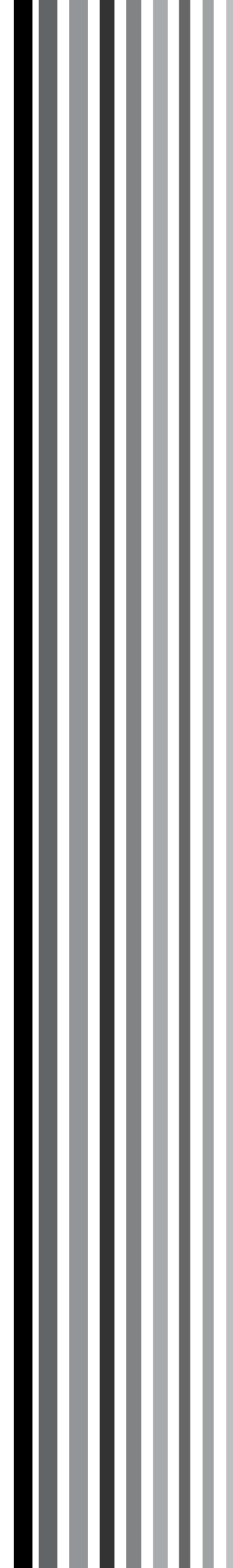
Lansley Criteria for Significant Service Change

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

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

CCG Constitution

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution <http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CPCT/Corporate%20documents/CCG%20Constitution.pdf>



©NHS Cambridgeshire and Peterborough Clinical Commissioning Group
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December 2014

For more information about NHS Cambridgeshire and Peterborough
Clinical Commissioning Group please:

Visit: www.cambridgeshireandpeterboroughccg.nhs.uk

Call: 01223 725304

Email: CAPCCG.engagement@nhs.net

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
8 JANUARY 2015	Public Report

Report of the Executive Director of Quality

Contact Officer(s) – Wendy Lefort, Head of Quality Assurance

Contact Details – wendy.lefort@nhs.net, 01223 725441

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP'S RESPONSE TO FRANCIS RECOMMENDATIONS

1. PURPOSE

This paper presents Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) response to Implementation of Francis Recommendations.

2. RECOMMENDATIONS

The committee is asked to note the management action plan.

3. BACKGROUND

In response to the Francis recommendations the CCG carried out an internal Audit Assurance Review in October and November 2014.

4. KEY ISSUES

An internal audit gave an assessment of Substantial Assurance against the areas covered in the review. The aim of the audit was to ensure:

- the CCG and provider Boards were conversant with the main principles and recommendations from the Francis report, and were kept up to date with other emerging reports relating to the Francis report;
- the CCG has put in place and implemented an action plan to address the relevant recommendations of the Francis report and that this action plan is appropriately monitored and actions addressed; and
- processes are in place for continued focus on relevant national reports across the Cambridgeshire and Peterborough Health Community. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan.

The audit made two recommendations relating to:

- Assessment of providers' action to address all the warning signs identified by the Francis Report.
- Strengthening systems to capture, assess and act on national reports.

A management action plan to address these issues is in place.

5. NEXT STEPS

The outstanding action to address the recommendations will be completed by February 2015. Assurance that this action is complete will be reported to the committee.

6. APPENDICES

The Internal Audit Assurance Review of the Implementation of Francis Recommendations and the supporting management action plan is included as Appendix 1.

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Cambridgeshire and Peterborough CCG

Assurance Review of the Implementation of Francis Recommendations

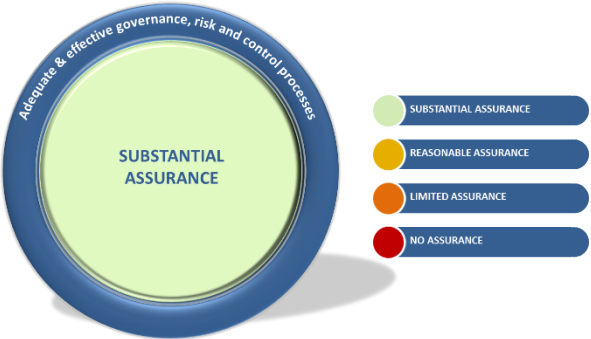
2014/15

FINAL

December 2014

Assurance Review of the Implementation of Francis Recommendations

Executive Summary

<p>OVERALL ASSURANCE ASSESSMENT</p>  <p>The diagram shows a central green circle labeled 'SUBSTANTIAL ASSURANCE' surrounded by a blue ring with the text 'Adequate & effective governance, risk and control processes'. To the right is a legend with four levels: SUBSTANTIAL ASSURANCE (green), REASONABLE ASSURANCE (yellow), LIMITED ASSURANCE (orange), and NO ASSURANCE (red).</p>	<p>KEY FINDINGS</p> <ul style="list-style-type: none"> • The Francis report recommendations are monitored on a regular basis at the Patient Safety and Quality Committee of the CCG's and the Governing Body has been updated. • There are inspections where Francis report related issues may be identified and regular meetings held with the providers to discuss quality matters, including the Francis report recommendations. • The PSQC are to close its action on reporting specifically against the Francis report recommendations. An Audit recommendation has been made for the CCG to assess and confirm achievement of its role as part of this closure. A further recommendation has been made to formalise a system for the capture, assessment and reporting of national reports. 								
<p>SCOPE</p> <p>The review ensured that:</p> <ul style="list-style-type: none"> • The CCG and provider Boards were conversant with the main principles and recommendations from the Francis report, and were kept up to date with other emerging reports relating to the Francis report; • The CCG has put in place and implemented an action plan to address the relevant recommendations of the Francis report and that this action plan is appropriately monitored and actions addressed; and • Processes are in place for continued focus on relevant national reports across the Cambridgeshire and Peterborough Health Community. 	<p>ACTION POINTS</p> <table border="1"> <thead> <tr> <th>Urgent</th> <th>Important</th> <th>Routine</th> <th>Operational</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>1</td> <td>0</td> </tr> </tbody> </table>	Urgent	Important	Routine	Operational	0	1	1	0
Urgent	Important	Routine	Operational						
0	1	1	0						

Management Action Plan - Priority 1, 2 and 3 Recommendations

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	<p>At the November meeting of the Patient Safety and Quality Committee, the Director of Nursing is expected to announce that the Francis report will not be reviewed specifically as a separate area any longer. This is because it is considered that this area has now been firmly embedded within the provider organisations.</p> <p>It was noted in testing that most evidence in support of the 'warning signs' have been obtained but not all. For instance, evidence and assurance was received from only two providers regarding Whistleblowers. The CCG should assure itself that this has been addressed by the providers.</p>	<p>The Governing Body be advised of the update as part of a progress report. This should include an assessment as to whether the CCG has fulfilled its role, particularly in respect of all the 'Warning Signs' such as Whistleblowers that have been referred to in presentations.</p>	2	<p><i>The warning signs covered in the Francis Report include patient stories, mortality, complaints, staff concerns, whistleblowing, governance issues and staff reduction.</i></p> <p><i>These issues are covered by the Quality dashboard which requires submission of evidence to provide assurance for a range of patient experience, safety and clinical effectiveness areas.</i></p> <p><i>The CCG Patient Experience Team will ask providers for specific assurance regarding whistleblowing policies for the next patient experience report.</i></p>	28/02/15	Head of Quality Assurance

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PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.	2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.	3	ROUTINE	Control issue on which action should be taken.
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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	There is no formalised system for the capture, assessment and reporting of national reports at the CCG. Currently, the Director of Nursing receives information and publications, for example, the 'Sign Up for Safety' campaign. There is also a Quality Network which is attended by the Head of Quality Assurance.	A formalised system for capturing, assessing and reporting national reports be introduced.	3	<p><i>National reports / publications are discussed and actions identified at the Quality Directorate Senior Management Team.</i></p> <p><i>A spreadsheet is in place to record national reports/ publications, document actions and manage follow-up.</i></p>	04/12/14	Head of Quality Assurance

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PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
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2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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3	ROUTINE	Control issue on which action should be taken.
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Operational Effectiveness Matters

Ref	Risk Area	Item	Management Comments
No Operational Effectiveness Matters were identified.			

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ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures, rather than on a one-by-one basis

Detailed Findings

INTRODUCTION

1. This review was carried out in October / November 2014 as part of the planned internal audit work for 2014/15. Based on the work carried out an overall assessment of the overall adequacy of the arrangements to mitigate the key control risk areas is provided in the Executive Summary.

KEY FINDINGS & ACTION POINTS

2. The key control and operational practice findings that need to be addressed in order to strengthen the control environment are set out in the Management and Operational Effectiveness Action Plans. Recommendations for improvements should be assessed for their full impact before they are implemented.

SCOPE AND LIMITATIONS OF THE REVIEW

3. The review ensured that:
 - the CCG and provider Boards were conversant with the main principles and recommendations from the Francis report, and were kept up to date with other emerging reports relating to the Francis report;
 - the CCG has put in place and implemented an action plan to address the relevant recommendations of the Francis report and that this action plan is appropriately monitored and actions addressed; and
 - processes are in place for continued focus on relevant national reports across the Cambridgeshire and Peterborough Health Community. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan.
4. The review will not provide an opinion on the implementation of Francis report recommendations just assurance on the processes in place the CCG for their identification and action plan monitoring and reporting.

MATERIALITY

5. Following the publication of the Francis report in February 2013, it has been important that CCGs are conversant with the requirements of the report and assess areas for improvement in respect of Patient Experience, Patient Safety and Quality.

DISCLAIMER

6. The matters raised in this report are only those that came to the attention of the auditor during the course of the internal audit review and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

RISK AREA ASSURANCE ASSESSMENTS

7. The definitions of the assurance assessments are:

Substantial Assurance	Based upon our findings there is a robust series of suitably designed internal controls in place upon which the organisation relies to manage the risk of failure of the continuous and effective achievement of the objectives of the process, which at the time of our review were being consistently applied.
Reasonable Assurance	Based upon our findings there is a series of controls in place, however there are potential risks that they may not be sufficient to ensure that the individual objectives of the process are achieved in a continuous and effective manner. Improvements are required to enhance the adequacy and effectiveness of the controls to mitigate these risks.
Limited Assurance	Based upon our findings the controls in place are not sufficient to ensure that the organisation can rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Significant improvements are required to improve the adequacy and effectiveness of the controls.
No Assurance	Based upon our findings there is a fundamental breakdown or absence of core internal controls such that the organisation cannot rely upon them to manage the risks to the continuous and effective achievement the objectives of the process. Immediate action is required to improve the adequacy and effectiveness of controls.

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ACKNOWLEDGEMENT

8. We would like to thank staff for their co-operation and assistance during the course of our work.

RELEASE OF REPORT

9. The table (Figure 1) below sets out the history of this report.

Figure 1 - Report History

Date draft report issued:	18 th November 2014
Date management responses recd:	3 rd December 2014

Date final report issued:

4th December 2014

10. The following matters were identified in reviewing the Key Risk Control Objective:

Directed Risk: Failure to direct the process through approved policy & procedures.

- 10.1 The Head of Quality Assurance has responsibility for this area of work and is accountable to the Deputy Director of Nursing.
- 10.2 No other organisation has covered the recommendations of the Francis report with the CCG previously. There is liaison between the CQC and the CCG Quality Directorate if they discover any issues that has a Francis report implication whilst on an inspection visit.
- 10.3 No risks have been recorded specifically about the Francis report on the CCG risk register; however, the Assurance Framework (CAF) does refer to poor governance in provider organisations, which may have a Francis report implication.
- 10.4 The CCG Governing Body were updated on the Francis report on 5th March 2013 by the Director of Nursing. The Board minutes refer to 'actions for the CCG included reviewing the Report's recommendations; agreeing actions; working with providers; enacting the Government's response and reviewing the CCG and provider's monitoring systems'.
- 10.5 A presentation was also made to different committees and groups within the CCG including the CCG Patient Reference Group. An Action Plan was prepared and presented to the Patient Safety and Quality Committee with an update made to the committee on 9th July 2013 and further reports in respect of actions following Government updates in December 2013 and April 2014.
- 10.6 The Director of Nursing wrote to each of the providers in respect of the Francis report recommendations in April 2013 asking whether there has been a discussion with the Trust Board about the Francis report. A reply was received from each provider in respect of the actions achieved or being undertaken. The providers include Cambridge University Hospitals (Addenbrookes), Cambridgeshire and Peterborough NHS Trust, Cambridgeshire and Peterborough Community Hospitals, Hinchingsbrooke Hospital and Peterborough and Stamford Hospitals. The Head of Quality Assurance stated that whilst Papworth Hospital were contacted and a reply received, their specialist status has meant that they are under the responsibility of NHS England.
- 10.7 A template dashboard is used for all of the providers as part of the monitoring procedure at the CCG.

10.8 Minutes were obtained from the Patient Safety and Quality Committee (PS&Q) regarding meetings held in 2013 and 2014 in respect of discussions of the Francis report. The minutes of the PS&Q are presented to the Board and there is an 'update' report from the committee. The PS&Q Committee is a sub-committee of the Board and is Chaired by a Non-Executive Director and attended by representatives from Healthwatch groups. The Francis report is a regular agenda item but at the next meeting, the Director of Nursing will announce that the Francis report recommendations will not be reviewed specifically as a separate area, as it is felt that this has now been firmly embedded within the provider organisations. The template will be reviewed / updated for next year in respect of this. At the Governing Body meeting where the Francis report was introduced, it was minuted that an update be brought to a future meeting. The minutes of Governing Body meetings was checked as part of the audit and, whilst there is reference to the Francis report and updates in respect of the Patient Safety and Quality meetings, there has not been a further report on progress.

Recommendation: 1

Priority: 2

The Governing Body be advised of the update as part of a progress report. This should include an assessment as to whether the CCG has fulfilled its role, particularly in respect of all the 'Warning Signs' such as Whistleblowers that have been referred to in presentations.

10.9 Currently, there is not a systematic approach to the capture, assessment and reporting of Francis report related information to the Governing Body. The Director of Nursing does receive information, with one of the latest publications being the 'Sign Up for Safety' campaign publication. There is also a Quality Network which is attended by the Head of Quality Assurance.

Recommendation: 2

Priority: 3

A formalised system for capturing, assessing and reporting national reports be introduced.

Compliance Risk: Failure to comply with approved policy and procedure leads to potential losses.

10.10 The CCG performs Quality Visits which are held on a six monthly basis for each provider and more frequently if there are concerns. The visiting team is mostly made up of clinicians and nurses and will also include a representative of the Local Commissioning Group as well as either the Director or Deputy Director of Nursing and a Specialist Clinician. There is a checklist of areas to examine during the inspection and a report is prepared and sent with a letter at the conclusion of the inspection.

10.11 The template dashboard referred to 10.7 above, covers a range of safety and quality issues and the Francis report recommendations is encompassed within this. The Head of Quality Assurance populates the dashboard with evidence supplied by the providers and assesses whether

there are any weaknesses. The Head of Quality Assurance will apply an appropriate rating (red, amber, green) under each section of the template and make a recommendation. The recommendation will be discussed with the provider at a Clinical Quality Review meeting which are held monthly and the dashboards are discussed on a quarterly basis in detail. The meetings are chaired by either a GP lead, the Director or Deputy Director of Nursing. Other attendees include the CCG Contract Lead with other CCG staff attending as required. From the provider side, the Director of Nursing, a Contract specialist and a 'specialist' in a particular area of concern (as required) is invited to attend. The recommendation is monitored / followed up by reference to the 'Action Log'.

- 10.12 Internal Audit considers that overall, the CCG has a system in place for monitoring the Francis report recommendations but that the providers have submitted different levels of detail in their response to the letter sent by the Director of Nursing and subsequently. The presentation provided to different Committees and Working Groups within the CCG (see paragraph 10.5) refers to a number of warning signs including Patient Stories, Mortality, Complaints, Staff Concerns, Whistleblowers, Governance Issues, Finance and Staff Reductions. On examining the evidence provided, there is not always evidence that all of the warning signs, such as Whistleblowers have been addressed (with only two providers explicitly evidencing this), and the CCG should assure itself that the necessary actions have been taken. **See Recommendation 1.**

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 9
8 JANUARY 2015	Public Report

Report of the Director of Governance

Report Author – Paulina Ford, Senior Governance Officer, Scrutiny

Contact Details – 01733 452508 or email paulina.ford@peterborough.gov.uk

FORWARD PLAN OF EXECUTIVE DECISIONS

1. PURPOSE

- 1.1 This is a regular report to the Scrutiny Commission for Health Issues outlining the content of the Forward Plan of Executive Decisions.

2. RECOMMENDATIONS

- 2.1 That the Commission identifies any relevant items for inclusion within their work programme.

3. BACKGROUND

- 3.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The Plan contains those Executive decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new Executive decisions to be taken after 23 January 2015.

- 3.2 The information in the Forward Plan of Executive Decisions provides the Commission with the opportunity of considering whether it wishes to seek to influence any of these Executive decisions, or to request further information.

- 3.3 If the Commission wished to examine any of the Executive decisions, consideration would need to be given as to how this could be accommodated within the work programme.

- 3.4 As the Forward Plan is published fortnightly any version of the Forward Plan published after dispatch of this agenda will be tabled at the meeting.

4. CONSULTATION

- 4.1 Details of any consultation on individual decisions are contained within the Forward Plan of Executive Decisions.

5. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

None

6. APPENDICES

Appendix 1 – Forward Plan of Executive Decisions

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PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 23 DECEMBER 2014

FORWARD PLAN

PART 1 – KEY DECISIONS

In the period commencing 28 days after the date of publication of this Plan, Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below in **Part 1**. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

If the decision is to be taken by an individual Cabinet Member, the name of the Cabinet Member is shown against the decision, in addition to details of the Councillor's portfolio. If the decision is to be taken by the Cabinet, this too is shown against the decision and its members are as listed below:
Cllr Cereste (Leader); Cllr Elsey; Cllr Fitzgerald; Cllr Hiller, Cllr Holdich (Deputy Leader); Cllr North; Cllr Seaton; Cllr Serluca and Cllr Scott.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis to reflect new key-decisions. Each new Plan supersedes the previous Plan and items may be carried over into forthcoming Plans. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to Gemma George, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to gemma.george@peterborough.gov.uk or by telephone on 01733 452268.

PART 2 – NOTICE OF INTENTION TO TAKE DECISION IN PRIVATE

Whilst the majority of the Executive's business at the Cabinet meetings listed in this Plan will be open to the public and media organisations to attend, there will be some business to be considered that contains, for example, confidential, commercially sensitive or personal information. In these circumstances the meeting may be held in private, and on the rare occasion this applies, notice will be given within **Part 2** of this document, 'notice of intention to hold meeting in private'. A further formal notice of the intention to hold the meeting, or part of it, in private, will also be given 28 clear days in advance of any private meeting in accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed (unless a notice of intention to hold the meeting in private has been given).

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

For complete transparency relating to the work of the Executive, this Plan also includes an overview of non-key decisions to be taken by the Cabinet or individual Cabinet Members, these decisions are listed at **Part 3** and will be updated on a weekly basis.

You are entitled to view any documents listed on the Plan, or obtain extracts from any documents listed or subsequently submitted to the decision maker prior to the decision being made, subject to any restrictions on disclosure. There is no charge for viewing the documents, although charges may be made for photocopying or postage. Documents listed on the notice and relevant documents subsequently being submitted can be requested from Gemma George, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to gemma.george@peterborough.gov.uk or by telephone on 01733 452268. For each decision a public report will be available from the Governance Team one week before the decision is taken.

All decisions will be posted on the Council's website: www.peterborough.gov.uk/executivedecisions. If you wish to make comments or representations regarding the 'key decisions' outlined in this Plan, please submit them to the Governance Support Officer using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this Plan.

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 23 JANUARY 2015

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
PREVIOUSLY ADVERTISED DECISIONS						
<p>Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park - KEY/03JUL/11 To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Dickens Street Car Park. For Cabinet to consider future options for service delivery.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>January 2015</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate.</p>	<p>Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>Sale of Greenwood House - KEY/21MAR14/02 Delivery of the Council's Capital Receipt Programme through the sale of Greenwood House, South Parade.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>January 2015</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Simon Webber Capital Projects Officer Tel: 01733 384545 simon.webber@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>Sale of the Herlington Centre - KEY/21MAR14/03 Delivery of the Council's capital receipts programme through the sale of the Herlington Centre, Orton Malborne.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>January 2015</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Simon Webber Capital Projects Officer Tel: 01733 384545 simon.webber@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>Peterborough City Council Customer Strategy 2014 - KEY/21MAR14/06 To approve the Customer Strategy. The vision is to provide a range of high-quality services whilst maximising customer satisfaction and delivering these services through different channels at the lowest reasonable cost, whilst also reducing or diverting demand.</p>	<p>Cabinet</p>	<p>February 2015</p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Adrian Chapman Assistant Director for Communities and Targeted Services Tel: 01733 863887 Adrian.chapman@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>Formalise Integrated Community Equipment Service Funding and Commissioning Arrangements - KEY/18APR14/01 To formalise integrated community equipment service joint funding arrangements.</p>	<p>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</p>	<p>January 2015</p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Nick Blake Head of Commissioning for Older People, Physical Disabilities and Sensory Impairment Tel: 01733 452406 nick.blake@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
Award of Contract for Build of a Waste Transfer Station - KEY/18APR14/02 To award a contract for the build of a waste transfer station.	Councillor Gavin Elsey Cabinet Member for Street Scene, Waste Management and Communications	January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Paul Robertson Waste Project Officer Tel: 01733 864740 paul.robertson@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Award of Contract for Build of a Household Recycling Centre - KEY/18APR14/03 To award a contract for the build of a household recycling centre.	Councillor Gavin Elsey Cabinet Member for Street Scene, Waste Management and Communications	January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Paul Robertson Waste Project Officer Tel: 01733 864740 paul.robertson@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Print Managed Services - KEY/13JUN14/01 To enable Council officers to be able to print, copy and scan.	Councillor David Seaton Cabinet Member for Resources	January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Ricky Fuller Head of Strategic Commissioning/Transformation Tel: 01733 452482 ricky.fuller@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
New Model for Transforming Day Opportunities for Adults Under 65 - KEY/25AUG14/02 To approve the proposed model for implementation.	Cabinet	15 December 2014	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 mubarak.darbar@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
Southfields Primary School Expansion - KEY/05SEP14/01 To authorise the construction of an extension to accommodate the expansion of Southfields Primary School.	Councillor John Holdich Cabinet Member for Education, Skills and University	January 2015	Creating Opportunities and Tackling Inequalities	Relevant internal and external stakeholders.	Emma Everitt Project Support Officer Tel: 01733 863660 emma.everitt@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Fit to Rent Scheme – KEY/17OCT14/01 To improve standards and management of properties in the private rented sector.	Cabinet	January 2015	Strong and Supportive Scrutiny Committee	Relevant internal and external stakeholders	Belinda Child Housing Strategic Manager Tel: 01733 863769 Belinda.child@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Sale of Former London Road Allotments – KEY/17OCT14/03 To authorise the negotiation and conclusion of the sale of the former London Road Allotments, Peterborough.	Councillor David Seaton Cabinet Member for Resources	January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders	David Gray Capital Projects Officer Tel: 01733 384531 David.gray@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
Future of Solar and Wind Projects – KEY/14NOV14/01 To approve the cessation of the solar/wind projects at Newborough Farm and Morris Fen and to consider the way forward in respect of America Farm.	Cabinet	January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	John Harrison Executive Director Resources Tel: 01733 452520 John.harrison@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Residential Care – KEY14/19NOV14/01 To authorise the Director of Adult Social Care to make residential placements.	Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care	January 2015	Strong and Supportive Communities	Relevant internal and external stakeholders	Rob Henchy Commissioning Manager Tel: 01733 452429 Rob.henchy@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Budget Proposals – KEY/28NOV14/01 To recommend the first tranche of budget proposals to Council.	Cabinet	15 December 2014	Sustainable Growth and Environment Capital	Relevant Internal and External Stakeholders	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Extra Care Housing – KEY/12DEC14/02 To approve the award of contracts to provide personal care and support at five extra care schemes.	Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care	March 2015	Scrutiny Commission for Health Issues	Residents and carers, housing providers, care providers and relevant internal departments.	Nick Blake Head of Commissioning Tel: 01733 452486 Nickolas.blake@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHOR	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
Advocacy Services – KEY/12DEC14/03 To approve the award of contract for the adult social care advocacy services.	Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care	March 2015	Scrutiny Commission for Health Issues	People utilising the services, partnership boards and relevant internal departments.	Nick Blake Head of Commissioning Tel: 01733 452486 Nickolas.blake@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Hampton Gardens Secondary School – KEY/12DEC14/04 To approve the award of the contract for the design and build of the school.	Councillor John Holdich Cabinet Member for Education, Skills and University	June 2015	Creating Opportunities and Tackling Inequalities	Relevant internal and external stakeholders.	Emma Everitt Project Officer (Schools Infrastructure) Tel: 01733 863660 Emma.everitt@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Installation of Solar Panels on Roof Tops To consider and approve a Roof Top Solar PV Scheme on non-Council premises.	Cabinet	15 December 2014	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders	Andy Cox Projects and Programme Manager Tel: 01733 452465	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Council Server Estate - KEY/26DEC14/01 To approve the move of on-site Council servers to an off-site provider.	Councillor David Seaton Cabinet Member for Resources	January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Richard Godfrey ICT Strategy, Infrastructure and Programmes Manager Tel: 01733 317989 richard.godfrey@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHOR	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>Nene Park Academy – KEY/06JAN15/01 Novation of the Design and Build Contract from PCC to Cambridge Meridian Academies Trust (CMAT).</p>	<p>Councillor John Holdich Cabinet Member for Education, Skills and University</p>	<p>January 2015</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Brian.howard@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>Libraries Future Model Proposals – KEY/06JAN15/02 For Cabinet to consider the proposed future model and to agree second round of consultation.</p>	<p>Cabinet</p>	<p>January 2015</p>	<p>Strong and Supportive</p>	<p>Relevant internal and external stakeholders.</p>	<p>Paul Stevenette Programme Manager Tel: 01733 452475 Paul.stevenette@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>Turning Point Extension Contract – KEY/06JAN15/03 To approve the supported living contract that permits for another one year extension for 2015/16.</p>	<p>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</p>	<p>April 2015</p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 Mubarak.darbar@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>S75 Learning Disabilities (Renew with CPCCG) – KEY/06JAN15/04 To approve the new S75 agreement.</p>	<p>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</p>	<p>April 2015</p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 Mubarak.darbar@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
Day Opportunities Under 65 Transformation (In House) – KEY/06JAN15/05 To approve proposals following consultation.	Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care	March 2015	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 Mubarak.darbar@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Day Opportunities Under 65 Tender (Independent) – KEY/06JAN15/06 To approve the tender for the services.	Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care	August 2015	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 Mubarak.darbar@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
West Town Primary School - KEY/06JAN15/07 To authorise payment of the Council's contribution to the rebuild of West Town Primary School under the Priority Schools Building Programme.	Councillor John Holdich Cabinet Member for Education, Skills and University	January 2015	Strong and Supportive Scrutiny Committee	Relevant internal and external stakeholders.	Alison Chambers Principal Assets Officer (Schools) Tel: 01733 863975 Alison.chambers@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Council Tax Support Scheme – KEY/06JAN15/08 To recommend the scheme to Council.	Cabinet	19 January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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Council Tax and NNDR – KEY/06JAN15/09 To agree the calculation of the Council Tax base for 2015/16.	Cabinet	19 January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Medium Term Financial Strategy 2015-2025 (Jan) – KEY/06JAN15/10 To release the MTFs including the second tranche of budget proposals for consultation.	Cabinet	19 January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Medium Term Financial Strategy 2015-2025 (Feb) – KEY/06JAN15/11 To recommend the MTFs including the second tranche of budget proposals to Council.	Cabinet	23 February 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Junction 17 – 2, Fletton Parkway Widening, Contamination and Drainage Issues – KEY/06JAN15/12 Approval to reassign some funding from existing transport project budgets to the Fletton Parkway Junction 17 to 2 scheme.	Councillor Peter Hiller Cabinet Member for Planning and Housing Services	January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Mark Speed Transport Planning Team Manager Tel: 01733 317471 Mark.speed@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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<p>Peterborough Visitor Economy Strategy 2015-2020 (Draft) – KEY/06JAN15/13 To approve the strategy and recommend that Council adopt as a major policy document.</p>	Cabinet	19 January 2015	Strong and Supportive Scrutiny Committee	Relevant internal and external stakeholders.	Douglas Gyte Strategic Tourism Manager Tel: 01733 453490 Douglas.gyte@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>Creation of a Peterborough Domestic Energy Supply Tariff – KEY/16JAN15/01 Strategic partnership agreement and tariff agreement between and the Council and an energy supply company.</p>	Cabinet	19 January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Andy Cox Projects and Programme Manager Tel: 01733 452465 Andy.cox@peterborough.gov.uk	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will contain an exempt annex for consideration by the Cabinet Member.</p>

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
<p>Strategic Partnership Between Peterborough City Council and AVIC International Corporation (UK) Ltd – KEY/16JAN15/02</p> <p>To enter into a memorandum of understanding regarding a Strategic Partnership Arrangement between Peterborough City Council and AVIC International Corporation (UK) Ltd.</p> <p>To authorise the Executive Director, Resources to enter into a partnership in support of the creation of a smart city.</p>	Cabinet	19 January 2015	Sustainable Growth and Environment Capital	Internal only.	John Harrison Executive Director, Resources Tel: 01733 452520 John.harrison@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
NONE AT THE CURRENT TIME						

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY DECISIONS						
<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
<p>Peterborough Community Infrastructure Levy Charging Schedule For Cabinet to approve the Community Infrastructure Levy Charging Schedule and recommend its adoption by Council.</p>	Cabinet	April 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Brendan Troy Principal Infrastructure & Monitoring Officer Tel: 01733 863773 Brendan.troy@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>Developer Contributions Supplementary Planning Document (SPD) For Cabinet to approve the supplementary planning document.</p>	Cabinet	April 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Brendan Troy Principal Infrastructure & Monitoring Officer Tel: 01733 863773 Brendan.troy@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>Coroner Shared Service with Cambs County Council To approve a shared service between Peterborough and Cambs County Council Coroner's Service.</p>	Councillor Gavin Elsey Cabinet Member for Street Scene, Waste Management and Communications	January 2015	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Kim Sawyer Director of Governance Tel: 01733 452361 Kim.sawyer@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
<p>Introduction of a Respite Care Policy for Adults To approve the introduction of a respite policy for adults who are eligible for social care services.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>January 2015</p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders</p>	<p>Kim Sawyer Director of Governance Tel: 01733 452361 Kim.sawyer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>Personal Budgets in Peterborough To agree to adopt Peterborough's Personal Budget Policy Statement as part of the revised statutory duties that apply to the Council as part of the SEND reforms, under the Children and Families Act 2014.</p>	<p>Councillor John Holdich Cabinet Member for Education, Skills and University</p>	<p>January 2015</p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders</p>	<p>Carrie Gamble Commissioner Tel: 01733 863931 Carrie.gamble@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>Post 16 Transport Policy To approve updates to the Post 16 Transport policy.</p>	<p>Councillor John Holdich Cabinet Member for Education, Skills and University</p>	<p>January 2015</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders</p>	<p>Sara Thompson Team Manager (Passenger Transport Operations) Tel: 01733 317452 Sarah.thompson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
<p>Hampton Gardens Secondary School – Collaboration Agreement To approve entering into the relevant funding, collaboration and operation agreements with Cambridgeshire County Council.</p>	<p>Councillor John Holdich Cabinet Member for Education, Skills and University</p>	<p>January 2015</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders</p>	<p>Emma Everitt Project Officer (Schools Infrastructure) Tel: 01733 863660 Emma.everitt@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>The Mobile Homes Act 2013 Fees Policy To approve public consultation of the draft fees policy.</p>	<p>Councillor Peter Hiller Cabinet Member for Planning and Housing Services</p>	<p>January 2015</p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Belinda Child Head of Housing and Health Improvement Tel: 01733 863769 Belinda.child@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>Culture Strategy To approve and recommend the Strategy to Council.</p>	<p>Cabinet</p>	<p>19 January 2015</p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Douglas Gyte Strategic Tourism Manager Tel: 01733 453490</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

DIRECTORATE RESPONSIBILITIES

RESOURCES DEPARTMENT Executive Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Strategic Finance

Internal Audit

Schools Infrastructure (Assets and School Place Planning)

Corporate Property

Waste and Energy

Strategic Client Services (Enterprise Peterborough / Vivacity / SERCO including Customer Services, ICT and Business Support)

CHILDREN'S SERVICES DEPARTMENT Executive Director's Office at Bayard Place, Broadway, PE1 1FB

Safeguarding Family and Communities

Education

School Improvement

Special Educational Needs / Inclusion and the Pupil Referral Service

ADULT SOCIAL CARE Executive Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Care Services Delivery (Assessment and Care Management and Integrated Learning Disability Services)

Mental Health

Public Health (including Health Performance Management)

COMMUNITIES DEPARTMENT Director's Office at Bayard Place, Broadway, PE1 1FB

Strategic Commissioning

Safer Peterborough, Cohesion, Social Inclusion and Neighbourhood Management

GOVERNANCE DEPARTMENT Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Communications

Legal and Governance Services

HR Business Relations (Training and Development, Occupational Health and Reward and Policy)

Strategic Regulatory Services

Performance Management

GROWTH AND REGENERATION DEPARTMENT Director's Office Stuart House, St Johns Street, Peterborough, PE1 5DD

Strategic Growth and Development Services

Strategic Housing

Planning Transport and Engineering (Development Management, Construction and Compliance, Infrastructure Planning and Delivery, Network Management and Passenger Transport)

Commercial Operations (Strategic Parking and Commercial CCTV, City Centre, Markets and Commercial Trading and Tourism)

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**SCRUTINY COMMISSION FOR HEALTH ISSUES
WORK PROGRAMME 2014/15**

Meeting Date	Item	Progress	
<p>8 July 2014 <i>Draft report 19 June</i> <i>Final report 26 June</i></p>	<p>Health and Wellbeing Board LGA Peer Review Letter and Action Plan</p> <p>To note the contents of the review, scrutinize the action plan and make any recommendations.</p> <p>Contact Officers: Wendi Ogle-Welbourn/Jana Burton</p>		
	<p>Peterborough and Stamford Hospitals NHS Foundation Trust, CQC Report</p> <p>Contact Officer: Jane Pigg</p>		
	<p>Personality Disorder Community Service/Complex Cases Service, including Lifeworks Consultation</p> <p>Contact Officer: Neil Winstone, Associate Director of Performance Delivery</p>		
	<p>Older Peoples Procurement Programme Board End of Consultation Paper</p> <p>Contact Officer: Jessica Bawden</p>		
	<p>Review of 2013/14 and Future Work Programme 2014/15</p> <p>To review the work undertaken during 2014/15 and to consider the future work programme of the Committee.</p> <p>Contact Officer: Paulina Ford, Senior Governance Officer</p>		

Meeting Date	Item	Progress
10 September 2014 <i>Draft report 22 August</i> <i>Final report 29 August</i>	Local Health Economy Five Year Strategic Plan Contact Officer: Jessica Bawden / Andy Vowles	
	Adult Social Care Update To scrutinise and comment on the Adult Social Care transformation update, Adult Social Care Complaints 2013-2014 and Adult Social Care Account. Contact Officer: Jana Burton	
	Cardio Vascular Disease Contact Officer: Dr Henriette Ewart	
14 October 2014 <i>Draft report 25 Sept</i> <i>Final report 2 Oct</i>	Children's Health Care Performance Contact Officer: Wendi Ogle-Welbourn	
	Health and Wellbeing Board Peer Review Action Plan Contact Officers: Wendi Ogle-Welbourn / Jana Burton	
	Primary Health Care Strategy for East of England Contact Officer: Jessica Bawden / Andrew Reed	
	Better Care Fund Contact Officer: Jana Burton	

Meeting Date	Item	Progress
11 November 2014 <i>Draft report 23 Oct</i> <i>Final report 30 Oct</i>	CPFT - Personality Disorder Community Service/Complex Cases Service, including Lifeworks Consultation Outcome Contact Officer: Neil Winstone, Associate Director of Performance Delivery	
	Peterborough and Stamford Hospitals NHS Foundation Trust Update Contact Officer: Jane Pigg	
	Cambridgeshire and Peterborough Clinical Commissioning Group Update Contact Officer: Jessica Bawden	
	Scrutiny in a Day – One Year On Contact officer: Adrian Chapman / Ian Phillips	
	3 December 2014	Budget 2015/16 and Medium Term Financial Strategy 2024/25 To scrutinise the Executive's proposals for the Budget 2014/15 and Medium Term Financial Plan. Contact Officer: John Harrison/Steven Pilsworth
8 January 2014 <i>Draft report 17 Dec</i> <i>Final report 22 Dec</i>	UnitingCare Partnership Contact Officer: Jess Bawden	

Meeting Date	Item	Progress
	Transforming Day Opportunities – Final Proposal Consultation Contact Officer: Mubarak Darbar	
	Response to the Francis Report from Commissioners Perspective Contact Officer: Jessica Bawden	
	GP Out of Hours and 111 Procurement Project Contact Officer: Jessica Bawden	
(Joint Meeting of the Scrutiny Committees and Commissions) 9 February 2015 <i>Draft report 21 Jan</i> <i>2015 Final report 28 Jan 2015</i>	Budget 2015/16 and Medium Term Financial Strategy 2024/2025 To scrutinise the Executive's proposals for the Budget 2015/16 and Medium Term Financial Strategy. Contact Officer: John Harrison/Steven Pilsworth	
10 March 2015 <i>Draft report 19 Feb</i> <i>Final report 26 Feb</i>	Health and Wellbeing Board Action Plan Quarterly Update Contact Officers: Wendi Ogle-Welbourn / Jana Burton	

Meeting Date	Item	Progress
	<p>Portfolio Progress Report for Cabinet Member for Adult Social Care To scrutinise and comment on the progress of the portfolio of the Cabinet Member for Adult Social Care.</p>	
	<p>Portfolio Progress Report from the Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement (Portfolio includes Responsibility for all Public Health Functions of the Council and lead spokesperson for all matters relating to the commissioning and provision of health services by the CCG, NHS and any other bodies for Peterborough)</p>	
	<p>Annual Performance Review of Adult Social Care</p> <p>Contact Officer: Tina Hornsby</p>	
	<p>NHS England Response to the CQC Report on Primary Health Care</p> <p>NHS England</p>	
	<p>Cambridgeshire and Peterborough Clinical Commissioning Group Business Plan Progress Report</p> <p>Jessica Bawden</p>	

Possible Items for Scrutiny:

Adult Social Care	
Healthwatch	
Public Health <ul style="list-style-type: none"> • Young Peoples Sexual Health and Wellbeing Strategy • Suicide Prevention Strategy, Contact Officer: Kathy Hartley • Healthy Schools Programme 	
The Cambridgeshire & Peterborough Clinical Commissioning Group <ul style="list-style-type: none"> • Business Plan Six monthly progress report 	
Peterborough and Stamford Hospital NHS Foundation Trust	
Health and Wellbeing Board <ul style="list-style-type: none"> • Action plan quarterly update 	
CPFT	