

HEALTH SCRUTINY COMMITTEE

MONDAY 5 NOVEMBER 2018

7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

Page No

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

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.
3. **Minutes of the Health Scrutiny Meeting Held on 17 September 2018** 3 - 10
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. **Peterborough And Cambridgeshire Sexual And Reproductive Health Services Commissioning Feasibility Study** 11 - 16
6. **Preparations for Winter 2018/19 In Our Hospital** 17 - 24
7. **Primary Care Update Peterborough** 25 - 30
8. **Monitoring Scrutiny Recommendations** 31 - 34



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9. Forward Plan of Executive Decisions	35 - 82
10. Work Programme 2018/2019	83 - 90
11. Date of Next Meeting	
• 28 November 2018 – Joint Scrutiny of the Budget Meeting	
• 21 January 2019 – Health Scrutiny Meeting	

Emergency Evacuation Procedure – Outside Normal Office Hours

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Committee Members

Councillors: J Stokes (Chairman), K Aitken, A Ali, S Barkham, S Hemraj, D Jones, D Over, B Rush (Vice Chairman), N Sandford, N Simons, and S Warren

Substitutes: Councillors: G Casey, R Ferris, A Joseph and Saltmarsh

Co-opted Members:

Parish Councillor Henry Clark, Independent Co-opted Member (Non-voting)

Parish Councillor Barry Warne, Substitute Independent Co-opted Member (Non-voting)

Dr Steve Watson, Independent Co-opted Member (Non-voting)

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

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE
HELD AT 7.00PM ON
MONDAY 17 SEPTEMBER 2018
IN THE BOURGES / VIERSEN ROOMS, TOWN HALL, PETERBOROUGH**

Committee Members Present:	Councillors J Stokes (Chairman), K Aitken, S Barkham, R Ferris, S Hemraj, D Jones, D Over, B Rush (Vice Chairman), B Saltmarsh, N Simons, S Warren Co-opted Members - Parish Councillor Barry Warne and Dr Steve Watson	
Also present	Jane Pigg	Company Secretary, North West Anglia NHS Foundation Trust
	Jessica Bawden	Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group
	Dr G Howsam	Clinical Chair - Cambridgeshire and Peterborough Clinical Commissioning Group
	Marek Zamborsky	Head of Adult Mental Health, Learning Disability Commissioning and Contracting, Cambridgeshire and Peterborough CCG
	Mubarak Darbar	Head of Commissioning for Cambridgeshire County Council and Peterborough City Council
	Nik Patten	Healthwatch, Cambridgeshire
Officers Present:	Dr Liz Robin	Director of Public Health
	Paulina Ford	Senior Democratic Services Officer
	David Beauchamp	Democratic Services Officer

11. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Sandford and Councillor Jamil. Councillor Saltmarsh was in attendance as a substitute for Councillor Sandford and Councillor Ferris was in attendance as substitute for Councillor Jamil. Apologies were also received from Co-opted member Parish Councillor Henry Clark and Parish Councillor Barry Warne was in attendance as substitute.

12. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Councillor Hemraj declared an interest in that she was an employee of the North West Anglia NHS Foundation Trust.

13. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 2 JULY 2018

The minutes of the meetings held on 2 July 2018 were agreed as a true and accurate record.

14. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no requests for Call-in to consider.

15. STP UPDATE AND STRATEGIC DIRECTION 2018/9

The Clinical Chairman of the Cambridgeshire and Peterborough Clinical Commissioning Group introduced the report which asked the Committee to consider the strategic direction for the Sustainability and Transformation Partnership for 2018/19.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members commented that the report was difficult to understand and did not provide evidence of any real successes. Members were informed that appendix 1 attached to the report listed a number of successes where the system had worked together over the last year. Working together as one system would provide incremental changes rather than one big change.
- Members were advised that the five posts being created to support the delivery of core components in and around Peterborough were not specifically for Peterborough but would also cover East Cambridgeshire and Fenland.
- Delayed Transfers of Care (DTC). One of the biggest problems regarding DTC was co-ordinating who did what and understanding why those patients were being delayed. The process was complicated as there were a number of partner organisations involved and the first challenge was to identify exactly who did what.
- Members sought clarification with regard to patients who were deemed medically fit for discharge and why it took so long to put their care plans in place. Members were advised that there were a number of reasons why a patients discharge might be delayed which included social care packages, social care and health packages and sometimes it was family choice. It was important not to wait until the patient was fit to make those decisions, some areas within the hospital and also outside of the hospital could be speeded up. There was also an issue with workforce i.e. domiciliary care in particular. There was a team in place across Cambridgeshire and Peterborough that met every day and discussed the patients and their care packages and if these needed to be changed and also where the patients needed to go i.e. a residential home or if their family could support them. One of the issues has been around who pays for the care and the focus needed to be about the patient not who paid for the care.
- There were staff shortages across the system from carers in the community to practice nurses and consultants. This was one of the most worrying issues.
- Members sought clarification as to how many beds were available in Peterborough in both residential homes and nursing homes for Continuing Health Care (CHC) patients. Members were advised that the numbers varied daily and the information could be provided to the Committee after the meeting.
- Members enquired as to whether it was realistic to resolve the areas of persistent system challenges under Operational Performance as listed under paragraph 4.3.1. on page 14 of the report within the target of the next nine months. Members were informed that all of the challenges had to be met and this area of operational performance had to be right.
- It was noted that there was a forecast of a collective system deficit of £500m by 2021 and that only one other system in the country had a higher deficit in proportion of total income. Members were informed that the government were being lobbied as it was believed that the funding formula for Cambridgeshire was insufficient.

- The Primary Care Mental Health Service (PRISM) was set up to provide specialist mental health support to cover the gap between the specialist mental health services from the acute sector and those that could be dealt with in primary care. The service covered all spectrums of mental health including personality disorder and schizophrenia. The Head of Adult Mental Health also in attendance provided the Committee with a detailed explanation of the service provided by PRISM.
- Since the introduction of the PRISM service there had been a 25% reduction in people attending Accident and Emergency with mental health issues. The 111 option 2 first response service had made the biggest difference as this allowed people to ring in at the point of crisis to speak to a trained mental health worker. This had meant that people were signposted to the correct service to deal with their needs at the point of crisis. Self-harm presentations at Accident and Emergency had significantly reduced since the introduction of the 111 service.
- Members sought clarification on whether the STP plan was on target to save the expected £500m. Members were informed that it was a big challenge as the rate of spend had not decreased and was therefore adding to the deficit.
- The Electronic Patient Record System (EPIC) was a bespoke computer system used by Addenbrookes. The aim was to roll out a similar system at Hinchingbrooke and Peterborough. It would be a platform that integrated data from different systems as the cost of changing to one system would be massive.
- Members noted that a new Interim Accountable Officer for the Cambridgeshire and Peterborough STP had been appointed for a period of six to nine months and questioned why it was a short term appointment. Members were informed that there was a high level of turnover in senior leadership roles which has proved to be challenging. The new Accountable Officer would bring some stability and allow the STP to move to the next stage.
- Members were concerned that the STP was a complex programme and it was difficult to see what the main objectives were, who was responsible for each element and what the vision was. Members were informed that there was a huge number of work streams in place each of which were programme managed with a timeframe in place for each and a risk register. There was an overall vision which was published in the STP plan eighteen months ago but in the health and social environment this was always subject to change. A new consultation had just been launched about the Five Year Plan for the NHS and how it should be structured for the current population which finished at the end of September. The outcome of this may affect the STP in the future.
- There was one pot of money to provide health and social care for the population. Guaranteed income contracts allowed the commissioners to know how much money would be spent across each of the providers. It also let the providers know how much money they will have to work with.
- If a patient is not at the point of discharge then they would not be classed as a delayed transfer of care because they had not been pronounced medically fit for discharge.
- Members were provided with a detailed explanation of Integrated Neighbourhoods.
- Members requested that future STP updates be more relevant and detailed towards Peterborough. Members were informed that one of the challenges was that the STP was not a statutory body but a collection of organisations working in partnership. A lot of the STP was high level strategic planning however there was some detail that could be provided from the Northern Alliance Patch work which was relevant to Peterborough.
- The Healthwatch representative sought clarification with regard to the work being undertaken around Outpatients. Members were informed that the current way of dealing with outpatients in hospitals was challenging and costly. The specialist knowledge required for outpatients did not necessarily have to be delivered in a hospital setting. The use of technology for follow up appointments could be over skype or a telephone conversation. This was one area that could be reimaged.

AGREED ACTIONS:

The Health Scrutiny Committee considered the report and **RESOLVED** to discuss and comment on the STP strategic direction and review.

The Health Scrutiny Committee also requested that the Director of Corporate Affairs provide the Committee with the following information:

1. The number of beds that were available in Peterborough in both residential homes and nursing homes for Continuing Health Care (CHC) patients.
2. The name of the other system in the country that had a higher deficit in proportion of total income to that of Cambridgeshire.
3. Provide a further update report in six months on the progress of the STP priorities to include Northern Alliance Patch work which is relevant to Peterborough and Road Map for System working.

16. NHS CONSTITUTION INCLUDING TARGETS AND PERFORMANCE

The report was introduced by the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group. The report examined what people could expect from the NHS constitution and how the situation currently compared in Peterborough.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- The Healthwatch representative sought further information with regard to GP practice visits. Members were informed that the visits were not about going into a GP practice and asking why they were doing something in a particular way. The visit was about presenting them with the data on their practice referrals and then trying to understand why the referrals were being made. A high referrer was not necessarily doing something wrong. There was a variation in the number of referrals from each practice and this was often dependent on the demographics of the area or the different skills of the GP's. It had been noted that there had been an increase in referrals from the practices under the most pressure. Where there was a high level of patient turnover there was often a higher number of patient referrals. Patient expectations of the outcome of the treatment was also changing. Thresholds for referrals were being much more tightly applied in some practices and the outcome was a drop in referrals.
- Members noted that a patient's right to access services in A&E was to wait a maximum of four hours from arrival to admission, transfer or discharge. A&E attendances were 3.5% below plan. Members were informed that there were many reasons a patient attended A&E which included patients waiting for a bed and people who were not A&E patients. Primary Care teams had now been put in place within A&E to filter out people who were not A&E patients and this would take some of the strain. Additional improvements could be made to those people waiting in A&E for a bed to move them more quickly out of A&E. To improve things further it would need a culture change.
- Improvement and Assessment Framework clinical priority ratings table, page 29. It was noted that in the July 2018 column of the table there were several clinical priorities that were listed as "not yet assessed". Members sought clarification as to why. It was also noted that the C & P CCG Overall Rating was Inadequate as at July 2018. Members were informed that NHS England assessed all areas and to date they had only assessed the Cancer indicators which had been rated as "Outstanding" and Maternity Indicators which had been rated as "Requires Improvement". Diabetes, Mental Health, Learning Disability and Dementia had still to be assessed. The final ratings should be provided by September.

- Diagnosis of diabetes was difficult in that many people did not understand the severity of diabetes and therefore often did not go to the doctors to be diagnosed. Those people that did understand often did not want to receive the diagnosis. Structured education courses on diabetes were available at weekends and evenings.
- Members sought clarification with regard to the implementation of the system-wide Stranded Patients Taskforce at Peterborough City Hospital and at Hinchingsbrooke. Members were informed that the term “stranded” did not only refer to elderly patients. The term stranded referred to patients who were in hospital for up to 7 days. The term “super stranded” referred to patients who were in hospital for over 21 days. Some people were in hospital waiting for a care package to be put in place or for a health intervention. On average if a patient stayed in hospital for 7 days or more every day after the 7 days the patient deteriorated and therefore it was very important that the patient did not stay in hospital any longer than they needed to.

AGREED ACTIONS:

The Health Scrutiny Committee considered the report and **RESOLVED** to note the NHS Constitution, as well as the current performance of local health services benchmarked against the pledges made within the Constitution

17. CAMBRIDGESHIRE AND PETERBOROUGH CCG COMMISSIONING PLANS AND RESPONSE TO PWC REVIEW

The Clinical Chairman of the Cambridgeshire and Peterborough Clinical Commissioning Group introduced the report which provided the Committee with the CCG’s Commissioning plans following the capacity and capability review by PriceWaterhouse Coopers (PWC).

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- The Improvement and Delivery Plan would be a fixed item on the Governing Board agenda going forward to ensure continuous monitoring of actions and timelines. NHS England would also be monitoring the plan very closely. Additionally an external body would be asked to review the work being done at six months to provide an assurance check and this could be shared with the Committee.
- The CCG were working consistently to clear the backlog of Continuing Healthcare cases and was on target to clear this by the end of the financial year. One of the main issues was the assessment and then working out the payment for the care, each case was complex and related to an individual with multiple needs and lifelong conditions. The backlog was approximately 900 when started and was now down to approximately 300 cases with the more complex cases now remaining.
- Members noted that PWC had identified that there was an *“ineffectiveness of the Governing Body to ensure the CCG met its statutory duties”* and queried whether the Governing Body had the right skill set to ensure the CCG did not find themselves in the same position in the future. Members were informed that the Governing Body was made up of a broad spectrum of clinicians and four lay members from independent backgrounds bringing a diversity of skills. There was a statutory requirement to have a clinical majority on the Governing Body.
- Members noted that PWC had found *“a history which demonstrates a lack of grip, action, financial forecasting, financial control and delivery”*. The Clinical Chairman acknowledged and agreed with the findings.

- Members sought clarification as to whether there was anything in the areas identified for improvement by PWC that would be difficult to achieve. The Clinical Chairman advised that it was a very challenging environment to work in. There was now a substantive Senior Leadership Team in place and an Accountable Officer and Chief Finance Officer had now been appointed. In previous years the regulators had requested a forecast for a certain level of deficit to break even and the confidence in doing this had been difficult. This year there had been much tougher negotiations with the regulators and if the CCG achieved the controlled target of £35.1m the CCG would receive £35.1m sustainability funding which would in effect write off the debt.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the CCG's plans to address financial and operational challenges, for 2018/19 and beyond and requested that the Clinical Chairman report back to the Committee with the six month assurance check when available.

18. TRANSFORMING CARE - 'BUILDING THE RIGHT SUPPORT' (BRS) - INPATIENT BED CONFIGURATION. PREFERRED OPTION CONSULTATION

The Head of Adult Mental Health, Learning Disability Commissioning and Contracting, Cambridgeshire and Peterborough CCG accompanied by the Head of Commissioning for Cambridgeshire County Council and Peterborough City Council introduced the report. The report set out the CCG proposal to consult on the closure of inpatient beds, in order to invest in alternatives to hospital and community based services for patients with learning disabilities and autism in Cambridgeshire and Peterborough, in line with the recommendations of the Department of Health review of care at the Winterbourne Hospital.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Spot purchasing for speciality needs would be for a small number of individuals who required specialist services for whom trying to provide a sustained local service would prove to be uneconomically viable and therefore would go to regional tertiary centres. This was known as active treatment placements. An example of this would be the National Autistic Inpatient Unit in London. It was not a question of money it was about providing the best treatment for the patient and reducing their time in hospital.
- The money saved from reducing the beds would be reinvested in to community services such as a 'Crash Pad and forensic services such as psychologists.
- Members were concerned about the impact on families of patients who may be placed outside of the area and how they might be supported financially to assist them with the extra costs involved in visiting their family member. Members were advised that there was guidance within the NHS Commissioning advice which suggested that based on the individual's situation the Commissioner should consider supporting a relative visiting a patient who has been placed out of area. It would be based on individual circumstances on how affordable the contact was. The support of a patient's family was integral to their recovery.
- The Building the Right Support – inpatient bed configuration was a cost neutral exercise. The aim of the exercise was to prevent people with learning disabilities going into hospital when there was no need and enhancing the community provision to support them outside of a hospital environment.
- The Committee were provided with an explanation of what the Crisis Pad was used for. It was a place of safety for people to go in a time of crisis rather than being admitted to

hospital. The idea came from the analysis for reasons for hospital admissions. The Crash Pad would be Social Worker led with full clinical access as required.

- Plenty of job opportunities would arise for people through the enhanced community provision.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to:

1. Note the report and
2. Support a nine-week formal consultation, on the reconfiguration of the Learning Disabilities bed base and development of Community Services.

19. MONITORING SCRUTINY RECOMMENDATIONS

The Senior Democratic Services Officer introduced the report which provided the Committee with a record of recommendations made at the previous meeting and the outcome of those recommendations to consider if further monitoring was required.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to consider the response from Cabinet Members and Officers to the recommendations made at previous meetings, as attached in Appendix 1 of the report and noted that:

- The recommendations made for the Peterborough Annual Public Health report on 4 September 2017 and the Update on the Successes and Failures of Integrated Urgent Care report on 12 March 2018 were still on-going.

20. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced the report. The Committee received the latest version of the Council's Forward Plan of Executive Decisions containing key decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the course of the forthcoming month. Members were invited to comment on the Plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the report and considered the current Forward Plan of Executive Decisions.

21. WORK PROGRAMME 2018/2019

Members considered the Committee's Work Programme for 2018/19 and discussed possible items for inclusion.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2018/19 and requested that the new Chief Executive of the North West Anglia NHS Foundation Trust attend the 5 November meeting when the Winter Plans report is presented.

22. DATE OF NEXT MEETING

Monday 5 November 2018

CHAIRMAN
7.00pm – 8.45pm

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
5 NOVEMBER 2018	PUBLIC REPORT

Report of:	Dr. Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Councillor Lamb, Cabinet Member for Public Health	
Contact Officer(s):	Val Thomas, Consultant in Public Health	Tel. 07884 183374

PETERBOROUGH AND CAMBRIDGESHIRE SEXUAL AND REPRODUCTIVE HEALTH SERVICES COMMISSIONING FEASIBILITY STUDY

RECOMMENDATIONS

FROM: Val Thomas, Consultant in Public Health and Dr. Liz Robin, Director of Public Health	Deadline date: Provisional date of January 2019 for completion of the Study Report.
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It is recommended that Health Scrutiny Committee

1. Consider and support the work being undertaken for the Sexual and Reproductive Health (SRH) Service Feasibility Study and its key objectives to improve alignment of the commissioning of SRH services to improve health outcomes, to modernise and secure service efficiencies.

1. ORIGIN OF REPORT

- 1.1 The Health Scrutiny Committee requested this report.

2. PURPOSE AND REASON FOR REPORT

- 2.1 This Report is to provide the Health Scrutiny Committee with the rationale, background and proposed outcomes of the Public Health England (PHE) Sexual and Reproductive Health (SRH) Services Commissioning Feasibility Study that is being undertaken in Peterborough and Cambridgeshire, for its progress to be noted and to secure the support of the Health Scrutiny Committee for its objectives.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:
 1. Public Health
- 2.3 This Study described in this Report will support the Corporate priority of achieving the best health and wellbeing for the City.
- 2.4 The Study described in this Report will have a focus upon vulnerable young people including Children in care and will be consulting with them to ensure that their needs as described in the Pledges are addressed in any new service developments.

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. **BACKGROUND AND KEY ISSUES**

- 4.1 Public Health England (PHE) is currently sponsoring two sexual health and reproductive commissioning feasibility pilot studies across the country. It has invited commissioners across Peterborough and Cambridgeshire to explore together the opportunities for aligning the commissioning for Sexual and Reproductive Health (SRH) services across the two areas. The Health and Social Care Act 2013 divided the commissioning for SRH services between Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England (NHSE). The 2013 Act also mandated Local Authorities to ensure that there is provision of specific sexual health services in their areas. The other area involved in the pilot is Cheshire & Merseyside which includes nine local authorities and twelve CCGs.
- 4.2 The study involves commissioners from the Cambridgeshire and Peterborough CCG, Peterborough City Council, Cambridgeshire County Council, and NHS England. Together these organisations are responsible for commissioning SRH services across community, primary and secondary care. The scope includes collaborative commissioning opportunities for sexual health, HIV, contraception, termination, gynaecology pathways and services along with consideration of workforce issues.
- 4.3 It is worth noting that there is robust evidence that sexual health and reproductive services are both cost-effective and cost saving. For example every £1 invested in contraception saves £11.09 in averted outcomes and this increases to £13.42 for Long Acting Reversible Contraception (LARC).
- 4.4 There are a number of factors both nationally and locally that have driven this work which reflect the commissioning responsibilities of different organisations, and the drive to improve services, making them more efficient and improving outcomes. Sexual Health is a national priority for PHE and this work is supported by the Local Government Association, NHS England, and Health Education England (HEE). This initiative is being sponsored by PHE's Deputy Chief Executive and PHE staff are fully involved in providing data and evidence.
- 4.5 In 2017 PHE and the Department of Health (DH) surveyed commissioners of sexual health services across the country to gather feedback on their commissioning experiences. The survey reported fragmentation of commissioning that was associated with the spread of commissioning responsibilities across three main commissioning bodies (Local Authorities, NHSE and CCGs) established by the Health and Social Care Act in 2013.
- 4.6 Alongside this there has been work undertaken nationally and across the country that supports the work of this pilot. The National Sexual Health Service Specification has recently been updated by PHE and NHS England, along with work to review best practice for the management of Out of Area GUM (Genito Urinary Medicine) payments and "Cross Charging" arrangements for the open access sexual health services. In addition there are examples found in areas that have completed transformational commissioning of their sexual health and reproductive services across organisations. These include the Greater London Boroughs and Greater Manchester.
- 4.7 This Study also coincides with the planned recommission of the Local Authority commissioned sexual health services for Cambridgeshire and Peterborough during 2018/19, with a new service starting mid 2019/20. This work aims to help resolve local issues arising from the fragmentation of sexual and reproductive health commissioning and provide opportunities for a more robust new service model that is more integrated with other sexual health and reproductive services, cost-effective and improves outcomes for the population.

- 4.8 The Study's objectives are to identify the opportunities for improving the alignment of SRH services, optimise service pathways, quality assure and to future proof against anticipated developments in the SHR field. It has the potential to realise system efficiencies, more cost-effective services, improve health outcomes and reduce health inequalities. The work also considers the flexibility needed to respond to emerging developments such as Integrated Care Systems. However any proposals would be local; based on the needs in the area and solutions that reflect available resources and flexibilities. An example of a local SRH commissioning issue is found in the maternity service pathways where there are no or limited commissioning arrangements for contraception following a hospital delivery. Improving and aligning pathways to contraception services, identifying opportunities for adopting alternative delivery models such as online contraception access will aim to increase integration, the cost effectiveness of services, and improve outcomes.
- 4.9 Local authority Public Health staff are leading the development and production of the sexual health and reproductive commissioning feasibility study with other organisations supplying any necessary information about the services that they commission. The Study is being overseen by a Group representing local commissioners and PHE. The Group also includes children and young people commissioners to ensure that any synergies between the services they are currently commissioning and sexual health services are considered. The Group will consider the outputs of the work and will formulate options for future delivery working with providers and stakeholders. Reporting will be through each organisation's appropriate governance processes.
- 4.10 The work started in June 2018 and it is planned to complete a report with recommendations by January 2019. The initial priority was to secure the support of the CCG and NHS England. This has been secured in principle and they are being kept informed about the development of the work.

Assessment of local needs has been undertaken, local service data has been collected from different organisations, research has been undertaken to learn from other areas, and to identify the effectiveness and opportunities for the use of new technologies.

A workshop was held recently for commissioners, providers and other stakeholders. The objective of the Workshop was to engage a wider range of stakeholders and to identify the key priorities from the extensive scope of the Study. The Workshop was productive, engaged a wide range of stakeholders and secured agreement from these stakeholders to focus upon the following five priorities.

1. Integrated services for women's sexual and reproductive health (women's services hub model)
2. Post-natal and post-termination of pregnancy contraception
3. Psychosexual counselling
4. The high rate of late diagnosis of HIV in Peterborough and Cambridgeshire
5. Better information for professionals and public.

5. CONSULTATION

- 5.1 The Workshop referred to in Section 4.10 was part of the Consultation process and provided an opportunity to review our understanding of local needs and prioritise the commissioning areas that could best address them
- 5.2 A consultation with service users and the public will take place in November to inform the Study. This will include a focus upon vulnerable groups. In addition further consultation will be undertaken with the CCG and NHSE.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 Central to the work is the collaboration between local authority and NHS commissioning, therefore securing the support of the Health Scrutiny Committee will support this collaboration.

7. REASON FOR THE RECOMMENDATION

- 7.1 The recommendation reflects the opportunities that the Study affords for aligning sexual health and reproductive services to realise potential system efficiencies, more cost-effective services, improve health outcomes and reduce health inequalities.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The alternative option would be to recommission the Local Authority Sexual Health Services without fully exploring the opportunities within the system to improve SRH services.

9. IMPLICATIONS

Financial Implications

- 9.1 Peterborough City Council and Cambridgeshire County Council are proposing to recommission their sexual health and contraception services in 2019/20 under one contract. The Study is essentially the preparatory work already planned for the recommission. No additional costs are being incurred as it involves using local accessible data and Public Health staff time already allocated to the recommission.

The re-commission will aim to increase efficiencies, improve pathways and integration with related services, identify new cost-effective delivery models and technologies to deliver services which are reflected in the work that is being undertaken for the Sexual Health study.

The resources allocated to the study come from the Public Health allocation. Staff from Public Health are undertaking the research and analysis of local and national information. Estimated public health staff costs across Cambridgeshire and Peterborough are £27,687 for undertaking the proposed re-commissioning activity and approximately 18% of this would be specific to the feasibility study, that is £4,984. Of this the proportion paid by Peterborough would be £1,146.

NHS England and the Clinical Commissioning Group has contributed its support through supplying data and service information along with participating in consultation and planning meetings and bringing it for discussion at key NHS strategic groups.

Public Health England is supporting the study through senior personal and data provision and analysis

- The PHE Deputy Chief Operating Officer has provided strategic engagement with key partners; attendance at steering group meetings – to provide strategic advice and understand progress with the work and how it fits with other developments PHE is supporting/involved in (both SH commissioning pilots and wider work on ICSs)
- National Sexual and Reproductive Health Services lead is in attendance at key meetings to provide overview of collaborative commissioning work; linking Peterborough and Cambridgeshire colleagues with examples of good/innovative practice in region and around the country; relevant evidence and information/emerging practice
- Regional Knowledge and Intelligence Team lead for sexual health has provided analysis of data on sexual and reproductive health in Cambs & Peterborough

PHE is keen to support Cambs & Peterborough to develop an approach that meets local need and maximises the use of resources by avoiding duplication of services and ensures pathways are as efficient and effective as possible. Any learning from this will be shared with other parts of the country.

The Study has the potential to identify sexual health cost efficiencies through increased collaborative working across the system, new delivery models and technologies which will be detailed in the Report. It is likely that efficiencies and benefits identified as a result of the study will be significantly more than the one-off cost to Peterborough public health staff time of £1,146, outlined above.

Legal Implications

- 9.2 Any legal or risk implications will be considered with the appropriate officers from these Departments and presented to the appropriate governance structure before proceeding.

Equalities Implications

- 9.3 The development of a new commissioning model will enable any health inequalities or inequities in service provision to be addressed through identification of needs and the better alignment of services that target vulnerable high risk populations.

Rural Implications

- 9.4 The development of a new commissioning model will include the identification of any rural issues and enable these to be addressed through the better alignment of services through a new service model.

Other Relevant Implications

- 9.5 Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the appropriate governance structures before proceeding.

Any equality and diversity implications will be included in the pilot study; a Community Equality Impact Assessment will be completed.

Colleagues from Children's Service form both commissioning and social care have been consulted and the commissioners are on Project Group overseeing the study. Children in Care and Care leavers are a high SRH risk group and their needs will be considered as part of the pathway review and service development.

Adult Social Care staff will also be involved in the consultation with a focus upon HIV care and support.

A full risk assessment will be undertaken with regard to any proposals contained in the Report.

10. BACKGROUND DOCUMENTS

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

- 10.1 Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health and HIV 2015: <https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services>

Public Health England: Sexual Health, Reproductive Health and HIV: A Review of Commissioning 2017
<https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review>

11. APPENDICES

- 11.1 N/A

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
5 NOVEMBER 2018	PUBLIC REPORT

Report of:	North West Anglia NHS Foundation Trust	
Contact Officer(s):	Neil Doverty, Chief Operating Officer	Tel. 01733 677841

PREPARATIONS FOR WINTER 2018/19 IN OUR HOSPITAL

R E C O M M E N D A T I O N S
It is recommended that the Health Scrutiny Committee note the preparations for winter being made at Peterborough City Hospital, in conjunction with its local health system partners in primary care, mental health, community services and adult social care services.

1. ORIGIN OF REPORT

1.1 At the 17 September 2018 meeting of the Health Scrutiny Committee, the Trust was asked to provide a report on its preparations for the winter 2018/19 to assure it could meet the expected increase in demand for services.

2. PURPOSE AND REASON FOR REPORT

2.1 This briefing paper concerns winter planning arrangements for winter 2018/19 being taken forward by North West Anglia NHS Foundation Trust, working closely in collaboration with wider statutory system partners in Cambridgeshire, Peterborough and South Lincolnshire. These system partners meet each month at the A&E Local Delivery Board, chaired by the Trust Chief Executive. This paper covers the work to date, our learning from winter 2017/18, risks, hospital occupancy reduction plans, the Trust internal winter management and enhancement schemes, and provides an overview of governance and assurance arrangements.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

System joint work to date

The North Alliance and South Alliance systems, which were created under the System Transformation Plan in order to better target delivery of care to patients, each produced written reflections on winter 2017/18. These informed an NHS England-sponsored regional event held on 26 April where public health analysis of the impact was shared, along with the East of England Ambulance Service Trust (EEAST) presentations on the experience of the ambulance service. This event was attended by representatives from Cambs and Peterborough CCG (C&PCCG), Cambridge University Hospitals NHS Foundation Trust (CUHFT), Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Herts Urgent Care (HUC), Social Care and our Trust (NWAngliaFT). Together, we reflected and identified a number of key themes for our Winter Planning.

The Cambridgeshire and Peterborough system started meeting in June to develop the winter / peak pressures plan. The two main A&E Delivery Boards (from the North and South Alliance

groups) are overseeing the process, and have dedicated time to discussing preparations for winter. In addition, each individual organisation is developing its internal preparations for winter schemes and respective executives will be accountable for ensuring planned preparations remain on track.

Learning from 2017/18: Key Themes

Through the learning process described above, a number of key themes stand out as follows:

1. We admit 7 days a week and discharge patients 5 days a week: primary and community services need to be stronger over weekends, and discharge processes need to continue over weekends to avoid saturation within the Acute Sector on Mondays and Tuesdays.
2. We planned well for Festive/Bank Holidays and cold weather, but did not cope so well with the aftermath e.g. late surge in urgent referrals on Tuesdays, surge in respiratory patients after extreme cold snap.
3. We put a lot of effort into managing Delayed Transfers of Care, but need to get 'upstream' to address patients with longer lengths of stay (also known as 'stranded' patients); patients who are medically fit for discharge (MFFD); and rapid turnaround of frail older patients within 24-48 hours before they de-condition or home support arrangements become harder to re-start (all these contribute to reduced length of stay).
4. We purchased additional independent sector bed capacity at short notice with a financial premium: instead we need a joint planned approach with Local Authority colleagues, and clearer clinical oversight for patients.
5. We relied on whole system conference calls as the default escalation – this was not always a good use of our professional time – calls with fewer but most senior people on line working to a clear purpose would be more productive.

The above issues are compounded by well-known systemic problems which result in a lack of service capacity relative to demand:

- Widespread workforce gaps leading to reliance upon agency, bank and overtime
- Impact of population growth and ageing demographic resulting in higher service use, and greater acuity emergency admissions
- National outlier for level of DTOCs across Cambridgeshire and Peterborough
- Supply shortages for domiciliary care and care home places
- Service inconsistency and fragmentation/lack of integrated joint working
- Whole system is financially challenged.

What will be different for 2018/19

To improve, as a System we needed to address both our processes and our behaviours:

- **Anticipating Demand Surges:** Be better prepared for extreme cold events (and possibly another extended winter) with associated peaks in respiratory and other illnesses approx 1-2 weeks after the event. This means local providers flexing their staffing and other capacity (for example, the balance between planned and unplanned work) in anticipation of the peaks. In planning terms, it means running 'what if' scenarios. Similarly, anticipating and planning for post Bank Holiday impacts.
- **Changing Behaviours:** Be mindful of individual and organisational behaviours/cultures at times of peak pressure. We recognise our tendency to re-trench into organisations, instead of both seeking and offering support for partners. The regional HR directors attended a winter planning event on 14 August 2018 which focused on learning from winter, in particular behaviours across organisational boundaries.

- **System Escalation Processes:** There was an overuse of whole system escalation conference calls involving all agencies and senior input as a response to pressure, taking place up to four times a day. All partners recognise that these were not necessarily an effective use of time. Whilst any local system partner may ask for a whole system escalation call, there needs to be a clear purpose, consideration of who needs to participate, and more use of bilateral or smaller group escalation calls.
- **Service (De)-prioritisation.** Develop community and social care escalation processes which cover (de)prioritisation of services in order to boost capacity for urgent care in times of peak pressure. This would enable a more planned response instead of a reactive crisis response.
- **Improved capacity planning linked to lower hospital bed occupancy levels:** During 2017/18, all our local hospitals were operating at or above 100% occupancy (often going beyond planned contingency beds, using ambulatory care or 'bedding down' in A&E). High occupancy levels impact on care with reduced flow and long waits for admissions, together with reduced efficiency for the hospital as a whole (outliers for example). The national target is 92% average bed occupancy and each hospital has developed plans to achieve this. Further work is taking place to improve capacity planning in the community sector, including 111 and GP Out Of Hours services. There is currently a lack of measurement of primary care capacity in hours, and also a need to agree how to obtain real time capacity information.
- **Seven Day Working:** In order to tackle the weekly cycle of capacity challenges it is necessary to strengthen weekend community services and discharge processes. Extended primary care access, in place from September 2018 will help, as will better integration between GP Out Of Hours, 111 and Extended JET services at weekends. Work is planned with domiciliary care and care home providers to overcome some of the barriers to weekend discharge.
- **Supporting early discharge/reducing length of stay:** There are compelling clinical and operational arguments to reduce length of stay, in particular for older frail patients. Hospitals have been set a new target to reduce the number of patients staying in hospital for over 21 days by 25% by December 2018. This will involve weekly multi-professional '*check & challenge*' sessions with ward nursing leads to understand and unblock barriers to discharge.
- **Discharge to Assess:** The Cambridgeshire and Peterborough CCG has been working with all local statutory partners to re-launch '*Discharge to Assess*' during Autumn 2018, recognising that the process needed significant improvement. Funding has been sought from NHS England to train staff and embed the new processes that aim to get people home safely and quickly once they are considered medically stable for discharging.
- **Managing Demand:** There are a range of demand management initiatives which have been previously discussed but include:
 - Hospital – Ambulance Liaison Officers (HALOs) commissioned for 2018/19 with an additional responsibility to educate crews on alternative pathways that can be used for patients that need not have been brought into the Emergency Department
 - Ambulatory Emergency Care – a new CCG-wide programme was launched in July with the aim of supporting improvement across the 3 main hospital sites. At NWAngliaFT this has involved extending the hours of opening, creating more emergency staff capacity in the afternoons and evenings to support ED. NWAngliaFT has also established a larger CODU (Clinical Observation & Decision Unit) serving the Peterborough ED patients who require a longer period of monitoring
 - JET review – the admission avoidance service was reviewed during July, with recommendations to extend the age criteria, strengthen triage and improve joint working with 111 and EEAST. All system partners are supporting these changes which are designed to reduce emergency transfers to hospitals. The Trust will work closely

in partnership with CPFT to support their planned reform of the Extended JET service, so as to deliver a reduction in NEL activity.

- GP – consultant liaison – both CUHFT and NWAngliaFT are working to improve availability of consultant advice available to GPs prior to urgent referral for hospital admission.
- Clinical review of 111 dispositions for Emergency Department needs to be increased: from September the Ely LUCS hub GPs will pilot this function in hours (the HUC clinical assessment service does this out of hours).

NWAngliaFT internal winter preparations / winter schemes

Area	High-level action and assurance
Bed occupancy schemes	
Reduction in hospital bed occupancy/expansion of bed base	<ul style="list-style-type: none"> Additional 42 acute beds to be brought on stream by late December 2018 across PCH site in accordance with Trust plan to reduce bed occupancy to 92%, supported by NHS capital grant allocation; Opening of up to 25 winter extra capacity beds HH site by Q4 Opening of Surgical Assessment Unit PCH by Q4 Daily management of bed occupancy levels across two main acute sites, involving targeted reviews of stranded and super-stranded inpatients, senior challenge at white board rounds, daily checks on inpatients from care homes, daily challenge on Delayed Transfers Of Care Ongoing weekly Stranded Patient Multi-Disciplinary Team meetings continue to deliver on the Trust ambition to cut by 25% the number of inpatients staying longer than 21 days in an acute setting The Trust has a Full Capacity Protocol which it will put in place where there is a prolonged surge in attendances.
Elective plans	
Reduction in elective activity	<p>The volume of routine adult elective work which requires inpatient beds on the week following the bank holiday will be kept under close review.</p> <p>Activity will be reduced in advance of the peak festive bank holiday to ensure that operational bed occupancy level is optimised as far as possible. In order to deliver this our approach is twofold:</p> <ul style="list-style-type: none"> Planned reduction in elective activity during winter surge period, immediate run up to holiday/following holidays and through January 2019; Deferred activity to be picked up once bank holiday pressures have abated. We will prioritise day case work along with trauma patients who are already in IP beds.
Silver Command	
Managing escalation	<ul style="list-style-type: none"> The Trust's on-call Executive Director and Senior Manager On Call shifts are fully in place for both bank holiday weekends and will effectively manage the escalations as required across 24/7. Fully revised Senior Manager On Call rota, role competence and targeted training in place during 2018. The Chief Operating Officer will oversee

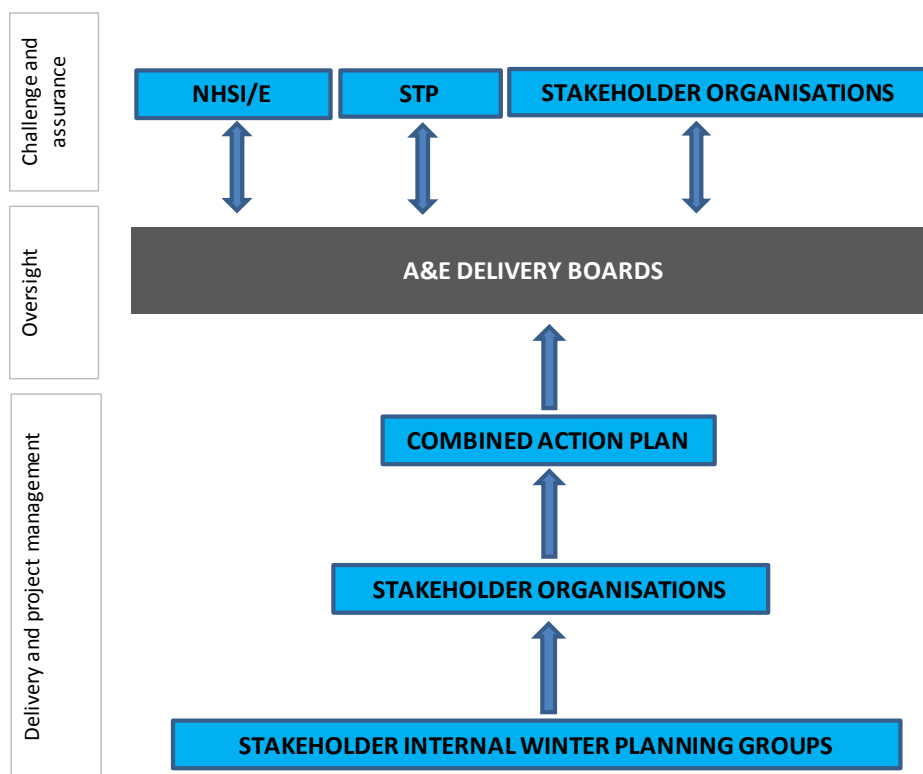
	<p>production of Trust Festive Plan and sign off on all rota cover for both sites.</p> <ul style="list-style-type: none"> • NWAngliaFT produces the daily OPEL forms to alert the CCGs and region as to our bed position and emergency demands; we will continue to take full responsibility for these matters throughout the winter surge period • NWAngliaFT will contribute to/comply with any system bank holiday plans and join in either system or regional escalation calls as required including daily Trust reporting to Winter Room from 12 Nov through to Easter 2019
Support services	
Ensuring sufficient services to support operations	<p>The following key support services will be in place:</p> <ul style="list-style-type: none"> • Physio have a robust weekend service that will also run on bank holidays over festive period • Occupational Therapy will provide the usual weekend service on all days, including Community Front Door Team for ED • Dietetics will have their usual on-call on all days • Inpatient pharmacy will open every day on weekend hours plus the on-call service • ED Radiology will provide the comprehensive imaging and normal out of hours services will be available across all modalities • Our Family and Integrated Support Services Division will appoint designated Senior Manager each day as point of contact to address and resolve all diagnostics / support service issues as they may arise
Infection control	
Managing infectious patients	<ul style="list-style-type: none"> • Infection control resource will be on duty and/or on-call 24/7 to inform, advise and monitor re outbreaks as and when reported or detected; all Trust Site Managers and Senior Managers On Call will adhere strictly to the guidance on infection prevention and control measures at all times
Service Operations	
Managing patient flow	<ul style="list-style-type: none"> • The Chief Operating Officer will take the executive lead 24/hrs for all aspects of managing patient flow, supported by Directors On Call, Senior Managers On Call and Site Senior Managers. Both PCH and HH sites will be fully staffed with operational managers, matrons, deputy matrons, bed flow managers and the additional staff as required so that the focus can remain on daily review of admission rate, actual level of discharges, the resolution of issues and any blockers to discharge. • Daily review of need to open up Trust extra capacity bedded areas and comply with Outlier Procedure as necessary • An additional member of management staff will either be on duty or nominated standby per Clinical Division to troubleshoot and provide extra management oversight through the festive plan period/peak holidays

	<ul style="list-style-type: none"> NWAngliaFT has confirmed full support to EEAST for their ambulance divert and ambulance load levelling protocols, which will help to minimise ED over-crowding at times of surge
Discharge planning	
Maximising discharges	<ul style="list-style-type: none"> Hour-to-hour/day-to-day management of the emergency admission/discharge ratio on each site, with resultant action planning by Capacity Meeting attendees led by Chief Operating Officer/Senior Manager On Call/Site Team. Daily discharge target to be set and delivered with reference to Trust Capacity Management & Escalation Plan, where appropriate Trust-led plan to promote and embed the SAFER care bundle and optimal use of Red2Green across both acute sites as from October 2018 Trust Discharge Team support available each day across the weekend to maintain the discharge process, including option to have weekend conference calls to ensure that external capacity is maximised and utilised. At the weekend, the Senior Manager On Call and Site Senior Managers are available, if required, to support on site; Community Front Door Team cover available 7 days a week for admission avoidance/frailty. The Trust discharge lounge will be staffed on Mon-Fri at the PCH site and Mon/Thurs/Fri at the Hinchingsbrooke site (opening October 2018). Trust to relaunch Criteria-Led Discharge across both sites to promote the ability for non-medical staff discharges at weekends System-wide comprehensive Delayed Transfer of Care reduction action plan remains in place, supported by NWAngliaFT and all other local Chief Officers
Staffing	
Ensuring safe staffing	<ul style="list-style-type: none"> Trust ward staffing rotas will be closely reviewed and signed off by matrons during October. Trust priority will be for any nurse bank/existing substantive staff to be booked to cover any planned shortfalls owing to vacancy factor or sickness. Line by line review of medical staffing rotas to be completed during November and signed off by Chief Operating Officer. Senior management will work to minimise reliance on last minute agency nurse staffing or locum doctors not known to the Trust. Family and Integrated Support Services Division to review all therapy, support and diagnostic staffing plans as part of festive plan. Trust is committed to delivering strongly against the Healthcare worker flu vaccination ambition for the upcoming winter and we are tracking uptake on a weekly basis towards the goal of 100%

3.1 Governance map of winter planning and accountabilities

Each statutory system partner is committed to organising their own internal winter planning groups, but then to also come together as a wider partnership to ensure we are in an optimal position for system-wide resilience. The organisations that come together to form our system partnership are each committed to bringing on stream additional services and enhanced levels of cover during the winter period, even though there has been minimal extra winter revenue set aside to help boost resilience. Where an organisation has committed to a specific action, the lead executive or senior manager representing that organisation then attends the system joint working meetings to update on progress or unexpected challenges/recovery actions. A simple diagram to map the governance arrangements is below.

NWAngliaFT has been holding internal winter planning meetings since early summer 2018 and these will continue until mid-December. These meetings are chaired by the Chief Operating Officer and include senior representation from all key hospital services and departments – other system partners are also welcomed to contribute and offer feedback. As part of our internal preparation we have modelled our bed occupancy through winter and taken into account our winter schemes as part of the internal bed capacity plan. This predictive data has been shared with the CCG and regional colleagues through the winter assurance process. The C&PCCG takes the lead in holding other organisations to account for delivery commitments and each of the two A&E Local Delivery Boards oversee the completion of a composite System Winter Plan. This is well advanced for the NWAngliaFT system and is inclusive of South Lincolnshire winter arrangements.



In addition to local monitoring of delivery against the organisational winter schemes and system winter plan, the Trust has also committed to giving assurance about our winter preparations to the regional oversight team and the NHSE Winter Room. A highly detailed assurance template seeking detailed information about our performance against plans has been assembled for submission by late October 2018 and an inspection visit to road test our plan is scheduled to the Trust for early December 2018.

4. CONSULTATION

4.1 This report is for update purposes only

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 This report is for update purposes only

6. REASON FOR THE RECOMMENDATION

6.1 n/a

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 n/a

8. IMPLICATIONS

Financial Implications

8.1 As a local health system we know there will be financial implications associated with managing the additional actions required for winter planning and delivery. There has been no confirmation of any additional funding from NHS England.

Legal Implications

8.2 None

Equalities Implications

8.3 None

Rural Implications

8.4 None

9. BACKGROUND DOCUMENTS

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

9.1 None

10. APPENDICES

10.1 None

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
5 NOVEMBER 2018	PUBLIC REPORT

Report of:	Cambridgeshire and Peterborough Clinical Commissioning Group	
Contact Officer(s):	Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough CCG	Tel. 01223 725400

PRIMARY CARE UPDATE PETERBOROUGH

R E C O M M E N D A T I O N S
It is recommended that the Health Scrutiny Committee receives and notes the updates provided in this report.

1. ORIGIN OF REPORT

1.1 The Committee has requested an update report on primary care in Peterborough.

2. PURPOSE AND REASON FOR REPORT

2.1 The report is being presented to provide an update on primary care, and specifically general practice, to Committee members. The Committee received a report in November 2017 which advised members of the local implementation plans of the national General Practice Forward View (GPFV).

Information provided in this report is for the whole of Cambridgeshire and Peterborough as, moving forward, it is essential to work as a whole system. However, where appropriate, specific data or information on Peterborough has been included.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 The General Practice Forward View (GPFV) was published in April 2016 as a response to the pressures facing general practice and outlines how the government plans to act. It contains specific, practical, and funded steps on new care models/primary care at scale, improved access, workforce, workload, and infrastructure.

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) developed a local strategy in conjunction with local stakeholders and in response to the national ambitions of the GPFV. The strategy was submitted to NHS England and was assured as being a robust plan to be implemented locally.

This report provides an update on each of the key areas, detailing progress to date and highlighting any relevant risks. The risks are managed through the CCG's assurance framework and directorate risk registers and, where possible, mitigations are identified and documented.

3.2 New Care Models and Primary Care at Scale

The investment in new care models and primary care at scale has developed organically to date and takes into account both neighbourhood planning (delivering services closer to home), as well as the business model of general practice.

In Peterborough, the Greater Peterborough Network (GPN) has been supported to develop its integration ambitions through more robust working arrangements with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and North West Anglia NHS Foundation Trust (NWAFT), with a focus on building/strengthening collaborative working across neighbourhoods. Development of neighbourhoods has become one of the key priorities to progress implementation of its *Fit for the Future* strategy.

The CCG has also supported local practices in Peterborough with their merger, from a due diligence/assurance perspective. This summer, seven practices formally merged their patient lists and are now known as Octagon Medical Practice. Approval has also recently been given for an eighth practice to join. The seven merged practices have a combined registered list size of 55,000 patients which makes Octagon Medical Practice the largest practice in the CCG footprint. The rationale for merging has been to create business resilience, opportunities to maximise workforce and create sustainable service delivery.

Further practice mergers are taking place and as of 1 October there were 94 practices in Cambridgeshire and Peterborough. For some of the practice mergers, the key driver is GP Partner retirements and difficulty recruiting and retaining not only GPs but also other practice staff, thereby impacting on the practice's resilience. Plans to address these challenging workforce issues are discussed in more detail below.

All practice mergers need to be approved by the CCG's Primary Care Commissioning Committee and are required to go through a due diligence process, including patient engagement.

The following link provides you with some of the patient questions that were asked during the merger process by Octagon - <https://octagonmedicalpractice.co.uk/faq>.

It is anticipated that Spring 2019 will see the opening of the Nightingale Practice on the old John Mansfield School site. This new primary care facility will serve the populations of Dogsthorpe and Welland, and will see the amalgamation of General Practice services that are currently delivered from four smaller practice sites in Dogsthorpe and Welland which are no longer fit for purpose. This project was part of the wider, long-term strategy to improve the primary care estate in Peterborough; which also included the building of the Boroughbury Health Centre. This facility opening will mark the completion of this plan. The CCG is working with the GP team in the Welland practices as they will be running the services from the new facility; this includes joint plans to engage with patients and support their transition to the new practice. Information will be sent to all patients affected by the change once the date of building completion is known.

The Greater Peterborough Network (GPN) continues to operate as the local Federation of General Practices. The organisation helps the practices to work more collaboratively. Merged practices continue to maintain their membership of GPN, which continues to deliver the Improving Access provision for the Greater Peterborough and Wisbech areas. GPN is working with the Sustainability and Transformation Plan (STP) North Alliance to develop the model for Integrated Neighbourhoods. This work is initially bringing together primary and community care, social care, and housing to shape more joined up provision of out of hospital services.

3.3 Improving Access

The CCG has now reached the target of achieving 100% population coverage by 1 October 2018. In order to meet the timeline, which was brought forward by NHS England earlier this year, the CCG has commissioned an interim solution with GP Federations in three geographically defined areas. These are as follows:

- Greater Peterborough and Wisbech (GPN)
- Huntingdon and South Fenland (West Cambs GP Federation)
- Cambridge and Ely (Cambridge GP Network).

Whilst GPN has been providing improved access for Greater Peterborough, from August this year it has also been supporting service provision for the population of Wisbech. There was a soft

launch in September for St Neots and surrounding practices, as well as in Cambridge City and South Cambridgeshire. In total, there are 10 service delivery hubs across Cambridgeshire and Peterborough and the service has been actively promoted. Access to the additional appointments at this stage is only available via a person's GP surgery.

One of the key risks for this new service is the potential impact on our Out of Hours service, as this is a shared workforce, which is heavily constrained. This is being closely monitored.

Procurement for the longer term service is currently being planned. As one of the core requirements for this service is integration with Out of Hours / NHS111, this is one of our key considerations.

3.4 General Practice Workforce

Cambridgeshire and Peterborough's General Practice Forward View (GPFV) strategy includes a focus on workforce, built around a vision of practices working together to engage a wide range of clinical and non-clinical roles, maximising skill mix to deliver proactive, standardised and integrated care.

Our more detailed workforce plan subsequently describes how the local system will enable development of a multi-disciplinary workforce, with the right knowledge, skills, values and behaviours to deliver high quality care, leading to increased choice, improved access and better outcomes for patients. This plan outlines the collective vision across Cambridgeshire and Peterborough and aims to maximise the value of working together to deliver the challenging workforce agenda within Primary Care.

The CCG has workforce targets and the trajectory is monitored by NHS England. These targets have been based on the projected numbers required for our system, taking into account the number of GPs that we lose over time. However, we recognise that this is ever changing and will need to take into account new growth. A key piece of work that is currently being planned is for us to model demand and capacity in our area.

GP Workforce Trajectory

Cambridgeshire and Peterborough				Sep-15	Mar-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Sep-20
Indicator	Latest Trend	Latest Data	Target by Sep 2020														
FTE number of GPs excluding registrars	↓	478	547	488	475	478	485	493	496	494	490	482	478				
GPs excluding registrars FTE trajectory		480									495	487	480	482	485	502	547
Performance against GPs excluding registrars FTE trajectory		-0.5%									-1.0%	-1.0%	-0.5%				

Wider Workforce Trajectory

Cambridgeshire and Peterborough				Sep-15	Mar-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Sep-20
Indicator	Latest Trend	Latest Data	Target by Sep 2020														
FTE number of wider workforce (clinical and non-clinical)	↓	1,602	1,531	1,472	1,517	1,571		1,540		1,572	1,568	1,617	1,602				
Wider workforce (clinical and non-clinical) FTE trajectory		1,612									1,540	1,563	1,612	1,606	1,607	1,607	1,611
Performance against Wider workforce (clinical and non-clinical) FTE trajectory		-0.6%									1.8%	3.5%	-0.6%				

In Peterborough, action to attract GPs and other doctors is supported by our selection as a pilot site for the International GP Recruitment Programme, which is nationally led. Although the challenges of this programme are well recognised, Cambridgeshire and Peterborough CCG was the first CCG in the country to successfully recruit and relocate a GP (from Greece) to our area, in Peterborough. In addition, the newly formed Octagon Medical Practice will be establishing a GP Flexible Working Scheme, which will support GPs to stay and/or return to practice.

Efforts to support the wider skill mix in general practice continue and include:

- The local implementation of NHS England's newly published "10 Point Plan for General Practice Nursing". This is being led by our three Training Hubs, which play an educational support role for General Practice
- Care Navigation training (180 staff trained to date, with a target of 200 by February 2019).

- Medical Assistant Training with a pilot of two cohorts; 12 Health Care Assistants on each programme beginning October 2018
- Recruitment of clinical pharmacists (CP) in general practice with support from the national programme. There are 13.03WTE CPs working across practices in Greater Peterborough with three vacancies as of 30 September 2018
- Supporting the Local Medical Committee (LMC) to offer training and development to all GP Practice Managers.

More generic approaches include the promotion of Cambridgeshire and Peterborough as positive places to live and work, linking in with other initiatives to attract public sector workforce as appropriate. Emerging new models of care support alternative ways of working, which may encourage clinical professionals back into general practice or suit individuals looking for different shift patterns or employment status. It is important to work with newly qualified clinicians, or those who have been working in different sectors, to understand what would keep them in, or encourage them to embark on, a career in primary care. Technology will also have a role to play.

The CCG is currently in the process of procuring an online consultation tool on behalf of our practices. This tool should manage some of the demand as it will help to signpost patients to the right place and professional. Additional technology solutions will also be further explored that can support people to actively maintain and/or monitor their own health.

Key risks in this area relate to the ability of the planned actions and initiatives to attract and retain the clinical workforce as required; the national management of the International GP Recruitment Programme diluting the impact that the scheme may have locally; and the increased requirement of the primary care workforce to cover extended hours, putting additional strain on an already stretched group of staff and impacting on other out of hours and urgent care services as discussed above.

3.5 **Workload Management**

The increasing demand on general practice requires a focus on revised and more efficient ways of working. In 2017, the CCG supported three groups of GP practices to form “Time for Care Testbeds” to work together to identify more streamlined ways of working; explore how scaling up can support greater efficiencies and cost benefits; and implement examples from the national “10 High Impact Changes”. A group of 12 Peterborough practices was one of the three testbeds.

This year the CCG is linked into the National programme of work and has offered practices an opportunity to participate in three initiatives:

1. Productive General Practice Quick Start Programme

This programme seeks to provide fast, practical improvement to help reduce pressures and release inefficiencies within general practice by implementing at least two quick start modules. The facilitators provide on-site support visits which are practical and focused on making changes and improvement over the 12-week programme period. The programme ran from April to July 2018 with 19 practices involved. Below is a sample of the feedback from practice colleagues who participated.

- “Really enjoyed learning. Can’t wait to try elsewhere”
- “Definitely saves me more time... I’m no longer firefighting, I can now breathe again and do my job more effectively”
- “The GP team is now aware that we weren’t supporting the pharmacist in the best way, through discussion and understanding their role, we can plan out interventions and signpost the correct work to them without impacting the overall structure”
- “I cannot believe what I am seeing [...] This is amazing”
- “To be provided with the skill sets and to illustrate culture change is a very powerful insight.”

2. Time for Care: Learning in Action

This programme was introduced at our *Time for Care Engagement Event* hosted by the local NHS England Developmental Advisors. We had attendance from 27 practices, and have 30 participants now signed up and involved. The programme launched in

September 2018. The aim is to support practices in learning how quality improvement techniques can be used in general practice, and then how to apply these skills to one or two of the High Impact Actions. This programme will take place over six to eight months and practices will record their outcomes on an achievement poster.

3. Fundamentals of Change and Improvement

The aim of this programme is to provide practices with an overview of delivering change and the application of skills to a local project. It will take place over three weeks with two one-day workshops and began in September 2018. We have 39 participants from 20 practices involved.

GP Resilience Fund

The CCG has continued to support practices with their applications for resilience funding. This financial year 13 practices applied and 10 were successful, either in full or partially. The total level of investment support provided was £83,561.

As above, key risks include the rapidly increasing population across the county and the ability for general practice capacity to flex sufficiently to meet the needs of existing and new populations. The workload management initiatives will not succeed in isolation of the ambitions to strengthen workforce and the approach required to embrace new models of care.

3.6 **Infrastructure**

The Estates and Technology Transformation Fund (ETTF) identified in the GPFV has allocated capital of approximately £7m over three years. This is to support premises improvements and technological developments. Technological improvements include a range of schemes; such as the roll out of Wi-Fi to all practices for staff and patient use, and support for mobile working through improved hardware for clinical staff.

A key risk associated with this fund is the requirement for the CCG to pick up the revenue consequences of the capital investment. GP practice premises costs are funded in line with the national Premises Cost Directions and any expansion of premises footprints results in increased rental contributions to be covered by the CCG.

The ETTF forms one funding stream for premises improvements. Others include NHS England Improvement Grants; third party investments; and investment through developer contributions for health infrastructure through Section 106 or Community Infrastructure Levy contributions. The CCG is working closely with NHS England and local authority planning leads to maximise health contributions associated with the high levels of planned growth for the county.

In July, the STP Estates Strategy was submitted to the Department of Health together with seven capital bids to support key hospital and community estate developments; the most relevant to general practice being the Princess of Wales Hospital redevelopment.

From a primary care perspective, we were asked to prepare an estate portfolio workbook of all current estate projects, including those in the pipeline as well as the major growth area schemes across the county that would impact significantly within the next five years.

The STP partners had to then prioritise the different types of capital schemes across primary, community, mental health and acute care. A three-phase approach was used, taking into account impact timing and deliverability factors. In addition, we considered:

- patient safety
- urgent STP priorities (impact within 30 months)
- future compliance
- medium and long-term priorities (impact greater than 30 months).

The schemes identified within primary care were all categorised as urgent STP priorities and could be grouped under three key themes:

1. Transformational schemes to achieve the GPFV – supporting at scale working

2. Matching capacity and demand schemes to address a lack of service provision, addressing local population growth
3. Business as Usual including life cycle costs, replacing ageing or unsafe estate.

4. CONSULTATION

- 4.1 Wide stakeholder engagement was undertaken at the time of preparing the local GPFV strategy and continues through the CCG's GP Forward View Delivery and Engagement Group.

Any decisions which result in changes to the provision of primary care services will require bespoke consultation and engagement, to be planned and implemented prior to variation requests being made to the CCG's Primary Care Commissioning Committee. This is a formal sub-committee of the CCG's Governing Body and is constituted to transact the delegated responsibilities that passed to the CCG from NHS England in April 2017. These committee meetings are held in public for maximum transparency and engagement.

- 4.2 There are no other consultations to be suggested at this time.

5. ANTICIPATED OUTCOMES OR IMPACT

- 5.1 The Health Scrutiny Committee is asked to note the progress that the CCG and wider health and care system is making in response to the national General Practice Forward View.

This is a complex programme of initiatives and opportunities, centred on the transformation of general practice services to increase their resilience and ensure their sustainability for the future needs of local populations. It is recognised that there are frailties in existing provision and that increased demand is driving the need for practices to consider their models of delivery and seek at-scale solutions to workforce, workload, and infrastructure issues.

General Practice in Peterborough is working hard to support the creation of scale locally and to drive forward potential new ways of working, to create sustainable solutions and increase collaboration.

The CCG continues to explore ways to commission services at this higher scale, to support full population coverage of service and to encourage greater collaboration for shared workforce and resources.

6. REASON FOR THE RECOMMENDATION

- 6.1 The Health Scrutiny Committee is asked to note the update. As it is part of a longer term programme of implementation, in line with national policy and investment, it is anticipated that further updates can be brought for review at the Committee's request.

7. IMPLICATIONS

Equalities Implications

- 7.1 Equalities Impact Assessments are undertaken as part of the individual initiatives within the wider programme.

Rural Implications

- 7.2 Rural implications to consider include: the issue of creating scale, and collaborative ways of working without compromising local accessibility. It is about maximising the stabilising benefits of working in larger entities covering wider populations but without losing the local responsiveness.

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
5 NOVEMBER 2018	PUBLIC REPORT

Report of:	Director of Law and Governance	
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer	Tel. 01733 452508

MONITORING SCRUTINY RECOMMENDATIONS
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R E C O M M E N D A T I O N S	
FROM: Director of Law and Governance	Deadline date: N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Considers the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report and provides feedback including whether further monitoring of each recommendation is required. 	

1. ORIGIN OF REPORT

1.1 The Health Scrutiny Committee agreed at a meeting held on 19 June 2017 that a report be provided at each meeting to note the outcome of any recommendations made at the previous meeting held thereby providing an opportunity for the Committee to request further monitoring of the recommendation should this be required.

2. PURPOSE AND REASON FOR REPORT

2.1 The report enables the Scrutiny Committee to monitor and track progress of recommendations made to the Executive or Officers at previous meetings.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference No. *Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3:*

The Scrutiny Committees will:

- (a) *Review and scrutinise the Executive, Committee and officer decisions and performance in connection with the discharge of any of the Council's functions;*
- (b) *Review and scrutinise the Council's performance in meeting the aims of its policies and performance targets and/or particular service areas;*
- (c) *Question Members of the Executive, Committees and senior officers about their decisions and performance of the Council, both generally and in relation to particular decisions or projects;*
- (d) *Make recommendations to the Executive and the Council as a result of the scrutiny process.*

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. **BACKGROUND**

- 4.1 Appendix 1 of the report sets out the recommendations made to Cabinet Members or Officers at previous meetings of the Scrutiny Committee. It also contains summaries of any action taken by Cabinet Members or Officers in response to the recommendations.
- 4.2 The progress status for each recommendation is indicated and if the Scrutiny Committee confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Committee does not accept the matter has been adequately completed it will be kept on the list and reported back to the next meeting of the Committee. It will remain on the list until such time as the Committee accepts the recommendation as completed.

5. **ANTICIPATED OUTCOMES OR IMPACT**

- 5.1 Timelier monitoring of recommendations made will assist the Scrutiny Committee in assessing the impact and consequence of the recommendations.

6. **REASON FOR THE RECOMMENDATION**

- 6.1 To assist the Committee in assessing the impact and consequence of recommendations made at previous meetings.

7. **BACKGROUND DOCUMENTS**

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

- 7.1 Minutes of meetings held on 4 September 2017 and 12 March 2018.

8. **APPENDICES**

- 8.1 Appendix 1 – Monitoring Recommendations

HEALTH SCRUTINY COMMITTEE

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
4 September 2017	Councillor Lamb, Cabinet Member for Public Health / Dr Liz Robin, Director of Public Health	PETERBOROUGH ANNUAL PUBLIC HEALTH REPORT	The Health Scrutiny Committee considered the report and RECOMMENDED that the Director of Public Health include in future Annual Public Health Reports details on healthy eating habits and statistics on air quality as both have an impact on the health of local people.	Updated at 6 November meeting: the Director of Public Health advised that the request from the Health Scrutiny Committee has been logged and will be taken in to consideration when preparing the Annual Public Health Report for 2018, next year.	On-going – next Annual Public Health Report to be presented in January 2019.
12 March 2018	Ian Weller, Head of Urgent and Emergency Care Cambridge and Peterborough CCG	UPDATE ON THE SUCCESSSES AND FAILURES OF INTEGRATED URGENT CARE 1 YEAR ON	The Health Scrutiny Committee noted the report and RECOMMENDED that; The 111 Service enter into discussions with officers in Cambridgeshire and Peterborough to instigate an 'option 3' route which would direct patients calling in with a social care need straight to the social care call centre without the need to call a separate social care helpline.	Awaiting Response	On-going

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
5 NOVEMBER 2018	PUBLIC REPORT

Report of:	Director of Law and Governance		
Cabinet Member(s) responsible:	Cabinet Member for Resources		
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer	Tel. 01733 452508	

FORWARD PLAN OF EXECUTIVE DECISIONS

R E C O M M E N D A T I O N S	
FROM: Senior Democratic Services Officer	Deadline date: N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Considers the current Forward Plan of Executive Decisions and identifies any relevant items for inclusion within their work programme or request further information. 	

1. ORIGIN OF REPORT

1.1 The report is presented to the Committee in accordance with the Terms of Reference as set out in section 2.2 of the report.

2. PURPOSE AND REASON FOR REPORT

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

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference No. Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3:

The Scrutiny Committees will:

(f) Hold the Executive to account for the discharge of functions in the following ways:

ii) By scrutinising Key Decisions which the Executive is planning to take, as set out in the Forward Plan of Executive Decisions;

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. 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 12 November 2018.

4.2 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.

4.3 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.

4.4 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.

5. CONSULTATION

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

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 After consideration of the Forward Plan of Executive Decisions the Committee may request further information on any Executive Decision that falls within the remit of the Committee.

7. REASON FOR THE RECOMMENDATION

7.1 The report presented allows the Committee to fulfil the requirement to scrutinise Key Decisions which the Executive is planning to take, as set out in the Forward Plan of Executive Decisions in accordance with their terms of reference as set out in Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 N/A

9. IMPLICATIONS

Financial Implications

9.1 N/A

Legal Implications

9.2 N/A

10. BACKGROUND DOCUMENTS

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

10.1 None

11. APPENDICES

11.1 Appendix 1 – Forward Plan of Executive Decisions

FORWARD PLAN

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

PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 12 OCTOBER 2018

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 Ayres; Cllr Cereste; 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 or by telephone on 01733 452460.

All decisions will be posted on the Council's website: 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 12 NOVEMBER 2018

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>Future of the WEEE Reuse Facility – KEY/12NOV18/01 The MTFs for 2018 - 19 looked at removing the subsidy for the WEEE reuse facility and ask us to look at if any charities could take on this service if this is not possible the centre will shut.</p>	<p>Councillor Cereste, Cabinet Member for Waste and Street Scene</p>	<p>November 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Consulted through the budget setting for 2018 -19</p>	<p>James Collingridge, Head of Environmental Partnerships, Tel: 01733864736, Email: james.collingridge@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>Approval to award six contracts that make up the Community Short Breaks portfolio – KEY/12NOV18/02 Approval to award six contracts that make up the Community Short Breaks portfolio.</p>	<p>Councillor Smith, Cabinet Member for Children’s Services</p>	<p>December 2018</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Consultation took place with parents and carers of children and young people with disabilities and complex needs to develop the portfolio of services. The service specifications were coproduced with parent carer representation and social care colleagues.</p>	<p>Carrie Gamble, Commissioner, 01733 863931, 07507 889388, carrie.gamble@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>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>To approve a CMDN to exercise the provision to extend the Peterborough Serco Strategic Partnership Agreement for a period of 10 years – KEY/12NOV18/03</p> <p>In reference to original key decision MAY15/CMDN/47, the purpose of this CMDN is to extend the Peterborough Serco Strategic Partnership Agreement for a period of 10 years. This CMDN will reconcile the original decision MAY15/CMDN/47 with our constitutional requirements.</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>30 November 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Peter Carpenter, Acting Corporate Director of Resources, peter.carpenter@peterborough.gov.uk</p> <p>chris.yates@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>Award of Dynamic Purchasing System for external placements for looked after children and/or those with an Education, Health and Care Plan [EHCP] – KEY/12NOV18/04</p> <p>As per above, for: Independent Fostering Agencies, Residential Children's Homes, Residential [non-maintained] Special Schools and Out of School Tuition. This is a joint commissioning activity with CCC pan CCC and PCC.</p>	<p>Councillor Smith, Cabinet Member for Children's Services</p>	<p>February 2019</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>None planned</p>	<p>Helene Carr - Head of Children's Commissioning, helene.carr@peterborough.gov.uk. 07904909039</p>	<p>TBC</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
Amendment to Loan Facility – KEY/12NOV18/05 A loan facility previously approved by Cabinet requires approval of an amendment to that facility	Councillor Seaton, Cabinet Member for Resources	November 2018	Growth, Environment and Resources Scrutiny Committee	All Wards	Detail consultation was undertaken in the original decision to offer the loan facility.	Peter Carpenter, Acting Corporate Director Resources 01733 384564 email peter.carpenter@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>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
Award of Contract – Environmental Enforcement – KEY/12NOV18/06 Award of contract after completion of procurement process to successful provider for environmental enforcement	Councillor Walsh – Cabinet Member for Communities	November 2018	Growth, Environment and Resources Scrutiny Committee		Internal and external stakeholders.	Rob Hill- Assistant Director, Communities and Safety, rob.hill@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>Award of contracts for children's centres in Peterborough – KEY/12NOV18/07 Peterborough City Council, Cambridgeshire County Council and Peterborough and Cambridgeshire Clinical Commissioning Group are working together on transforming the Children, Young People and Families services, delivering the healthy child programme. The children's centre contracts, which support the healthy child programme delivery, end on 31 March 2019. In order to maintain service delivery, whilst work is completed on the transformation programme, approval is to be sought to place contracts with existing providers for a 12 month period, until 31 March 2020.</p>	<p>Councillor Smith – Cabinet Member for Children's Services</p>	<p>December 2018</p>	<p>Children and Education</p>	<p>All Wards</p>	<p>The Joint Commissioning Board has been consulted on this item, which includes legal, procurement and finance. The providers delivering the services have also been engaged.</p>	<p>Pam Setterfield, Children's Commissioner, Tel 01733 863897, 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>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>Award of Contract to HW Martin Waste Ltd. for the Management and Operation of Dogsthorpe Household Recycling Centre - KEY/12NOV18/08</p> <p>The opening date for the new Fengate HRC facility has only recently been confirmed following construction progress timings hence we are only now aware of the period of time required to extend the operation of the Dogsthorpe facility to align with the opening of the replacement Fengate facility.</p>	<p>Councillor Cereste, Cabinet Member for Waste and Street Scene</p>	<p>November 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>N/A</p>	<p>Richard Pearn - Head of Waste, Resources and Energy 07920 160796</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION	
<p>47</p> <p>1.</p>	<p>Affordable Warmth Strategy 2019 – 2021 KEY/17APR17/03 Recommendation to approve the Affordable Warmth Strategy 2019 – 2021</p>	<p>Councillor Walsh, Cabinet Member for Communities</p>	<p>2019</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p> <p>The draft strategy will be placed on PCC Consultation pages for 3 week consultation period</p>	<p>Sharon Malia, Housing Programmes Manager, Tel: 01733 863764 sharon.malia@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>BRE Integrated Dwelling Level Housing Stock Modelling Report July 2016 Housing Renewals Policy 2017 – 2019</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>48</p> <p>2. Approval to award places on the Pseudo DPS for Residential Care Providers - KEY/29MAY17/04 Provide permission for the Council to enter into contractual arrangements with Residential Care Providers following the publication of a PIN notice inviting providers to submit prices and sign up to the Council's Residential Care Terms and Conditions. This ensures compliance with the Public Procurement Regulations 2015 and the Care Act 2014</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>November 2018</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Gary Jones, Interim Head of Adults Commissioning Social Care Tel: 01733 452450, Email: gary.jones@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
3.	Award of Contract - Social Care Platform - KEY/24JULY17/01 To approve the award of a contract to develop and implement a technology platform that would sit across the current adult and children's social care IT systems	Councillor David Seaton Cabinet Member for Resources	October 2018 Growth, Environment & Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. N/A	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@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>
4.	Award of Contract - Social Care e-marketplace – KEY/24JULY17/02 To approve the awarding of a contract to provide a social care e-marketplace IT system	Councillor David Seaton Cabinet Member for Resources	October 2018 Growth, Environment & Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. N/A	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@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>

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5.	Award of Contract - Social Care Operating Model – KEY/24JULY17/05 To approve the awarding of a contract to develop a social care operating model	Councillor David Seaton Cabinet Member for Resources	October 2018 Growth, Environment & Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. N/A	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@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>

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6.	Acquisition of Regeneration Site – KEY/24JULY17/06 To approve the acquisition of a local regeneration site.	Councillor David Seaton Cabinet Member for Resources	October 2018 Growth, Environment & Resources Scrutiny Committee	Central	Relevant Internal and External Stakeholders.	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@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>

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<p>7. Continuation of Housing Renewal Policy grants through the Care & Repair Agency – KEY/18SEP17/02 Permission is sought to continue to use the current tendering processes for non framework works funded through Repairs Assistance Grants and Disabled Facility Grants. A full procurement process is being undertaken to introduce frameworks for all of this work which is aimed to be in place by the 1st May 2018. This interim arrangement will allow the capital programme to be continued</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>October 2018</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders. CMDN published on website</p>	<p>Sharon Malia, Housing Programmes Manager, Tel: 01733 863764 Email: sharon.malia@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>8. Award of contract for the expansion and partial remodelling of Ken Stimpson Community School – KEY/18SEP17/03 The intention is to expand the school by 2 forms of entry (300 additional pupils plus 150 sixth form) to meet the growing need for secondary school places. A new building block is planned on the site with an extension to the dining hall and minor remodelling to an adjacent building. As part of the remodelling the on site library will be demolished - following its relocation to a suitable site close by.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and University</p>	<p>October 2018</p>	<p>Children and Education Scrutiny Committee</p>	<p>Werrington</p>	<p>Relevant internal and external stakeholders.</p> <p>Consultation will include: Senior School Management team, Sport England, local residents and the Department For Education</p>	<p>Stuart Macdonald. Strategic Development Consultant (Property)</p> <p>Tel: 07715 802 489. Email: stuart.macdonald@petborough.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>School Organisation Plan 2015 -2022</p>

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<p>9. Approval of contract for the delivery of Lot 1 - General Information, Advice and Guidance Services and Lot 2 - Specialist Information, Advice and Guidance Services – KEY/16OCT17/04 Following competitive procurement of these services, to approve the contract to deliver Lot 1 Generalist Information, Advice and Guidance Services - Homelessness Prevention; and Lot 2 Specialist Information, Advice and Guidance Services - supporting protected characteristic groups.</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>October 2018</p>	<p>Adults and Communities</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Voluntary sector advice agencies consulted in service design. Market testing of providers has also taken place.</p>	<p>Ian Phillips, Senior Policy Manager Tel: 01733 863849 Email: ian.phillips@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

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10. ICT Infrastructure works for Fletton Quays – KEY/13NOV17/02 To agree to the procurement of ICT infrastructure works for Fletton Quays	Councillor Seaton, Cabinet Member for Resources	October 2018	Growth, Environment & Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. 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).

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11.	Expansion and Remodelling of Marshfields School – KEY/11DEC17/03 To approve the proposed expansion and remodelling of Marshfields school	Councillor Lynne Ayres, Cabinet Member for Education, Skills and University	October 2018 Children and Education Scrutiny Committee	Dogsthorpe Ward	Relevant internal and external stakeholders. Public Consultation Meeting	Sharon Bishop, Capital Projects & Assets Officer Tel: 01733 863997 Email: 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. School Organisational Plan
12.	Purchase of land and building in the centre of Peterborough – KEY/11DEC17/06 To delegate authority to the Corporate Director of Growth and Regeneration to purchase the property	Councillor David Seaton Cabinet Member for Resources	October 2018 Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@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>

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<p>13. Purchase of building in the centre of Peterborough – KEY/11DEC17/08 To delegate authority to the Corporate Director of Growth and Regeneration to purchase the property</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>October 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@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. <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></p>
<p>14. Purchase of land to the east of the city - KEY/25DEC17/02 Delegate authority to the Corporate Director of Growth and Regeneration to purchase the property.</p>	<p>Cabinet Member for Resources, Councillor Seaton</p>	<p>October 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>East</p>	<p>Relevant internal and external stakeholders</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@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. <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></p>

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15.	A605 Whittlesey Access Phase 2 - Stanground Access - KEY/25DEC17/03 To approve the design and construction of the A605 Stanground East Junction Improvements for the financial year of 2017/18 - 2018-19 and authorise the associated package of work to be issued to Skanska Construction UK Limited under the Council's existing agreement with SKANSKA dated 18th September 2013 (the Highways Services Agreement).	Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development	October 2018	Growth, Environment and Resources Scrutiny Committee	Stanground South	Relevant internal and external stakeholders. The scheme is included in the fourth Local Transport Plan. Further consultation will be undertaken during the design process, including ward Councillors.	Lewis Banks, Principal Sustainable Transport Planning Officer. Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. Fourth Local Transport Plan: www.peterborough.gov.uk /ltp National Productivity Investment Fund for the Local Road Network Application Form: https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/residents/transport-and-streets/A605Application.pdf?inline=true

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<p>16. Approval of funding allocation for the improvement to open spaces in the CAN Do area of the city as part of the capital regeneration programme for the area - KEY/25DEC17/04 Improvement to open spaces in the CAN Do area of the city as part of the capital regeneration programme for the area</p>	<p>Councillor Cereste, Cabinet Member for Waste and Street Scene</p>	<p>October 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North & Park wards</p>	<p>Relevant internal and external stakeholders. Community engagement with local residents, businesses & partner organisations</p>	<p>Cate Harding, Community Capacity Manager. Tel: 01733 317497. Email: Cate.harding@peterborou.gh.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. Budget allocation in MTFP 2017/18</p>
<p>17. Approval of funding allocation for community facility improvements in the CAN Do area of the city as part of the capital Regeneration Programme for the area - KEY/25DEC17/05 community facility improvements in the CAN Do area of the city as part of the capital Regeneration Programme for the area</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>October 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North & Park wards</p>	<p>Relevant internal and external stakeholders. Community engagement with residents, groups, businesses and partner organisations</p>	<p>Cate Harding, Community Capacity Manager. Tel: 01733 317497. Email: cate.harding@peterborou.gh.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. Budget allocation of £4m in MTFP 2017/8</p>

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18. Approval of funding allocation for the public realm improvements within the CAN Do area of the city as part of the capital regeneration programme for the area - KEY/25DEC17/06 public realm improvements within the CAN Do area	Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development	October 2018	Growth, Environment and Resources Scrutiny Committee	Central, North & Park wards	Relevant internal and external stakeholders. Community engagement with local residents, groups, businesses and partner agencies	Cate Harding, Community Capacity Manager. Tel: 01733 317497. Email: cate.harding@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. Budget allocation £3m in MTFP 2017/18
19 Extension to the Section 75 Agreement for Learning Disabilities Services KEY/30APRIL18/01 Extension of the existing staff and commissioned arrangements for a period of 12 months	Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health	October 2018	Health Scrutiny Committee	All wards	Consultation with key stakeholders to agree this interim approach	Cris Green Tel: 01733 207164 Email: cris.green@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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<p>20. Authority to enter into contracts with suppliers following termination of the Amey Contract – KEY/14MAY18/01 To authorise the Corporate Director for Growth & Regeneration to enter into contracts for a limited period with suppliers originally subcontracted by Amey whose arrangements will cease in September 2018. The services supplied are managed by NPS Ltd and will be included in an upcoming tender as follows: (i) Building Management Services (Plumbing and Water, Gas Maintenance, Fire Equipment, Lifts etc. (ii) External Maintenance (iii) General Repairs</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>October 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Extensive consultation with colleagues within the Council and the subcontracted suppliers. The consultation with suppliers has focused on the immediate arrangements post Amey and alerting them to the fact that this business will be subject to full procurement within the next 3 months.</p>	<p>Andy Cox, Senior Contracts & Partnerships Manager, Tel: 452465, Email: andy.cox@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

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<p>21. Approval for contract to be awarded to Skanska to deliver widening of the A605 Oundle Road between Alwalton and Lynch Wood Business Park - KEY/11JUN18/03 Approval for contract to be awarded to Skanska to deliver widening of the A605 Oundle Road between Alwalton and Lynch Wood Business Park. The council has received funding (£720k) from the Cambridgeshire and Peterborough Combined Authority to deliver the scheme. In addition the council has also allocated internal funding (£773k) towards the scheme.</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>October 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Orton Waterville</p>	<p>Relevant internal and external stakeholders</p> <p>Consultation will take place once the scheme design is completed. This is expected to be later this summer.</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer.</p> <p>Tel: 01733 317465, Email: lewis.banks@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>Cambridgeshire and Peterborough Combined Authority meeting notes confirming grant funding allocation. Also CMDN for award of contract to Skanska for provision of Professional Services under Peterborough Highway Services partnership.</p>

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22.	Disposal of freehold in Centre of the City - KEY/12JUN18/01 To delegate authority to the Corporate Director of Growth and Regeneration to sell the property	Councillor Seaton, Cabinet Member for Resources	October 2018	Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@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>

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23.	Disposal of part of freehold in West of the City - KEY/12JUN18/02 Disposal of part of freehold in West of the City	Councillor Seaton, Cabinet Member for Resources	October 2018	Growth, Environment and Resources Scrutiny Committee	Bretton	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@peterborough.gov.uk	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><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></p>

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<p>24. To approve the awarding of contracts to external providers following a competitive tender exercise led by Cambridgeshire County Council. - KEY/25JUNE18/02 Cambridgeshire County has recently conducted a tendering exercise to establish a Dynamic Purchasing System for the provision Supported Living Services for Adults with a Learning Disability (Reference number: DN311905). Peterborough City Council is the named authority under this arrangement and would want to commission care and support packages (call-off).</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>October 2018</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p> <p>Relevant consultations has been carried out with the service users, family carers, Health colleagues and care and support providers across Cambridgeshire and Peterborough.</p>	<p>Mubarak Darbar, Head of Integrated Commissioning, Tel: 07718654207, Email: mubarak.darbar@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>25. Provision of accommodation to reduce homelessness KEY/23JULY18/01- This is a new project to increase the supply of housing and address the demand for accommodation resulting from the increase in homelessness</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>October 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>The issues associated with homelessness in Peterborough have been subject to significant discussion in various forums, including the Council's Adults and Communities Scrutiny, Cabinet and Full Council</p>	<p>Adrian Chapman, Service Director for Communities and Safety. Tel 01733 863887 Email adrian.chapman@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><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></p>

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67	<p>26. Approval of funding for the provision of accommodation to reduce homelessness KEY/23JULY18/02 - Following Cabinet Decision JAN18/CAB/18 this is a new project to increase the supply of housing and address the demand for accommodation resulting from the increase in homelessness</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>October 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>The issues associated with homelessness in Peterborough have been subject to significant discussion in various forums, including the Council's Adults and Communities Scrutiny, Cabinet and Full Council</p>	<p>Adrian Chapman, Service Director for Communities and Safety. Tel 01733 863887 Email: adrian.chapman@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><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></p>
	<p>27. Budget Approval KEY/20AUG18/01 - Approve the refurbishment and lease of the Town Hall North within an agreed budget and authorise the Corporate Director Growth and Communities to enter into a design and build contract with the procured contractor and to let the property</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>October 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Not applicable</p>	<p>Stuart Macdonald. Strategic Development Consultant (Property) 07715 802 489. stuart.macdonald@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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28.	IT Strategy – KEY/3SEP18/01 Approval of an IT Strategy and associated investment for the 2019 to 2022 time period	Councillor Seaton, Cabinet Member for Resources	October 2018 Growth, Environment and Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@peterborough.gov.uk	IT Improvement Plan 23/07/18. There will be the possibility of an exempt annex if the report contains commercial information. It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
29.	University Delivery Vehicle – KEY/3SEP18/02 Approval and setting up of an appropriate delivery vehicle with University project partners to move council assets to enable the deliver of the university.	Councillor Lynne Ayres, Cabinet Member for Education, Skills and University	October 2018 Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@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>

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<p>30. Approval of funding for the provision of accommodation to reduce homelessness – KEY/17SEP18/02 Following Cabinet Decision JAN18/CAB/18 this is a new project to increase the supply of housing and address the demand for accommodation resulting from the increase in homelessness</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>October 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards</p>	<p>The issues associated with homelessness in Peterborough have been subject to significant discussion in various forums, including the Council's Adults and Communities Scrutiny, Cabinet and Full Council</p>	<p>Adrian Chapman, Service Director for Communities and Safety. adrian.chapman@peterborough.gov.uk</p> <p>carole.coe@peterborough.gov.uk</p>	<p><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></p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>31. Regional Adoption Services Contract – KEY/01OCT18/01 To agree a variation to the Permanency Services Contract</p>	<p>Councillor Smith, Cabinet Member for Children's Services</p>	<p>October 2018</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant Internal and External Stakeholders</p>	<p>Helene Carr, Head of Children's Social Care Commissioning - Peterborough & Cambridgeshire, 07904 909039, helene.carr@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>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
32.	Amendment to Loan Facility- KEY/01OCT18/02 To agree an award of contract relating to the regional adoption services.	Councillor Seaton, Cabinet Member for Resources	October 2018	Growth, Environment and Resources Scrutiny Committee	All Wards	This decision will be taken after consultation with the Council's legal and financial advisors	Peter Carpenter, Acting Corporate Director Resources, 01733 384564, peter.carpenter@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>

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>Approval of Company Business Plan – KEY/17SEP18/03 New Council Company needs to be set up and ready to trade from 2 February 2019.</p>	Cabinet	3 December 2018	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders. Affected Amey employees and union representatives.	Annette Joyce Service Director – Environment and Economy, 01733 452280 alexandra.maxey@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>

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY DECISIONS

<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>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>
<p>To approve consultation on amendments to the Council Tax Reduction Scheme (CTRS) To approve public consultation to enable comments to be considered prior to amendments being introduced to the 2019-20 scheme</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>December 2018</p>	<p>Growth, Environment and Resources Scrutiny</p>	<p>All Wards</p>	<p>Public Consultation</p>	<p>Peter Carpenter, Acting Corporate Director of Resources, 01733 452520, peter.carpenter@peterborough.gov.uk</p> <p>chris.yates@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>To progress a City Centre Business Improvement District To endorse the recommendation that Cabinet will support the introduction of a Business Improvement District (BID).</p>	<p>Cabinet</p>	<p>19 November 2018</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>City Centre Businesses</p>	<p>Annette Joyce Service Director – Environment and Economy, 01733 452280</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

NON-KEY DECISIONS

PREVIOUSLY ADVERTISED DECISIONS

<i>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 INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
1. Proposal for Loan of Senior Management Staff Under Joint Arrangements – To approve a sharing agreement for senior management staff.	Councillor David Seaton Cabinet Member for Resources	October 2018	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Fiona McMillan Interim Director of Law and Governance Tel: 01733 452361 Email: Fiona.McMillan@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
2. Funding of Information, Advice and Guidance services within the voluntary sector - To authorise award of grants.	Councillor David Seaton Cabinet Member for Resources	October 2018	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders	Ian Phillips Senior Policy Manager Tel: 01733 863849 Email: 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.

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
3.	<p>Daily cleanse around Gladstone Street and nearby streets - Daily mechanical cleanse in the area focused around Gladstone Street and other nearby streets. This will encompass a mechanical sweeper and operative.</p>	<p>Councillor Cereste, Cabinet Member for Waste and Street Scene</p>	<p>October 2018</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>Central Ward</p>	<p>Relevant internal and external stakeholders. Cross party task and finish group report which went to the Growth, Environment and Resources Scrutiny Committee</p>	<p>James Collingridge, Head of Environmental Partnerships, Tel: 01733 864736 Email: james.collingridge@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>
4.	<p>A Lengthmans to be deployed on Lincoln Road Millfield - There will be a daily presence along Lincoln Road, the operative will litter pick, empty bins as well as report fly-tips and other environmental issues.</p>	<p>Councillor Cereste, Cabinet Member for Waste and Street Scene</p>	<p>October 2018</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>Central Ward</p>	<p>Relevant internal and external stakeholders. Cross party task and finish group report which went to the Growth, Environment and Resources Scrutiny Committee and it was also approved at Full Council as part of the 2017-18 Budget.</p>	<p>James Collingridge, Head of Environmental Partnerships, Tel: 01733 864736 Email: james.collingridge@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>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
5.	2017/18 VCS grant funding - Award of grant to VCS organisations to provide Information, Advice and Guidance services	Councillor Seaton, Cabinet Member for Resources	October 2018	Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Ian Phillips Senior Policy Manager Tel: 863849 Email: 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.
6.	Inclusion of Investment Acquisition Strategy in the Council's Medium Term Financial Strategy (MTFS) - To recommend to Council that the Investment Acquisition Strategy be included in the Medium Term Financial Strategy to enable the Council to acquire investment properties	Cabinet	3 December 2018	Growth, Environment and Resources	N/A	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
7.	Grant funding for voluntary organisations – To provide funding for voluntary organisations in Peterborough to carry out essential support for vulnerable people, particularly in relation to welfare benefits assistance and other crisis support.	Councillor Seaton, Cabinet Member for Resources	October 2018	Adults and Communities Scrutiny Committee	N/A	Relevant internal and external stakeholders.	Ian Phillips Social Inclusion Manager Tel: 01733 863849 Email: 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.

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION	
8.	Approval of Additional Powers to the Combined Authority (Transfer of Powers) - Approve additional powers for the Combined Authority via a Statutory Instrument for Adult Skills Commissioning.	Councillor Holdich, Leader of the Council and Member of the Cambridge shire and Peterborough Combined Authority	October 2018	Growth, Environment and Resources Scrutiny Committee	All	All Councils in Peterborough and Cambridgeshire have to agree to the transfer	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. Combined Authority Statutory Instrument Request

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION	
9.	Food and Feed Service Plan - This plan sets out how the council will meet its statutory food safety, food standards, and animal feed duties across its shared services.	Councillor Walsh, Cabinet Member For Communities	October 2018	Growth, Environment and Resources Scrutiny Committee	All Ward	<p>All relevant internal and external stakeholders.</p> <p>This plan has been consulted on with our shared service partners Cambridgeshire County Council, and Rutland County Council, in addition the plan has been shared with the Food Standards Agency.</p>	Liz Adamson, Principal Environmental Health Officer - Food and Safety Tel: 01733 453542 Email: liz.adamson@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
79	<p>10. Cabinet to recommend adoption of PCC Biodiversity Strategy to Council – Cabinet to recommend adoption of PCC Biodiversity Strategy to Council. This follows a period of public consultation to update the 2010 Biodiversity Strategy.</p>	Cabinet	19 November 2018	Growth, Environment and Resources Scrutiny Committee	N/A	<p>Relevant internal and external stakeholders.</p> <p>Public Consultation was carried out between 2nd and 29th March 2018</p>	<p>James Fisher Wildlife Officer Tel: 01733 453543 Email: james.fisher@peterborough.gov.uk</p>	<p>PCC Biodiversity Strategy</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

<i>DECISION TAKEN:</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>
No new items							

DIRECTORATE RESPONSIBILITIES

RESOURCES DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

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 Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

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 Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Legal and Democratic Services (Town Hall, Bridge Street, Peterborough, PE1 1HG)

Electoral Services (Town Hall, Bridge Street, Peterborough, PE1 1HG)

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 Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

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 Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Health Protection, Health Improvements, Healthcare Public Health.

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Health Scrutiny Committee Work Programme 2018/2019

Updated: 24 October 2018

Meeting Date	Item	Indicative Timings	Comments
18 JUNE 2018 Joint Scrutiny of the Budget Meeting	Medium Term Financial Strategy 2019/20 to 2021/22 - Tranche One To scrutinise the Executive's proposals for the Medium Term Financial Strategy 2019//20.to 2021/22 Tranche One Proposals. Contact Officer: Peter Carpenter		
2 JULY 2018 <i>Draft Report 11 June</i> <i>Final Report 20 June</i>	Appointment of Co-opted Members To agree to the appointment of co-opted members to the committee for the municipal year 2018.2018. Contact Officer: Paulina Ford, Senior Democratic Services Officer		
	Dental Services in Peterborough To receive a follow up report to the report presented to the Committee in March 2018. Contact Officer: Roxana Mojoo Jones, NHS England		
	North West Anglia NHS Foundation Trust – Bed Capacity To receive a report on proposals and options for increasing capacity at Peterborough City Hospital. Contact Officer: Stephen Graves, Chief Executive		

	<p>Review of 2017/2018 And Work Programme For 2018/2019 To review the work undertaken during 2017/18 and to consider the work programme of the Committee for 2018/2019</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>17 SEPTEMBER 2018 <i>Draft Report 24 August</i> <i>Final Report 5 August</i></p>	<p>STP Update and Strategic Direction 2018/19 To scrutinise and consider the strategic direction for the Sustainability and Transformation Partnership for 2018/19.</p> <p>Contact Officer: Aidan Fallon</p>		
	<p>NHS Constitution including Targets and Performance To receive a report from the C&PCCG on the NHS Constitution including performance against targets.</p> <p>Contact Officer: Jessica Bawden</p>		
	<p>Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) Commissioning Plans and response to PWC Review</p>		

	<p>To receive a report on the (C&PCCG) Commissioning Plans and response to the capacity and capability review by PricewaterhouseCoopers (PWC).</p> <p>Contact Officer: Jessica Bawden</p>		
	<p>Transforming Care - 'Building The Right Support' (BRS) - Inpatient Bed Configuration. Preferred Option Consultation</p> <p>To scrutinise the proposed changes to the provision of inpatient beds for people with a learning disability in Cambridgeshire and Peterborough.</p> <p>Contact Officer: Jessica Bawden</p>		
	<p>Monitoring Scrutiny Recommendations</p> <p>To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2018/2019</p> <p>To consider the Work Programme for 2018/2019</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		

<p>5 NOVEMBER 2018 <i>Draft Report 15 October 2018</i> <i>Final Report 24 October 2018</i></p>	<p>Peterborough And Cambridgeshire Sexual And Reproductive Health Services Commissioning Feasibility Study To scrutinise the rationale, background and proposed outcomes of the Public Health England (PHE) Sexual and Reproductive Health (SRH) Services Commissioning Feasibility Study.</p> <p>Contact Officer: Dr Liz Robin / Val Thomas</p>		
	<p>Preparations for Winter 2018/19 in Our Hospital To scrutinise the winter planning arrangements for winter 2018/19 being taken forward by North West Anglia NHS Foundation Trust.</p> <p>Contact Officer: Jane Pigg / Jessica Bawden</p>		
	<p>Primary Care Update Peterborough To receive and scrutinise an update on primary care, and specifically general practice.</p> <p>Contact Officer: Jessica Bawden</p>		
	<p>Monitoring Scrutiny Recommendations To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		

	<p>Work Programme 2018/2019 To consider the Work Programme for 2018/2019</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>28 NOVEMBER 2019 Joint Scrutiny of the Budget Meeting</p>	<p>Medium Term Financial Strategy 2019/20 to 2021/22 - Tranche Two To scrutinise the Executive's proposals for the Medium Term Financial Strategy 2019//20.to 2021/22 Tranche Two Proposals.</p> <p>Contact Officer: Peter Carpenter</p>		
<p>21 JANUARY 2019 <i>Draft Report 14 December</i> <i>Final Report 9 December</i></p>	<p>Portfolio Progress Report for Cabinet Member for Public Health To Scrutinise the portfolio of the Cabinet Member for Public Health and make any recommendations.</p> <p>Contact Officer: Dr Liz Robin</p>		
	<p>Hospital CQC Report</p> <p>Contact Officer: Jane Pigg</p>		
	<p>Podiatry Services</p> <p>Contact Officer: Elaine Young - CPFT</p>		
	<p>Annual Public Health Report 2018 To scrutinise and comment on the Annual Public Health Report and make any recommendations.</p> <p>Contact Officer: Dr Liz Robin</p>		

	<p>Monitoring Scrutiny Recommendations</p> <p>To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2018/2019</p> <p>To consider the Work Programme for 2018/2019</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>12 FEBRUARY 2019 Joint Scrutiny of the Budget Meeting</p>	<p>Medium Term Financial Strategy 2019/20 to 2021/22 - Tranche Three</p> <p>To scrutinise the Executive's proposals for the Medium Term Financial Strategy 2019//20.to 2021/22 Tranche Three Proposals.</p> <p>Contact Officer: Peter Carpenter</p>		
<p>18 MARCH 2019 <i>Draft Report 25 February 2019</i> <i>Final Report 6 March 2019</i></p>	<p>Healthy Peterborough Programme Progress Report</p> <p>To scrutinise the progress of the Healthy Peterborough Programme and impact of reduced funding and make any recommendations.</p> <p>Contact Officer: Stuart Keeble / Karen Cornish</p>		

	<p>STP Update and Strategic Direction 2018/19 To scrutinise and consider the strategic direction for the Sustainability and Transformation Partnership for 2018/19.</p> <p>Contact Officer: Jessica Bawden / Aidan Fallon</p>		This is a 6 monthly follow up report as requested at the September meeting.
	<p>Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) Commissioning Plans and response to PWC Review To receive a report on the (C&PCCG) Commissioning Plans and response to the capacity and capability review by PricewaterhouseCoopers (PWC).</p> <p>Contact Officer: Jessica Bawden / Dr Howsam</p>		This is a 6 monthly follow up report as requested at the September meeting to report on progress of actions taken.
	<p>Review of Impact of Discontinuation of IVF Provision</p> <p>Contact Officer: Jessica Bawden</p>		
	<p>Monitoring Scrutiny Recommendations To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		

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