

## HEALTH SCRUTINY COMMITTEE

**TUESDAY 14 MARCH 2017**

**7.00 PM**

**Bourges/Viersen Room - Town Hall**

### AGENDA

Page No

1. **Apologies for Absence**
2. **Declarations of Interest and Whipping Declarations**
3. **Minutes of Meeting Held on 10 January 2017** 3 - 8
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 the relevant Scrutiny Committee. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee.
5. **IVF Service Consultation** 9 - 12
6. **Integrated Healthy Lifestyles Service Contract Implementation** 13 - 52
7. **Forward Plan of Executive Decisions** 53 - 88
8. **Work Programme** 89 - 90

#### **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.*

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at:

<http://democracy.peterborough.gov.uk/ecSDDisplay.aspx?NAME=Protocol%20on%20the%20use%20of%20Recording&ID=690&RPID=2625610&sch=doc&cat=13385&path=13385>



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 Philippa Turvey on 01733 452460 as soon as possible.

**Committee Members:**

**Councillors:** K Aitken, L Ayres, S Barkham, J Bull, M Cereste (Chairman), N Khan, S Lane, J Lillis, B Rush (Vice Chairman), L Serluca and A Sylvester

**Substitutes:** Councillors: J R Fox, Fuller, and N Sandford

**Co-opted Members:**

**Parish Councillor Henry Clark, Independent Co-opted Members**

**Substitute: Parish Councillor Jason Merrill**

Further information about this meeting can be obtained from Philippa Turvey on telephone 01733 452460 or by email – [philippa.turvey@peterborough.gov.uk](mailto:philippa.turvey@peterborough.gov.uk)



**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD IN THE  
BOURGES / VIERSEN ROOMS, TOWN HALL  
ON 10 JANUARY 2017**

**Present:** Councillors Cereste (Chairman), Rush (Vice-Chairman), Ayres, Serluca, Khan, Lillis, Fuller, Bisby and Judy Fox.

**Also present**

Parish Councillor Henry Clark	Co-opted Member
Scott Haldane	Interim Executive Programme Director, Cambridgeshire and Peterborough Sustainability and Transformation Plan
Jessica Bawden	Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group
Jane Pigg	Company Secretary, Peterborough & Stamford Hospitals

**Officers Present:** Dr Liz Robin  
Philippa Turvey  
Director of Public Health  
Senior Democratic Services Officer

**1. Apologies**

Apologies for absence were received from Councillors Aitken, Bull, Sylvester, Barkham and Lane, and David Whiles. Councillors Judy Fox, Fuller, and Bisby were in attendance as substitutes.

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

There were no declarations of interest or whipping declarations.

**3. Minutes of Meetings Held on 15 November 2016**

The minutes of the meetings held on 15 November 2016 were approved as an accurate record.

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

There were no requests for Call-in to consider.

## **5. Terms of Reference and Work Programme**

The report was introduced by the Chair and provided the Committee with the Terms of Reference for the Health Scrutiny Committee, which was established by Council at its meeting on 12 October 2016.

There were no comments or questions raised.

Councillor Rush proposed the appointment of Parish Councillor Henry Clark as non-voting co-opted member to represent the rural area and also Parish Councillor Jason Merrill as substitute should Councillor Clark be unavailable. This was agreed unanimously and Parish Councillor Clark was invited to join the meeting.

### **ACTION AGREED**

The Scrutiny Commission for Health Issues:

- 1) Noted the Terms of Reference for each of the newly established Scrutiny Committees attached at Appendix 1 of the report and in particular the Terms of Reference for the Health Scrutiny Committee;
- 2) Noted the work programme for the Health Scrutiny Committee for the remainder of the 2016/2017 municipal year attached at Appendix 2;
- 3) Appointed Parish Councillor Henry Clark as a non-voting co-opted member to represent the rural area on this Committee for the remainder of this municipal year and the 2017/2018 municipal year. Appointment to be reviewed at the beginning of the 2018/2019 municipal year and then annually going forward; and
- 4) Appointed Parish Councillor Jason Merrill as a substitute for the nominated co-opted member to represent the rural area on this Committee for the remainder of this municipal year and the 2017/2018 municipal year. Appointment to be reviewed at the beginning of the 2018/2019 municipal year and then annually going forward.

## **6. Sustainability and Transformation Plan**

The report was introduced by Scott Haldane, Interim Executive Programme Director, Cambridgeshire and Peterborough Sustainability and Transformation Plan and provided an update on the latest Sustainability and Transformation Plan (STP), published on 21 November 2016.

Comments and questions were raised by Members and in summary included:

- The creation of centres of clinical excellence concentrated on maximising skills and facilities and a decision on increasing or closing theatres had not yet been reached.
- Systems perspective was key to the plan which relied on breaking down existing barriers maximising skills and experience and working towards standardising procedures to improve efficiency. This would involve surgeons using the same methods.
- Recruitment would be from Peterborough and Cambridgeshire where possible.
- Behind each work stream, clinicians from different trusts were working together to discuss the best clinical pathways going forward.

- Members were advised that the plan had not been costed and Members expressed concern that this had not been carried out. The report was based on good evidence/assumptions using significant research. The Sustainability and Transformation Team were convinced that the work on the scale of challenges and results were robust.
- Implications for Peterborough had not yet been identified.
- Cultural changes would be managed by putting patient needs first which would breakdown organisational boundaries.
- It was not confirmed if clinicians were in favour of the proposals although it was agreed they would wish to provide the best service possible for their patients.
- Diverting patients away from A & E would require specialists in place to direct people towards more appropriate services.
- Encouraging patients to use online services and 111 to access healthcare was desirable. Evidence showed people had typically accessed four points before reaching their final destination and helping patients access the right department first time was of key importance.
- Missed appointment charges were suggested by a number of Committee Members.
- Members wanted to know what action would be taken, when, and what the implications on the services provided to Peterborough would be. Members suggested that more resources should be added rather than removed.
- Further information was requested on how the savings will be met and the changes to services this would entail.
- Members were interested to know if the changes could be implemented in phases to enable success to be measured however the detail had not been finalised. Separate briefing sessions could be arranged as the plan develops.
- Four areas of priority had been identified which would have to be carried out together.
- Prevention and health promotion were not covered by the report.
- New housing development would require additional health services within that area and concern was expressed that this has not been addressed.
- A saving of £543 million from the NHS budget would not be well received in areas of Peterborough with high infant mortality rates and short life expectancy rates and it was recognised that if the Scrutiny Committee were reluctant to accept the proposals the public at large would be even harder to convince.
- Questions were raised as to whether the new hospital was fully equipped and fully utilised.
- Theatres were not in use all the time and there continued to be a problem at weekends when there were insufficient staff available. Evidence showed that the best results were not achieved if theatres were in use day and night, however Members stressed they were querying daytime weekend working in theatres and not suggesting night time operations.
- The Renal Unit was set to open this week and water testing had commenced, water supply playing a key role in renal care. The water supply was found to be at a slightly incorrect temperature, however work was now underway to resolve this matter.
- The equity of provision of services across Peterborough is at the heart of this plan together with the equity of access to services. The neighbourhood teams and care hubs are to replace the care available in hospital in the community led by GPs and community nurses, social workers and physio and occupational therapists.
- There would be a problem with the number of GPs and primary care nurses and efforts were being made to address this. Several times reference was made by the Committee to the difficulty obtaining GP appointments due to the number of patients registered at each practice and cited as the reason why many people go to A & E.
- An improved 111 service had recently been launched with more medical staff available. This had resulted in an increase in the number of calls diverted to out of hour's surgery

or pharmacy rather than people turning up at hospitals, and a reduction in ambulance call outs.

- The programme would include preventative measures to improve public health and it was anticipated the introduction of the changes proposed would allow GPs to spend more time on preventative care when seeing patients.
- The Director of Public Health advised the Committee that she was also a non-voting member of the Health Care Executive which was driving through the Sustainable Transformation Plan, and her position allowed her to align these work streams with public health work commissioned by the City Council.
- There were different issues in Cambridge and Peterborough and it was felt that the one size fits all approach may not be appropriate.
- If local government blockages were encountered the Scrutiny Committee offered to intervene.

### **ACTION AGREED**

The Scrutiny Commission for Health Issues:

- 1) Noted the Sustainability and Transformation Plan; and
- 2) Requested that briefing sessions be held at regular intervals to provide more detail to the Sustainability and Transformation Plan. The first session would be focused on the provision of primary care.

## **7. UnitingCare Review and Outcomes**

The purpose of the report was to review the actions taken by the CCG since the announcement that the contractual arrangement between the CCG and UnitingCare was coming to an end, and the outcomes as far as the reports published, learning undertaken, and the current provision of services is concerned.

Comments and questions were raised by Members and in summary included:

- The Committee were advised that it was not considered beneficial to the NHS for litigation claims to be pursued although there was a possibility one claim may go ahead against an advisor.
- Strategy for procurement agreements with LLPs had been revised following guidance from NHS England.
- Members were concerned that the CCG lost £9.9 million which residents were now paying for via a reduction in services. However, they were advised that the money had not been lost but had been spent providing services.
- Previously services were contracted to UnitingCare to provide all the different services required according to the needs of the patient. Now these services had been bought in house.
- Financial advice had been provided by Deloitte and the Committee expressed concern that their advice was not always followed. It was explained that at times it was appropriate to pause on a decision and when there are 34 items outstanding prior to contract signing, it is right to pause.
- The “get out” clause was used to terminate the contract.

### **ACTION AGREED**

The Scrutiny Commission for Health Issues noted the report.

## **8. Director of Public Health Annual Report**

This report follows a request from the Health Scrutiny Committee for information on how Peterborough City Council as an organisation is addressing public health outcomes in Peterborough and the report was taken as read.

The Director of Public Health responded to comments and questions raised by Members. A summary of discussion and responses included:

- Breast Cancer Screenings had fallen significantly, the reasons being unclear although reductions usually occurred through difficulty in accessing the service and population changes. There was currently an investigation into screening services and the results will be brought back to the Committee.
- The Integrated Lifestyle program will be implemented in April 2017 and will offer support available through GP referral and community centres to target areas of highest need, and to develop programmes to suit individual needs across a diverse population.
- Future Annual Public Health reports would include a data supplement to demonstrate improvements and success year on year. This information was already available on the internet.
- Deaths from cardio vascular disease had fallen in the last few years in Peterborough although results in were statistically poorer than other areas nationally, as with teenage pregnancy.
- The improvements had been influenced by the reduction in smoking rates, the use of statins, and preventative action taken in GP surgeries by identifying those thought to be at risk.
- An improvement in treatments involving support for lifestyle changes were still being encouraged, particularly amongst the South Asian population where incidents of cardio vascular disease were higher.
- Public health input to air quality management would be addressed through a recently appointed Public Health Manager who would work full time across Peterborough and Cambridgeshire, specialising in environment and transport, and who was seconded to Growth and Regeneration Directorate for part of each week.
- Local pollution needed to be considered when planning new housing and areas of high pollution needed to be avoided.
- Taxi drivers needed to be discouraged from leaving their engines running whilst parked and co-operation was required between Growth and Regeneration and Licensing to tackle this and other specific issues.
- The Annual Public Health Report was produced as a statutory obligation. The Health and Wellbeing Strategy provided further detail around plans and outcomes within health care.
- Members requested a clearer view on trends in mental health and were referred to the Mental Health Joint Strategic Needs Assessment available on the PCC website. Suicides rates had reduced, and hospital admissions for self-harm were higher than the national average, although the Committee was advised data collection was more difficult in this area of health.

### **ACTION AGREED**

The Scrutiny Commission for Health Issues:

- 1) Noted the report; and
- 2) Wished to scrutinise the following areas of work going forward:
  - Implementation of the Health and Wellbeing Strategy for Peterborough and progress against its various sections.
  - The extent to which public health outcomes are considered in the wider range of key decisions made by the Council and the impacts of decisions on public health are evaluated.
  - Whether links should be made to scrutiny of the Combined Authority for Cambridgeshire and Peterborough, as the actions of the Combined Authority may also impact public health.
- 3) Will receive a report from Dr Liz Robin on screening with particular reference to the decline in breast screening.
- 4) Detailed data supplement to be included in future Annual Public Health Report .

## **9. Forward Plan of Executive Decisions**

The Committee 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 Scrutiny Commission for Health Issues:

- 1) Requested a briefing note on "Section 256 Agreement Care at Home – KEY/12DEC16/01"; and
- 2) Requested a briefing note on "Section 256 Agreement CCG – KEY/26DEC16/01".

The meeting began at 7.00pm and finished at 8:45pm.

CHAIRMAN

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>Agenda Item No. 5</b>
<b>14 March 2017</b>	<b>Public Report</b>

<b>Report of the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group</b>		
<b>Contact Officer</b>	Jessica Bawden, Director of Corporate Affairs, CCG <a href="mailto:teresa.johnson4@nhs.net">teresa.johnson4@nhs.net</a>	Tel: 01733 101165

## **IVF SERVICE CONSULTATION**

### **1. PURPOSE**

- 1.1 Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) currently commissions specialist fertility treatments via the East of England Fertility Consortia. Each member CCG of the group applies its own eligibility criteria and the number of treatment cycles it is able to commission. The CCG currently provides one cycle of IVF treatment. As part of plans to manage its financial situation the CCG is consulting on a proposal to stop routinely commissioning any specialist fertility services other than for two specified exceptions.

### **2. RECOMMENDATIONS**

- 2.1 It is recommended that the Committee respond to the consultation document (Appendix A, to follow).

### **3. BACKGROUND**

- 3.1 In December 2016, the CCG reported to the committee our proposals for a consultation on Specialist Fertility treatments.
- 3.2 Approximately 200 people accessed IVF services in 2015/16. Although this is a small number of patients the CCG understands that this will have a significant impact on those affected by this change.
- 3.3 Whatever decision is made around this proposal will be reviewed at the end of this funding formula period of three years.

### **4. KEY ISSUES**

- 4.1 To stop the routine commissioning of any specialist fertility services other than two specified exceptions set out later in the paper
- 4.2 GP and clinical leaders have come to the difficult conclusion that when looking at the prioritisation of funds this is an area that we should review. The CCG has finite resources to fund a whole range of health services and treatments.
- 4.3 Specialist fertility services are expensive treatments. There is a real need to consider the value of funding for this treatment at the current time compared with all other NHS treatments/services.
- 4.4 Other investigations and clinical interventions that can improve fertility for couples are widely available via NHS services before the need to access specialist fertility services and these services will not be affected by this proposal.

- 4.5 Patients with genetic disorders requiring pre-implantation diagnosis and embryo selection based on this are commissioned by NHS England and are not affected by this consultation.
- 4.6 In the year 2015/16 the CCG spent £1,037,000 on specialist fertility treatment. This includes those who were eligible for more than one cycle prior to the existing changes. If these proposals are adopted the saving to the CCG will be approximately £700,000 per annum.

### **Exceptions to the proposal**

- 4.7 Under the new proposal, specialist fertility services will no longer be commissioned except for the following two exceptions listed below:
- Fertility preservation will be offered to patients undergoing cancer treatment, or who have a disease or a condition requiring medical or surgical treatment, that has a significant likelihood of making them infertile.
  - Sperm washing will be provided to men who have a chronic viral infection (primarily HIV and whose female partner does not where intrauterine insemination is being considered. This is a risk reduction measure to limit the transmission of a serious, pre-existing viral conditions such as HIV to the woman and therefore potentially her unborn baby.)

### **Exceptional Funding Request Process**

- 4.8 Should this proposal be accepted it is important to note that the Exceptional Funding Request (EFR) will remain unaffected.
- 4.9 The CCG will continue to support the local gynaecological services and access to these is not being restricted. There is a range of services available to people who need help with fertility issues, both in primary care and in our local hospitals.
- 4.10 The hospital clinics have always had close links to the specialist IVF providers and will continue to provide patients with information on accessing the specialist services.
- 4.11 Services provided by the gynaecology clinics in the local hospitals include:
- the standard investigation of causes of infertility
  - non-specialist treatments such as physical and hormonal therapy
  - management of ovulation disorders
  - management of tubal and uterine abnormalities
  - medical and surgical management of endometriosis
  - medical and surgical management of male infertility
  - management of ejaculatory failure.
- 4.12 The care pathway for fertility services will be on the CCG website during the consultation.

## **5. IMPLICATIONS**

### **Financial**

- 5.1 If these proposals are adopted the saving to the CCG will be approximately £700,000 per annum.

### **Governance**

- 5.2 The normal CCG policies development process has been followed in recommending that Assisted Conception should no longer be a priority for funding.

### **Equality and Diversity**

- 5.3 Cessation of NHS funding for Assisted Conception will affect all childless couples equally, regardless of race, gender or sexual orientation. A full equality impact assessment has been

completed and published on the CCG website;  
<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CCG/GB%20Meetings/2016-17/20160913/Agenda%20Item%2002.1b%20-%20IVF%20Equality%20Impact%20Assessment.pdf>

## **Legal**

5.4 Legal advice has been sought.

## **6. CONSULTATION**

6.1 The consultation will run for 13 weeks from 13 March to 12 June 2017.

## **7. BACKGROUND DOCUMENTS**

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

7.1 None.

## **8. APPENDICES**

8.1 Appendix A – Consultation Document (To follow)

This page is intentionally left blank

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>Agenda Item No. 6</b>
<b>14 March 2017</b>	<b>Public Report</b>

<b>Report of the Director of Public Health</b>		
<b>Contact Officer</b>	Julian Base, Head of Health Strategy	Tel. 207180

## **INTEGRATED HEALTHY LIFESTYLES SERVICE CONTRACT IMPLEMENTATION**

### **1. PURPOSE**

- 1.1 The report is being presented to provide information regarding the Council's award of a new Integrated Healthy Lifestyles Service contract in partnership with the Cambridgeshire and Peterborough Clinical Commissioning Group. The contract will enable a range of public health interventions of high quality to be delivered across various settings in Peterborough. The report provides the rationale for the service, details of the procurement and outlines activity being undertaken to ensure implementation of the new contract on 01 April 2017.

### **2. RECOMMENDATIONS**

- 2.1 The Committee is asked to consider the information provided within the report, noting the rationale for establishing an Integrated Healthy Lifestyles Service and the progress towards service implementation on 01 April 2017.
- 2.2 The Committee is asked to consider how they would wish to review progress made by the service and associated health outcomes achieved for Peterborough post-implementation of the service.

### **3. LINKS TO THE CORPORATE PRIORITIES AND RELEVANT CABINET PORTFOLIO**

- 3.1 The Integrated Healthy Lifestyle Service will support the corporate priority to '*Achieve the best health and wellbeing for the city*' and the portfolio of the Cabinet Member for Public Health. Maximising the health of local people of working age also supports the corporate priority '*Growth, regeneration and economic development*'.

### **4. BACKGROUND**

#### **Health in Peterborough**

- 4.1 The health of local people is worse than the England average on a number of indicators. A review of the overarching indicators within the Public Health Outcome Framework demonstrates that life expectancy for both men and women is significantly below the national average. Furthermore, life expectancy is not uniform across the City with variations of up to nine years in life expectancy evident between wards that are geographically close.
- 4.2 Years of life spent in poor health are also significant within Peterborough. A woman in Peterborough can expect to live to over 82 but will spend around 22 years in declining health, while a man can expect to live to over 78 having spent 20 years in poor health. This results in reduced quality of life for individuals and their families and also places an unsustainable burden on health and social care services.

## Rationale for providing Integrated Lifestyle Services

- 4.3 Historically, much poor health was the result of infectious disease. More recently the main causes of poor health and reduced life expectancy are diseases or 'long term conditions' such as heart disease, stroke, diabetes, cancer, dementia, and chronic obstructive pulmonary (lung) disease. These diseases often develop gradually over the course of a lifetime, and the speed and severity of their development is strongly influenced by lifestyle behaviours: smoking, diet, physical activity and alcohol consumption. The scale of these effects are demonstrated by estimates of the annual cost of lifestyle behaviours to the NHS nationally, including smoking: £2.7 billion (2006) Obesity £4.2 billion (2007) and alcohol £3.5 billion (2009).
- 4.4 The aim of interventions which support people to change these behaviours, is to reduce their risk of developing long term conditions. At a population level, reducing the numbers of people with long term conditions increases average life expectancy and 'healthy life expectancy' and reduces treatment costs for the NHS.
- 4.5 The National Institute of Clinical Excellence has assessed the cost effectiveness of 'lifestyle' interventions in the same way that they would assess the cost effectiveness of drug treatments. In general, smoking cessation treatments are cost saving to the NHS (i.e. the cost of delivering smoking cessation interventions is less than the NHS costs saved through reducing the burden of illness) and some alcohol treatments are also cost saving to the NHS. These calculations only consider NHS finances and don't include the significant economic benefits from a healthier workforce.
- 4.6 A number of factors can influence people's lifestyle behaviours. These include:
- Environmental factors – for example what food is available in local shops and what it costs; whether it is easier to walk and use public transport to get to work than it would be to drive; availability of low cost alcohol.
  - Information – mass media campaigns have been shown to influence behaviours in some circumstances, particularly if they provide consistent messages over time.
  - Social norms – children and adults will be influenced by 'usual' behaviours of their family and friends, and by behaviours at school and in the workplace. They may also be influenced by 'brief advice' from a trusted source e.g. health professionals.
  - Individual support to change behaviour - through motivation, help with goal setting, advice on techniques to change behaviour and maintain the change, and regular contact to provide support
- 4.7 'Integrated Lifestyle Services' provide individual support to change behaviour, and are most often used when someone has been identified as having a lifestyle which puts them at particular risk of developing a long term condition, or of that long term condition getting worse. The main source of referral is from a GP or other health professional, who has identified that a client needs additional support with their lifestyle using established techniques, rather than just brief advice.
- 4.8 The specification for the Peterborough Integrated Healthy Lifestyles Service includes provision of the following activities to support individual behaviour change. These are carried out by trained staff, using the national research evidence base for effective interventions as well as local knowledge:
- Smoking cessation support
  - Health trainer support
  - Weight Management support for children and families
  - Weight management support for adults (Tier 1, 2 and 3)
  - Physical activity support for adults
  - Delivery of Health Checks in community and workplace settings
  - Health promotion
- 4.9 The Peterborough Integrated Healthy Lifestyles Service includes Tier 3 weight management services – specialist weight management services for people with severe obesity and associated

health problems, which are normally commissioned by NHS Clinical Commissioning Groups (CCGs). The Cambridgeshire and Peterborough CCG have contributed funding to cover the Tier 3 weight management element of the Integrated Lifestyles Service through a section 256..

- 4.10 As in other Local Authorities, the majority of funding for the Peterborough Integrated Healthy Lifestyles Service is from the local authority Public Health grant. This funding was previously allocated to budgets held by the in-house Public Health Delivery Team, and to a contract with Cambridgeshire Community Services for Dietician led weight management services. In addition a contribution of £200k per annum has been made from the Better Care Fund, following modelling by the CCG which demonstrated the growing impact of obesity on local NHS costs, as well as the £88k core CCG funding through the Section 256 referred to under para 4.9. The bringing together of these funding streams has enabled commissioning of an Integrated Lifestyle Service with sufficient critical mass to be provided across the Peterborough area, while also targeting areas or population groups within Peterborough which have the highest level of need.

	Average Annual Allocation	5 year allocation
Public Health Grant	£553,785	£2,768,925
Better Care Fund	£200,000	£1,000,000
Clinical Commissioning Group	£88,000	£440,000
<b>Total</b>	<b>£841, 785</b>	<b>£4,208,925</b>

## 5. KEY ISSUES

- 5.1 The new provider of the Integrated Healthy Lifestyle Service is Solutions4Health, a private limited company incorporated in 2008 and registered in Berkshire. Solutions4Health provide public health services in a number of locations across England. The company has over 350 healthcare professionals supporting over 100,000 people annually across these locations.
- 5.2 The award of contract to Solutions 4 Health Ltd to deliver an Integrated Healthy Lifestyle Service in Peterborough is for the sum of £4,208,925 over 5 years from 1 April 2017 to 31 March 2022 with the option to extend for a further 2 years, following the completion of a competitive tender process. The award of the contract to Solutions4Health was undertaken in compliance with the Public Contract Regulations 2015 and the Council's Contract Rules.
- 5.3 The mobilisation plan for the new service is still being implemented and as such final locations and delivery times for all services are yet to be confirmed, but will be agreed before 01 April 2017. A verbal update will be given to the Scrutiny Committee.
- 5.4 It is intended that as well as delivering services within the community the service office will be located within a community facility. The location is yet to be confirmed, but will be agreed before 01 April 2017 and again, a verbal update will be given to the Scrutiny Committee.

## 6. IMPLICATIONS

### Financial

- 6.1 The Integrated Healthy Lifestyle Service has been funded through bringing together existing PCC public health budgets, together with contributions from the Better Care Fund and NHS funding from C&PCCG as outlined in para 4.10.

## **Legal**

- 6.2 Section 256 of the NHS Act 2006 allows the CCG to financially support the Council to undertake activities with health benefits. As the CCG has funded part of the Integrated Healthy Lifestyle Service the Council and the CCG will enter into a Section 256 agreement to govern the arrangement to show efficient use of the CCG's funding.

## **Human resources**

- 6.3 A total of 16 Peterborough City Council staff from the existing Public Health Delivery Team will transfer to Solutions4Health under the Transfer of Undertakings (Protection of Employment) regulations (TUPE) arrangements. The employee's existing terms and conditions of employment will be maintained and protected under TUPE regulations.

## **Procurement**

- 6.4 The award of the contract to Solutions4Health was undertaken in compliance with the Public Contract Regulations 2015 and the Council's Contract Rules.

## **Geography**

- 6.5 Service delivery will be proportionate to need to address existing health inequalities and ensure resources are targeted effectively. However, the Integrated Healthy Lifestyle Service will be universally accessible across Peterborough, with services delivered in community centres, children's centres, schools, workplaces and GP practices.

## **7. CONSULTATION**

- 7.1 Consultation for the Integrated Healthy Lifestyle Service has been undertaken with partners, stakeholders, unions, and members of the public and service users since May 2016. The following partnerships are among those that have been consulted since this time:

- Greater Peterborough Executive Partnership
- Children and Families Board
- GP Practice Manager Group
- Greater Peterborough Local Commissioning Group Board
- Patient Representative Group

- 7.2 Members of the public and service users were consulted between June 2016 and July 2016. Posters were displayed in GP practices, children centres and community centres advertising the proposed procurement and an associated survey to gather people's views about the proposal and the service was undertaken. Members of the public and service users completed approximately 250 surveys. The results of the survey were used to inform the Invitation to Tender documentation and the full results of the survey were included as an annex to the Invitation to Tender and are included here as Annex B.

- 7.3 Union representatives were consulted at the start of the procurement process in May 2016 and in advance of the formal consultation with staff in February 2017.

- 7.4 Public Health Healthy Lifestyles Service staff were initially briefed in June 2016, while on-going face-to-face and written briefing have been provided to staff throughout the process. A staff panel was also established to contribute to the procurement process, receiving and scoring presentations from short-listed providers. A formal consultation with staff regarding their transfer to new provider began on 07 February 2017 and will conclude on 07 March 2017.

## **8. NEXT STEPS**

- 8.1 A Cabinet Member Key Decision Notice was approved in December 2016 and the service shall begin delivery on 01 April 2017. As a key service that is intended to contribute to a reduction in health inequalities and address lifestyle-driven health problems, the Committee may also wish

to review service outcomes after a period of implementation.

**9. BACKGROUND DOCUMENTS**

9.1 Cabinet Member Key Decision Notice - Integrated Healthy Lifestyle Service Contract Award (November 2016)

**10. APPENDICES**

10.1 Appendix A - Specification for the Integrated Healthy Lifestyle Service

10.2 Appendix B - Result of public consultation

This page is intentionally left blank

## PETERBOROUGH CITY COUNCIL

PUBLIC HEALTH  
SERVICE SPECIFICATION

<b>Service</b>	<b>Integrated Healthy Lifestyles Service</b>
<b>Directorate</b>	<b>Public Health</b>
<b>Service Lead</b>	
<b>Public Health Lead</b>	<b>Julian Base, Head of Health Strategy</b>
<b>Period</b>	<b>2017/18 – 2021/22</b>
<b>Date of Review</b>	

## 1. Population Needs

### 1.1 National context and evidence base

The White Paper Healthy Lives, Healthy People: Our strategy for public health in England stated that a radical shift in how public health challenges were tackled was needed. The paper highlighted the alarming rates of lifestyle-driven health problems, most notably smoking; obesity and physical inactivity.

Smoking kills half of all long-term users. It is the main cause of preventable illness and premature death in England, accounting for more preventable deaths than the following five preventable causes, combined. In England 16.9% of adults smoke, a rate that increases significantly among routine and manual workers, with over a quarter (26.5%) smoking. The percentage of women smoking during pregnancy is lower, at approximately 1 in ten (11.4%) but has remained relatively consistent over the last few years.

In England most people are overweight or obese. Two out of three adults are overweight or obese, as are one in three children aged 10-11 years old, with the White Paper noting that Britain is the most obese nation in Europe.

Being overweight or obese significantly increases the risk of developing diabetes, heart and liver disease and some cancers. It can make it harder for people to find and stay in work and can affect self-esteem and mental health. It is estimated that being overweight reduces life expectancy by about three years and being obese by 10 years or more.

The 2014 Public Health England evidence-based approach to physical activity 'Everybody

Active, Every Day' identified that around one in two women and a third of all men in England are damaging their health through a lack of physical activity. If this trend continues the burden on health and social care will destabilise public services, and take a real toll on quality of life for individuals and communities.

Lifestyle-driven health risk factors commonly co-occur and a significant proportion of the population will have three or more risk factors. The White Paper therefore advocates an approach, to tackle these lifestyle-driven health challenges, that empowers individuals to make healthy choices. It responds to Professor Sir Michael Marmot's Fair Society, Healthy Lives report. It adopts its life course framework for tackling determinants of health, highlighting the necessity to align and integrate approaches to tackle lifestyle behaviours to improve health outcomes and reduce health inequalities.

Addressing lifestyle behaviours and risks has been identified as particularly essential among the lowest socio-economic groups among whom such behaviours are more likely to occur. Disadvantage starts before birth and accumulates throughout life. People with higher socioeconomic positions in society have a greater array of life chances and better health. People living in the poorest areas will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health.

A focus on sustained behaviour change has therefore been advocated, supported in some cases by assessing risk of vascular disease, through the national NHS Health Check programme.

The programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who have not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check. The purpose is to assess their risk, raise awareness of risk factors and discuss lifestyle changes and clinical approaches to manage health risks.

The National Institute for Health and Care Excellence (NICE) provide evidence of the significant positive impact making changes to behaviour can have on people's risk of illness. Their lifestyle risk factor guidance for smoking and tobacco; diet, nutrition and obesity; and physical activity all evidence promoting health and prevention, notably primary prevention - aimed at preventing disease or injury before it ever occurs.

## **1.2 Local context and evidence base**

The health of people in Peterborough is generally worse than the England average. A review

of the overarching indicators within the Public Health Outcome Framework demonstrates a RAG rating of Red across four of the six life expectancy indicators. Furthermore, life expectancy is not uniform across the City with variations of up to nine years in life expectancy evident between wards that are geographically close.

Years of life spent in poor health are also significant within Peterborough. A woman in Peterborough can expect to live to over 82 but will spend around 22 years in declining health, while a man can expect to live to nearly 78 having spent 20 years in poor health. This results in reduced quality of life for individuals and their families and also places an unsustainable burden on health and social care services. By reducing lifestyle risk factors across our population the burden of ill health could be significantly reduced.

Smoking rates in Peterborough are slightly higher than the national and regional averages with 18.1% of the adult population smoking. This rate has declined in recent years, and at a faster rate than the national average, from 25.2% in 2010 to its current rate. However, the current levels are still significantly higher than the lowest rate in the region of 15.5%. The smoking rates among routine and manual workers, 25.6%, have also dropped in recent years and are slightly lower than the national and regional averages. The percentage of women smoking during pregnancy in Peterborough is however significantly higher than national and regional rates, estimated at approximately 16%.

Two out of three adults in Peterborough are overweight or obese which is slightly higher than the regional average. The number of children aged 10-11 years with excess weight in Peterborough is slightly lower than the national average at 32.2%, but this still equates to one in three children. The number of children in Peterborough with excess weight at age 4-5 years is 21.3%, which is slightly higher than the regional average for this age group.

Evidence shows that an active life is essential for physical and mental health and wellbeing. A number of diseases are currently on the increase and affecting people at an earlier age. They include cancer, diabetes and cardiovascular disease, a priority for Peterborough. Regular physical activity can guard against these, however, physical inactivity rates in Peterborough are worse than the national and regional averages.

The current five-year Health Check programme began in 2013 and will operate until 2018. Within Peterborough 78.1% of the eligible population has been offered a health check since 2013. However, only 34.7% of the eligible population have received a health check over this period. Based on current take up rates, 60% of the eligible population would have had a health check by 2018, against a national uptake target of 75%.

## 2. Key Service Outcomes

## 2.1 Outcomes

The Service is required to provide interventions which support individuals to modify their behaviour to reduce risk factors that contribute to early death and reduced quality of life namely: tobacco smoking, high blood pressure, obesity and physical inactivity. The Service will be expected to engage with a range of communities through work such as the Health Champions programme, to strengthen communities' abilities to address such risk factors. The provision of a high quality integrated service is expected to be delivered through the following settings:

Healthcare	Workplaces	Community	Schools
------------	------------	-----------	---------

The Service is expected to demonstrate effectiveness by directly contributing to improvements in the following key Public Health Outcomes Framework indicators:

### Domain: Wider Determinants of Health

- Sickness absence rates

### Domain: Health Improvement

- Smoking status at time of delivery
- Smoking prevalence age 15 years – current smokers
- Smoking prevalence age 15 years – regular smokers
- Smoking prevalence age 15 years – occasional smokers
- Smoking prevalence in adults – current smokers
- Smoking prevalence in adult in routine and manual occupation – current smokers
- Excess weight in 4 – 5 year olds
- Excess weight in 10 – 11 year olds
- Excess weight in adults
- Percentage of physically active adults
- Percentage of physically inactive adults
- Cumulative percentage of the eligible population aged 40 – 74 years offered a health check
- Cumulative percentage of the eligible population aged 40 – 74 years offered a health check who received an health check
- Cumulative percentage of the eligible population aged 40 – 74 years who received an health check

### Domain: Healthcare and Premature Mortality (Longer-term)

- Mortality rate from causes considered preventable
- Under 75 mortality rate from cardiovascular diseases considered preventable
- Under 75 mortality rate from mortality rate from all cancer considered preventable
- Under 75 mortality rate from all respiratory diseases considered preventable

## 2.2 Service outputs

**THE INDICATORS AND OUTPUTS LISTED IN APPENDIX A ARE BASED ON EXISTING SERVICE DELIVERY AND OUTLINE MODELLING, WHERE POSSIBLE AND ARE SUBJECT TO CHANGE. THE FINAL INDICATORS AND OUTPUTS WILL BE DEVELOPED FURTHER WITH THE APPOINTED PROVIDER AFTER THE AWARD OF CONTRACT ONCE THE STAFFING STRUCTURE AND DELIVERY MODEL HAVE BEEN APPROVED.**

A summary of key outputs expected is outlined below.

Programmes referenced below and throughout the specification have been identified as being required as part of an integrated healthy lifestyles service. Specific interventions are identified alongside the requirement to deliver robust campaigns aligned to the Public Health England national programme across a range of topics from smoking cessation and harm reduction to winter warmth. The delivery of activity through different settings to increase engagement, access and take-up of services by different communities and marginalised groups is also required. Effective monitoring and data recording, including the recording of ethnicity data, will be required to demonstrate access by particular communities and marginalised groups. This will include healthcare settings for the delivery of services and brief interventions. Therefore it will be necessary to establish clear partnership arrangements that will support the delivery of the service, including partnership arrangements with the local authorities Community Connector programme, and appropriate pathways to associated services.

### Smoking Cessation

- Number of successful 4 week quitters (CO Validated)
- Number of successful 4 week quitters (CO Validated) – Routine and manual workers
- Number of successful 4 week quitters (CO Validated) – Pregnant women
- Number of successful 4 week quitters (CO Validated) – People with mental health problems
- Number of successful 4 week quitters (CO Validated) – more deprived areas

### Outreach Health Check

- Number of eligible Peterborough residents offered a health check in the community or workplace with a focus on unregistered population to increase uptake rates
- Number of eligible Peterborough residents offered a health check who received a health check in the community or workplace with a focus on unregistered population to increase uptake rates
- Percentage of people that received an NHS Health Check of those offered in the community or workplace with a focus on unregistered population to increase uptake rates

### Health Trainer Programme

- Percentage of Personal Health Plans completed among service users resident within the more deprived areas and/or within a community of interest

- Percentage of service users achieving their primary issue goal through their Personal Health Plan

#### **Weight Management (Children)**

- Number of referrals to Service
- Number of participants who complete the intervention. (Completion is measured as attendance by an engaged participant of at least 60% of the sessions of the intervention)
- Number of children completing the programme maintain or reduce their BMI z-score by 0.15, 0.24 and 0.26 at 14 weeks, 8 months and 12 months, respectively.
- Children who complete the programme have recorded improvements in diet and increased physical activity

#### **Weight Management (Adults)**

- Number of referrals to Tier 2 services
- Number of referrals from Tier 2 to Tier 3 services
- Number of Tier 2 service clients who complete the course - a minimum of 60% of the sessions -
- Number of clients who have attended at least 1 session of the intervention achieves a mean weight loss of at least 3% of their initial weight (engaged participants)

#### **Physical Activity (Adults)**

- Number of referrals to Physical Activity Programme
- Percentage of referrals registered on Physical Activity Programme
- Percentage of service users completing Physical Activity Programme

#### **Healthy Schools**

- Percentage of primary schools receiving healthy lifestyles service support as part of the local authorities Healthy School
- Percentage of secondary schools receiving healthy lifestyles service support as part of the local authorities Healthy School
- Percentage of special schools receiving healthy lifestyles service support as part of the local authorities Healthy School

#### **Healthy Workplaces**

- Number of workplaces employing 100 or more staff supported through healthy lifestyle interventions aligned with the separately commissioned Healthy Workplaces

#### Health Champions

- Number of volunteers trained as Health Champions
- Number of volunteers trained as Health Champions resident within the more deprived areas
- Number of volunteers trained as Health Champions from communities of interest

#### Communication, marketing and promotion

- Number of campaigns and promotions aligned to the Public Health England national programme and the Healthy Peterborough programme, including the annual Healthy Schools awards programme supported

#### Making Every Contact Count (MECC)

- Number of staff receiving MECC training within the local authority and associated behaviour change training incorporating motivational interviewing
- Number of staff receiving MECC training within identified workplaces and associated behaviour change training incorporating motivational interviewing

### 3. Scope

#### 3.1 Aims of the Service

The Service will be required to provide a cost-effective, high quality integrated healthy lifestyles service.

The Service should provide universal access however the Service is expected to demonstrate targeted provision as directed under 3.4 to contribute to the aim of reducing health inequalities within Peterborough.

Core Activity	Settings
Smoking Cessation	Contribute to Healthy Schools
Outreach NHS Health Checks	
Health Trainer	Contribute to Healthy Workplaces
Weight Management and Physical activity Children's and adults	

<b>Health Champions</b>			
Targeting diverse communities and linking with Community Connectors Programme			
<b>Communication, marketing and promotion</b>			
<b>Making Every Contact Count</b>			
<b>Healthcare Setting</b>	<b>Workplaces Setting</b>	<b>Community Setting</b>	<b>Schools Setting</b>

**3.2 Objectives of the Service**

- To provide a cost effective, evidence based Integrated Healthy Lifestyles Service.
- To provide universal access for individuals and families and targeted provision for priority groups to address existing health inequalities.
- To establish robust pathways based on appropriate guidance for each of the activity provided, including an effective triage/booking system.
- To provide activity within each of the identified settings listed within the draft specification to increase access to services, ensuring they are culturally appropriate.
- To provide both one to one and group services as required to increase the effectiveness and efficiency.
- To provide evidence based behaviour change interventions tailored to meet the specific needs of target groups or individuals with consideration given to their age, disability, mental health and cultural and ethnic background and make onward referrals to appropriate services.
- To promote healthy lifestyle messages to the local population aligned to Public Health England marketing and local Healthy Peterborough marketing. To use innovative and appropriate media and marketing techniques tailored to specific audiences especially in high need communities.
- To ensure continuous service improvement and user focused services through innovation and the involvement of service users, stakeholders and related services in service design, development and ongoing evaluation.

**3.3 Service description**

The Service is expected to be an aligned service offering accessible healthy lifestyles services that are universal, but also proportionate to the scale and level of disadvantage locally.

**Core Activity**

**Smoking Cessation**

Contract arrangements are in place to deliver cessation services through community pharmacy and through GP practices. The healthy lifestyle service is to complement this delivery by providing a direct Level 2 Stop Smoking, which involves multi-session interventions following the National Centre for Smoking Cessation and Training (NCST) Standard Treatment Programme. The programme describes the components of a structured individual face-to-face smoking cessation intervention. This is expected to be delivered through one to one and peer group clinics across healthcare, community, and workplaces and in some cases school settings. This is expected to adhere to all associated quality measures, clinical governance and information governance requirements.

**NHS Health Checks (Outreach)**

In Peterborough this is delivered as part of local incentive service through GP practices. The management of this will be the responsibility of the Local Authority.

However the Healthy Lifestyle Service will be required to provide outreach NHS Health Checks within the community and within identified workplaces to increase access and take-up rates. Additional checks should be focused within areas with the highest rates of cardiovascular disease and target eligible groups, particular routine and manual workers, who do not access traditional health services.

Organisations such as Job Centre Plus, the voluntary sector, faith based groups and other appropriate organisations should be engaged to open access to people who traditionally may not attend their GP practice. The programme is expected to adhere to all associated quality measures, clinical governance and information governance requirements.

**Health Trainer**

The programme is to target those above the age of 16 years of age resident in the more deprived areas of Peterborough. The programme will support lifestyle changes through direct support and referral to associated services. The programme will enable individuals to make healthier choices, offering tailored advice, motivation and practical support to individuals who want help to adopt healthier lifestyles.

**Weight Management (Children)**

The national Obesity Unit framework agreement enables the effective training in the delivery of specific approaches to weight management in at risk, overweight and obese children and young people.

The Service is required to have an adequate number of staff trained to deliver such community-based weight management interventions for 4-17 year-olds above a healthy weight and their families that includes both 'Family Clubs' and 'Holiday Clubs'.

**Adult Weight Management**

Adult weight management services include 4 different tiers from prevention to surgery.

**Tier 4 surgical interventions are available to all adults meeting the necessary eligibility criteria. This tier is excluded from this procurement.** However the provider will be required to have good referral mechanisms to Tier 4 if, following completion of a treatment programme, individuals meet the requirement for surgical referral.

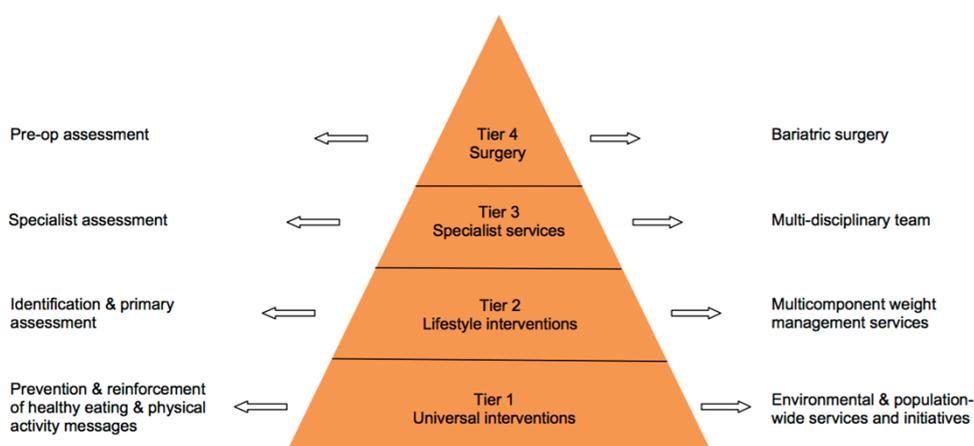
Figure 1 illustrates the weight management services and pathways

**Figure 1: Obesity Care Pathway** (Developing a specification for lifestyle weight management services, Department of Health, 2013)

**Appendix i: Obesity care pathway**

**Clinical care components**

**Commissioned services**



**Tier 1**

The Tier 1 services are population wide interventions to promote healthy lifestyles. This will include the Health Trainer Service individual and group/community interventions and prevention services developed based and developed from NCMP intelligence.

Users of the weight management services will be referred to the wider population wide prevention services as part of the integrated approach. The Health Trainer Programme will provide ongoing support to individuals following completion of weight management programme to help sustain any weight loss.

**Tier 2**

The Tier 2 service will provide multi-component weight management services, which support overweight and obese adults to lose weight and learn how to maintain a healthier weight. It will be offered with a mixed mode of delivery options including 1:1, groups and online in line with NICE guidance and the local consultation. Participants will include support for behavioural change, nutritional advice and skills and physical activity.

### Referral pathway

All adult patients should access the service through a referral from their GP, health professional or a Health Trainer. Although patients may self-refer they will be referred back to their GP to ensure that any relevant clinical history has been considered.

Criteria for accessing the services:

- Adults aged over 16 years of age
- BMI >25 to lose weight and learn how to maintain a healthier weight
- On completion may be referred to Tier 1 service or to Tier 3 service

### Tier 3 Weight Management Adults

Tier 3 will provide a clinical intensive multi-disciplinary service for the morbidly obese and more complex cases. Specialist medical clinician, specialist nurse and/ specialist dietician, psychologist/psychiatrist and physiotherapist will provide care.

The Tier 3 service will refer to GP's for the provision of pharmaceutical treatment in line with NICE guidance for obesity and the summary product characteristics (SPC) of the medication where required.

The service will retain clinical & financial responsibility for providing liquid meal replacements for the duration of treatment including monitoring the patient and providing repeat supplies of treatment if it is considered to be an appropriate clinical intervention for an individual patient.

Referrals are from a GP, Tier 2 through a central triage.

Criteria for referral:

- An obese individual with complex needs who has not responded to previous tier interventions
- BMI of  $\geq 35$  kg/m<sup>2</sup> and type 2 diabetes (may be reduced by 2.5 kg/m<sup>2</sup> of BMI in Asians)
- BMI of 40+ obesity-related co-morbidity e.g. metabolic syndrome, hypertension, obstructive sleep apnoea (OSA), functional disability, infertility and depression if specialist advice is needed regarding overall patient management

Treatment Model

- Clinical assessment by lead clinician but maybe by another member of the Team when appropriate. This will include appropriate blood tests or other relevant tests, investigation for obesity related co-morbidities including screening for psychological issues
- Referral to IAPT for psychology/psychiatric support
- Access to physiotherapy via GP referral
- Specialist Dietician advice
- Bariatric assessment if required
- Six months and sometimes longer if necessary to achieve clinically meaningful benefits
- Evaluation and decisions made about referral back to Tier 2 or to surgery

### **Physical Activity (Adults)**

NICE recommends behaviour change programmes that incorporate physical activity care pathways designed to assist adults to become more active for being clinically effective and cost-effective over time.

The Service is therefore required to deliver a physical activity programme. The programme is to be universally available to people between 16 and 74 years of age who have been classified as being less than physically active, but importantly not otherwise classified as healthy.

For the purpose of the physical activity intervention, being 'less than physically active' is defined as adults who are not meeting the Chief Medical Officer's (CMO's) recommendation for general health of at least 150 minutes of moderate intensity physical activity a week. The Service is however expected to focus on people who are inactive and not otherwise classified as healthy (achieving less than 30 minutes of moderate intensity activity a week) where significant health gains can be quickly accrued.

### **Health Champions**

The Service is required to deliver an accredited programme providing training and support to people who wish to voluntarily support others in their community or workplace to improve their health and well-being.

Health Champions can raise awareness of health and healthy choices, share health messages, and empower and motivate people to get involved in healthy social activities.

The evidence base has demonstrated that this programme can be an effective way of reaching people, influencing and shaping local services, initiating community development opportunities and enabling people to gain skills to move into further training, volunteering

roles and employment.

### **Communication, marketing and promotion**

The Service is required to support health promotion events, campaigns and messaging in partnership with other organisations to promote healthy lifestyle messages to a wider public audience. Specific Public Health England national campaigns will be selected for local focus while the Service would be expected to contribute to the development of key awards initiatives.

### **Healthy Schools**

The national programme that operated until 2011 promoted the link between good health, behaviour and achievement through four key areas healthy eating, physical activity, personal, social and health education (PSHE), and emotional health and well-being.

The Service will be required to contribute to a local authority led local accredited Healthy Schools programme across primary, secondary and special schools through the provision of healthy lifestyles services delivered within school settings. Programmes within the service specification are expected to be delivered within schools as part of the settings approach required. Accreditation is expected to include other services delivered and commissioned by the local authority within a school setting.

### **Healthy Workplaces**

Work is a key determinant of health. Local authorities can improve workplace health in two ways – in their own role as an employer, and also by encouraging and helping other employers to improve the health of their employees. The positive impact that employment can have on health and wellbeing is now well documented. There is also strong evidence to show how having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity - this is good for employers, workers and the wider economy.

The Service is required to contribute to a separately commissioned Healthy Workplace programme through the delivery of healthy lifestyles services within identified workplaces. Workplaces that employ high numbers of routine and manual workers will be targeted with a focus on companies employing 100 or more routine and manual workers.

### **Making Every Contact Count (MECC)**

The Service will be required to deliver the MECC programme. The evidence demonstrates that MECC is most effective when delivered by health professionals so they should be the focus of training. In addition appropriate staff within the local authority should be trained with training embedded within the local authorities induction programme for new staff and rolled out across relevant service areas.

### **3.4 Population covered**

The service should be universally accessible by Peterborough residents subject to specific programme criteria such as age limitations, evident for example as part of the Health Check programme.

The following areas and groups should be given priority consideration:

- The more deprived areas within Peterborough
- Those most at risk of developing cardiovascular disease
- Pregnant women who smoke
- People with mental health problems
- Routine and Manual workers
- Established South Asian community
- Growing Eastern European Community

### **3.5 Any acceptance and exclusion criteria and thresholds**

The Service shall be required to accept children and young people (age 2 years and above) and adults resident in Peterborough. The Service shall be required to accept self-referrals and referrals from other agencies. The Service shall exclude Service Users needing any service outside the scope of the Service specification and in these cases shall refer and signpost Service Users to other services as appropriate.

Service Users may be excluded for unreasonable and unacceptable behaviour or as the result of a Risk Assessment that concludes they pose a serious risk to staff, other Service Users and members of the public. The decision to exclude must be clearly recorded and communicated to the Service User together with the circumstances under which they would be allowed to re-engage with the Service. The Service should ensure all associated services are made aware of any potential risks.

### **3.6 Interdependencies with other services**

The Service is required to contribute to improvements in the health and wellbeing of Peterborough residents and should actively engage with a range of services across the local authority and with external partners to ensure effective support for Service Users. The Service is expected to maintain efficient working relationships with allied services, agencies and stakeholders to enhance the quality of service delivered and ensure effective pathways and referrals.

Specifically, partnerships will be expected to be maintained or developed with:

- Local authority delivered services, including Housing, Licensing, Children's Services and Adult Social Care
- Local authority commissioned services, including treatments services for drugs and alcohol

- Local IAPT (Improving Access to Psychological Therapies) services
- Clinical and local commissioning groups
- GPs and other primary care providers
- Community pharmacy
- Hospital
- Community and voluntary services
- School Nurse service
- Leisure services
- Mental health and wellbeing services
- Local employers and workplaces, especially those who employ large numbers of routine and manual workers
- Local primary, secondary and special schools and local colleges

The Service is expected to actively participate in local, regional and national networks, relevant training, research, audit and evaluation programmes where applicable.

#### 4. Applicable Service Standards

##### 4.1 Applicable national standards e.g. National Institute for Health and Care Excellence (NICE)

The Service is required to provide interventions that support both prescribed and non-prescribed public health functions. All services delivered by the Service should be undertaken in-line with associated NICE guidance and advice.

The key NICE guidance and advice that the Service is required to consider is:

Prescribed functions	NICE Guidance
NHS Health Checks	LGB15 (Advice) - Encouraging people to have NHS Health Checks and supporting them to reduce risk factors
Non-prescribed functions	NICE Guidance
Obesity - children	PH47 – Managing overweight and obesity in children and young people PH11 – Maternal and child nutrition
Physical activity – adults	PH54 – Exercise referral schemes to promote physical activity

	PH2 – Four commonly used methods to increase physical activity
Physical activity - children	PH17 – Promoting physical activity for children and young people
Stop smoking services and interventions	PH1 – Brief interventions and referral for smoking cessation PH10 – Smoking cessation services PH26 – Quitting smoking in pregnancy and following childbirth PH39 – Smokeless tobacco cessation PH45 – Tobacco Harm reduction PH48 – Smoking cessation in secondary care
<b>Miscellaneous</b>	<b>NICE Guidance</b>
Non-mandatory elements of the NHS Health Check programme	LGB15 (Advice) - Encouraging people to have NHS Health Checks and supporting them to reduce risk factors
Schools	PH12 – Social and emotional wellbeing in primary education PH20 – Social and emotional wellbeing in secondary education PH23 – School based interventions to prevent smoking
Health at work	PH5 – Workplace interventions to promote smoking cessation PH13 – Promoting physical activity in the workplace PH22 – Promoting mental wellbeing at work
General prevention activities	PH6 – Principles for effective interventions PH49 – Behaviour change: individual approaches

In addition the Service should consider among other documentation the following guidance:

- Local Stop Smoking Services: Service and Delivery Guidance, 2014
- NHS Health Check – Best Practice Guidance, 2015
- Improving Health: Changing Behaviour. NHS Health Trainer Handbook, 2010

#### **4.2 Applicable local standards**

The Service is required to comply with local as well as national safeguarding standards and procedures and local and national Information Governance and Clinical Governance requirements. The provider will need to demonstrate robust procedures in all cases.

The Service will also:

- Conduct audits as required as part of clinical governance; quality and performance monitoring. The lead for each programme area will ensure that this takes place and plan an audit programme for their programme. Successful review of a service must include evidence of regular audit at least every six months. This will be benchmarked where possible against national standards annually.
- Undertake ongoing evaluation of programmes to determine if objectives are being met and identify action to be taken if any concerns are raised.
- Evaluate the experience of Service Users/Carers 6-monthly in a continuing cycle of audit.
- Provide evidence of public awareness and involvement through the continuing audit cycle.

At the reasonable written request and by no later than 10 Business Days following receipt of such request, the Service must provide evidence that it is addressing any safeguarding concerns.

If requested, the Service shall participate in the development of any local multi-agency safeguarding quality indicators and/or plan.

## 5. Accessibility of the Service

The Service is to be delivered across the following settings to ensure appropriate access by residents of Peterborough.

<b>Healthcare</b>	<b>Workplaces</b>	<b>Community</b>	<b>Schools</b>
-------------------	-------------------	------------------	----------------

The Service should ensure that the location of specific programmes enables equitable access geographically and by priority groups. Based on evidenced need the Service will be required to be accessible 7 days a week through daytime and evening clinics and sessions.

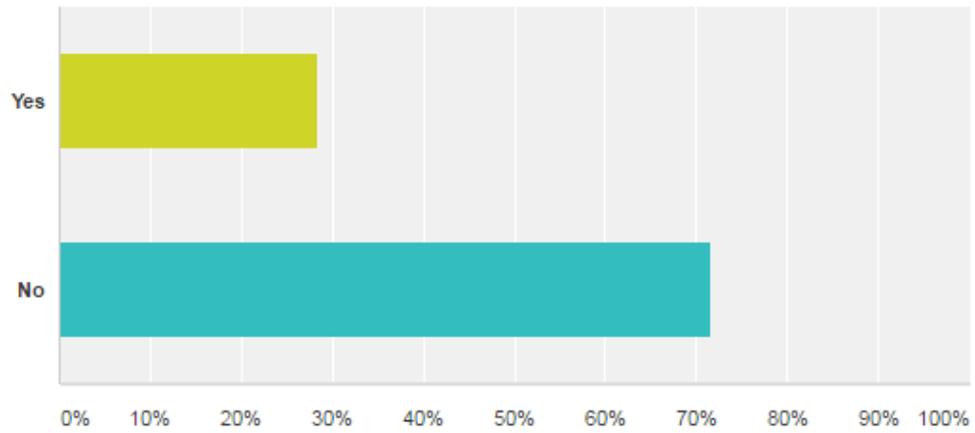
This page is intentionally left blank

**Integrated Healthy Lifestyles Service Consultation Responses**

Q1:

**Are you currently using a healthy lifestyle service?**

Answered: 258 Skipped: 2

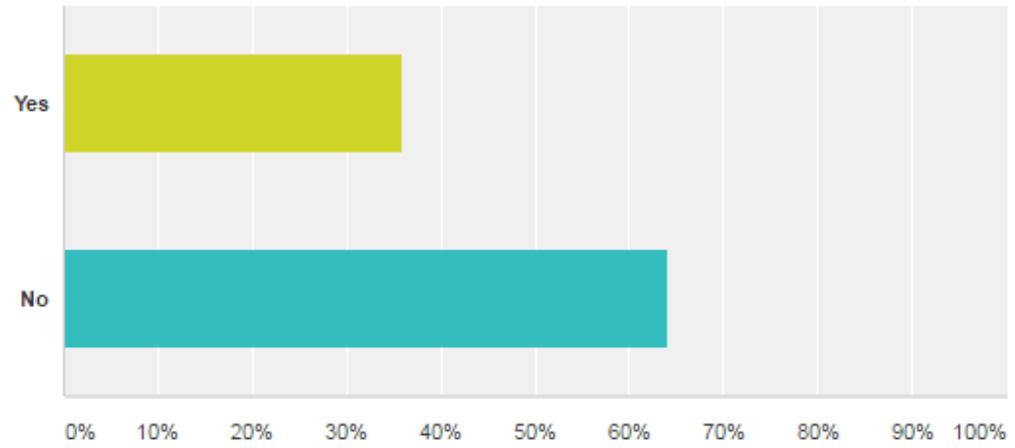


Answer Choices	Responses	
Yes	28.29%	73
No	71.71%	185
Total		258

Q2:

## Have you previously used a healthy lifestyle service?

Answered: 259 Skipped: 1

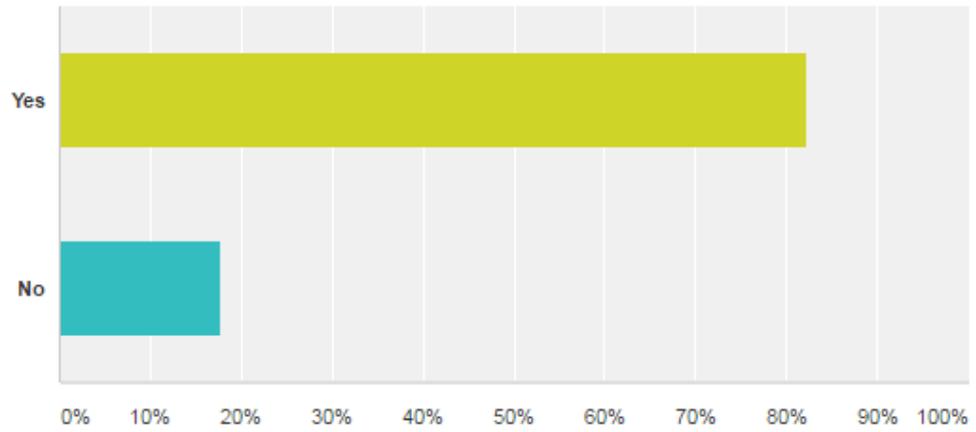


Answer Choices	Responses	
Yes	35.91%	93
No	64.09%	166
Total		259

Q3:

## Would you use a healthy lifestyle service in the future?

Answered: 253 Skipped: 7

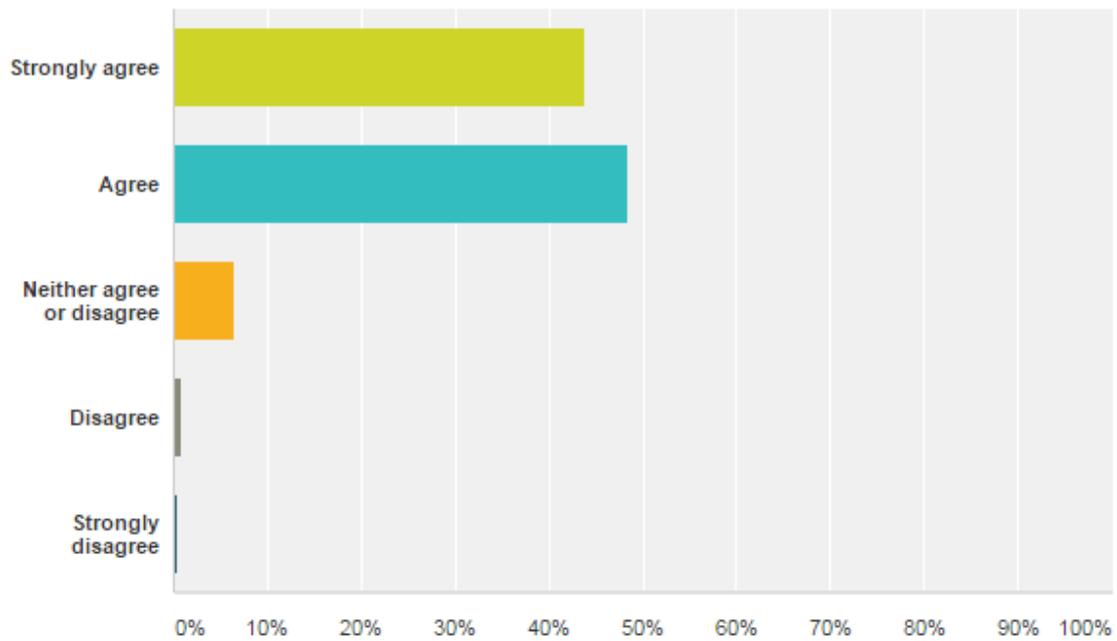


Answer Choices	Responses
Yes	82.21% 208
No	17.79% 45
Total	253

Q4:

**There is a need in Peterborough for a dedicated healthy lifestyle service to improve health and wellbeing and address existing health inequalities and health problems.**

Answered: 260 Skipped: 0

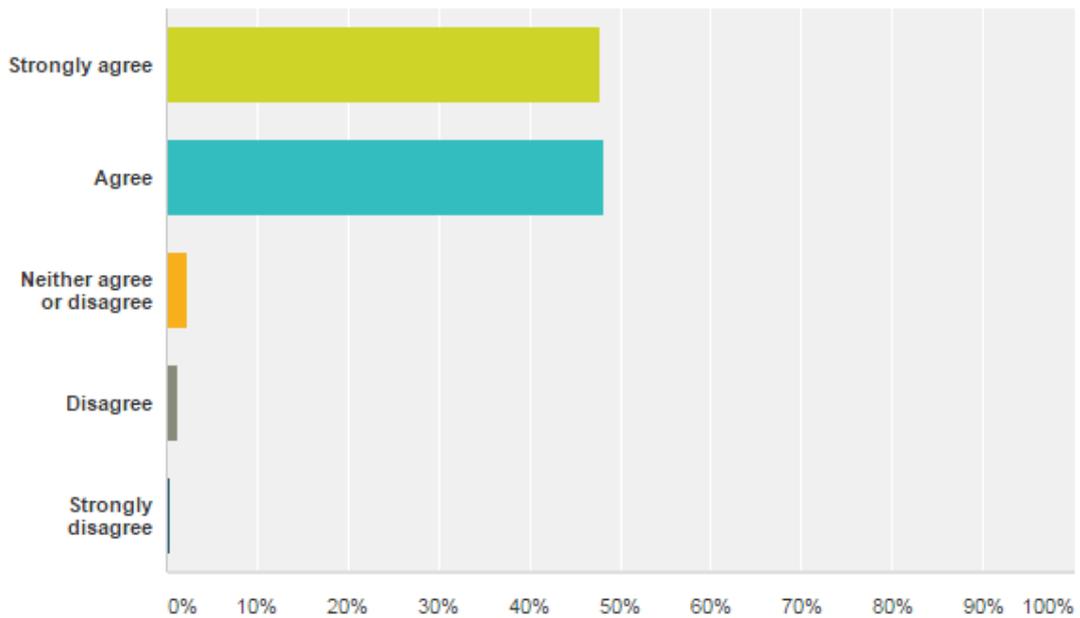


Answer Choices	Responses
Strongly agree	43.85% 114
Agree	48.46% 126
Neither agree or disagree	6.54% 17
Disagree	0.77% 2
Strongly disagree	0.38% 1
Total	260

Q5:

**The service should focus on supporting people who want to improve their health, for example by stopping smoking, improving physical activity and exercise or by losing weight.**

Answered: 257 Skipped: 3

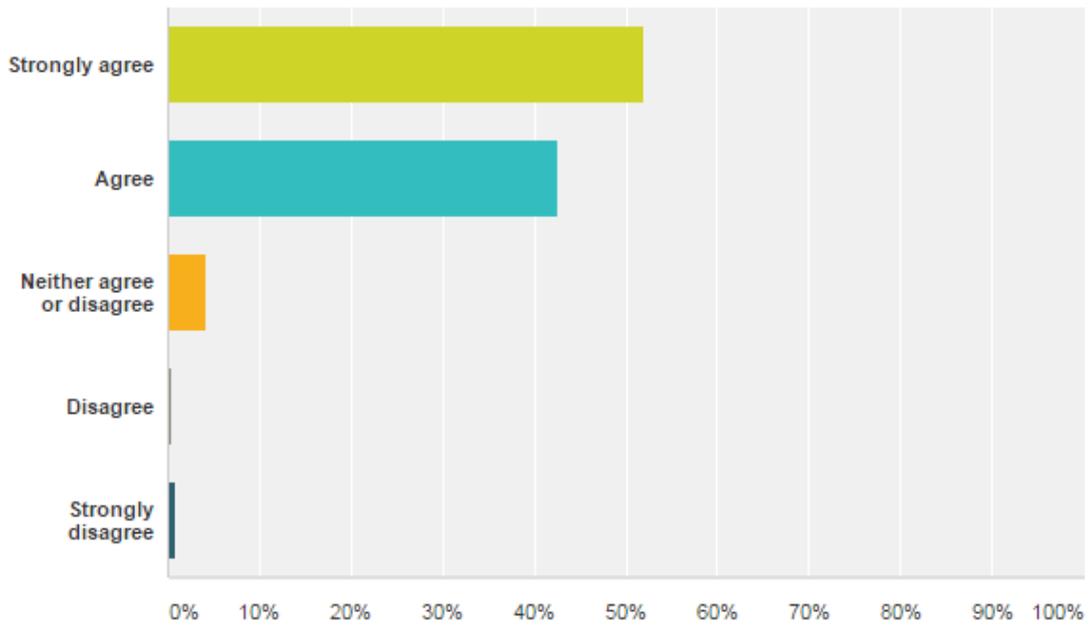


Answer Choices	Responses
Strongly agree	47.86% 123
Agree	48.25% 124
Neither agree or disagree	2.33% 6
Disagree	1.17% 3
Strongly disagree	0.39% 1
Total	257

Q6:

### The service should be available to support all local children.

Answered: 258 Skipped: 2

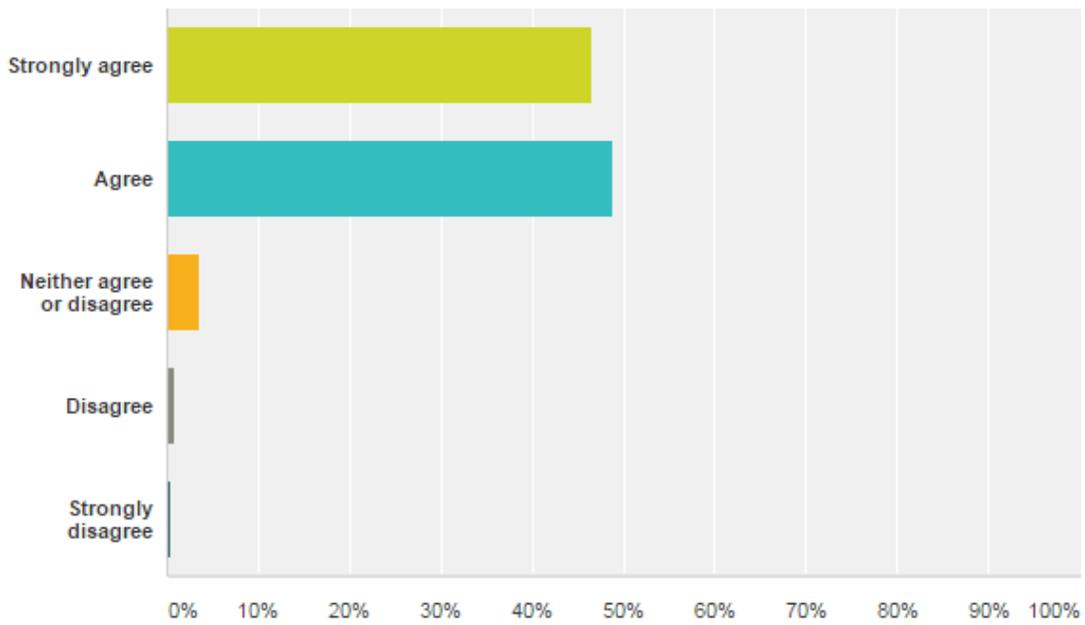


Answer Choices	Responses
Strongly agree	51.94% 134
Agree	42.64% 110
Neither agree or disagree	4.26% 11
Disagree	0.39% 1
Strongly disagree	0.78% 2
Total	258

Q7:

### The service should be available to support all local adults.

Answered: 258 Skipped: 2

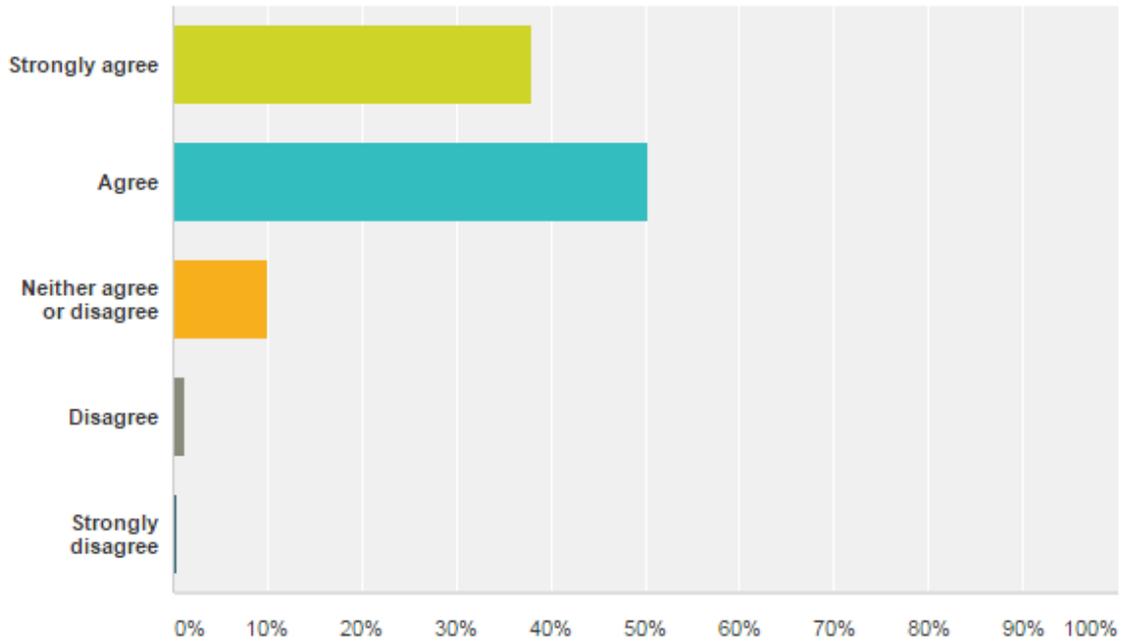


Answer Choices	Responses
Strongly agree	46.51% 120
Agree	48.84% 126
Neither agree or disagree	3.49% 9
Disagree	0.78% 2
Strongly disagree	0.39% 1
Total	258

Q8:

### Should we be more active in communities or areas where there are more health problems, like more people smoking?

Answered: 258 Skipped: 2

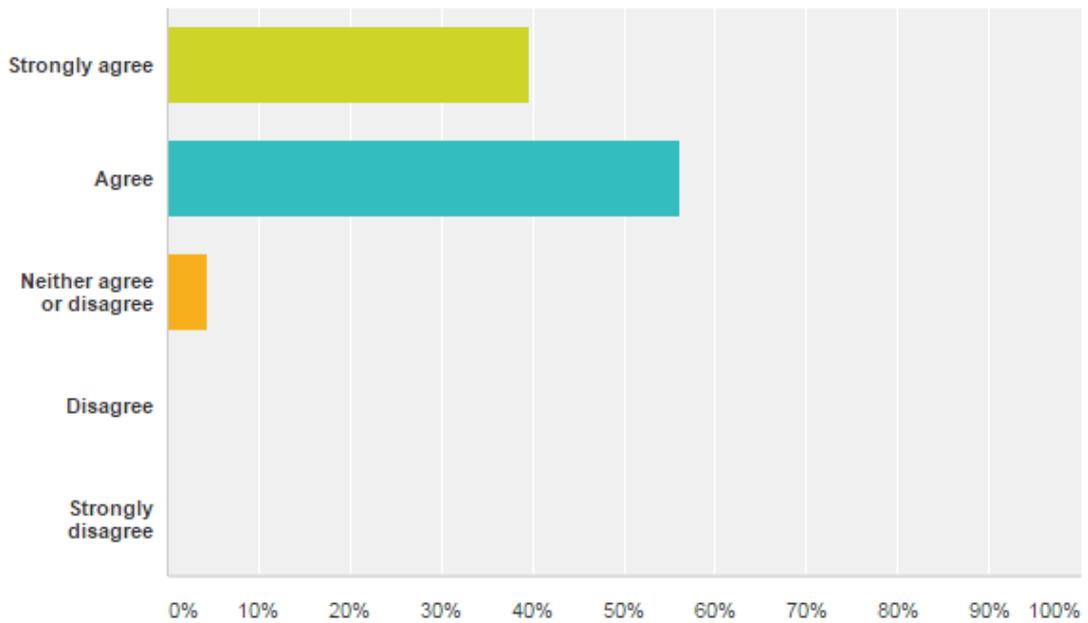


Answer Choices	Responses
Strongly agree	37.98% 98
Agree	50.39% 130
Neither agree or disagree	10.08% 26
Disagree	1.16% 3
Strongly disagree	0.39% 1
Total	258

Q9:

### Local residents should be able to access the service at a number of different locations.

Answered: 255 Skipped: 5

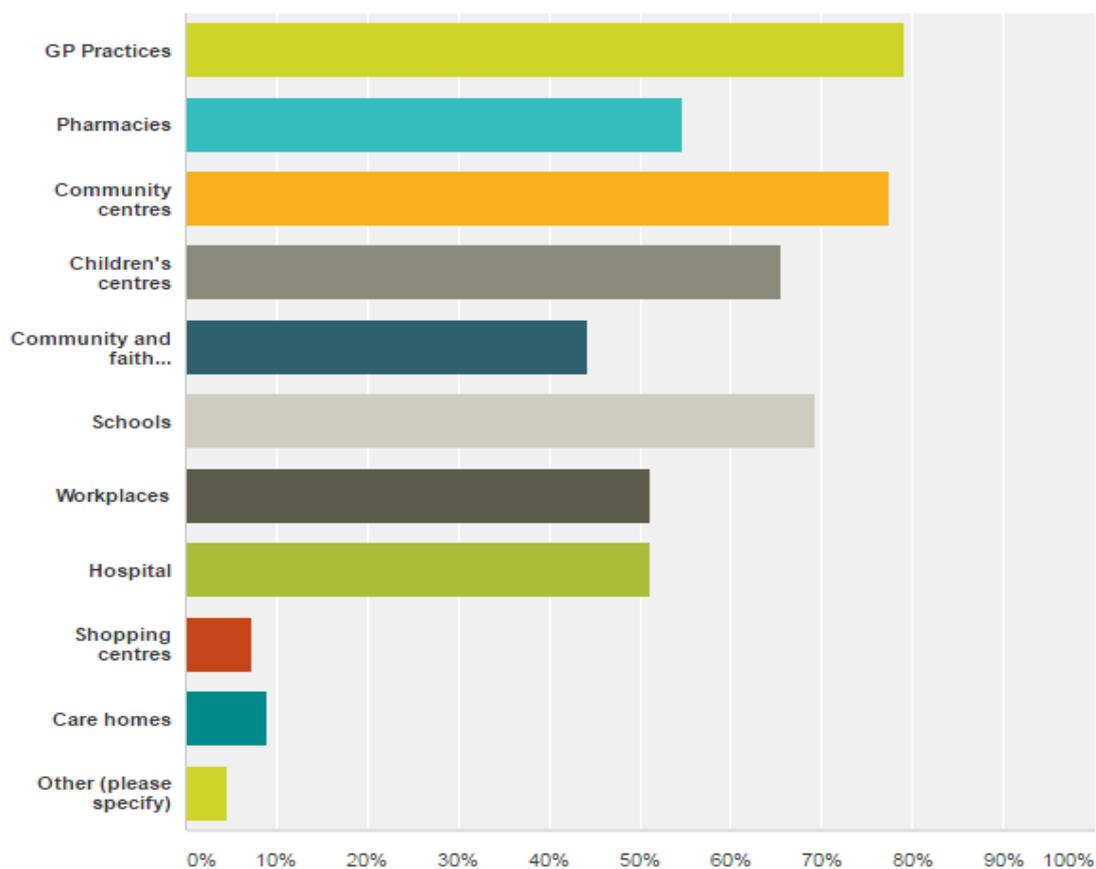


Answer Choices	Responses
Strongly agree	39.61% 101
Agree	56.08% 143
Neither agree or disagree	4.31% 11
Disagree	0.00% 0
Strongly disagree	0.00% 0
Total	255

Q10:

### Services should ideally be available in the following locations (tick as many as you wish).

Answered: 258 Skipped: 2

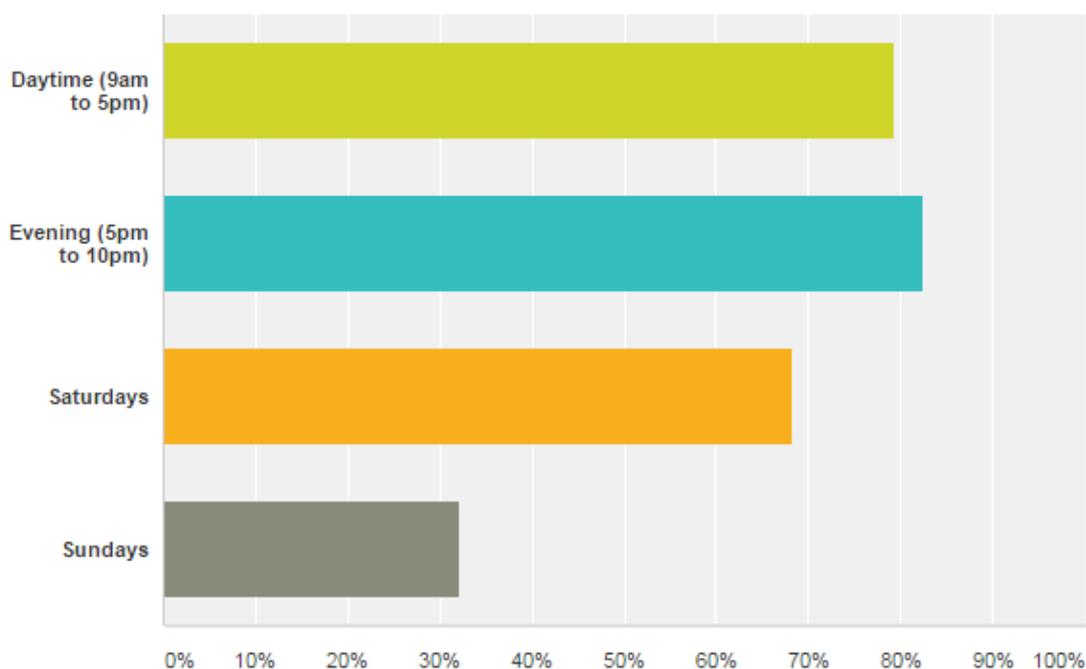


Answer Choices	Responses
GP Practices	79.07% 204
Pharmacies	54.65% 141
Community centres	77.52% 200
Children's centres	65.50% 169
Community and faith facilities (Churches, Mosques, etc)	44.19% 114
Schools	69.38% 179
Workplaces	51.16% 132
Hospital	51.16% 132
Shopping centres	7.36% 19
Care homes	8.91% 23
Other (please specify)	4.65% 12
Total Respondents: 258	

Q11:

### Services should ideally be available at the following times (tick as many as you wish).

Answered: 246 Skipped: 14



Answer Choices	Responses
Daytime (9am to 5pm)	79.27% 195
Evening (5pm to 10pm)	82.52% 203
Saturdays	68.29% 168
Sundays	32.11% 79
Total Respondents: 246	

Q12 reponses – ‘Please add any additional comments regarding this proposed service’ (Free text):

#	Response
1	Good idea
2	The Peterborough city council website is crap!
3	Staff need to understand the community and speak the right language
4	Need to do more promotion. Website is no good if you do not speak English
5	Services should be free or at a subsidised rate
6	☺
7	What about having some incentives in place to encourage community volunteers to spread healthy messages?

8	The people delivering the service understand you and your needs
9	The programme needs to be promoted more
10	Services should be free and more availability of exercise sessions in local venues
11	More promotion and events
12	I would use the service if it was delivered in the right place by the right staff!
13	Don't just rely on the Peterborough city council website, that's not good
14	More community education and awareness sessions are needed
15	More services for kids who are overweight is needed
16	Better promotion required
17	Workplaces should actively support employees
18	People work long hour shifts so flexibility in service is required
19	It's important that young people are educated about lifestyle risks
20	Better advertising and remove the language barriers
21	More promotion in different languages
22	Advertise on Facebook and events in city centre
23	Advertise more online and do more health campaigns
24	I have lost 15kg thanks to this programme. Amazing, please promote more in Polish, Russian and Lithuanian
25	Not very helpful staff
26	More health campaigns
27	There is not enough time for this
28	More languages
29	More information in other languages as Peterborough is very international
30	Other languages
31	Services such as physical exercise should be separate for males and females. There needst o be more promotions for these services so people are aware of what's available
32	More information about the services and better advertising
33	Services should be open to anyone, not just by eligibility
34	Language barrier and better advertising
35	Childcare issues when attending the services
36	I have found this service useful
37	Better advertising on services and leaflets through doors
38	Totally agree. Services should be available out

	of work times. Everything costs too much money, so would be a good idea to put back in to communities
39	More information about services
40	We need more information about the services available
41	Facilities should be close to home and should be separate for men and women
42	For children under 16 they should have free access to the gym
43	There should be a translator for those people who don't speak very well or don't understand
44	In my opinion there should be a translator for people who don't speak very good English
45	Better promotion is needed and more face to face work
46	Need to do more advertising in local areas
47	More staff working with the community – doing outreach, not enough promotion
48	Communities need staff that understand their cultural/religious needs and ideally those who understand languages
49	Having the right staff delivering the service makes a big difference
50	There are so many problems with obesity and diabetes – right people at the right place working with community
51	You learn so much from the programmes but there needs to be more face to face promotion
52	More advertising is needed
53	Services should be available for people who work long hours
54	More education and awareness is needed on different health issues. Posters alone are not enough
55	There needs to be more exercise classes in the community
56	I think services should be available to everyone
57	More services focused in areas of need i.e. Central ward area
58	There should be more promotions as people need to know about the services and doing it by the website is not the best
59	Accessibility of services is very important – having to catch a bus and change twice is not helpful
60	It's important for people to know where the services are
61	The services should be provided by people who speak different languages
62	The problem is the language barrier

63	Some people work so there should be time available for them
64	If you concentrate on areas where people smoke, this penalises people who don't smoke
65	Very unclear proposal – what will change from existing provision? No mention of drugs and alcohol, prescribed or otherwise legal
66	Interpreters should be provided
67	Never heard before about healthy lifestyle services
68	Support for people with disabilities
69	Exercise outside e.g. Zumba, yoga
70	There should be more facilities for younger children regarding health issues, so they have a better understanding early on
71	More change in healthy diets, smoking etc. especially with young people and adults and also have more facilities for people to go and seek help and advice
72	Language appropriate services
73	Maybe this leaflet should be in other languages so other people can take advantage of the services provided
74	Not sure about what is available. There needs to be more promotion of services/support available to people. It needs to be easy for all people to understand e.g. language needs have to be met
75	I think this has been good for my family
76	Free after school sports clubs. No private companies touting to make money out of young children. PCC has separate managers, separate the costs of sports activities from drama, singing, music, theatre
77	Mental health should be prominent than smoking
78	Home conditions frequently impinge on the health lifestyles of residents – in view of this it is imperative that PCC/NHS adopt an holistic approach to the issue of healthy lifestyles
79	Gym and pool facilities
80	Previous exercise programmes have been short term with an expectation that people can improve and move on to higher/harder levels with the expectation that they will 'get better'. For some old people or those with long term or permanent or worsening disabilities the need is for on-going programmes to maintain any improvement or their current level of fitness without the pressure to move on to a gym, for example, where well-meaning but

	targeted trainers cause stress by always suggesting people could do more or failing to understand that, for example, people with arthritis are always in pain.
--	--

This page is intentionally left blank

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>Agenda Item No. 7</b>
<b>14 March 2017</b>	<b>Public Report</b>

<b>Report of the Director of Governance</b>		
<b>Contact Officer</b>	Pippa Turvey, Democratic and Constitutional Services Manager	Tel. 452460

## **FORWARD PLAN OF EXECUTIVE DECISIONS**

### **1. PURPOSE**

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

### **2. RECOMMENDATIONS**

- 2.1 That the Committee 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 A. The Forward 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 key decisions to be taken after 3 April 2017.
- 3.2 The information in the Forward Plan of Executive Decisions provides the Committee 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 Committee 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

- 5.1 None.

### **6. APPENDICES**

- 6.1 Appendix A – Forward Plan of Executive Decisions

This page is intentionally left blank

# PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

## **PART 1 – KEY DECISIONS**

In the period commencing 28 clear 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 Fitzgerald (Deputy Leader); Cllr Elsey; Cllr Goodwin; Cllr Hiller, Cllr Lamb; Cllr Smith; Cllr Seaton and Cllr Walsh.

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 philippa.turvey@peterborough.gov.uk, Democratic and Constitutional Services Manager, Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to or by telephone on 01733 452460. For each decision a public report will be available from the Democratic Services Team one week before the decision is taken.

## **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 Philippa Turvey, Democratic and Constitutional Services Manager, Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to [philippa.turvey@peterborough.gov.uk](mailto:philippa.turvey@peterborough.gov.uk) or by telephone on 01733 452460.

All decisions will be posted on the Council's website: [www.peterborough.gov.uk/executivedeisions](http://www.peterborough.gov.uk/executivedeisions). If you wish to make comments or representations regarding the 'key decisions' outlined in this Plan, please submit them to the Democratic and Constitutional Services Manager 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 3 APRIL 2017**

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>ICT Infrastructure – KEY/03APR17/01</b> Contract To Continue To Host The Councils Server Estate</p> <p>57</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>March 17</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Vicki Palazon Head of Finance (Business Operations and Development) Tel: 01733 864104 Email: vicki.palazon@petterborough.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>Section75 Agreement for Joint Procurement of Child and Adolescent Mental Health Services – KEY/03APR17/02</b> Approval to enter a S.75 agreement with regard to joint procurement of Child and Adolescent Mental Health services and PCC's financial commitment to the procurement.</p>	<p><b>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b></p>	<p><b>April 2017</b></p>	<p>Health Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Jo Melvin, Public Health Commissioner Tel: 01733 864559 Joanne.melvin@petterborough.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>WARD</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>Award of Contract for the Management and Operation of Dogsthorpe HRC – KEY/03APR17/03</b></p> <p>To award a contract for the management and operation of Dogsthorpe HRC.</p>	<p><b>Councillor Gavin Elsey, Cabinet Member for Waste and Street Scene</b></p>	<p><b>April 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Pearn Waste Partnership Manager Tel: 01733 864739 Richard.pearn@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>Junction 20 Capacity Improvements (A47/A15 interchange) – KEY/03APR17/04</b></p> <p>Recommendation to approve the issue of additional work packages to Skanska (Construction) UK Limited. These additional works have been agreed with and fully funded by the Local Enterprise Partnership (LEP).</p>	<p><b>Councillor Peter Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</b></p>	<p><b>April 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>Gunthorpe, Dogsthorpe and Paston &amp; Walton</p>	<p>Relevant internal and external stakeholders.</p>	<p>Simon Machen (Executive Director Growth &amp; Regeneration) Tel: (01733) 453475 E-mail: Simon.Machen@peterborough.gov.uk</p> <p>Martin Brooker (Senior Engineer) Tel: (01733) 452691 E-mail: Martin.Brooker@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>WARD</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>
------------------------------	-----------------------	-------------------------------	------------------------------------	-------------	---------------------	---	---

**PREVIOUSLY ADVERTISED DECISIONS**

59	<p><b>1. 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 Cabinet Member for Resources</b></p>	<p><b>March 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>Bretton Councillors: Ellis, Martin, Sylvester</p>	<p>Relevant internal and external stakeholders.</p>	<p>Jane McDaid Head of Peterborough Property services Tel: 01733 384540 Jane.mcdaid@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>WARD</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>2. <b>Intelligent Transport Systems Infrastructure – KEY/11DEC15/01</b> To introduce the use of Variable Message Signs (VMS) on the road network to provide real-time driver information.</p>	<p><b>Councillor Peter Hiller</b> <b>Cabinet Member for Growth, Planning, Housing and Economic Development</b></p>	<p><b>March 2017</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Peter Tebb Network and Traffic Manager Tel: 01733 453519 Peter.tebb@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><i><b>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</b></i></p>

<b>KEY DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>
3.	<b>Direct Payment Support Service – KEY/11DEC15/02</b> To approve the direct payment support service.	<b>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b>	<b>November 2017</b>	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders.	Gary Jones Lead commissioner for Older people Tel: 452450 gary.jones@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.  <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>	
4.	<b>Review of Emergency Stopping Places – KEY/25JAN16/02</b> For Cabinet to review existing and proposed emergency stopping places.	Cabinet	20 March 2017	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders.	Belinda Child Head of Housing and Health Improvement 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.
2.	<b>Personal Care and Support (Homecare) in Peterborough – KEY/02MAY16/01</b> To approve the awarding of a contract to an external provider following a competitive tender exercise.	<b>Councillor Wayne Fitzgerald            Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b>	October 2017	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders	Gary Jones Lead commissioner for Older people Tel: 452450 gary.jones@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>KEY DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>
63	<b>6. Business Advice Charging Policy – KEY/25JUL16/01</b> To approve the charging policy.	<b>Councillor Irene Walsh</b> <b>Cabinet Member for Communities and Environment Capital</b>	<b>March 2017</b>	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders.	Peter Gell Head of Regulatory Services Tel: 01733 453419 Peter.gell@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
	<b>7. Market Position Statement – KEY/08AUG16/01</b> To approve the market position statement.	<b>Councillor Wayne Fitzgerald</b> <b>Deputy Leader and Cabinet Member for Integrated Social Care and Health</b>	<b>March 2017</b>	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders.	Oliver Hayward Assistant Director of People Commissioning and Commercial Operations Oliver.hayward@peterborough.gov.uk Tel: 01733 863708	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>8. <b>Award of Contract for Construction and Operation of Fengate Household Recycling Centre – KEY/05SEPT16/02</b> To approve the award of contract for construction and operation of Fengate Household Recycling Centre.</p>	<p><b>Councillor Gavin Elsey</b> <b>Cabinet Member for Waste and Street Scene</b></p>	<p><b>March 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Pearn Waste Partnership Manager Tel: 01733 864739 Richard.pearn@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><i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></b></p>

<b>KEY DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>
9.	<b>Community Supported Living Services – KEY/19SEPT16/02</b> To approve the award of the contract for Community Supported Living Services for adults with complex learning disabilities.	<b>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b>	<b>March 2017</b>	Adults and Communities Scrutiny Committee	All	Engagement with service users, family members, carers and current provider.	Peter Brennan Interim Head of Mental Health and Learning Disabilities Tel: 452474 peter.brennan@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
10.	<b>Uncollectable debts in excess of £10,000 – KEY/28NOV16/01</b> Council Tax, Housing Benefits, Sundry and Business Rates	<b>Councillor David Seaton Cabinet Member for Resources</b>	<b>March 2017</b>	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
11.	<b>Peterborough Serco Strategic Partnership Contract Amendments – KEY/28NOV16/02</b> To agree amendments to the Serco Partnership Contract	<b>Councillor David Seaton Cabinet Member for Resources</b>	<b>March 2017</b>	Growth, Environment & Resources Scrutiny Committee	All	Relevant stakeholders and Serco.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>
12.	<b>Serco ICT Contract Amendments – KEY/28NOV16/03</b> To agree amendments to the Serco ICT Contract.	<b>Councillor David Seaton Cabinet Member for Resources</b>	<b>March 2017</b>  Growth, Environment & Resources Scrutiny Committee	All	Relevant stakeholders and Serco.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
13.	<b>Section 256 Agreement Care at Home KEY/12DEC16/01</b> To seek permission to enter into a S256 Agreement with the NHS to allow Peterborough City Council to commission Care at Home Services on their behalf realising economies of scale and higher degree of market management.	<b>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b>	<b>October 2017</b>  Health Scrutiny Committee	All	Relevant internal and external stakeholders.	Helene Carr, Head of Commissioning Social Care Tel: 01733 863901, Email: Helene.carr@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published

<b>KEY DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>
67	<p><b>14. Passenger Transport Services - KEY/26DEC/05</b> Implement Passenger Transport framework to provide transport services to mainstream and SEN pupils Expenditure over £500k</p>	<p><b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University and Communication</b></p>	<p><b>March 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant Internal &amp; external stakeholders</p>	<p>Bryony Wolstenholme Bryony.wolstenholme.peterborough.gov.uk  01733 317452</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>15. Implementation of Public Space Protection Orders – KEY/9JAN17/01</b> For the Cabinet Member to approve the implementation of Public Space Protection Orders following public consultation.</p>	<p><b>Councillor Walsh, Cabinet Member for Communities and Environment Capital</b></p>	<p><b>March 2017</b></p>	<p>Adult and Communities Scrutiny Committee</p>	<p>All</p>	<p>A full public consultation on the proposed public space protection orders</p>	<p>Laura Kelsey, Anti-Social Behaviour Co-ordinator Tel: 01733 453563 laura.kelsey@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>WARD</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>16. <b>DNA Programme – KEY/23JAN17/02</b>            Approve continuation of the ‘Peterborough DNA’ programme up to September 2017 following receipt of a grant to the value of £3m from Innovate UK (formally the Technology Strategy Board) in March 2013; and Delegated authority to the Governance Board to authorise the award of an additional grant to Opportunity Peterborough Limited to the value of £286k for accumulated and prospective projects under the Peterborough DNA programme.</p>	<p><b>Councillor Peter Hiller Cabinet Member for Growth, Planning, Housing and Economic Development</b></p>	<p><b>March 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Charlotte Palmer, Environment, Transport and Future City Manager            Tel: 01733 453538            Email: charlotte.palmer@peterborough.gov.uk            Tel: 01733 453538</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>WARD</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>17.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">69</p>	<p><b>Local Transport Plan Programme of Capital Works for 2017/18 - KEY/23JAN17/03.</b> To approve the 2017/18 programme which includes the integrated transport programme, highway maintenance programme and the bridge maintenance programme.</p>	<p><b>Councillor Peter Hiller Cabinet Member for Growth, Planning, Housing and Economic Development</b></p>	<p><b>March 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Lewis Banks Principal Transport Planning Officer Tel: 01733 317465 lewis.banks@pet-erborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information)</p>

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>18. <b>Oakdale Primary School Expansion – KEY/6FEB17/01</b> Award of Contract for the expansion of Oakdale Primary School from 1FE to 2FE, including the approval of property, legal and financial arrangements for various enabling agreements with third parties</p>	<p><b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills University, and Communications</b></p>	<p><b>July 2017</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>Stanground South, Councillors Ray Bisby, Chris Harper and Brian Rush</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Brian.howard@peterborough.gov.uk Sharon Bishop Tel: 01733 863997 sharon.bishop@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>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>19.</p> <p>71</p>	<p><b>Assessed Needs Contracts with Care Homes</b>  <b>KEY/20FEB17/01</b>  Approval to enter into contractual arrangements with Care Homes [residential and nursing] in order meet eligible service users' assessed needs until such time as a Pseudo Dynamic Purchasing System has been established.</p>	<p><b>Councillor Wayne Fitzgerald</b>  <b>Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b></p>	<p><b>March 2017</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Helene Carr,  Head of Commissioning Social Care Tel: 01733 863901,  Email: Helene.carr@pet-erborough.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>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>
20.	<b>Discretionary rate relief - KEY/20FEB17/02</b> From business rates for charities, similar organisations not established or conducted for profit and rural businesses	<b>Councillor David Seaton Cabinet Member for Resources</b>	<b>March 2017</b>	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Vicki Palazon Head of Finance (Business Operations & Development) Email: vicki.palazon@pe terborough.gov.uk Tel:01733 864104	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. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></b>

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>	
21.	<b>Ormiston Bushfield Academy Expansion - KEY/20FEB17/03</b> To agree to the award of a contract to expand Ormiston Bushfield Academy.	<b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills, University, and Communication</b>	<b>April 2017</b>	Children and Education Scrutiny Committee	Orton Waterville Councillors: Aitken, Eley, Stokes.	Relevant internal and external stakeholders.	Kim Robertson, NPS Property Services Tel: 01733 863976 kim.robertson@nps.co.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
22.	<b>Nene Park Academy Expansion - KEY/20FEB17/04</b> To agree to the award of a contract to expand Nene Park Academy.	<b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills, University, and Communication</b>	<b>April 2017</b>	Children and Education Scrutiny Committee	Orton Waterville Councillors: Aitken, Eley, Stokes.	Relevant internal and external stakeholders.	Kim Robertson, NPS Property Services Tel: 01733 863976 kim.robertson@nps.co.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>	
23.	<b>Academy Conversion – KEY/20FEB17/05</b> Conversion of maintained school to academy status	<b>Councillor Holdich Leader of the Council and Cabinet Member for Education, Skills, University and Communication</b>	<b>May 2017</b>	Children and Education Scrutiny Committee		Relevant internal and external stakeholders.	Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Brian.howard@pet-erborough.gov.uk Sharon Bishop Tel: 01733 863997 sharon.bishop@pet-erborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
24.	<b>Shared Lives - KEY/06MAR17/01</b> To seek permission to consult with relevant parties on the Commissioning Board decision to deregister the service, support service users and carers into alternative care arrangements	<b>Councillor Wayne Fitzgerald Deputy Cabinet Member for Integrated Adult Social Care and Health</b>	<b>March 2017</b>	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders.	Janet Warren Assistant Commissioner Tel:01733 863865 janet.warren@pet-erborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>
25.	<b>Academy Conversion - KEY/06MAR17/02 -</b> Conversion of a maintained school to academy status	<b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University and Communication</b>	<b>May 2017</b>	Children and Education Scrutiny Committee	TBC	Relevant internal and external stakeholders.	Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Brian.howard@peterborough.gov.uk Sharon Bishop Tel: 01733 863997 sharon.bishop@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
75								
26.	<b>Academy Conversion - KEY/06MAR17/03 -</b> Conversion of a maintained school to academy status	<b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University and Communication</b>	<b>May 2017</b>	Children and Education Scrutiny Committee	TBC	Relevant internal and external stakeholders.	Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Brian.howard@peterborough.gov.uk Sharon Bishop Tel: 01733 863997 <a href="mailto:sharon.bishop@peterborough.gov.uk">sharon.bishop@peterborough.gov.uk</a>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>
27.	<p><b>Decision Request for Implementation of Millfield, New England and parts of Park Ward (Eastfield) and East Ward (Embankment) Public Space Protection Order - KEY/06MAR17/04</b> For the Cabinet Member to approve the implementation of the aforementioned Public Space Protection Order following public consultation.</p>	<b>Councillor Walsh, Cabinet Member for Communities and Environment Capital</b>	<b>March 2017</b>	Adult & Communities Scrutiny Committee	North, Park, Central and East Ward Councillors	<b>All relevant ward councillors and interested parties have been consulted via the proposed PSPO consultation process. Ward Cllrs will also receive notification of the decision prior to being published.</b>	Report Author: Laura Kelsey, Senior Prevention & Enforcement Service Officer and Anti-social Behaviour thematic lead Tel: 01733 453563 laura.kelsey@pet-erborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
28.	<p><b>Agile Working Devices - KEY/06MAR17/05</b> Purchase and implementation of Chromebooks and / or suitable devices to support agile working</p>	<b>Cabinet Member for Resources</b>	<b>March 2017</b>	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Vicki Palazon, Head of Finance (Business Operations and Development), Tel:01733 864104 Email: <a href="mailto:vicki.palazon@pet-erborough.gov.uk">vicki.palazon@pet-erborough.gov.uk</a>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>29.</b> <b>Children’s Centre Services - KEY/06MAR17/06</b> To award the contracts for the delivery of the children’s centres in Peterborough to Spurgeons and Barnardos</p>	<p><b>Cabinet Member for Children’s Services</b></p>	<p><b>March 2017</b></p>	<p>Children and Education Scrutiny Committees</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Pam Setterfield Team Manager for Sufficiency &amp; Child Health &amp; Well Being Tel:01733 863897 Email: Pam.setterfield@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>30.</b> <b>Transfer of Commissioning responsibility for Healthwatch – KEY/06MAR17/07</b> Approve the local authority transfer of commissioning responsibility for Healthwatch services from Peterborough City Council to Cambridgeshire County Council</p>	<p><b>Cabinet Member for Public Health</b></p>	<p><b>March 2017</b></p>	<p>Health Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders</p>	<p>Jo Melvin Commissioner – Public Health Tel:01733 863980 Email: Joanne.melvin@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>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
None							

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

**NON-KEY DECISIONS**

<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>WARD</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>
---------------------------------	------------------------------	--------------------------------------	---	--------------------	----------------------------	--	--

**PREVIOUSLY ADVERTISED DECISIONS**

1. 79	<b>Food Safety Service Plan</b> – To approve the service plan.	<b>Councillor Irene Walsh Cabinet Member for Communities and Environment Capital</b>	<b>March 2017</b>	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Peter Gell Head of Regulatory Services Tel: 01733 453419 Peter.gell@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
2.	<b>Vivacity Funding</b> – To fund Vivacity £1278 until March 2017 (via DWP grant funding) to provide digital support for UC claimants to make benefit claims online at Central Library.	<b>Councillor David Seaton Cabinet Member for Resources</b>	<b>March 2017</b>	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Ian Phillips Social Inclusion Manager Tel: 01733 863849 ian.phillips@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>	
80	<p><b>3. Vivacity Premier Fitness Invest to Save Scheme -</b> To authorise investment in developing Vivacity Premier Fitness on an invest to save basis</p>	<p><b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b></p>	<p><b>March 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>John Harrison Corporate Director Resources Tel: 01733 452520 John.harrison@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><i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></b></p>

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>
81	<p><b>4. Delivery of the Council's Capital Receipt Programme through the sale of Welland House, Dogsthorpe -</b> To authorise the sale of Welland House, Dogsthorpe</p>	<p><b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b></p>	<p><b>March 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>Dogsthorpe Councillors: Ash, Saltmarsh, Sharp</p>	<p>Relevant internal and external stakeholders.</p>	<p>David Gray Capital Projects Officer Tel: 01733 384531 david.gray@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>5. Procurement Strategy –</b> To update Cabinet on the procurement strategy.</p>	<p><b>Cabinet</b></p>	<p><b>20 March 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@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>6. Proposal for Loan of Senior Management Staff Under Joint Arrangements –</b> To approve a sharing agreement for senior management staff.</p>	<p><b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b></p>	<p><b>March 2017</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Kim Sawyer Director of Governance Tel: 01733 452361 Kim.sawyer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</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>
7.	<p><b>Safer Peterborough Partnership Plan 2017 - 2020</b> To recommend the Safer Peterborough Partnership 2017 – 2020 for approval by full Council.</p>	<b>Cabinet</b>	<b>20 March 2017</b>	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders	Hayley Thornhill Senior Policy Manager Tel: 01733 864112 hayley.thornhill@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
8.	<p><b>Funding of Information, Advice and Guidance services within the voluntary sector -</b> To authorise award of grants.</p>	<b>Councillor David Seaton Cabinet Member for Resources</b>	<b>March 2017</b>	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders	Ian Phillips Senior Policy Manager Tel: 01733 863849 ian.phillips@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

**PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES**

**KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES**

<i>DECISION TAKEN</i>	<i>REASON FOR URGENCY</i>	<i>DECISION MAKER</i>	<i>DATE DECISION TAKEN</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
NONE								

## **DIRECTORATE RESPONSIBILITIES**

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

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)

Strategic Finance

Internal Audit

Schools Infrastructure (Assets and School Place Planning)

Waste and Energy

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

### **PEOPLE AND COMMUNITIES DEPARTMENT Corporate 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)

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

### **GROWTH AND REGENERATION DEPARTMENT Corporate 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)

Corporate Property

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

Health Protection, Health Improvements, Healthcare Public Health.

## **PETERBOROUGH CITY COUNCIL'S CABINET MEMBERS WOULD LIKE TO HEAR FROM YOU**

The Leader of Peterborough City Council is offering everyone a chance to comment, or raise queries on the decisions highlighted on the Council's Forward Plan.

Your comments and queries can be submitted to the Council's Governance Team using the form overleaf, or alternatively by telephone or email. The Governance team will then liaise with the appropriate Cabinet Member and ensure that you receive a response. Members of the Cabinet, together with their areas of responsibility, are listed below:

Councillor Holdich      Leader of the Council and Cabinet Member for Education, Skills, University and Communications

Councillor Fitzgerald      Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health

Councillor Elsey      Cabinet Member for Waste and Street Scene

Councillor Goodwin      Cabinet Member for City Centre Management, Culture and Tourism

Councillor Hiller      Cabinet Member for Growth, Planning, Housing and Economic Development

Councillor Lamb      Cabinet Member for Public Health

Councillor Smith      Cabinet Member for Children's Services

Councillor Seaton      Cabinet Member for Resources

Councillor Walsh      Cabinet Member for Communities and Environment Capital

## SUBMIT YOUR COMMENTS OR QUERIES TO PETERBOROUGH CITY COUNCIL'S CABINET

Your comment or query:

How can we contact you with a response?  
(please include a telephone number, postal and/or e-mail address)

Name .....

Address .....

.....

Tel: .....

Email: .....

Who would you like to respond? (if left blank your comments will be referred to the relevant Cabinet Member)



This page is intentionally left blank

## DRAFT HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017-18

Possible Items for Future Meetings	Contact Officer
Hearing Aid Threshold Consultation	Jessica Bawden
Delegated Commission on of Primary Care	Jessica Bawden
Minor Injuries and Illness Unit (Options for Relocation)	Jessica Bawden
Portfolio Progress Report from Cabinet Member for Integrated Adult Social Care and Health	
Portfolio Progress Report from Cabinet Member for Public Health	
New GP Out of Hours / 111 Service Update	Jessica Bawden
Cambridgeshire and Peterborough Clinical Commissioning Group Performance Report	Jessica Bawden
Adult Social Care and Public Health – 2014/15 Performance Overview Report	
Cambridgeshire And Peterborough Health And Care System Transformation Programme	
Peterborough and Stamford Hospitals NHS Foundation Trust – General Overview Of Trust Activity	

**Priorities for Health Scrutiny Committee:**

- Dementia, including prevention via mental and physical stimulation;
- Coronary heart disease;
- Loneliness and isolation, particularly in the elderly;
- Obesity; and
- Health inequality.