

## SCRUTINY COMMISSION FOR HEALTH ISSUES

**TUESDAY 21 JULY 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 Meeting Held on 24 June 2015**

**3 - 22**

**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. Cambridgeshire and Peterborough Health and Care System Transformation Programme**

**23 - 32**

**6. Minor Injuries and Illness Unit (MIIU) Relocation Proposals**

**33 - 44**

**7. Update on the Prime Minister's Challenge Fund Project for Peterborough**

**45 - 48**

**8. Joint Commissioning Unit**

**49 - 52**



There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Paulina Ford on 01733 452508 as soon as possible.

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|-----------------------------------------------|----------------|
| <b>9. Forward Plan of Executive Decisions</b> | <b>53 - 74</b> |
| <b>10. Work Programme 2015-2016</b>           | <b>75 - 80</b> |
| <b>11. Date of Next Meeting</b>               |                |

Thursday, 17 September 2015

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

#### **Emergency Evacuation Procedure – Outside Normal Office Hours**

*In the event of the fire alarm sounding all persons should vacate the building by way of the nearest escape route and proceed directly to the assembly point in front of the Cathedral. The duty Beadle will assume overall control during any evacuation, however in the unlikely event the Beadle is unavailable, this responsibility will be assumed by the Committee Chair.*

#### **Committee Members:**

Councillors: B Rush (Chair) , J Stokes, K Aitken, R Ferris, F Fox, A Shaheed and J Knowles

Substitutes: Councillors: P Thacker, N Shabbir, J Whitby and D Fower

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



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD IN THE BOURGES / VIERSSEN ROOMS, TOWN HALL  
ON 24 JUNE 2015**

**Present:** Councillors B Rush (Chairman), J Stokes, K Aitken, R Ferris, F Fox, A Shaheed and J Knowles

**Also present**

Jessica Bawden	Director of Corporate Affairs, C&PCCG
Sarah Shuttlewood	Director of Contracting, Performance and Delivery, CCG
Dr Anne McConville	Interim Consultant in Public Health
David Whiles	Healthwatch
Harriet Woodhams	Youth Council Representative

**Officers Present:**

Wendi Ogle-Welbourn	Corporate Director, People and Communities
Tina Hornsby	Head of Adult Social Care Quality Assurance and Safeguarding
Debbie McQuade	Assistant Director Adult Social Care Operations
Pippa Turvey	Senior Democratic Services Officer
Paulina Ford	Senior Democratic Services Officer

**1. Election of Chair**

The Senior Democratic Services Officer advised the Commission that as agreed at Full Council on 20 May 2015, the appointment of Chair and Vice Chair of the Scrutiny Committees and Commissions fell to the individual Committee or Commission to make these appointments.

The Senior Democratic Services Officer requested nominations from the Commission for the position of Chair of the Scrutiny Commission for Health Issues.

Councillor Stokes nominated Councillor Rush and Councillor Aitken seconded the nomination.

As there were no other nominations Councillor Rush was therefore elected by the Commission as Chair of the Scrutiny Commission for Health Issues for the 2015/2016 Municipal year.

**2. Election of Vice Chair**

The newly elected Chair of the Commission requested nominations from the Commission for the position of Vice Chair of the Scrutiny Commission for Health Issues.

Councillor Shabbir nominated Councillor Ferris and Councillor Fox seconded the nomination.

As there were no other nominations Councillor Ferris was therefore, elected Vice Chair of the Scrutiny Commission for Health Issues for the 2015/2016 municipal year.

**3. Apologies**

No apologies for absence were received.

**4. Declarations of Interest and Whipping Declarations**

There were no declarations of interest or whipping declarations.

**5. Minutes of Meetings Held on 8 January and 10 March 2015.**

The minutes of the meetings held on 8 January and 10 March were approved as an accurate record.

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

There were no requests for Call-in to consider.

**7. Cambridgeshire and Peterborough Clinical Commissioning Group Performance Report**

The report was introduced by the Director of Contracting, Performance and Delivery, CCG and provided the Commission with an overview of relevant health issues including performance. The main areas covered in the report included:

- An overview of key performance issues including Clinical Commissioning Group wide issues which covered A & E performance, referral to treatment and ambulance service and;
- Local Commissioning Group issues

Observations and questions were raised and discussed including:

- Members referred to the two balanced scorecards on pages 12 and 13 of the report and wanted to know why on the March 2015 indicator “*Are health outcomes for local people improving?*” it was showing Amber green but a month later the April scorecard was showing Amber red. *Members were informed that there were a number of indicators to determine health outcomes. One of the indicators that had increased was the number of people being admitted to hospital as an emergency. There was a lot of work being done to try and address including looking at trying to support people earlier in their condition to try and avoid an emergency admission. Further work was being done with agencies to try and improve resources in the community an example of which was work being done in care homes to help them to understand how they could help the elderly to avoid being admitted to hospital and be treated in the care home. A new emergency response service was also being looked at.*
- What had been done to reach the 95% standard for A & E.? *Members were informed that the following had helped to achieve this:*
  - *Better management and signposting at the A & E front door.*
  - *More clinician time at the front door so that people were seen much sooner within 1 ½ hours.*
  - *Discharging people.*
  - *Creating more capacity within the community to prevent people being admitted to A & E when they need not be.*
- Members referred to page 12, “*Ambulance Service: performance is challenging with failure to achieve key standards year to date*” and wanted to know what the key standards were. *Members were informed that the main key standard was the 8 minute response time. One of the issues for the East of England Ambulance Trust was that it covered a wide area which included wide rural areas. Capacity versus demand had also been an issue and there had been a shortfall in paramedics. This issue was however being addressed through a big recruitment drive. There had also been an extensive overhaul of the ambulances so that they did not break down. A review of the hot spots to assess where the needs were had been undertaken so that the service was directed to the right areas.*
- Members referred to the balance scorecard “*Are patient rights under the NHS Constitution being promoted?*” which was showing as red and wanted to know what was being done to improve this. *Members were informed that this related specifically to the A & E standards*

*and the Referral to Treatment 18 week standard which had been a concern during 2014/2015. Plans were in place to improve this.*

- Members commented that years ago there had been a specific hospital ward for elderly people to go to recover before going home. Was a similar facility available now? *Members were informed that the City Care Centre which had 34 beds provided rehabilitation and support for people who had been in hospital. There was also a range of care homes which provided this service.*
- A Member commented that in a recent article they had read it had been stated that the course for paramedics run by the Ambulance Service had not been accredited. Would this affect getting new recruits? *The officer present did not know and would come back to the Commission with an answer.*
- Members were concerned to see that the “Cancer – 2 week wait breast” had dropped to 83.9% in March and was showing as red. Had this improved and what had caused the drop? *Members were informed that it had improved and was back up to 95.5% in April. The officer advised that she would find out what had caused the decrease.*
- EPIC stood for Electronic Patient Integrated Care Record. It was a paperless IT system that Addenbrooks had implemented. There was an ongoing training programme in place.

The Chair thanked the officer for an informative report and requested that future reports should provide more contextual information with regard to areas rated as RED and what was being done to improve the situation.

#### **ACTIONS AGREED**

The Commission noted the report and requested that a further report be brought back to the Commission in six months’ time. Further contextual information to be provided for areas rated RED.

#### **8. End of Consultation Report on a Future Model for NHS 111 and GP Out of Hours Services for Cambridgeshire and Peterborough**

The report was introduced by the Director of Corporate Affairs, C&PCCG and provided the Commission with the results of the consultation on a future model for NHS 111 and GP out of hour’s services for Cambridgeshire and Peterborough. The officer went through the key themes that has arisen from the consultation which included:

- Access to the service
- Special patient Notes
- Awareness of 111 Service
- 111 assessment questions via the ‘NHS Pathways algorithm
- Workforce capacity
- Length of wait for GP call backs
- Timings of the Out of Hours service
- Links between NHS 111/GP OOH services and registered GP practices
- GP practice opening hours
- Walk-in facilities for GP Out of Hours
- 111 links to GP practice booking systems
- Location of GP Out of Hours bases
- Links to other services and reviewing all of urgent care together
- 111 presence in accident and emergency departments
- Keep Our NHS Public
- Consultation process
- 111 call handlers
- Links to pharmacy services
- General Election
- Timescales

Members were informed that the service specification was better than provided previously. Following the approval and procurement process it was anticipated that the new service would start in May 2016.

Observations and questions were raised and discussed including:

- Members commented that there had been a very wide range of views in response to the consultation. One member had attended one of the consultation events and had found this very useful.
- Had the Royston issue affected the timeline? *Members were advised that consultation was being undertaken with the Royston practices to see if they wished to become part of the service or not. The main question was if they wanted to have a base in Stevenage or Cambridge. This had meant a small delay in the timeline but nothing significant.*
- Members referred to page 44, "Links to pharmacy services" and expressed concerns that prescribing drugs over the phone might be open to abuse. *Members were informed that the types of drugs that could be prescribed over the phone was limited and controlled drugs could not be prescribed over the phone.*
- One Member was concerned that the new service would not be delivered until 2016 and felt that improvements were needed sooner. *Members were informed that contract and quality monitoring meetings were held monthly to review the quality of the service being provided. 111 service calls were reviewed in detail by GP's on a monthly basis to check the quality of the standard of the calls. There was a need to make sure the service was safe which meant that it was slightly risk adverse. The current 111 service met all standards. There was a GP Pilot already in place over the weekends to give additional support.*
- Was it possible to provide dental services via the 111 service? *Members were advised that dental services were provided by NHS England. Sufficient capacity was an issue for out of hour's dental services and this had been raised with NHS England.*
- What are you doing to raise the profile of the 111 service and raise awareness so that more people use it now and what is being planned to raise awareness of the new service next year? *Members were informed that the service was launched in Peterborough in November 2014 and this was being reinforced through the 'Choose Well' campaign with a continual promotion of the 111 service as the first point of call. The launch of the new service will promote access to a GP within four hours and the key message will be that it will be a swifter service.*
- Members felt that there needed to be a bigger campaign to get the message across to people who would not normally use the service. *The Director of Corporate Affairs advised that the communications plan could be presented to the Commission before it is launched for comment.*
- Was there enough call handlers to answer the calls as it appeared that people had to wait a long time to get through. *Members were informed that the 111 service provided now had a very good response time compared to other national providers. There had been a particularly bad day on 27 December where only 18% of some services were answered within 60 seconds but the Peterborough service had been 86%. The service was adequately staffed at the moment but more staff will be provided with the new service.*
- Do you have an aspiration in relation to the number of clinicians to call handlers? *Members were informed that in the specification there was an increased ratio of clinicians to call handlers.*
- What incentives have you considered to lure GP's to work in the call centre. *Members were informed that this was already part of a GP's training.*
- Will the new system stop the large numbers of inappropriate referrals to A&E? *Members were informed that there was a strict algorithm in place which was risk adverse however during the pilot with GP's in attendance at the call centre there had been a reduction in referrals to A & E.*
- Mary Cook a member of the public in attendance was invited to address the Commission and made the following comments:

- Biggest threat to GP's was the number of GP's leaving the service and not enough new GP's being trained.
- More people were being dealt with by phone appointments but there was often a need to actually see the patient to assess for other underlying issues.
- GP's are under great pressure and will have added pressures going forward if they have to attend A & E, surgeries and the 111 call centre.
- The Director of Corporate Affairs acknowledged that recruitment and retention of GP's was an issue but the Clinical Commissioning Group was addressing the situation.
- Members commented that nurses used to have on the job training but now have to go to university.
- What are the CCG going to do with the responses received to the consultation? *Members were informed that the responses had been grouped in to themes and these had been addressed and put into a revised specification. The next stage would be to finalise the service specification with the Programme Board and once this had been done there would be an invitation to tender with a rigorous evaluation to ensure the specification had been met.*
- Members sought clarification that when choosing the service provider they would not be tied into a long contract and that the provider could be held to account. *Members were advised that the contract was for two years with an option to extend for one year and then another year and there would be get out clauses. If there was a quality issue or a safety issue that was not being addressed then the service could be ended.*

The Chair asked Members if they were happy to support the procurement for the integrated NHS 111 and Out of Hours Services. The majority of Members agreed to support the procurement apart from one member who was unsure.

## **ACTION AGREED**

The Commission:

1. Noted the feedback to the consultation and the changes that would be made to the service specification in response to the consultation.
2. Noted the Royston practices request to join the procurement.
3. Noted the preferred bidder of IC24 to provide integrated Out of Hours and 111 services for Wisbech.
4. Noted the additional work that had been done during the 'pause' period to ensure that all new factors were considered.
5. Agreed to support the procurement for the integrated NHS 111 and Out of Hours Services with adjustment to the timeline to allow for engagement with Royston patients.
6. The Commission also requested that the Director of Corporate Affairs bring the Communications Plan for the new 111 and GP Out of Hours service to the Commission before being launched.

## **9. Adult Social Care and Public Health – 2014/2015 Performance Overview Report**

The report was introduced by the Head of Quality Assurance and Safeguarding, Adults and Communities and provided the Commission with a summary of performance delivery for the financial year April 2014 until March 2015 for Adult Social Care and Public Health responsibilities. The following key areas were covered:

Adult Social Care

- Promoting Wellbeing through Universal Services, Information and Advice and Guidance
- Enabling people to live fulfilled lives and building confidence to do things safely
- Personalisation of long term support
- Safeguarding against harm to wellbeing

## Public Health

- Health Improvement
- Health Protection
- Healthcare public health
- Health Intelligence

Observations and questions were raised and discussed including:

- Members commented that the public health profile for Peterborough was very bad. Members were concerned that most of the key metrics were red and felt that a more joined up approach across all services areas needed to be taken. *The Corporate Director of People and Communities advised Members that since the Director of Public Health had been in place there had been a much more joined up approach to public health. The Director of Public Health was part of the Corporate Management Team and therefore provided challenge to the Corporate Directors across all services. An internal Public Health Board had also been established to look at the key metrics to see how things could be done differently.*
- Members suggested that either an All Party Policy briefing or a Scrutiny in a Day event should be held to provide all members with an awareness of all public health challenges. *The Corporate Director of People and Communities advised that she would speak to the Cabinet Member for Public Health regarding the suggestion.*
- Members were informed that there was an annual report which went to the Health and Wellbeing Board which gave a picture of the health status of the people in Peterborough. It covered areas like healthy schools, healthy work places and the approaches to making Peterborough a healthy city which included transport and green space. This report provided a platform to build on. One of the key issues was people being more active in their everyday life.
- Members were concerned that there was still an issue with the number of under 18 conceptions. *Members were informed that this continued to be a priority and work was being done through the PSHE (Personal, social, health and economic) programme in schools.*
- Members felt there was a need to get people cycling, walking and using sustainable transport more.
- Members were concerned about having the right kind and enough nursing capacity in care homes. *Members were informed that care homes were constantly assessing their resourcing needs which included nursing capacity. An example of this was when the flu epidemic came agencies provided additional resources to the care homes where required.*
- Members were concerned about the high rates of Tuberculosis (TB) in Peterborough and wanted to know how this was being addressed. *Members were informed that TB was a disease that people could have for a long time before it appeared. People coming from other countries where it was more prevalent could arrive with it but not know they had it. Peterborough was moderately high compared to other places nationally but one of the highest areas in the East of England. The CCG commissioned a TB service from the local hospital which was currently being reviewed to provide a new service specification. One of the challenges was that the drugs that treat TB were not very pleasant to take and needed to be taken for months.*
- The Youth Council Representative referred to page 80, Sexual Health and under 18 conceptions and commented that in school sexual health education finished at year 9 and that there should be further education on the subject after this time. Young people at the age of 14 were more likely to be in danger of getting pregnant. There was a need to continue to reinforce the message of responsibility and the dangers of getting pregnant after year 9. *The officer advised that there was currently outreach services in ten schools and more were going to be providing the service going forward. There was also the iCaSH service available in the centre of Peterborough. One of the issues was having the time in the curriculum after year 9 to continue the lessons. The Corporate Director invited the Youth Council Representative to take part in discussions with officers.*



- Mary Cook a member of the public in attendance was invited to address the Commission and made the following comments:
  - There used to be education programmes with regard to TB and this should be reinstated.
  - Concerned that going forward the plan is that everyone would be cared for in their own home but this would be done by a voluntary care workforce. There would therefore need to be an education programme in place.
  - Nurses now have to be revalidated which meant further work for the nurses.
  - Public not engaged with health transformation programme as they do not understand it.
- Members commented that there was a need to have a housing strategy that related to public health.

### **ACTION AGREED**

The Commission noted the report and requested a further report back to the Commission at a further meeting. The design and content of the report going forward would be discussed at the Group Representatives meeting.

## **10. Public Health / Adult Social Care: Introduction, Overview, and Work Programme**

The Director of People and Communities advised that a large amount of the content of the report and PowerPoint presentation had already been covered in the previous reports presented and due to the lateness of the hour suggested that rather than go through the PowerPoint presentation questions could be taken. Members had a hard copy of the presentation which is attached at Appendix 1 of the minutes. No questions were taken and the Corporate Director suggested that Members read the hard copy of the presentation which outlined the responsibilities of the Commission and provided suggestions for the future work programme. Any suggestions for the work programme could be emailed to the Senior Democratic Services Officer before the first Group Representatives meeting. The Chair and members of the Commission agreed to the proposed way forward for this item.

### **ACTION AGREED**

The Commission noted the report and content in the hard copy of the PowerPoint presentation. Any questions or suggestions for the work programme to be emailed to the Senior Democratic Services Officer.

## **11. Review of 2014/2015 and Future Work Programme 2015/2016**

The Senior Democratic Services Officer introduced the report which provided the Commission with a review of the work undertaken during 2014/2015, Terms of Reference for the Commission, recommendations made during 2014/2015 and a draft work programme for discussion. The Officer also addressed the Commission on the principles of Good Scrutiny which covered the following:

The principals of good scrutiny:

- Provide a critical friend and challenge the executive policy makers and decision makers.
- Enables the voice and concerns of the public.
- Is carried out by independent minded governors, who lead and own the scrutiny role.
- Drives improvement in public services.

What makes scrutiny work?

- Ownership – Member led and Officer driven.

- Focus – Clear work programme and objectives.
- Research – Getting to know the real issues.
- Innovation – Engaging in different ways.
- Reputation – Being recognised for adding value and making an impact, tackling issues of direct relevance to local people.

The Commission should ensure that all work carried out by them:

- Is focused and relevant to the remit of the Commission
- Makes a positive impact on services.
- Promotes good practice.
- Challenges underperformance.
- Acts as a catalyst for change.
- Deals, where appropriate, with relevant partnership issues.
- Provides strong and clear recommendations to Cabinet or Council to enable positive outcomes.

The Senior Democratic Services Officer informed the Commission of the possibility of alternative Governance Arrangements going forward and how it was important for all scrutiny committees to think about the following:

- How scrutiny could help to influence change within new governance arrangements.
- There was an opportunity for the scrutiny committees to work together to help design the new model of alternative governance by thinking about what the new model would mean in terms of:
  - Number of scrutiny committees
  - Number of meetings
  - Terms of reference
  - Ways of working
  - How they would fit in to the whole process of reporting in to Cabinet/Council
- It was as an opportunity for scrutiny to make an impact and to add real value to the organisation.

The Chair invited the Commission to make suggestions for items for the 2015/2016 work programme and in particular the July meeting. The following suggestions were put forward:

- Memorandum of Understanding for Child Health - July
- Minor Injury and Illness Unit Proposed Relocation - July
- Health Transformation Programme - July
- Prime Ministers Challenge Fund - July
- UnitingCare Partnership – Quarterly Report – move to September
- Public Health across all services

Jane Pigg, Company Secretary for Peterborough and Stamford Hospitals NHS Foundation Trust was in attendance and addressed the Commission inviting Members to visit the hospital for a tour and to meet key personnel.

The Senior Democratic Services Officer advised Members that the Scrutiny in a Day review on the Impact of Welfare Reforms held in January 2014 had been shortlisted for the Centre for Public Scrutiny, Good Scrutiny Awards and had received a highly commended certificate.

## **12. Forward Plan of 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.


The meeting began at 7.00pm and finished at 9.20pm

CHAIRMAN

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## Scrutiny Commission for Health Issues

### Introduction and Overview




## Scrutiny Focus...

- To review and scrutinise the planning, decisions, and policy development relating to the following City Council services:
  - ✓Adult Social Care
  - ✓Safeguarding Adults
  - ✓Public Health


To carry out the statutory duty of the City Council to scrutinise local NHS commissioners and providers

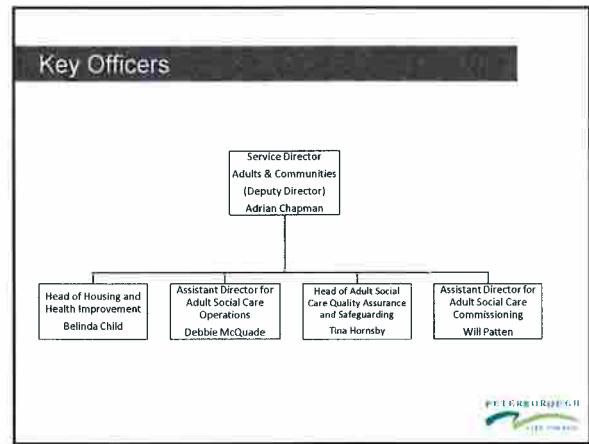
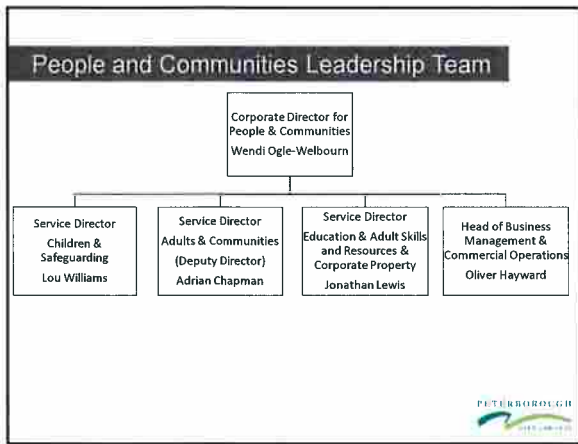
- ✓Scrutiny of the NHS



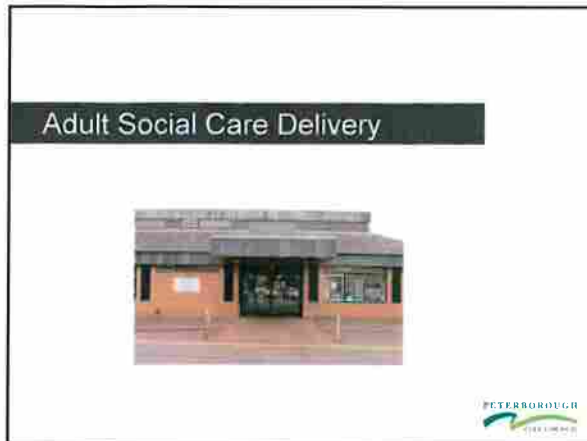
## Adult Social Care and Safeguarding

### Introduction and Overview






- ### Adult Social Care services
- Adult Social Care Delivery
  - Quality and Safeguarding
  - Commissioning
  
  - Care Act
  - Better Care Fund
- PETERBOROUGH  
2023-2026




### ASC Delivery

- Provide health and social care support for 18+ adults with physical, sensory, learning disability and/or autism, mental health disability and frail elderly
  - ✓ Information, advice and advocacy
  - ✓ Assessment and eligibility
  - ✓ Support planning, personal budgets and direct payments
  - ✓ Reviews
  - ✓ Carers Assessment
  - ✓ Learning disability and autism health services.
  - ✓ Delayed Transfer of Care
  - ✓ Occupational Therapy, reablement and rehabilitation services
  - ✓ Day Opportunities
  - ✓ 0-25 Service for Children with Disabilities
  - ✓ Financial assessments
  - ✓ Case management




### ASC Delivery – Day Opportunities

- Providing day support for people with learning disabilities
- Providing preventative support for people with learning disabilities
- Providing paid employment and work experience for people with learning disabilities
- Securing sustainable full time employment for people with learning and physical disabilities, sensory impairments mental health conditions and autism
- Service transfers to City College Peterborough later in 2015
- Delivery model will operate from the Kingfisher Centre and up to four satellite locations, and will deliver £300k savings
- Delivery model includes an expansion in micro-enterprise opportunities



### Case Study

- 49 Lincoln Road is a Day Service venue
- It has developed a unique way to grab the attention of potential employers
- Many people with a learning disability find it difficult to convey their work experience, skills and attributes either in person or on a CV
- In response to this staff are supporting individuals to develop digital CV's – enabling people to express their potential in short video clips
- This has recently been featured on BBC Radio Cambs




### Adult Safeguarding

**Within the Multi Agency Safeguarding Hub**

- Receive adult safeguarding referrals, undertaking initial screening
- Triage people to other support services where the criteria for safeguarding is not met
- Support the adult at risk to identify outcomes they wish to achieve and what they would like to happen
- Lead the multi-agency work to risk assess and agree initial protection plans
- Arrange independent advocacy, where required
- Lead the multi-agency discussion and decision-making

**Within ASC delivery**

- Undertake safeguarding (section 42) enquiries and support adults at risk




### ASC Quality and Safeguarding






### ASC Quality and Safeguarding

- Manages processes linked to the Mental Capacity Act and Deprivation of Liberty Safeguards
- Delivers business improvement and best practice development across the ASC sector
- Manages quality assurance across ASC including user experience, complaints, and quality improvement
- Manages the ASC information strategy and public information
- Includes the Designated Adult Safeguarding Manager role – to coordinate action where there are safeguarding concerns around a care and support worker.



### ASC Commissioning



### ASC Commissioning

- Developing and implementing commissioning strategies to meet the social care needs of adults
- Managing the Adult Social Care commissioning budget
- Achieving value for money from commissioned services
- Developing the local market to best meet existing and emerging needs

- Responsible for commissioning the following services:
  - ✓ Older People's, Physical Disabilities, Sensory Impairment and Carers
  - ✓ Learning Disability
  - ✓ Mental Health



### Care Act and Better Care Fund




Care Act 2014




### Care Act

- The biggest change in social care law since the National Assistance Act
- Comprehensive work programme in place to implement changes
- Duties include:
  - ✓ Promotion of wellbeing
  - ✓ Preventing, reducing and delaying need
  - ✓ Provision of universal and tailored information and advice
  - ✓ Better support for the transition from children's to adult's services
  - ✓ Shaping the care market
  - ✓ Integrating, co-operating and working in partnership across the health and social care sector




### Better Care Fund

- £3.8bn national fund announced by Government in 2013
- £11.9m in Peterborough to develop our vision for integration, specifically projects focussed on:
  - ✓ 7 day Working
  - ✓ Data sharing
  - ✓ A Person Centred system
  - ✓ Information, Communication and Advice
  - ✓ Ageing Healthily and Prevention




### Suggestions for Scrutiny

- Implementation of the Care Act
- Implementation of the Better Care Fund programme
- Transformed Day Opportunities service



### Public Health – Integrated across the Council


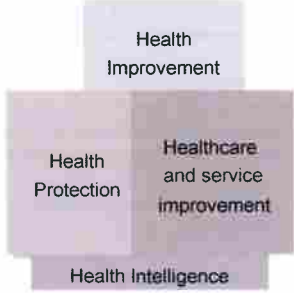


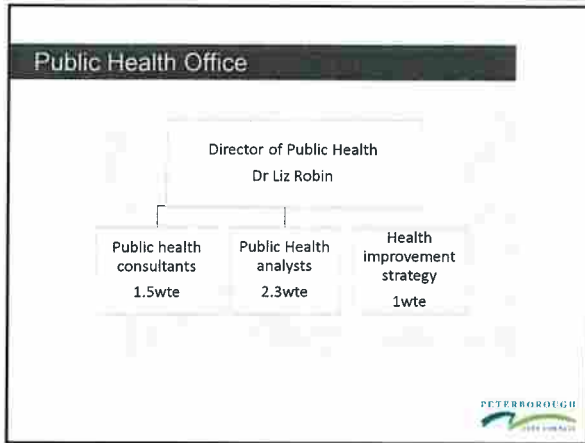
### Public health functions of the Council

- The Health and Social Care Act (2012) transferred public health leadership and functions from the NHS to Local Authorities.
- Public health budgets and staff were transferred to the Council in April 2013 when the Act was implemented.
- The Director of Public Health (DPH) has statutory accountability for the public health functions of the Council
- Public health budgets and staff are integrated across Council directorates.
- Delivery is monitored against the national Public Health Outcomes Framework [www.phoutcomes.info/](http://www.phoutcomes.info/)



### Three domains of Public Health

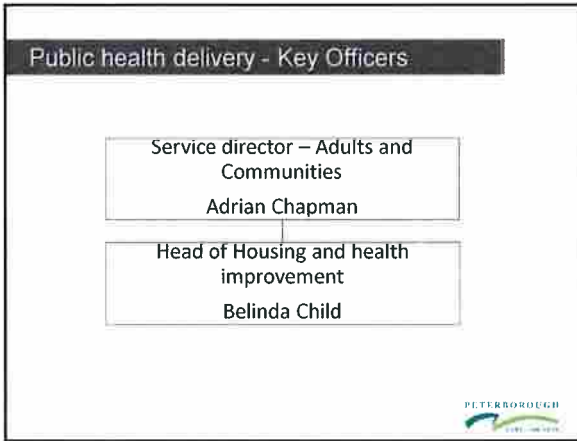




- ### Public Health Office
- ✓ Strategic leadership and accountability for the Council's public health functions
  - ✓ Annual Public Health Report
  - ✓ Joint strategic needs assessment for health and wellbeing
  - ✓ Public health advice to NHS commissioners
  - ✓ Health protection and public health emergency planning
  - ✓ Evidence and evaluation
  - ✓ Partnership working
- PETERBOROUGH  
2009-2015

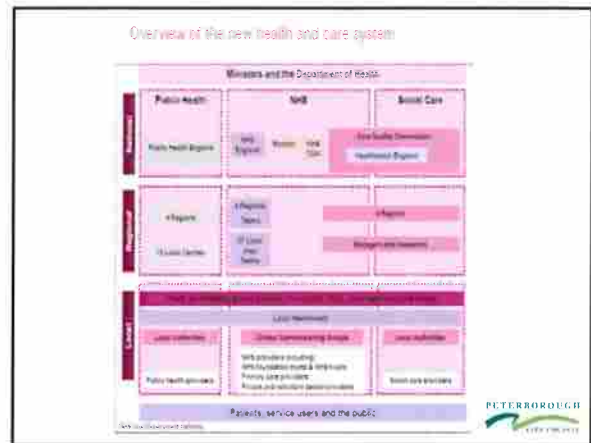
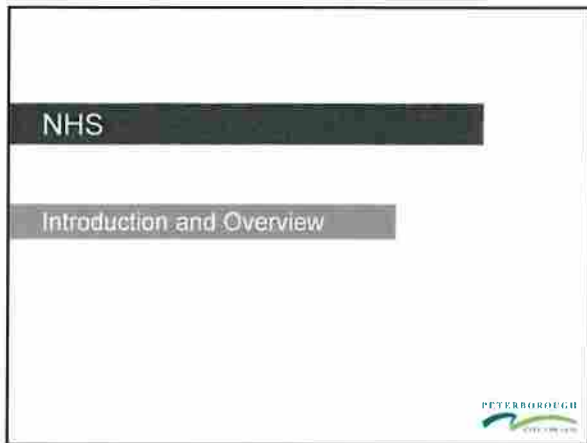


- ### Public Health Commissioning
- Commissions and monitors a range of public health contracts:
- ✓ Sexual health and contraception services
  - ✓ Substance misuse (drug and alcohol services)
  - ✓ School nursing
  - ✓ Health visiting (from October 2015)
  - ✓ Children's Centres
  - ✓ Some domestic abuse services
- PETERBOROUGH  
2009-2015



- ### Public Health Delivery
- Delivery and/or co-ordination of health improvement programmes including:
    - ✓ Stop Smoking
    - ✓ Adult and Child weight Management
    - ✓ Healthy Schools
    - ✓ NHS Health Checks
    - ✓ Health Promotion Campaigns
    - ✓ Accredited Health Improvement Training
    - ✓ Volunteer Health Champion Programme
- PETERBOROUGH  
CITY COUNCIL

- ### Suggestions for Scrutiny
- Cardiovascular disease programme
  - Health and Wellbeing Strategy development
  - Transfer of commissioning of Health Visiting
- PETERBOROUGH  
CITY COUNCIL



### NHS Scrutiny

The Committee may:

- Review and scrutinise any matter relating to the planning, provision and operation of the health services in Peterborough
- Report to the Secretary of State for Health on any proposals for substantial change to any part of the NHS's services within Peterborough

PETERBOROUGH  
CITY COUNCIL

### NHS Scrutiny

The Commission's NHS scrutiny powers cover:

**NHS commissioners**

- Cambridgeshire and Peterborough Clinical Commissioning Group, which is responsible for commissioning hospital and community health services locally
- NHS England, whose responsibilities include commissioning of specialised health care services and GP services

**NHS providers** e.g.

- Peterborough and Stamford Hospitals NHS Foundation Trust
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), which provides mental health services and children's services

**Non-NHS providers of NHS services**

- These include private or not-for-profit organisations which are contracted to provide NHS services

PETERBOROUGH  
CITY COUNCIL

### NHS Scrutiny

- The NHS organisations must provide information and attend when the Commission requests them to do so (if enough notice is given). They must respond to any recommendations the Committee makes, stating the reasons if they do not accept any of them.
- The NHS organisations must consult the Commission on proposals for substantial variations or developments to health services within the area.
- Where a proposal for a health service change affects more than one local authority, scrutiny must be conducted through a Joint Health Overview and Scrutiny Committee (JHOSC) made up of members of the authorities concerned.
- The Commission is required to consider information and matters referred to it by Peterborough Healthwatch.



### Suggestions for Scrutiny

- Cambridgeshire & Peterborough NHS System Transformation Programme
- Child and adolescent mental health waiting lists
- Out of hours and 111 services
- Primary care co-commissioning and implementation of prime ministers challenge fund.
- Any significant proposed NHS service changes or issues which arise during the year



<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>21 JULY 2015</b>	<b>Public Report</b>

## **Report of the Programme Director of the Cambridgeshire and Peterborough System Transformation Programme**

**Contact Officer(s) - Fiona Head**  
**Contact Details - 07415 241076 or fiona.head@nhs.net**

### **CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM TRANSFORMATION PROGRAMME**

#### **1. PURPOSE**

1.1 The Committee is being provided with an update on the Cambridgeshire and Peterborough Health and Care System Transformation Programme. This paper updates the Scrutiny Committee on this work.

- Strategic aims and values of the programme
- Strategic Planning Process
- NHS England second wave Vanguard applications for acute hospitals

#### **2. RECOMMENDATIONS**

2.1 Scrutiny Committee members are asked to discuss the progress of the programme to date and to make comments.

#### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

3.1 Links between the System Transformation Programme and the Sustainable Community Strategy are set out below:

Priority 1: Creating opportunities – tackling inequalities  
Outcome: Improving health  
Outcome: Supporting vulnerable people

#### **4. BACKGROUND**

4.1 The strategic aims and values of the programme are unchanged and are:

- People at the centre of all that we do
- Empowering people to stay healthy
- Developing a sustainable health and care system
- Improving quality, improving outcomes

#### **5. KEY ISSUES**

##### **5.1 The strategic planning process**

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is leading a system

wide process, to agree a joint plan across the local health economy that will improve outcomes for people and enable financial sustainability. This process involves providers, partners and patients and has four phases.

The programme is currently in Phase 2. The key elements for this phase are:

- Detailed analysis of the issues facing the health system, working with key stakeholders about areas of challenge.
- Engagement with the public around the key challenges facing the health system now and into the future. A copy of the Fit for the Future leaflet is attached to this report which outlines the key messages.(appendix 1)
- Getting feedback from the public about current services and how they think things could change.(appendix 2)

Between October 2015 and December 2015 there will be a second phase of engagement that focuses on discussing the potential solutions and ideas for change.

Programme activity from Jan 2016 onwards will depend on the outcome of the engagement process. The earliest that any formal public consultation is likely to take place is early 2016.

### **Second wave of “Vanguard” site applications**

The NHS England New Models of Care Programme aims to co-design different types of new care models for the NHS. More details of these models can be found in the “Five Year Forward View“. The link is in the ‘Source Documents’ table below.

In January the Cambridgeshire and Peterborough System applied to be a Vanguard site as part of the first wave. The application was shortlisted, but was not finally selected. NHS England has now launched a second stage application process that centres on collaboration between acute hospitals. A link to the NHS England Acute Care Collaboration website is in the ‘Source Documents’ table below.

The closing date for applications is 31 July 2015 and the System Transformation Programme will consider whether to apply.

## **6. IMPLICATIONS**

### **6.1 Resource Implications**

There are no significant implications within this category.

#### **Statutory, Risk and Legal Implications**

There are no significant implications within this category.

#### **Equality and Diversity Implications**

There are no significant implications within this category. Work is in progress to ensure that any ideas for change across the system will be subject to the required impact assessment processes, prior to any further engagement work planned from September onwards.

#### **Localism and Local Member Involvement**

There are no significant implications within this category.

#### **Public Health Implications**

There are no significant implications within this category. Work is in progress to ensure that any ideas for change across the system will be subject to the required impact assessment



processes, prior to any further engagement work planned from September onwards.

## 7. CONSULTATION

- 7.1 A programme of events are planned as part of the pre-engagement phase, via Saturday cafés, and a Public Involvement Assembly (appendix 2) to generate discussion about why the health system needs to change and to hear the views from local residents and the local workforce. Work is in progress to ensure that engagement plans are approved, prior to any further engagement work planned from September onwards.

## 8. NEXT STEPS

- 8.1 The next update for Scrutiny Committee is scheduled for 17<sup>th</sup> September 2015.

## 9. BACKGROUND DOCUMENTS

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

Source Documents	Location
<ul style="list-style-type: none"><li>Cambridgeshire and Peterborough health system Blueprint 2014/15 to 2018/19: Main text</li></ul>	<a href="http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm">http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm</a>
<ul style="list-style-type: none"><li>Cambridgeshire and Peterborough health system Blueprint 2014/15 to 2018/19: Appendices</li></ul>	<a href="http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm">http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm</a>
<ul style="list-style-type: none"><li>Cambridgeshire and Peterborough System Transformation Programme Frequently asked Questions</li></ul>	<a href="http://www.cambridgeshireandpeterboroughccg.nhs.uk/STP_FAQS_Feb_2015docx.pdf">http://www.cambridgeshireandpeterboroughccg.nhs.uk/STP_FAQS_Feb_2015docx.pdf</a>
<ul style="list-style-type: none"><li>NHS England “ Five Year Forward View”</li></ul>	<a href="http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf">http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf</a>
<ul style="list-style-type: none"><li>NHS England “ Acute Care Collaboration” web site</li></ul>	<a href="http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/acute-care-collaboration/">http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/acute-care-collaboration/</a>

## 10. APPENDICES

- 10.1 Appendix 1: Fit for the Future leaflet  
Appendix 2: Saturday Cafes and Public Involvement Assemblies

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# Fit for the Future

## Shaping Local NHS Services



Cambridgeshire and Peterborough Health System  
Transformation Programme



**Children's and  
Maternity Services**



**Planned Care (Elective)**  
both in hospital and the community



**Care delivered through  
GP surgeries (Primary Care)**



**Mental Health  
Services**



**Emergency and Urgent Care  
(Non elective)**



**Older People's  
Services**

## What is the Health System Transformation Programme about?

The Cambridgeshire and Peterborough health system has been identified as one of England's 11 most challenged health economies.

Money is short and if we do not change our health system substantially, then we face a funding shortfall of at least £250 million by 2019.

This will make it harder to deliver good quality care for everyone who needs it.

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), which plans, organises and buys most NHS-funded healthcare, and the providers of local hospital and community healthcare are working together for the benefit of the whole local NHS healthcare system.

They have joined together under the System Transformation Programme to look at shaping a sustainable health system fit for the future.

Peterborough City Council and Cambridgeshire County Council are also part of the programme, as are local Healthwatch organisations.



The work of the programme also fits in with NHS England's recently published (October 2014) Five Year Forward View.

The Five Year Forward View recognises that the world has changed and health services need to evolve to meet the challenges NHS health services face.

The Cambridgeshire and Peterborough System Transformation Programme is looking at all hospital-based, GP and community healthcare services in Cambridgeshire and Peterborough.

It is particularly focussing on the following areas of care:


- Children's and maternity services
- Mental health services
- Care delivered through GP surgeries
- Planned care (both in hospital and in the community)
- Emergency and urgent care.

It's also taking into account the improvements expected to take place in older people's (over 65s) healthcare under the innovative Integrated Older People's and Adult Community Services contract being delivered by UnitingCare.


Prevention is key to the programme with everyone having a role in helping to reduce demand on our health services.

  
*Cambridgeshire and Peterborough  
Clinical Commissioning Group*

Cambridgeshire and Peterborough   
NHS Foundation Trust

Cambridgeshire Community Services   
NHS Trust

Cambridge University Hospitals   
NHS Foundation Trust

East of England Ambulance Service   
NHS Trust

## What are the issues the local health system faces?

If we do not change our health system substantially, we face a funding shortfall of at least £250 million by 2019. This will make it harder to deliver good quality care for everyone who needs it.

But it's not all about the money:

- a. the health needs of our population are changing
- b. demand for health services continues to increase
- c. GP services (primary care) are not sustainable in their current form
- d. we have a mismatch between capacity and demand (where services are

currently delivered and where they are needed both now and in the future). This affects all parts of our local health system. It significantly affects our hospitals' ability to meet demand

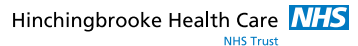
- e. there are gaps in some parts of the workforce across the Cambridgeshire and Peterborough health system
- f. in addition, we have service gaps in mental health and services for children.

If all organisations work together to address these issues, we believe people will be healthier and need less healthcare.

## What would happen if we didn't make any changes?

If we do not plan to change our health system, we are likely to see:

- funding shortfalls, possibly leading to unplanned service changes over which we have little control
- decreased quality of care and poorer health outcomes for people
- a continued rise in the need for health care
- some General Practices going out of business
- hospitals continuing to experience a rise in emergency admissions
- hospitals finding it harder to undertake planned work (such as scheduled operations)
- a decrease in quality and access performance standards in hospitals, as well as an increase in financial deficits
- an increase in pressure on all parts of the health system and an already stretched workforce.



## Want to know more or become involved?

Visit the System Transformation Programme webpage on the CCG's website at:

[www.cambridgeshireandpeterboroughccg.nhs.uk](http://www.cambridgeshireandpeterboroughccg.nhs.uk)

Look for the System Transformation Programme logo on the homepage.



Fit for the Future NHS  
Cambridgeshire and  
Peterborough



@fitforfuturenhs #fitforfuturenhs

- Join the System Transformation Public Involvement Assembly – a patient/public forum dedicated to encouraging engagement in the System Transformation Programme
- Invite someone from the System Transformation Programme to talk to your community group meeting
- Contact the CCG's Engagement Team on 01223 725304 or email [CAPCCG.engagement@nhs.net](mailto:CAPCCG.engagement@nhs.net)
- Regularly check the System Transformation Programme page on the CCG's website for any planned events.

## Do you work locally for the NHS?

### Want to know more or become involved?

Contact the CCG's Engagement Team on 01223 725304 or email [CAPCCG.engagement@nhs.net](mailto:CAPCCG.engagement@nhs.net)

This document is also available in other languages, large print, and audio format upon request.

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.

Su richiesta, questo documento è anche disponibile in altre lingue, in formato a caratteri ingranditi, Braille e audio

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Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku, w alfabecie Braille'a lub w formacie audio.

Mediante solicitação, este documento encontra-se também disponível noutras linguas, num formato de impressão maior, em Braille e em áudio.

# Fit for the Future

## Shaping Local NHS Services



• Demand rising • Health needs changing • Best use of NHS £



Children's and Maternity Services

Mental Health Services

Planned Care (Elective)  
both in hospital and the community

Emergency and Urgent Care (Non elective)

Care delivered through GP surgeries (Primary Care)

Older People's Services

## Saturday Café

Join us for light refreshments and to find out more:

10am to 12noon

27 June • Almoners Hall, Peterborough Cathedral, Minster Precincts, Peterborough, PE1 1XS

4 July • Wisbech Library, Ely Place, Wisbech, PE13 1EU

11 July • Commemoration Hall, 39 High Street, Huntingdon, Cambs, PE29 3AQ

18 July • St Etheldreda Room, Cathedral Centre, Palace Green, Ely, Cambs, CB7 4EW

25 July • Meadows Community Centre, 1 St Catharine's Road, Cambridge CB4 3XJ

Just pop in on the day

No need to register

The Cambridgeshire and Peterborough Health System Transformation Programme is looking at all hospital-based, GP and community healthcare services in Cambridgeshire and Peterborough to create a sustainable local health system fit for the future.

## Become more involved

If you want to become more involved in shaping future local NHS healthcare, why not join the System Transformation Programme Public Involvement Assembly?

The Assembly is being set up to give more people the opportunity to become involved in developing local health services that are fit for the future.

Five initial evening sessions (7pm to 9pm) are being held as follows:

Tuesday 21 July • Cambridge

Wednesday 22 July • Ely

Thursday 23 July • Wisbech

Tuesday 28 July • Huntingdon

Thursday 30 July • Peterborough

Register to join a session

Call 01223 725304 or email  
CAPCCG.engagement@nhs.net

@fitforfuturenhs

[www.cambridgeshireandpeterboroughhccg.nhs.uk](http://www.cambridgeshireandpeterboroughhccg.nhs.uk)



Fit for the Future NHS Cambridgeshire and Peterborough



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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 6</b>
<b>21 JULY 2015</b>	<b>Public Report</b>

<b>Report of the Local Chief Officer – Borderline and Peterborough LCGs</b>		
<b>Contact Officer</b>	Simon Pitts, Programme Manager	Tel. 07958 270790
		Tel.

## **MINOR INJURIES AND ILLNESS UNIT (MIIU) RELOCATION PROPOSALS**

### **1. PURPOSE**

- 1.1 This report is being presented to seek the Commission’s endorsement to Cambridgeshire and Peterborough CCG undertaking a consultation on a proposed planned relocation of the Minor Injuries and Illness Unit (MIIU) from the City Care Centre to the Peterborough and Stamford Hospital Foundation Trust (PSHFT) Edith Cavell campus, Peterborough. This report sets out the rationale for this proposed service relocation.

### **2. RECOMMENDATIONS**

- 2.1 The Scrutiny Commission is asked to endorse the draft proposed consultation process plan on the proposed relocation of the MIIU service to the PSHFT hospital site.

### **3 BACKGROUND**

- 3.1 The vision for Peterborough Urgent Care is based on the principles of right care, right place, right time, provided by the right person and NHS England’s 5 year strategy for the future, the *Five Year Forward View*.

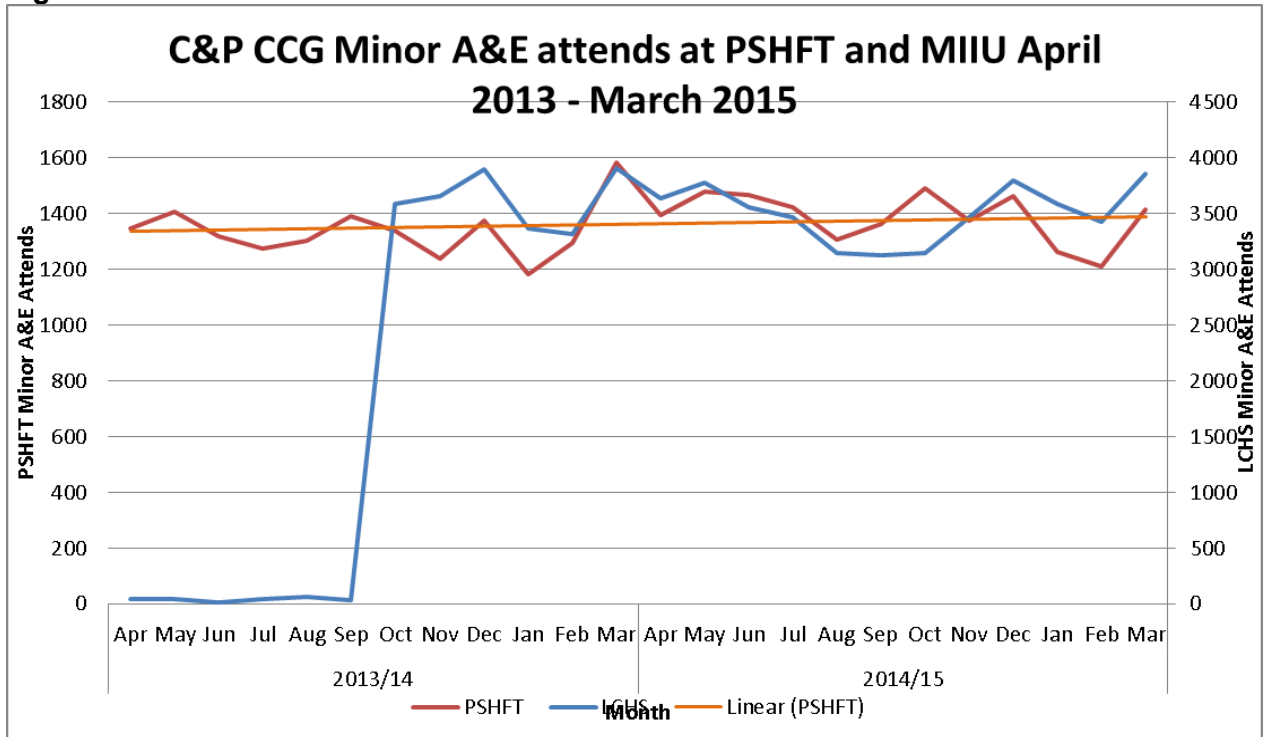
The National Strategy outlines a system that has:

*‘integrated access to NHS 111, MIIU, emergency GP in and out of hours and ED. The system will guide the patient to the right professional, at the right time in the right environment. Most importantly the patient experience will be one of accessing a single supportive system identifying and catering for their needs whatever the time of day.’*

- 3.2 In 2008 Peterborough Primary Care Trust consulted with the public and stakeholders on where the Peterborough Walk-In Centre (that was the name of the MIIU in 2008) should be located when Peterborough City Hospital opened in 2010. The overwhelming public response then was that a walk-in urgent care service was needed within walking distance of the city centre. In 2011 NHS Peterborough consulted in the future of urgent care and primary in the city during the ‘Right care at the Right Time’ consultation. People agreed that the walk-in centre should be upgraded to a Minor Injury and Illness Unit, but felt it should stay in the current location at the City Care Centre. The health economy and the population of Peterborough has changed considerably over the past few years, and many more people use urgent care services as their first point of contact with the NHS. We feel the time is right to consider the options that will ensure that people are seen by the right service at their time of need. The evidence also shows that despite the presence of the MIIU in the City Care Centre, many people are choosing to go to the ED department for minor injury and illness treatment.

3.3 The MIIU opened in October 2013, and has met contractual activity plans; however, it hasn't reduced the level of minor's activity being seen in ED at PSHFT, as was hoped. Figure 1 shows the levels of activity before and after the opening of the MIIU. The linear line shows minors are on a gradual upward trajectory, something the CCG cannot financially afford to sustain across two sites. Patients are not changing their behaviour and going to the MIIU for Minor Injuries and Illness despite the campaigns.

3.4 **Figure 1**



3.5 PSHFT Emergency Department (ED) sees a high numbers of minors that could be seen in a different setting. Once a patient has decided on the service they are going to access it is very difficult currently to redirect them to more suitable services that are located elsewhere.

3.6 A sustainable primary care led service comprising MIIU, GPs from Prime Ministers Challenge fund GPs co-located on the PSHFT site can provide a triaging, see and treat service to stream minors patients before reaching ED, creating capacity in ED and Medical Assessment Units to see patients requiring specialist care. This will support the hospital being able to sustainably deliver the national 95% target for patients being seen within four hours in ED.

3.7 The current NHS 111 and Out Of Hours GP service is currently subject to a procurement process, and is currently based at the City Care Centre, but the intention would be to take the learning from the Prime Ministers Challenge Fund into any longer term proposals.

3.8 Borderline and Peterborough LCGs and Peterborough System Resilience Group<sup>1</sup> wish to enter into a public consultation to relocate services and achieve the vision of Urgent Care services. Peterborough Healthwatch has indicated they would support the relocation of MIIU to the Peterborough site.

3.9 The financial risk to the CCG of vacant space left by the MIIU would be mitigated by early discussions with service providers looking for additional clinical space. PSHFT have already indicated they are seeking additional space for outpatient clinics and are favourable to moving into the City Care Centre to release capacity on the Hospital Site to enable it to become the

<sup>1</sup> System Resilience Groups are statutory boards centred on an acute hospital, and made up of all health and social care partners. The Peterborough SRG membership include PSHFT, PCC, CCC, C&P CCG, South Lincs CCG, Uniting Care, Voluntary sector representative, Community service providers for Cambridgeshire, Peterborough and South Lincolnshire.

Urgent Care Centre. It is important to the CCG that the City Care Centre remains a vibrant well-used health facility.

#### 4. KEY ISSUES

- 4.1 The Peterborough Urgent Care System has developed a vision that requires transformation of the current system to provide a sustainable, patient focussed system that places an emphasis on primary care as the first point of care where clinically appropriate.

Peterborough currently has a healthcare system with more than one route for patients to access urgent care;

- PSHFT ED department
- OOH GP at City Care centre
- MIIU at City Care Centre.

Despite media campaigns and education to the public, patients are not, on a routine basis, selecting the most appropriate setting for their health care needs.

To achieve the vision the system needs to relocate services to guide patients to the most appropriate setting first time to ensure resources are used appropriately and efficiently. The system wishes to start the next phase of this transformation in September 2015.

The City Care Centre would continue to be used for the provision of health care services, with the vacated space of the MIIU being utilised for out patient clinics.

#### 5. IMPLICATIONS

- 5.1 **Financial** - A full business case with financial modelling will be developed based on the outcome of the consultation. Financial savings from reduced ED tariffs are expected to be in the region of £200,000 per year. There is a risk of the CCG becoming liable for the rent at the City Care Centre for the vacated space. Early discussions have started with potential services.

**Performance** – All services will continue to be performance managed through NHS contracts focussed on patient safety and quality, and value for money

**Governance** – The Borderline and Peterborough LCGs supported by the Peterborough SRG will be accountable for the delivery of the consultation, and any subsequent relocation of services. Clear and accountable governance structures will be required of all providers, and managed through existing contracts

**Equality and Diversity** – A full Equality Impact Assessment will be conducted before any service relocation. During the consultation all sections of the community will be included.

**Patient Experience** – Public consultation will be undertaken and we will ask for patient representatives to be involved in the project, subject to outcome of discussion with the CCG Governing Body and public consultation response.

#### 6. CONSULTATION

- 6.1 A draft consultation process plan is set out in Appendix A attached. This will be updated following comments from the Scrutiny Commission and other stakeholders including Healthwatch.

#### 7. NEXT STEPS

- 7.1 Cambridgeshire and Peterborough CCG Governing Board are to consider the recommendation from the CCG Clinical Management and Executive Team on 15<sup>th</sup> September 2015 and if approved consultation will proceed in September.

## **8. APPENDICES**

8.1 Appendix A – engagement and consultation process plan..

## **Engagement and Consultation Process Plan**

**7 July 2015**

Minor Injury and Illness (MIU) Relocation project, Peterborough

**Proposed consultation dates to be confirmed.**

**Version 3**

## **Background**

The aim of this project is to relocate the entire MIU from the current premises at the City Care Centre on Thorpe Road, Peterborough to Peterborough City Hospital (PSHFT) in order to co-locate the service with the Emergency Department, (ED) subject to options agreed following stakeholder/public consultation.

The System Resilience Group planning considerations for 2015/16 include improving patient experience by providing the “Right Care, at the right time, in the right place”. This proposal will contribute to this outcome. Having urgent care services collocated with a single “Front Door” and triage point will help people to reach the right service to suit their needs.

There is a requirement to reduce the high number of Paediatric ED admissions and other initiatives are planned such as the Medical Assessment Unit, a GP at ED (Primary Care.) The co-location of the MIU will support the achievement of these aims by relieving pressure on ED staff through more effective aligning of resources.

Patients are presenting to ED who could have been managed through the MIU. A single ‘Front door’ to these services will prevent this, leaving the ED department to deal with life threatening illnesses and injuries.

### **Why are we consulting now?**

The relocation of the MIU from the City Care Centre in Thorpe Road to the Peterborough City Hospital will constitute a major service reconfiguration.

In 2008 Peterborough Primary Care Trust consulted with the public and stakeholders on where the Peterborough Walk-In Centre (that was the name of the MIU in 2008) should be located when Peterborough City Hospital opened in 2010. The overwhelming public response then was that a walk-in urgent care service was needed within walking distance of the city centre. In 2011 NHS Peterborough consulted in the future of urgent care and primary in the city during the ‘Right care at the Right Time’ consultation. People agreed that the walk-in centre should be upgraded to a Minor Injury and Illness Unit, but felt it should stay in the current location at the City Care Centre. The health economy and the population of Peterborough has changed considerably over the past few years, and many more people use urgent care services as their first point of contact with the NHS. We feel the time is right to consider the options that will ensure that people are seen by the right service at their time of need. The evidence also shows that despite the presence of the MIU in the City Care Centre, many people are choosing to go to the ED department for minor injury and illness treatment.

We will need to discuss our options for consultation with a range of stakeholders in pre-consultation, as well as consulting with a wide range of stakeholders, patients and public in and around Peterborough.

It is our intention to complete the pre-consultation stages for this project as soon as possible leading to a twelve week consultation starting from mid September 2015. This consultation start date is provisional. It is dependant on all pre-consultation work being completed and resources needed for the consultation being ready for the start of the consultation.

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## **Process**

### **Pre-consultation**

During the pre-consultation stage Cambridgeshire and Peterborough CCG will be discussing the options for this relocation and the consequences of not taking this course of action with key stakeholders and groups.

This stage is to explore the options available and listen to feedback on those options This feedback will then be reflected in the final consultation document which is distributed much wider.

Cambridgeshire and Peterborough CCG will:

- Discuss the options for this relocation with key stakeholder groups and ensure that the feedback we receive is reflected in the final consultation document and surveys.
- Ensure that drafts of the full consultation documents and questions for consultation are shared with the following groups:
  - CCG Governing Body and LCG Boards
  - Health Scrutiny Committees from Cambridgeshire, Peterborough and Northamptonshire
  - The CCG Patient Reference Group (PRG)
  - Healthwatch organisations from Cambridgeshire, Peterborough and Northamptonshire
  - Patient Forum Groups from Peterborough and Borderline LCGs
  - Peterborough City Council Executive and Councillors
  - MPs for Peterborough
  - Lincolnshire Community Health Services NHS Trust (provider for services at the MIU)
  - Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)
- Ensure that all of the resources needed for the consultation will be prepared and available from the start of the consultation.

## **Consultation**

Cambridgeshire and Peterborough CCG will:

- Prepare an online survey for people to give their feedback to this consultation, with space for free text responses. To be made available via the CCG website.
- Prepare a full and comprehensive consultation document with a tear out copy of the survey that explains the project and the options for consultation in clear plain English.
- Prepare a summary of this consultation document for people who are not able, or do not want, to read the full consultation document
- Translate the summary consultation document and online survey into key community languages, explaining that more information is available if people want it.
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Prepare an Easi-read version of the document and survey
- Plan public meetings in accessible venues across the Peterborough area. There will be a mix of afternoon and evening meetings.
- Ensure that all venues for public meetings are fully accessible.
- Share publicity materials with our partners and stakeholders. Advertise the dates of the public meetings in local papers.
- Have copies of the consultation documentation available on the website from the first day of the consultation and throughout the consultation.
- Have translations and rich text versions of the documentation on the CCG website as close to the start of the consultation as possible. Community languages include:
  - Polish
  - Portuguese

- Lithuanian
  - Urdu
  - Latvian
  - Other languages on request
- Have photocopies of the documentation prepared for distribution on the first day of the consultation.
- Have printed copies of the full document, summary document, and translations as soon as possible after the start of the consultation.
  
- Distribute hard copies of the documents to:
  - GP practices
  - Dentists
  - Pharmacies
  - Opticians
  - Stakeholder database
  - Peterborough Council for Voluntary Services
  - Libraries
  - Peterborough City Hospital Site
  - City Care Centre, MIU and main waiting areas.
  - Community Centres
  - Children's' Centres
  - Town Hall reception
  - Bayard Place reception and waiting areas.
  - Peterborough Healthwatch
  - All PCC Councillors
  - MPs surgeries
  
- Email copies of the consultation documents to:
  - GPs and practice managers
  - Dentists
  - Pharmacists
  - Cambridgeshire Community Services Staff
  - Lincolnshire Community Health Services MIU staff
  - Cambridgeshire and Peterborough Foundation Trust staff
  - Peterborough and Stamford Hospitals NHS Foundation Trust staff
  - Peterborough and Borderline Patient Forums
  - Unions
  - Stakeholder database
  - Parish councils
  - Practice Patient Groups in Peterborough and Borderline
  - Healthwatch organisations in Cambridgeshire and Northampton
  - CCG Patient Reference Group
  - Neighbourhood and cohesion leads
  - Community groups
  - Schools
  - Nurseries
  - Older Peoples Partnership Board
  - Peterborough Disability Forum
  - Carers Partnership Board
  - Learning Disability Partnership Board
  - Mental health Partnership Board
  - Peterborough Cohesion and Diversity Forum
  - Lincolnshire CCG



- Ensure that translations and accessible versions of the consultation documents are distributed to
  - Local community representative groups
    - Many different ethnicity and faith based groups are accessible via PCC cohesion colleagues.
  - Saturday schools for specific communities.
  - Disability representative groups
  - Community Associations
  
- Ensure that further copies are distributed throughout the consultation.
- Ensure that translations are made available on request as well as in key community languages.
- Ensure that all translations are available on the CCG website when requested.
- Ensure that all responses received in other languages are translated into English and included in the response reports.
- Log all calls received with regard to the consultation.
- Collate all letters and emails received as part of the consultation and include in the response reports.
- Ensure that all public meetings held have full meeting notes, recording comments and questions.
- Ensure that when we attend meetings we record a briefing note of the meeting and request full minutes when available.
- Collate all meeting notes, briefing notes and minutes and include in the response reports.
- Respond to requests for attendance at meetings to discuss the consultation.
- Attend meetings with the following key stakeholder groups during consultation:
  - Peterborough Health Scrutiny Commission.
  - Healthwatch organisations in Peterborough. Attend in Cambridgeshire, Northamptonshire and Hertfordshire on request.
  - CCG Patient Reference Group
  - Patient Forum meetings in Peterborough and Borderline.
  - Other group meetings as requested.
- Hold public meetings in venues across the city.
- Ensure public meetings are a mix of both afternoon and evening sessions.
- Have interpreters at each community meeting where necessary or requested as well as sign language interpreters on request.
- Attend groups or events on request, if possible.
- Advertise all public meetings via the website, local papers, and on social media, at least two weeks before the meetings.
- List all public meetings on our website, as well as in the consultation document.

## **Social Media**

Advertise the consultation through CCG Facebook and Twitter accounts.

## **Post Consultation**

A report to be produced on the consultation responses

Press release on the outcome of the consultation, emphasising the changes made to the project following consultation feedback

Feedback reports will be made available via the CCG website.

Feedback to staff via email, staff briefings and Connect

Feedback to members via, Members news and Members email

## **Legal requirements**

The consultation documents will be drawn up in accordance with 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

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>21 JULY 2015</b>	<b>Public Report</b>

<b>Report of the Local Chief Officer, Borderline and Peterborough Local Commissioning Groups</b>		
<b>Contact Officer</b>	Catherine Mitchell. Local Chief Officer, Borderline and Peterborough Local Commissioning Groups	Tel. 01733 776177

## **UPDATE ON THE PRIME MINISTER’S CHALLENGE FUND PROJECT FOR PETERBOROUGH**

### **1. PURPOSE**

- 1.1 The purpose of this report is to update the Board on the successful bid by Primary Care providers in the locality to the Prime Minister’s Challenge Fund, and the development of the Primary Care Transformation Programme being established to implement this work.

### **2. RECOMMENDATIONS**

- 2.1 This report is presented to Health Scrutiny for information and as an update of developing work in Primary Care provision in Peterborough.

### **3. BACKGROUND**

- 3.1 The original Prime Minister’s Challenge Fund (PMCF) was launched by NHS England (NHSE) in October 2013 to help improve access to general practice and stimulate innovative ways of providing primary care services. Twenty Wave 1 sites were announced in April 2014, and invitations to submit bids against Wave2 of the PMCF were publicised by NHSE in October 2014. Clinical and management leads in Borderline and Peterborough worked hard to develop wide engagement from Primary Care providers and other stakeholders in the locality and from this to develop a bid to Wave2 of the fund. We were informed on 27<sup>th</sup> March that the bid for funding, developed and submitted in January, had been successful, and further work has been undertaken since that time to complete NHSE Due Diligence, and to put the foundations in place for delivery of the associated programme of work.

The PMCF bid is a locally designed vision for transforming Primary Care across the Borderline and Peterborough locality and the associated programme of work is the *Primary Care Transformation Programme*. The PMCF bid represents £2.6m of investment to enhance the Primary Care offer locally, and is intended to “prove” itself over the initial period with a view to developing a Business Case for sustainable local funding for the new model. The bid remains subject to final due diligence by the NHSE Primary Care Programme Team leading on the PMCF, but a formal letter of intent has been received from the NHSE Area Team, and it is presently expected that programme funds will be available to draw down through NHSE for programme delivery from July (although commencement of programme delivery will be stepped following this time).

3.2 The Borderline and Peterborough PMCF bid includes the following main areas of work:

- **Increased access on weekdays and weekends:** Primary Care across the locality will reconfigure to operate at scale, with practices grouping into hubs (very much in line with work that is likely to be supported more widely across the CCG, although in some instances these may cover smaller practice populations, at least in the first instance). The new system will offer extended and more innovative access, ultimately offering 8.00am to 8.00pm weekday access for the whole population, with direct booking to appointments in Primary Care through 111. At weekends as well as on Bank Holidays, 8.00am-8.00pm Primary Care will be delivered “in front of” the ED at Peterborough City Hospital, reducing demand on this service.
- **24 hour access to Primary Care:** 24 hour access to Primary Care will be developed through ‘WebGP’. This system will be accessed through primary care websites, linked directly to hubs to generate seamless access to Primary Care services, including self-care information, signposting to alternative health professionals (e.g. community pharmacists), telephone advice from primary care staff in NHS111, and e-consultations with GP’s. The programme will also support the delivery of self-management tools, and email and Skype consultations will be developed through the integrated SystemOne appointment management tool.
- **Increased capacity in Primary Care:** Practices will operate as larger units offering resilience and consistency of service, and offering workforce innovations such as integrated Primary Care Pharmacists. This will free up primary care nurses’ and doctors’ time, and therefore maximise clinical capacity within the existing workforce. These changes will help to address current workload pressures and help the recruitment and retention of doctors and nurses. Primary Care will offer a more reasonable workload and a more attractive workplace, better able to serve the changing expectations of staff.

3.3 As part of the development of this work, a new “umbrella” organisation is being established to represent Primary Care in the Peterborough locality; this is likely to be incorporated as a Company Limited by Guarantee, sometime during July 2015. This organisation will hold the contract with NHSE, and associated funding for delivery of the PMCF programme will flow through it. The organisation will support the development of “hubs” of Primary Care practices which will deliver the new services, and to support wider developments within Primary Care in the locality.

3.4 The Primary Care Transformation Programme across Borderline and Peterborough is the delivery programme for the Prime Minister’s Challenge Fund (PMCF) bid in 2015-16, but more widely for sustainable transformation of Primary Care provision in the locality following that period of funding. A Programme Board has been developed to oversee the work, and will include clinical and management leads, patient representatives, and others involved in the work. The Primary Care Transformation Programme will report to NHSE in relation to the PMCF funding, but will also be both accountable to, and representative of Primary Care providers in the locality. It will provide regular updates to both the Cambridgeshire and Peterborough CCG Primary Care Programme Board, and to the Borderline and Peterborough Executive Partnership Board.

## **4. KEY ISSUES**

- 4.1 The Primary Care Transformation Programme represents a major development in primary care delivery in Peterborough, not only in terms of short-term benefits for patients and carers, but also in medium and longer term changes in the structure and practice of primary care. In deciding whether or not to put in a bid to the PMCF the view was taken that much of the work which might be required in delivering it would most likely become necessary in the near future as part of the national direction of travel (on the basis of rising demand on Primary Care, workforce pressures, in particular relating to recruitment of GPs, and wider system pressures). Since funding was potentially available to support the transformation of Primary Care it was considered therefore a beneficial option to bid for this to support the commencement of this work, and to help drive it forwards at pace.

The Primary Care Transformation Programme links closely with wider work to develop local Primary Care provision being explored by the Cambridgeshire and Peterborough CCG, through its Primary Care Programme, and includes regular updates to that Programme Board. In its model of implementation the PMCF corresponds with the direction of travel as outlined in the *NHS Five Year Forward View (2015)* and the learning from PCMF will be shared with Primary Care colleagues who are reviewing their models of provision. In addition, the CCG has set up the System Transformation Programme, which includes representatives of Peterborough City Council. The Programme is looking at how we support our health and care system to be sustainable in the long term.

It is anticipated that the Committee may wish to monitor and review these changes over time, and in particular as part of medium term oversight and review of local service provision.

## **5. IMPLICATIONS**

- 5.1 The work supported by the PMCF funding aims to promote wider access to Primary Care, and should improve both equity of access, and provision as a whole. It will also pilot and aim to more widely utilise an extended range of formats to access Primary Care (including increased use of telephone appointments, Skype consultation, and web-based products to allow 24 access).

## **6. CONSULTATION**

- 6.1 Due to the necessarily speculative nature of a bidding process (and indeed the very short time frame available in which to develop and submit the bid to NHSE), no formal public consultation was required as part of its development. However, some patient representatives were involved in meetings at which the bid was discussed bearing in mind the short timeframe for completion. And more generally, the outcomes associated with the bid (in terms of increased and more flexible access, and increased care and support delivered in the community and via Primary Care) are generally seen as positive in more general planning and service development.

Going forwards, local clinicians perceive a strong patient voice and wider input to the programme as being essential to its success. Patient Participation Groups at practices across the Borderline and Peterborough locality have been contacted, and invited to become involved both as representatives on the Programme Board, and on specific workstreams of the Programme, and it is hoped that there will be wide interest in doing so. Patient satisfaction measures are one of the key metrics associated with the centrally delivered evaluation of the PMCF pilots, and feedback from patients and patient groups will also provide an essential component of the Business Case for future funding (to make sustainable the initial

developments underwritten by the PMCF bid) which will arise out of the present work.

## **7. NEXT STEPS**

- 7.1 The changes to the Primary Care offer to patients will begin to be rolled out from late July, with most of the additional services being on stream by October, and we would be happy to report back on outcomes after the first six months of the programme.

The Programme Board will formally report monthly on progress against the PMCF funding to NHSE, and will continue to be accountable to the Primary Care Member Practices which it supports. It will also provide routine updates to the Borderline and Peterborough Executive Partnership Board, the Cambridgeshire and Peterborough CCG Primary Care Programme Board. A key part of the Programme will be to develop a fully evidenced Business Case (based on cost benefit and added value) for future funding, and this could be shared when available at the end of the financial year.



<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 8</b>
<b>21 JULY 2015</b>	<b>Public Report</b>

<b>Report of the Corporate Director, People and Communities</b>		
<b>Contact Officer</b>	Wendi Ogle-Welbourn, Corporate Director, People and Communities	Tel. 863749
	Lee Miller, Senior Programme Manager	Tel.

## **JOINT COMMISSIONING UNIT**

### **1. PURPOSE**

- 1.1 The purpose of this report is to inform the Health Scrutiny panel on how joint commissioning arrangements will work and improve services for children and young people through a Joint Commissioning Unit (JCU) with a Memorandum of Understanding (MOU) agreed between Cambridgeshire Clinical Commissioning Group (CCG), Peterborough City Council (PCC) and Cambridgeshire County Council (CCC).

### **2. RECOMMENDATIONS**

- 2.1 To note the MOU agreement and priorities.
- 2.2 Comment on the priorities and work plan.

### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

- 3.1 It is envisaged that a shared commissioning function will offer a more integrated approach to the commissioning of services for children, young people and their families and link to the wider whole system approach to developing services for children, families and communities.

### **4. BACKGROUND**

- 4.1 This Memorandum of Understanding (MOU) has been developed in recognition of the requirement for a jointly commissioned approach for children and young people's services, which is widely accepted as key to a progressive, system-led commissioning landscape. This approach supports the latest guidance for commissioners "Future in Mind" 2015.
- 4.2 The creation of a Joint Commissioning Unit will achieve a better and more comprehensive analysis of need, a whole system approach to planning and investment, ultimately leading to the clear alignment of commissioning cycles and commissioning intentions which will ensure the effective use of resources. In turn, this will enable improved pathways and early intervention solutions to increase efficiencies and prevent system-wide duplication, improving the quality and performance of commissioned services.
- 4.3 This MOU establishes a framework for cooperation and collaboration between Peterborough City Council (PCC) Cambridge County Council (CCC) and, NHS Cambridgeshire Clinical Commissioning Group (CCG) and sets out how the organisations will work together to maintain

and strengthen joint working arrangements, including furthering joint commissioning of services to meet identified health and well-being needs, and ensuring, wherever practicable, the promotion of integrated service models.

- 4.4 The MOU is a statement of intent largely for internal purposes for each organisation but it is intended that it is noted and supported by the Health & Well Being Boards across Cambridgeshire and Peterborough and periodically reviewed. It is not intended to be legally binding or create any legal obligation.
- 4.5 Peterborough City Council is the lead for the JCU and the Corporate Director for People and Communities is the lead officer.

## 5. KEY ISSUES

The Main key priorities in the work plan for the JCU are:

- Addressing waiting times for CAMH services.
- Addressing waiting times for assessment of ASD and ADHD.
- Develop robust crisis support for emergencies.
- Multiagency single point of referral for early help and CAMH.
- Review of service specifications to reflect current needs and service redesign.
- Review Children Looked after service (CLA) against new statutory guidance.
- Transitions for children to adult services.

## 6. IMPLICATIONS

### Strategic Functions

- 6.1 The strategic aim for the JCU will be to align commissioning activity and improve children's provider performance by:-
- 6.2 **Integrating and co-ordinating the commissioning intentions of CCG/LCG's and Councils to reflect local priorities:** commissioning intentions and priorities will be aggregated and will form the basis for developing the overall commissioning strategy of the JCU. This will ensure the JCU strategy is grounded in local priorities and reflects local development needs and fully aligns to the Health and Wellbeing Board strategies and action plans. In addition, NHS Commissioning Board child health developments will be reflected in the strategy ensuring comprehensive commissioning.
- 6.3 **Ensuring equity and quality of service delivery:** the JCU will determine the required delivery approach to deliver on the integrated commissioning intentions. This goal ensures that the children's services are aligned to meet the needs of the local population, close gaps in current service provision and enables children and young people to receive quality services in their community. Achieving this goal will also mean that children and families experience a seamless pathway regardless of the different organisations providing services or who commissions them. All those services in the pathway of care will be involved in shaping the work of JCU.
- 6.4 **Increasing children's services performance and delivering improved health outcomes:** the JCU will work with providers and develop a performance framework by which local and national targets and outcome based performance indicators will be measured. Quality and experience of early access and appropriate support will be monitored while effective delivery models will be explored reduce admission rates to acute and specialist services and address inequalities in access. This will enable an effective delivery of QIPP plans as a system wide approach to commissioning and delivery will be adopted.
- 6.5 **Ensuring services offer quality and value for money:** by developing close collaboration and commissioning relationships with a variety of providers, the JCU will be able to drive up quality and value for money through identification and dissemination of best practice.

6.6 **Ensuring that the children, young people & families/carers experience continually improves:** through improved feedback mechanisms the JCU will fully understand children & young people's concerns such as dignity, choice and quality of care, access, clean and safe environments, and the JCU will be able to address these priorities through improved commissioning relationships and more effective performance management of providers.

6.7 **Delivery of effective children's commissioning function to the partners:** the JCU will enable all partners to significantly improve their commissioning competencies relating to children's commissioning. The JCU will operate as a delivery vehicle, which serves its partners equally whilst recognizing their varying needs. It will consider and align its functions with other commissioning priorities and cycles i.e. Health and Well Being Board and Children's Joint Commissioning and Delivery Board and work with Public Health and the NHSCB to deliver on the Outcomes Framework, inform the JSNA and facilitate the Healthy Child Programme.

## 7. **CONSULTATION**

7.1 All Partners were consulted with during the development of the JCU. The Leads of the JCU are working with Healthwatch and local parent partnership groups to ensure the priorities are taken forward with strong involvement.

## 8. **NEXT STEPS**

8.1 The JCU will monitor the work plan and priorities and will receive a bi monthly report on progress.

## 9. **BACKGROUND DOCUMENTS**

### 9.1 **"Future in mind" 2015**

- JSNA Performance and Delivery plan.
- Cambridge and Peterborough's Emotional Wellbeing and Mental Health Strategy 2014.
- "Future in mind" 2015.

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 9</b>
<b>21 JULY 2015</b>	<b>Public Report</b>

## Report of the Director of Governance

**Report Author** – Paulina Ford, Senior Democratic Services Officer

**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 7 August 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: 10 JULY 2015

## 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 Holdich (Leader); Cllr Elsey; Cllr Fitzgerald (Deputy Leader); Cllr Hiller, Cllr Lamb; 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, Democratic Services Manager, Governance 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](mailto: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, Democratic Services Manager, Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to [gemma.george@peterborough.gov.uk](mailto: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](http://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 7 AUGUST 2015**

<i><b>KEY DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
<p><b>Day Opportunities Under 65 Independent Sector Extension Contract - KEY/07AUG15/01</b> To approve the extension of the contract for the Day Opportunities under 65 independent sector.</p>	<p><b>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b></p>	<p><b>August 2015</b></p>	<p>Scrutiny Commission for Health Issues</p>	<p>Engage with independent sector day opportunity service providers.</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><b>Expansion by One Form of Entry to Jack Hunt Secondary School – KEY/07AUG15/02</b> To approve expansion by 1 form of entry of Jack Hunt Secondary School to include award of building contracts for the required enhancement of facilities and any legal changes to the schools PFI contract.</p>	<p><b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University</b></p>	<p><b>August 2015</b></p>	<p>Strong and Supportive Communities Scrutiny Committee</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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<b>PREVIOUSLY ADVERTISED DECISIONS</b>						
<p><b>Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park - KEY/03JUL/11</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director 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><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>July 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments &amp; 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><b>Sale of the Herlington Centre - KEY/21MAR14/03</b> Delivery of the Council's capital receipts programme through the sale of the Herlington Centre, Orton Malborne.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>July 2015</b></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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>Formalise Integrated Community Equipment Service Funding and Commissioning Arrangements - KEY/18APR14/01</b> To formalise integrated community equipment service joint funding arrangements.</p>	<p><b>Councillor Wayne Fitzgerald</b> Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p><b>July 2015</b></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>
<p><b>Award of Contract for Build of a Waste Transfer Station - KEY/18APR14/02</b> To award a contract for the build of a waste transfer station.</p>	<p><b>Councillor Gavin Eley</b> Cabinet Member for Digital, Waste and Street Scene</p>	<p><b>July 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Paul Robertson Waste Project Officer Tel: 01733 864740 paul.robertson@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><b>Print Managed Services - KEY/13JUN14/01</b> To enable Council officers to be able to print, copy and scan.</p>	<p><b>Councillor David Seaton</b> Cabinet Member for Resources</p>	<p><b>July 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Vicki Palazon Financial Services Manager – Planning and Reporting Tel: 01733 864104 Vicki.palazon@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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<b>Fit to Rent Scheme – KEY/17OCT14/01</b> To improve standards and management of properties in the private rented sector.	<b>Councillor Peter Hiller</b> <b>Cabinet Member for Growth, Planning, Housing and Economic Development</b>	<b>September 2015</b>	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.
<b>Advocacy Services – KEY/12DEC14/03</b> To approve the award of contract for the adult social care advocacy services.	<b>Councillor Wayne Fitzgerald</b> <b>Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b>	<b>July 2015</b>	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.
<b>Hampton Gardens Secondary School – KEY/12DEC14/04</b> To approve the award of the contract for the design and build of the school.	<b>Councillor John Holdich</b> <b>Leader of the Council and Cabinet Member for Education, Skills and University</b>	<b>July 2015</b>	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.

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<p><b>West Town Primary School - KEY/06JAN15/07</b> To authorise payment of the Council's contribution to the rebuild of West Town Primary School under the Priority Schools Building Programme.</p>	<p><b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University</b></p>	<p><b>July 2015</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Alison Chambers Principal Assets Officer (Schools) Tel: 01733 863975 Alison.chambers@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><b>Peterborough Visitor Economy Strategy 2015-2020 (Draft) – KEY/06JAN15/13</b> To approve the strategy and recommend that Council adopt as a major policy document.</p>	<p><b>Cabinet</b></p>	<p><b>September 2015</b></p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Douglas Gyte Strategic Tourism Manager Tel: 01733 453490 Douglas.gyte@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><b>Classroom Extension and Associated Works Heltwate School - KEY/06MAR15/01</b> To authorise the construction of an extension at Heltwate School and give authority to the Executive Director of Resources to award the construction contract within the approved budget.</p>	<p><b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University</b></p>	<p><b>July 2015</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Alison Chambers Assets and School Place Planning Officer Tel: 01733 863975 Alison.chambers@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>

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<b>St Michaels Expansion – KEY/06MAR15/07</b> Award of contract for the expansion of St Michaels Church School to a 2FE, including the approval of property, legal and financial arrangements for various enabling agreements and third parties.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>July 2015</b>	Creating Opportunities and Tackling Inequalities	Relevant internal and external stakeholders.	Brian Howard Head of Schools Infrastructure 01733 863976 Brian.howard@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Fletton Quays – KEY/06MAR15/08</b> Disposal of Fletton Quays land and property assets to Peterborough Investment Partnership.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>July 2015</b>	Sustainable Growth and Environment Capital Scrutiny Committee	Relevant internal and external stakeholders.	Richard Hodgson, Head of Strategic Projects 01733 384535 Richard.hodgson@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Pleasure Fair Meadow – KEY/06MAR15/09</b> Disposal of Pleasure Fair Meadow Car Park to Peterborough Investment Partnership.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>July 2015</b>	Sustainable Growth and Environment Capital Scrutiny Committee	Relevant internal and external stakeholders.	Richard Hodgson, Head of Strategic Projects 01733 384535 Richard.hodgson@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Wirrina Car Park – KEY/06MAR15/10</b> Disposal of Wirrina Car Park to Peterborough Investment Partnership.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>July 2015</b>	Sustainable Growth and Environment Capital Scrutiny Committee	Relevant internal and external stakeholders.	Richard Hodgson, Head of Strategic Projects 01733 384535 Richard.hodgson@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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<b>Customer Experience Programme Adult's Services – KEY/01MAY15/02</b> To approve the business case for the delivery of the customer experience programme in Adults.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>July 2015</b>	Strong and Supportive Scrutiny Committee	Relevant internal and external stakeholders.	Adrian Chapman Service Director Adult Services and Communities Tel: 01733 863887 Adrian.chapman@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Mobile Homes Charging Schedule – KEY/01MAY15/04</b> To approve the mobile homes charging schedule.	<b>Councillor Peter Hiller</b> <b>Cabinet Member for Growth, Planning, Housing &amp; Economic Development</b>	<b>July 2015</b>	Strong and Supportive Scrutiny Committee	Relevant internal and external stakeholders during eight week consultation.	Belinda Child Head of Housing and Health Improvement Tel: 01733 873769 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.
<b>Contract Award for Mental Health Employment, Wellbeing and Recovery Service – KEY/01MAY15/05</b> To award a contract for the Mental Health Employment, Wellbeing and Recovery Service.	<b>Councillor Wayne Fitzgerald</b> <b>Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b>	<b>July 2015</b>	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Mirsada Hodges Project Manager, DOLS/Mental Health Tel: 01733 452513 Mirsada.hodges@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><b>Novation of Contract Regarding Temporary Staff – KEY/15MAY15/01</b> To approve the novation of the temporary staff contract.</p>	<p><b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University</b></p>	<p><b>July 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>James Fordham Recruitment and Retention Officer Tel: 01733 864581 James.fordham@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><b>Review of the Local Plan – KEY/26JUN15/01</b> For Cabinet to consider whether to undertake a review of the Local Plan.</p>	<p><b>Cabinet</b></p>	<p><b>20 July 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Kay, Head of Sustainable Growth Strategy Email: <a href="mailto:richard.key@peterborough.gov.uk">richard.key@peterborough.gov.uk</a> Tel: 01733 863795</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Extension and Variation to the Integrated Sexual Health Service Contract – KEY/26JUNE15/02</b> To extend the current contract for the two additional years specified in the original contract. In addition, this decision will reduce to current contract value.</p>	<p><b>Councillor Diane Lamb Cabinet Member for Public Health</b></p>	<p><b>July 2015</b></p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Wendi Ogle-Welbourn, Director of People and Communities Tel: 01733 863749 Wendi.Ogle-welbourn@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>



<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<b>Offtake Arrangements for Power from the Energy from Waste Plant - KEY/10JUL15/01</b> To approve the offtake arrangements.	<b>Councillor Gavin Elsey</b> <b>Cabinet Member for Digital, Waste and Street Scene</b>	<b>July 2015</b>	Sustainable Growth and Environment Capital	Relevant internal external stakeholders.	Richard Pearn Waste Partnership Manager Tel: 01733 864739 richard.pearn@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.  <b>The decision will include an exempt annex.</b>
<b>Real Time Passenger Information – KEY/10JUL15/02</b> To approve the expansion and maintenance contract.	<b>Councillor Peter Hiller</b> <b>Cabinet Member for Growth, Planning, Housing &amp; Economic Development</b>	<b>August 2015</b>	Sustainable Growth and Environment Capital	Relevant internal and External stakeholders.	Amy Pickstone Senior ITS Officer Tel: 01733 317481 Amy.pickstone@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Extension of the Green Deal Provider Framework and Expansion of the Green Deal Community Area Fund – KEY/10JUL15/03</b> Consideration of inclusion of three further Green Deal Providers on the Provider Framework and Expansion of the Green Deal Community Fund Area.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>July 2015</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Andrew Cox Head of Energy Programmes Tel: 01733 452456 Andy.cox@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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<b>Farm Strategy – KEY/10JUL15/04</b> To agree the proposed strategy for implementation.	<b>Cabinet</b>	<b>20 July 2015</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Jonathan Lewis Service Director – Education, Resources and Corporate Property Tel: 01733 863912	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Delivery of the Council’s Capital Receipt Programme through the sale of Welland House, Dogsthorpe – KEY/24JUL15/01</b> To authorise the sale of Welland House, Dogsthorpe.	<b>Councillor David Seaton Cabinet Member for Resources</b>	<b>August 2015</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Simon Webber Strategic Projects Officer Tel: 01733 384545 Simon.webber@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Delivery of the Council’s Capital Receipt Programme through the sale of Pyramid Centre, Bretton North – KEY/24JUL15/02</b> To authorise the sale of the Pyramid Centre, Bretton North.	<b>Councillor David Seaton Cabinet Member for Resources</b>	<b>September 2015</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Gareth Dawkins Capital Projects Officer Tel: 01733 384618 Gareth.dawkins@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.  <b><i>The decision will include an exempt annexe.</i></b>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>Sale of Land at Rear of Braybrook School, Orton Longueville – KEY/24JUL15/03</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Land.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>December 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Davies Sales and Acquisitions Tel: 01733 384547 Brian.davies@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><b>Sale of the Lindens, Lincoln Road – KEY/24JUL15/04</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>December 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Davies Sales and Acquisitions Tel: 01733 384547 Brian.davies@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><b>KEY DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
<p><b>Sale of Bretton Court, Bretton North – KEY/24JUL15/05</b>            To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale.</p>	<p><b>Councillor David Seaton</b>  <b>Cabinet Member for Resources</b></p>	<p><b>December 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Davies            Sales and Acquisitions            Tel: 01733 384547            Brian.davies@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>

**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>
<b>NONE AT THE CURRENT TIME</b>						

**PART 3 – NOTIFICATION OF NON-KEY DECISIONS**

<b>NON-KEY DECISIONS</b>						
<b><i>DECISION REQUIRED</i></b>	<b><i>DECISION MAKER</i></b>	<b><i>DATE DECISION EXPECTED</i></b>	<b><i>RELEVANT SCRUTINY COMMITTEE</i></b>	<b><i>CONSULTATION</i></b>	<b><i>CONTACT DETAILS / REPORT AUTHORS</i></b>	<b><i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i></b>
<b>Delegation of Authority -</b> To delegate authority for funding governance arrangements for care placements for Looked After Children to the Service Director – Safeguarding and Children for a period of 12 months.	<b>Councillor Sheila Scott</b> <b>Cabinet Member for Children’s Services</b>	<b>July 2015</b>	Creating Opportunities and Tackling Inequalities	Relevant internal and external stakeholders.	Helene Carr Head of Service, Access to Resources and Specialist Commissioning Tel: 01733 863901 Helene.car@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Funding Approval for New Ark Adventure Play Ground and City Farm –</b> To authorise an annual grant to New Ark of £33,000 for a three year period, commencing September 2015.	<b>Councillor Nigel North</b> <b>Cabinet Member for Communities and Environment Capital</b>	<b>July 2015</b>	Strong and Supportive Scrutiny Committee	Relevant internal and external stakeholders	Pam Setterfield Team Manager, Child Health and Wellbeing and Sufficiency Tel: 01733 863897 Pam.setterfield@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<i><b>DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
<b>Peterborough Investment Partnership Plans</b> To approve the Peterborough Investment Partnership Plans.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>July 2015</b>	Sustainable Growth and Environment Capital	Leader of Council and relevant senior officers.	Simon Machen Corporate Director Growth and Regeneration Tel: 01733 453475 Simon.machen@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Flood Risk Management Strategy</b> To approve the Strategy and recommend its adoption to Council.	<b>Cabinet</b>	<b>20 July 2015</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Julia Chatterton Flood and Water Management Officer Tel: 01733 452620 Julia.chatterton@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Personal Budgets in Peterborough</b> 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.	<b>Councillor John Holdich</b> <b>Leader of the Council and Cabinet Member for Education, Skills and University</b>	<b>July 2015</b>	Strong and Supportive Scrutiny Committee	Relevant internal and external stakeholders	Carrie Gamble Commissioner Tel: 01733 863931 Carrie.gamble@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

## **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)

### **PEOPLE AND COMMUNITIES DEPARTMENT Director's Office at Bayard Place, Broadway, PE1 1FB**

Adult Services and Communities (Adult Social Care Operations, Adult Social Care and Quality Assurance, Adult Social Care Commissioning, Early Help – Adults, Children and Families, Housing and Health Improvement, Community and Safety Services, Offender Services)

Children's Services and Safeguarding (Children's Social Care Operations, Children's Social Care Quality Assurance, Safeguarding Boards – Adults and Children's, Child Health, Clare Lodge (Operations), Access to Resources)

Education, People Resources and Corporate Property (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure)

Business Management and Commercial Operations (Commissioning, Recruitment and Retention, Clare Lodge (Commercial), Early Years and Quality Improvement)

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

Legal and Democratic Services

Human Resources (Business Relations, HR Policy and Rewards, Training and Development, Occupational Health and Workforce Development)

City Services and Communications (Markets and Street Trading, City Centre Management including Events, Regulatory Services, Parking Services, Vivacity Contract, CCTV and Out of Hours Calls, Marketing and Communications, Tourism and Bus Station, Resilience)

Performance and Information (Performance Management, Information Governance, Systems Support Team, Coroner's Office, Freedom of Information)

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

Development and Construction (Development Management, Planning Compliance, Building Control)

Sustainable Growth Strategy (Strategic Planning, Housing Strategy and Affordable Housing, Climate Change and Environment Capital, Natural and Built Environment)

Opportunity Peterborough

Peterborough Highway Services (Network Management, Highways Maintenance, Street Naming and Numbering, Street Lighting, Design and Adoption of Roads, Drainage and Flood Risk Management, Transport Policy and Sustainable Transport, Public Transport)

Peterborough Investment Partnership

### **PUBLIC HEALTH DEPARTMENT Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG**



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SCRUTINY COMMISSION FOR HEALTH ISSUES  
DRAFT WORK PROGRAMME 2015/16

Meeting Date	Item	Progress
<p><b>24 June 2015</b> <i>Draft report 5 June</i> <i>Final report 12 June</i></p>	<p><b>Cambridgeshire and Peterborough Clinical Commissioning Group Performance Report</b></p> <p><b>Contact Officer: Jessica Bawden</b></p>	<p>Carried over from 10 March 2015</p>
	<p><b>Public Health / Adult Social Care: Introduction, Overview and Future Work Programme</b></p> <p><b>Contact Officer: Dr Liz Robin / Adrian Chapman</b></p>	<p>Carried over from 10 March 2015</p>
	<p><b>End of Consultation Report on a future model for NHS 111 and GP Out of Hours Services</b></p> <p><b>Contact Officer: Jessica Bawden</b></p>	
	<p><b>Adult Social Care and Public Health – 2014/15 Performance Overview Report</b></p> <p><b>Contact Officer: Tina Hornsby</b></p>	<p>Carried over from 10 March 2015</p>
	<p><b>Review of 2014/15 and Future Work Programme 2015/16</b></p> <p>To review the work undertaken during 2014/15 and to consider the future work programme of the Committee.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>	

Meeting Date	Item	Progress
<b>21 July 2015</b> <i>Draft Report 2 July</i> <i>Final Report 9 July</i>	<b>Cambridgeshire and Peterborough Health And Care System Transformation Programme</b>  <b>Contact Officer:</b>	
	<b>Joint Commissioning</b>  <b>Contact Officer:</b>	
	<b>Minor Injury and Illness Unit (MIU) Relocation Proposals</b>  <b>Contact Officer: Cathy Mitchell</b>	
	<b>Update on Prime Minister’s Challenge Fund Project for Peterborough</b>  <b>Contact Officer: Cathy Mitchell</b>	
<b>17 September 2015</b> <i>Draft report 28 Aug</i> <i>Final report 7 Sept</i>	<b>UnitingCare Partnership – Quarterly Report</b>	

Meeting Date	Item	Progress
<b>5 November 2015</b> <i>Draft report 19 Oct</i> <i>Final report 26 Oct</i>		
<b>13 January 2016</b> <i>Draft report 24 Dec</i> <i>Final report 31 Dec</i>	<b>Cambridgeshire and Peterborough Clinical Commissioning Group Performance Report</b>  <b>Contact Officer: Sarah Shuttlewood, C&amp;P CCG</b>	Report requested at 24 June 2015 meeting.
<b>(Joint Meeting of the Scrutiny Committees and Commissions)</b> <b>10 February 2016</b>	<b>Budget 2016/17 and Medium Term Financial Strategy 2025/2026</b> To scrutinise the Executive's proposals for the Budget 2016/17 and Medium Term Financial Strategy 2025/2026 <b>Contact Officer: John Harrison/Steven Pilsworth</b>	

Meeting Date	Item	Progress
<b>15 March 2016</b> <i>Draft report 25 Feb</i> <i>Final report 3 March</i>		

**Possible Items for Scrutiny:**

<b>Adult Social Care</b> <ul style="list-style-type: none"> <li>• Portfolio Progress Report for Cabinet Member for Integrated Adult Social Care and Health</li> </ul>	
<b>Healthwatch</b>	
<b>Public Health</b> <ul style="list-style-type: none"> <li>• Young Peoples Sexual Health and Wellbeing Strategy</li> <li>• Suicide Prevention Strategy, Contact Officer: Kathy Hartley</li> <li>• Healthy Schools Programme</li> <li>• Portfolio Progress Report from the Cabinet Member for Public Health</li> </ul>	
<b>The Cambridgeshire &amp; Peterborough Clinical Commissioning Group</b> <ul style="list-style-type: none"> <li>• Annual performance progress report</li> <li>• NHS 111 and Out of Hours Communications Plan</li> </ul>	
<b>Peterborough and Stamford Hospital NHS Foundation Trust</b> <ul style="list-style-type: none"> <li>• Monitoring Report</li> </ul>	
<b>Health and Wellbeing Board</b> <ul style="list-style-type: none"> <li>• Action plan quarterly update</li> </ul>	
<b>CPFT</b>	
<b>UnitingCare Partnership – Quarterly Report</b>	

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