

HEALTH SCRUTINY COMMITTEE

MONDAY 21 JANUARY 2019
7.00 PM

Council Chamber - 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 Committee Meeting Held on 5 November 2018** **3 - 12**
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. **North West Anglia NHS Foundation Trust - CQC Inspection Outcome And Action Plan** **13 - 22**
6. **Podiatry Services** **23 - 48**
7. **Cabinet Portfolio Holder For Public Health Performance Report** **49 - 86**



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8.	Peterborough Annual Public Health Report 2018	87 - 112
9.	Monitoring Scrutiny Recommendations	113 - 118
10.	Forward Plan of Executive Decisions	119 - 174
11.	Work Programme 2018/2019	175 - 182
12.	Date of Next Meeting	

12 February 2019 – Joint Scrutiny of the Budget – Tranche 3
18 March 2019 – Healthy Scrutiny Committee

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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, 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 Danial Kalley on telephone 01733 296334 or by email – daniel.kalley@peterborough.gov.uk

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE
 HELD AT 7.00PM ON
 MONDAY 5 NOVEMBER 2018
 IN THE BOURGES / VIERSEN ROOMS, TOWN HALL, PETERBOROUGH**

Committee Members Present:	Councillors J Stokes (Chairman), K Aitken, A Ali, S Barkham, S Hemraj, D Jones, D Over, B Rush (Vice Chairman), N Sandford, 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
	Val Thomas	Consultant in Public Health
	Caroline Walker	Chief Executive, North West Anglia NHS Foundation Trust
	Neil Doverty	Chief Operating Officer, North West Anglia NHS Foundation Trust
	Jan Thomas	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
	Rob Murphy	Director of Primary and Planned Care, Cambridgeshire and Peterborough Clinical Commissioning Group
Officers Present:	Dr Liz Robin	Director of Public Health
	Paulina Ford	Senior Democratic Services Officer

23. APOLOGIES FOR ABSENCE

Apologies for absence were received from Co-opted Member Parish Councillor Henry Clark and Parish Councillor Barry Warne was in attendance as substitute. Susan Mahmood, representative of Healthwatch and the Cabinet Member for Public Health, Councillor Lamb also wished their apologies to be noted.

24. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Item 6. Preparations for Winter 2018/19 in Our Hospital

Councillor Hemraj declared an interest in item 6, in that she was an employee of the North West Anglia NHS Foundation Trust and advised that she would leave the meeting for the duration of that item.

25. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 17 SEPTEMBER 2018

The minutes of the meetings held on 17 September 2018 were agreed as a true and accurate record.

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

There were no requests for Call-in to consider.

27. PETERBOROUGH AND CAMBRIDGESHIRE SEXUAL AND REPRODUCTIVE HEALTH SERVICES COMMISSIONING FEASIBILITY STUDY

The Consultant in Public Health accompanied by the Director for Public Health introduced the report. The report provided the Committee with the rationale, background and proposed outcomes of the Public Health England (PHE) Sexual and Reproductive Health (SRH) Services Commissioning Feasibility Study that was being undertaken in Peterborough and Cambridgeshire.

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

- Members expressed concern that the demands and concerns of Peterborough would be very different to those of Cambridgeshire owing to the differing demographics. Members were advised that the particular needs of Peterborough were evident from the data analysed and emerging differences between North and South Cambridgeshire would also need to be addressed. Service specifications would have to reflect the differing needs in all areas.
- Future reports would be brought back to the committee as evidence that the proposals served the needs of the local population. The committee could then compare and contrast the proposals with the current situation.
- Existing Integrated Contraception and Sexual Health Services (iCaSH) were commissioned from the same provider, Cambridge Community Services NHS Trust, in both Peterborough and Cambridgeshire.
- The current situation involved running two different contracts, each with their own specific overheads with re-charges applicable if people were seen out of their own area. There would be financial benefits in moving away from this separate arrangement and commissioning one contract.
- Members acknowledged the benefit of economies of scale to be gained on the merger of services across the area however they expressed concern that Peterborough would be seen as a suburb of Cambridgeshire.
- Consultations would investigate where local populations would prefer to have services located to best address their needs.
- The iCaSH services in Peterborough were fairly central with some services available via local General Practitioners (GP) services however in Cambridgeshire there were more services situated across a wider area. The existing location would continue with the possibility of future services being distributed around the city.
- The contrast of late diagnosis of Human Immunodeficiency Virus (HIV) between Peterborough and Cambridgeshire was acknowledged and Members were informed this was currently a focus within Peterborough and a bespoke programme was in place with focus on increased outreach. An intense communication programme was planned to coincide with the Annual World Aids Day in December.

- Patient surveys have indicated that patients prefer visiting the city centre for services in preference to the hospital site. The move to the city centre was part of the recommissioning of the services and introduced efficiencies, maintained the same standard of service and had enabled more patients to be seen.
- Improved pathways between the Sexual Health Service and Gynaecological Service would be beneficial and would facilitate women being able to access contraception immediately post-delivery whereas currently delays were caused by contraception and maternity fell under different services.
- Councillor Sandford, seconded by Councillor Over proposed that the Committee recommend that when implementing the changes to the Peterborough and Cambridgeshire Sexual and Reproductive Health Services that the Director of Public Health ensures that the service continues to be easily accessible to the population of Peterborough. The Committee unanimously agreed.

RECOMMENDATION

The Health Scrutiny Committee **RESOLVED** to recommend that the Director of Public Health ensure that when implementing the changes to the Peterborough and Cambridgeshire Sexual and Reproductive Health Services that the service continues to be easily accessible to the population of Peterborough.

AGREED ACTIONS:

The Health Scrutiny Committee considered the report and **RESOLVED** to 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 and to modernise and secure service efficiencies.

Councillor Hemraj left the meeting for the next item as per her earlier declaration of interest.

28. PREPARATIONS FOR WINTER 2018/19 IN OUR HOSPITAL

The Chairman welcomed Caroline Walker in her capacity as the new Chief Executive of the North West Anglia NHS Foundation Trust.

The report was introduced by the Chief Operating Officer, North West Anglia NHS Foundation Trust which outlined the winter planning arrangements for winter 2018/19 to assure the Committee that the hospital could meet the expected increase in demand for services.

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

- The planned reduction in elective activity during the winter surge period in January would not involve cancelling appointments but would include forward planning to reduce the scheduled workload. The Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) wished to avoid cancelling scheduled operations where possible.
- There was a programme to improve theatre productivity which it was hoped would help when operations had been cancelled.
- Members were concerned that patients would be discharged too early under the Daily Discharge Target. Members were assured that a person would not be discharged if the discharge was considered unsafe. Inflow and outflow of patients were monitored

continuously and internal escalation protocols would be activated when there was a run of negative capacity.

- There was always provision for night surgeries and there was sufficient capacity for trauma and critical care overnight.
- Members commented on the number of acronyms within the report and requested that less acronyms were used in the report and when used that an explanation was provided.
- Members expressed concern over the delay in community care following discharge from hospital and that patients were discharged ill-prepared. Members were advised that, while the hospital worked closely with community partners there was sometimes a deficit in services and efforts were then made to flex resources to achieve a positive outcome. The intention was not to discharge patients prematurely and expose them to risk.
- Preventive work undertaken to reduce the number of admissions included GPs being asked to work differently to avoid hospitalisation and the use of specialist teams of nurses, doctors and therapists. The ambulance service were being trained to treat as many people as possible in their own homes and had been asked to investigate the flow of ambulances into the hospital and if this could be better managed.
- Members were advised that there was a risk associated with the decision to leave someone in their own home or admit them to hospital. GPs managed complex patients on a daily basis and work is continuing by the CPCCG on who is prepared to take more or less risk about where a patient is at any time and the risks the patient would then be exposed to as a consequence.
- There was a range of schemes available to follow up on specific groups of patients to help them understand the trigger points of their illness and prevent re-admission to hospital. The use of data within the Health and Social Care System could be improved to actively seek out patients who have been admitted multiple times and measures could be put in place to prevent re-admission.
- £1.3m in capital had been received from NHS Improvement which would be spent on improving the bed base and there was no intention to remove funding from planned care into emergency care. The additional monies, which amounted to £700,000 for Peterborough would be used for social care and buying additional services.
- Members were concerned that vulnerable people were more affected over the winter months than other groups. Members were advised that Peterborough had a Frail, Elderly Service at Peterborough City Hospital which was part of the National Frailty Network. This had been independently inspected and was performing well together with the Community Front Door Team. A similar system with additional staff had been established at Hinchingbrook Hospital.
- Whilst Members were pleased to see theatre and hospital services fully utilised over the weekend, weekend discharges would put further pressure on the council's Adult Social Care Service which were already under pressure. Members were advised that those signed up to the Winter Plan had advised they had enough money to fulfil their commitments.
- The Extended JET service was an enhanced service from the Joint Emergency Team (JET), a first response service called upon by GPs or the Ambulance Service to visit patients in their own homes.
- An additional 42 beds would be distributed throughout the hospital. Nine additional beds would be in the Medical Assessment Unit next to the Emergency Department. A fifth bed would be introduced onto the current four bed bays across all medical and surgical wards and seven assisted bathrooms would be converted for bed use over the next two months.
- Full Capacity Protocol was a clear policy for when the hospital experienced a sustained period of elevated emergency demand. This was introduced to manage a safe patient pathway throughout the hospital.

- Red and green days were explained to Members - when a patient had a red day it meant that nothing useful was happening to the patient e.g. they may be waiting to have a test. Green days were positive care days.
- Councillor Over, seconded by Councillor Sandford recommended that all future reports presented to the Committee should contain a full explanation of all abbreviations. The Committee unanimously agreed.

RECOMMENDATION

The Health Scrutiny Committee **RESOLVED** to recommend that all abbreviations / acronyms within the report should be fully explained either within a glossary or bracketed within the text to allow full understanding and transparency for the Committee and members of the public.

AGREED ACTIONS:

The Health Scrutiny Committee considered the report and **RESOLVED** to 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.

Councillor Hemraj re-joined the meeting.

29. PRIMARY CARE UPDATE PETERBOROUGH

The Chief Officer of the Cambridgeshire and Peterborough Clinical Commissioning Group, accompanied by Director of Primary and Planned Care introduced the report which provided the Committee with an update on primary care in Peterborough.

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

- Members commented that patients south of the river were struggling to access a GP. Land had been designated for a surgery as part of the planning process within the new development however a new surgery had not been provided and further housing had now been built on the site. This had meant that the 1800 houses that were being built would have to feed into the existing Stanground surgery which suggested the stated target of 100% population coverage was not being met.
- GP access was a national problem as there was a huge demand for GP services. Local GP's were now providing extended access to meet the NHS England national requirements but there was still some areas of the population where it was still difficult to access a GP. There should be consultation between the patients and the practice to help the practice to meet demands within the funding they had available.
- The CCG will need to be better at planning for population growth and plan further ahead. Monies made available alongside new developments for investment in health services should be utilised when available however buildings would only be effective if staff could be found.
- Different generations had different health requirements and behaved differently therefore promotion of services needed to reflect that. With the current workforce challenges, procedures would have to change going forward. This could mean looking at prevention and technology together with the way health services were promoted and delivered.
- Members queried whether there had been any discussions with the University Centre Peterborough to see if they could offer any medical courses. Members were informed that

there had not been any discussions with regard to medical courses but the Combined Authority had been looking at providing courses at the University Centre Peterborough with regard to nursing and health and social care however this did not yet encompass training doctors.

- Members wanted to know what measures were being taken to improve access to getting appointments at GP surgery's as this continued to be a problem. Members were advised of the introduction of an online consultation tool to triage each patient to provide more information at the time of allocating the appointment to get the right appointment slot. Some practices have adopted a GP First Model, whereby a patient speaks to a GP in the first instance which means every patient who calls will speak to a GP. Whilst this helped the patient it had added to the workload of the GPs and uptake had been mixed. Practices were looking at streamlining the reception process to ensure every call was answered and patients were triaged in the most effective manner.
- Members commented that the report was written from a GP perspective but Members would prefer the focus to be on the patient and patient experiences.
- Primary Care services consisted of a group of small business who contracted with the National Health Services (NHS) to provide health care and businesses were most successful when putting their customers first. More work needed to be done to inform patients on how they can help themselves by accessing other services such as pharmacies and the voluntary sector.
- Recruitment from within Europe following Brexit was discussed and Members were informed that there were a number of factors which would need to be considered post Brexit but was unable to comment at this point.
- Members reported that some patients were unaware of merging GP practices into larger units. Some patients may have chosen a surgery based on knowing staff at another and Members wanted to know what measures were in place to protect patient confidentiality in terms of IT process'. Members were advised that there was a requirement under the due diligence process for practices to consult with patient groups and ensure all registered patients were aware of the merger and they were happy with the merger.
- Members sought clarification as to what measures were being put in place to protect patient confidentiality post-merger in cases where members of the practice may be known to the patients. Members were advised that it was not known if patient records were to be merged when GP practices merged and Members were advised this would be clarified. However it was also explained to Members that when a patient was in need of medical intervention, medical staff need to have access to as much information as possible to be able to treat to them effectively. There still appeared to be confusion amongst the public as to what information different sectors of the health care service had access to.
- General data collected on a population level was invaluable for planning the best services possible and collating the data would be in the patient's best interest.
- Members were concerned that patients in general experienced severe difficulties in trying to contact their GP practice to request an appointment in the mornings with telephone lines being continually engaged. Members were informed that each practice had a different type of patient booking system and work needed to be done to get the GP practices to work together. Feedback was required to identify trouble spots and the practice could then be held to account. Patients could report delays through their patient access group.
- The GP Online Consultation Tool would be launched in December and patients would then answer a series of questions on line which will allow for more effective triage but the balance between online appointments and face to face consultations needed to be maintained.
- Other technological solutions could include electronic patient records and document management systems, the use of social media and the use of video conferencing. Technology could be used more effectively as more people used online services.

- It was suggested that members of the newly merged GP practices should be asked if they agree to their records being shared with other practices as a first step.
- Members expressed concern regarding illegitimate access to patient information and suggested a reporting system, such as is used in the credit environment, to notify a patient when their records had been accessed.
- Patients could be empowered to hold their own records, where a patient held their own records and made them available to healthcare professionals when requested. The system had been used within maternity services over a long period and had proved successful.
- Members commented that surgeries were now being run as a business and as a consequence costs savings appeared to affect the services provided e.g. a surgery had recently refused to dispose of medical items due to cost.
- Members were dissatisfied with the appointment system in place at many GP practices whereby patients call the surgery at 8am to be allocated an appointment. Lines were reported as being consistently engaged and appointments could not be booked in advance. Further investment was required by surgeries to answer telephones at peak times.
- The Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group noted Members concerns with regard to accessing GP appointments and advised Members that this would be investigated further.
- Not all patients had been informed of the arrangements concerning The Octogen Practice.
- The Healthcare strategy for the next 3 – 5 years would focus on technology as there was no longer the workforce to continue to function manually.
- Members were concerned for patient safety when using online services. Members were advised that further investigation into what systems would be used was ongoing. It was likely that several smaller technological solutions would be recommended rather than one large system.
- Most health professionals wanted to maximise the care given and make more time available to the patients who were in most need. It was anticipated that the introduction of IT systems to facilitate this would be not meet with any objections. Patients needed to be given the tools to help themselves if they were able.
- In March 2018 The Health Scrutiny Committee recommended that The 111 Service enter into discussions with officers in Cambridgeshire and Peterborough to instigate an 'option 3' which would direct patients calling in with a social care need directly to the social care call centre without the need to call a separate social care helpline. Members were advised there was no update on this at present but a progress report would be provided in due course.
- Councillor Sandford seconded by Councillor Barkham recommended that the Clinical Commissioning Group review the practice in place by some GP Practices where patients were required to phone their GP at 08.00hrs in the morning to book an appointment and to look into alternative methods to ensure that booking appointments with a GP was more easily accessible. The current practice was causing considerable problems to many patients across the city due to the inflexibility of the system. The Committee unanimously agreed.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the updates provided on Primary Care in Peterborough and requested the following information:

1. That the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group provide clarification on whether patient data will be merged when GP practices combine and how patient confidentiality would be protected.

2. That an update be provided before the next meeting on 21 January 2019 regarding the recommendation made at the March 2018 meeting to the Head of Urgent and Emergency Care Cambridge and Peterborough CCG on the 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.

RECOMMENDATION

The Health Scrutiny Committee **RESOLVED** to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee.

30. 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.

31. 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.

32. 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 Cambridgeshire and Peterborough Clinical Commissioning Group provide a report on the impact of Brexit on health services.

33. DATE OF NEXT MEETING

28 November 2018 – Joint Scrutiny of the Budget Meeting
21 January 2019 – Health Scrutiny Committee

CHAIRMAN
7.00pm – 9.00pm

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
21 JANUARY 2019	PUBLIC REPORT

Report of:	North West Anglia NHS Foundation Trust	
Contact Officer(s):	Jo Bennis, Chief Nurse	Tel. 01733 677991

NORTH WEST ANGLIA NHS FOUNDATION TRUST – CQC INSPECTION OUTCOME ACTION PLAN

R E C O M M E N D A T I O N S
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> Note the content of this update report

1. ORIGIN OF REPORT

1.1 This report is submitted upon a request from the Healthy Scrutiny Committee

2. PURPOSE AND REASON FOR REPORT

- 2.1
- To provide an update to the Committee on the actions put in place at Peterborough City Hospital following the publications of its CQC inspection report in October 2018 which rated the North West Anglia NHS Foundation Trust overall as ‘Requires Improvement’.
 - This report focuses in particular on the activity at Peterborough City Hospital – as per the request of the committee.

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 Background

North West Anglia NHS Foundation Trust, which runs Peterborough City, Hinchingsbrooke and Stamford and Rutland Hospitals, was inspected by the Care Quality Commission over a period of five days in June and July 2018.

The Trust also runs Outpatient and Radiology Services at Doddington Hospital and the Princess of Wales Hospital, Ely. The Trust took on the running of these services in September 2017 and they were not included as part of the inspection regime.

This was the first inspection of the Trust since it was formed on 1 April 2017, as a result of the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust.

Inspectors reviewed our services to ensure they are Safe, Effective, Caring, Responsive and Well-Led (which are the CQC’s five key lines of enquiry).

Prior to the merger, Peterborough and Stamford Hospitals was inspected in 2014 and was rated

as 'Good', Hinchingsbrooke Health Care NHS Trust was also rated 'Good' when it was re-inspected in 2016.

Inspectors reviewed the following core services at the Peterborough and Hinchingsbrooke sites (Stamford Hospital was not inspected):

Hinchingsbrooke Hospital	Peterborough City Hospital
Urgent and Emergency Care Medical Care Surgery Critical Care Maternity Services End of Life Care Outpatients	Urgent and Emergency Care Medical Care

All core services at Hinchingsbrooke Hospital were inspected because its previous ratings were dissolved at the point of the merger. This meant that Hinchingsbrooke Hospital did not have a rating for any of its core services prior to the inspection taking place.

In addition, inspectors carried out a Well-Led inspection to test the link between the overall management of the Trust and the quality of its services, and a Use of Resources inspection which was led by our regulator, NHS Improvement – these are new components to the inspection regime, which were introduced in 2017.

Inspectors provided high level verbal and written feedback at the time of the inspection, which enabled us to implement immediate actions, where necessary, plus develop, and subsequently work to, an action plan ahead of the report publication.

Following the inspection, in September, the Trust received a draft report for the purpose of factual accuracy checking prior to publication. We responded with more than 100 pages of factual accuracy amendments, but were disappointed to see that many of these inaccuracies were still published in the final report.

Inspection outcome

The CQC published its report on our Trust inspection in October 2018. The CQC gave the Trust the overall rating of 'Requires Improvement'. The Trust did not receive a rating for its Use of Resources inspection.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hinchingsbrooke Hospital	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Stamford and Rutland Hospital	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014
Peterborough City Hospital	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Overall trust	Requires improvement ↓ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

The summary of ratings for each of our two main hospital sites showed Peterborough City Hospital was rated overall as 'Good' although it identified four of the five key lines of enquiry for our Urgent and Emergency Care Service 'Required Improvement'.

Hinchingbrooke Hospital received the overall rating of 'Requires Improvement' – although it also achieved an 'Outstanding' for the Caring aspect of the End of Life Care service provided to patients.

See the table below for the ratings for each core service at each site:

Peterborough City Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Medical care (including older people's care)	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Surgery	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Maternity	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Services for children and young people	Good May 2014	Good May 2014	Good May 2014	Good Jul	Good May 2014	Good May 2014
End of life care	Good May 2014	Good Jul 2015	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Overall*	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018

Hinchingbrooke Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Medical care (including older people's care)	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Surgery	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Critical care	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Aug 2018
Maternity	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
End of life care	Good Sept 2018	Requires improvement Sept 2018	Outstanding Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Outpatients	Good Sept 2018	N/A	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Overall*	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018

The inspection report detailed specific areas where each of the core services inspected must improve. The following improvements were listed for Urgent and Emergency Care at Peterborough City Hospital:

- The Trust must ensure that mandatory training attendance improves to ensure that all staff are aware of current practices
- The Trust must ensure that systems are put in place to ensure the oversight of checking equipment
- The Trust must ensure patient records are complete, contemporaneous and inclusive of completed risk assessments relevant to patient care
- The Trust must ensure fridge temperatures and the temperature of the room where medicines are stored are routinely monitored and action taken to minimise any risks to patients
- The Trust must ensure that effective systems and processes are in place to safeguard patients from abuse and improper treatment.

In addition, the inspection report listed 27 ‘must improve’ items for the seven core services at Hinchingbrooke Hospital. See appendix 1 for the full details of these items.

The report also listed areas where it recommended the Trust should make improvements. This included the following for the Urgent and Emergency Care service at the Peterborough City Hospital site:

- The Trust should ensure that paediatric waiting areas are audio and visually separated from adult waiting areas
- The Trust should ensure they complete, monitor and update action plans in relation to the Royal College of Emergency Medicine audits
- The Trust should ensure that reception staff are trained and competent in recognition of red flag signs and symptoms, to allow for timely escalation of critically unwell or injured patients who self-present to the emergency department.

The report also listed 28 ‘should improve’ items for the seven core services at Hinchingbrooke Hospital. See appendix 1 for the full details of these items.

Post report actions

Since the publication of the inspection report, we have been able to resolve most of the ‘must improve’ actions. The lessons learned from the recommendations can be applied across all our sites and we are using this approach to ensure we make positive improvements consistently across all our core service areas.

We continue to work to a detailed action plan of remaining improvements. Progress against this plan is reviewed at our monthly CQC Steering Group meetings, which are chaired by our Chief Executive. Our plan was submitted to the CQC on 3 December 2018 to show our compliance against key areas highlighted in the report.

The Trust is continuing with its own CQC-style internal inspections of ward areas (CREWS) across all three hospital sites to maintain assurance that services are consistently run to high standards of care. In addition, our Chief Nurse, Jo Bennis, leads senior-level walkabouts across our hospitals to see first-hand the improvements in action. Plus, we regularly welcome colleagues from other external organisations to conduct their own assurance visits.

The Trust has since fed back to the CQC on aspects of the inspection that caused concern among our senior management team. These aspects included:

- We submitted more than 100 pages of feedback on the draft report with factual accuracies, most of which were not corrected before the report was published
- Inspectors did not acknowledge the work still in progress as a result of our merger or that we are still in the early days of progressing on integration and our clinical strategy – in fact there were no inspectors on the inspection team that had previous experience of reviewing recently-merged trusts, which was a request made by the Trust ahead of the inspection
- Looking at the areas of good within the report, it is hard to see how the overall aggregated rating of ‘Requires Improvement’ for the Trust was made.

The CQC has taken our feedback on board and we hope to receive some formal feedback.

4. CONSULTATION

4.1 N/A

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 The Committee may be satisfied with the actions being taken to improve the rating or require further reports to monitor progress.

6. REASON FOR THE RECOMMENDATION

6.1 The Health Scrutiny Committee had requested an update on the actions being taken following the CQC Inspection report and overall rating of 'requires improvement'.

7. IMPLICATIONS

Financial Implications

7.1 The Trust may bear some additional financial costs in delivering the action plan of required improvements. It is not possible to predict the level of additional costs, but these are likely to relate to staff training for the most part.

Legal Implications

8.2 N/A

Equalities Implications

8.3 N/A

9. BACKGROUND DOCUMENTS

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

9.1 The Peterborough City Hospital CQC inspection report from June/July 2018 can be viewed here: <https://www.cqc.org.uk/location/RGN80>

10. APPENDICES

10.1 Appendix 1 – CQC Inspection Outcome

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APPENDIX 1

NORTH WEST ANGLIA NHS FOUNDATION TRUST – CQC INSPECTION OUTCOME

Areas the Trust (overall) **must** improve

- The trust must ensure that mandatory training attendance improves to ensure that all staff are aware of current practices.
- The trust must ensure patient care records are accurate, complete and contemporaneous and that pertinent risk assessments are completed for all patients across the trust.

Areas that **must** be improved within Urgent and Emergency Care at Peterborough City Hospital

- The trust must ensure that mandatory training attendance improves to ensure that all staff are aware of current practices
- The trust must ensure that systems are put in place to ensure the oversight of checking equipment
- The trust must ensure patient records are complete, contemporaneous and inclusive of completed risk assessments relevant to patient care
- The trust must ensure fridge temperatures and the temperature of the room where medicines are stored are routinely monitored and action taken to minimise any risks to patients
- The trust must ensure that effective systems and processes are in place to safeguard patients from abuse and improper treatment.

Areas that **must** be improved within Urgent and Emergency Care at Hinchingsbrooke Hospital

- The trust must ensure staff complete patient documentation including time of arrival; patient observation times, and maintain records to ensure they are contemporaneous
- The trust must ensure that staff using the Manchester Triage System complete competency requirements for the safe use of the assessment system
- The trust must ensure that the emergency department embed rapid assessment and treatment processes for patients arriving by ambulance and designate appropriately trained staff to the ambulance assessment area, and improve control and command of this process
- The trust must ensure the designated mental health room is safe and fit for its designated purpose
- The trust must ensure fridge temperatures and the temperature of the room where medicines are stored are routinely monitored and action taken to minimise any risks to patients
- The trust must ensure that staff mandatory training and appraisals meet the trusts compliance target of 90%.
- The trust must ensure that effective systems and processes are in place to safeguard patients from abuse and improper treatment.

Areas that **must be improved within Medical Care at Hinchingsbrooke Hospital**

- The trust must ensure that Pear Tree ward is being run and monitored in a way that protects people's safety and ensures they are receiving care and treatment which meets their needs
- The trust must ensure that medicine management arrangements are implemented in line with best practice
- The trust must ensure that mandatory training attendance improves to ensure that all staff are aware of current practices
- The trust must ensure all staff are up to date with their advanced level life support training
- The trust must ensure staff receive an annual appraisal.

Areas that **must be improved within Surgery at Hinchingsbrooke Hospital**

- The trust must ensure there are consistent and reliable systems and processes for sharing learning from incidents across the surgery service, to help mitigate the risk of potentially avoidable incidents reoccurring, including sharing findings and lessons learned from never events or other serious incidents in a timely manner.

Areas that **must be improved within Critical Care at Hinchingsbrooke Hospital**

- The trust must ensure guidelines are reviewed in time and have oversight and sign off from a senior member of the team.
- The trust must ensure that ligature risks in patient rooms within critical care are reviewed and resolved.

Areas that **must be improved within Maternity Care at Hinchingsbrooke Hospital**

- The trust must ensure a robust process to identify women with safeguarding issues in the paper medical records
- The trust must ensure the electronic patient system identifies all women with safeguarding issues
- The trust must ensure that women's weight is recorded on their prescription chart
- The trust must ensure that maternity support workers are trained and competency assessed before they are able to perform physiological observations on patients
- The trust must ensure guidelines are reviewed in time and have oversight and sign off from a senior member of the team
- The trust must ensure all emergency equipment is available to use
- The trust must ensure all medicines, including intravenous fluids are securely stored in locked cupboards.

Areas that **must be improved within End of Life Care at Hinchingsbrooke Hospital**

- The trust must review 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms to ensure they are completed fully and in line with trust policy and national guidance
- The trust must review its Mental Capacity Assessment and Deprivation of Liberty Safeguarding process and the way this is documented within patients' notes

- The trust must ensure the robust monitoring of end of life care, including the achievement of preferred place of care and death and the timeliness of discharge through local audit.

Areas that **must be improved within Outpatients at Hinchingbrooke Hospital**

- The trust must ensure the proper arrangements for the security and handling of prescription pads throughout the department
- The trust must ensure that medication is only prepared by those who have been assessed as competent to do so.

Areas that **should be improved within Urgent and Emergency Care at Peterborough City Hospital**

- The trust should ensure that paediatric waiting areas are audio and visually separated from adult waiting areas
- The trust should ensure they complete, monitor and update action plans in relation to the Royal College of Emergency Medicine (RCEM) audits
- The trust should ensure that reception staff are trained and competent in recognition of red flag signs and symptoms, to allow for timely escalation of critically unwell or injured patients who self-present to the emergency department.

Areas that **should be improved within Urgent and Emergency Care at Hinchingbrooke Hospital**

- The trust should ensure that paediatric waiting areas are audio and visually separated from adult waiting areas.
- The trust should ensure that reception staff are trained and competent in recognition of red flag signs and symptoms, to allow for timely escalation of critically unwell or injured patients who self-present to the emergency department.
- The trust should ensure they complete, monitor and update action plans in relation to the Royal College of Emergency Medicine (RCEM) audits.

Areas that **should be improved within Medical Care at Hinchingbrooke Hospital**

- The trust should seek to improve its delayed transfer of care statistics
- The trust should ensure there are enough staff to fill planned shifts
- The trust should consider making improvements to the way in which the discharge planning team are enabled to support staff and patients with their discharge arrangements
- The trust should ensure there are clear nursing competencies in place and that staff are supported to demonstrate these.

Areas that **should be improved within Surgery at Hinchingbrooke Hospital**

- The trust should ensure all doors to side rooms in the ATSU are fully sealed when closed to help prevent the spread of airborne infections
- The trust should have a member of staff trained in advanced life support (ALS) on each shift within recovery, in line with national guidance.
- The trust should monitor the length of time between screening and treatment times for sepsis on the wards, to have oversight of how often they are not meeting national guidance on this, and to act on any issues identified

- The trust should review the staffing and escalation arrangements at night on Mulberry ward to ensure that if there is unexpected patient risk or deterioration, staff are able to access support promptly
- The trust should ensure theatres staff change out of their theatre scrubs before leaving the department, in accordance with uniform policy and good practice for infection prevention and control
- The trust should develop the local audit schedule within the theatres department to monitor and improve quality and performance
- The trust should continue to improve complaints processes to ensure they are investigated and completed within 30 days, in line with trust policy.

Areas that **should be improved within Critical Care at Hinchingsbrooke Hospital**

- The trust should ensure that medical staffing meets Guidelines for the Provision of Intensive Care Services (GPICS) 2015
- The trust should ensure that the risk register is regularly reviewed and risks to the service are appropriately managed
- The trust should ensure that all equipment including the central venous pressure trolley is checked and restocked regularly according to trust policy
- The trust should ensure that the critical care outreach team have a clear supervision pathway for appraisal
- The trust should ensure that provision is made for the gap in service provision between the Critical Care Outreach Team finishing and the night medical team commencing.

Areas that **should be improved within Maternity Care at Hinchingsbrooke Hospital**

- The trust should ensure handovers are confidential and are uninterrupted
- The service should ensure that community midwives carry the correct medication in line with trust policy
- The service should review the risk of the second theatre on labour ward and include the risk on the maternity risk register
- The trust should ensure staff are aware of the vision for the service and the trust's vision and values
- The trust should consider a pathway of care to enable babies on transitional care to have full treatment in one area
- The trust should consider a seven day maternity assessment day unit and triage area in line with national guidance and best practice recommendations
- The trust should ensure all equipment is clean and there is a system in place to identify that equipment has been cleaned
- The trust should regularly audit hand held maternity notes and medical records
- The trust should ensure the milk fridge is locked to ensure breast milk cannot be tampered with or taken by the wrong mother.

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
21 JANUARY 2019	PUBLIC REPORT

Report of:	Cambridgeshire and Peterborough Foundation Trust	
Contact Officer(s):	Aleksandra Mecan Head of Community Services & Integration Cambridgeshire and Peterborough CCG	Tel. 01223 725400

PODIATRY SERVICES ESTATES CHANGES

R E C O M M E N D A T I O N S
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. <i>Review and support the rationale for the changes to the Podiatry Service</i> 2. <i>Review and support the engagement plan for these changes.</i>

1. ORIGIN OF REPORT

1.1 The Health Scrutiny committee requested this report.

2. PURPOSE AND REASON FOR REPORT

2.1 To seek scrutiny and support for the Podiatry Engagement plan.

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.

2.3 The corporate improvement plan is focused on continuous quality improvement. The Podiatry service review is focused on how to use the limited resources to provide both efficient and effective treatment.

2.4 Around 10% of our caseload are patients under 18yr. These patients access the service through the same method as adults, with the predominant referral source GP's. The patient engagement for children will be within the general engagement plan through direct contact with the patients and their GP's.

3. BACKGROUND AND KEY ISSUES

3.1 Currently within Podiatry services, provision is spread across 37 sites, which has been in situ since transfer to CPFT in 2014. Within the service it has become increasingly challenging to maintain the workforce to cover the number of sites. Recent extension of Podiatry services through STP, and normal turnover has put a strain on an already difficult to recruit to profession. Many internal steps have been taken to address this but the number continues to be a risk and challenge to a safe and responsive provision.

Some of the clinic rooms are only used one day per week. This limits choice of appointments for service users. If rooms are only available for limited days due to sharing with other services,

rebooking clinics can be difficult and often leads to delays for service users or the need to travel to an alternate site. The same problem can occur where the demand exceeds the capacity for a particular site where additional room sessions are not available.

Having multiple sites with reduced capacity also makes provision of cover for sickness etc. challenging resulting in clinics having to be cancelled. Cancellation of clinics results in delays in receiving treatment for the service users, most of whom are at high risk of developing severe foot problems eg. foot ulceration, infection through non-detection which can lead to hospitalisation due to deteriorating foot health.

The current fragmented model results in many podiatrists lone working and has implications to the number of band 5 staff members we can recruit in relation to support and ensuring safe care is provided, this also reduces staff development opportunities.

Consolidating sites would enable more efficient use of room space. Where cover is required for sessions in multi- chair clinics there will be scope/ flexibility to see extra patients, lessening the number of appointments needing to be cancelled and thus maintain quality of service and reducing delays for service users in receiving the treatment they require and enable us to address the issues around only recruiting B5 staff locally.

The service has recently started to extend its hours of working to improve access for patients in terms of availability of appointments and to facilitate people with getting help to travel to clinics. In order to ensure staff and patient safety, this can only be offered at sites where there are others also doing extended hours.

4. CONSULTATION

- 4.1 A 6-8 week public engagement is planned to start in January, details of plan are included in the Annex.

5. ANTICIPATED OUTCOMES OR IMPACT

- 5.1 Concerns may be raised over the accessibility of service users who live in more rural areas, or those vulnerable service users that are not able to travel to clinic.

6. REASON FOR THE RECOMMENDATION

- 6.1
- More efficient use of room space and equipment
 - Reduced infrastructure and operating costs
 - Improve clinical environmental quality
 - Improve access to appointments – more days, extended hours
 - Less time lost for staff travel
 - Service continuity – less cancelled appointments, less delays for service users, better outcomes, more efficient service delivery and reduced waiting times.
 - Less lone working – improve staff and service user safety, improve staff working life ie: increased peer support resulting in reduce stress / sickness
 - Where multi chair clinic: -, access to specialists ‘one stop shop’, increase use of skill mix, opportunity for learning and development

7. ALTERNATIVE OPTIONS CONSIDERED

- 7.1 List here alternative options considered and rejected and reasons for rejection.

8. IMPLICATIONS

Financial Implications

- 8.1 By consolidating clinic locations and relocating smaller clinics into core CPFT clinic locations we can reduce costs that result from renting clinic spaces from externally owned buildings. There will be reduced costs associated with the maintenance of clinic locations. Additionally there will be reduced staff expenses associated with excess mileage claims due to the reduced amount of travelling staff will be required to do.

Legal Implications

- 8.2 There are none.

Equalities Implications

- 8.3 Equality impact assessments have been completed which highlight possible issues for disabled or elderly service users in relation to clinic access associated with the increasing distances some service users may have to travel. Specialist transport services and the availability of home visits to the most vulnerable service users will reduce any negative impact that these groups may experience out of the reduction in clinic locations.

Rural Implications

- 8.4 Service users situated in rural locations may raise concerns due to potentially increased travelling distances to clinic locations. However, there are a variety of reduced cost community transport services and the non-emergency ambulance transport service which can provide transport to community appointments. There is also the availability for service users to have home visit appointments for those that are not able to travel outside of their home. Public transport services have been investigated and shown to provide services between clinic closure locations and other clinic sites that will remain open.

9. BACKGROUND DOCUMENTS

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

- 9.1
1. Equality Impact Assessment Form
 2. Transport to clinic spreadsheet
 3. Review of patient methods travelling to Podiatry clinic sites

10. APPENDICES

- 10.1
- Appendix 1 – Podiatry Engagement Plan
 - Appendix 2 – Review of patient methods of getting to podiatry clinic sites
 - Appendix 3 – Transport to clinic results
 - Appendix 4 – EIA Relocation

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Appendix 1

Engagement plan for Podiatry Services

The focus will be on engaging with both service users and carers. This will take place over 8 weeks.

- All GP surgeries where there are podiatry clinics will receive information about the rationale for the movement of the clinics. Opportunities to comment via email, phone or letter will be available.
- Information about the proposed changes will be displayed in all premises where podiatry clinics are currently held. Opportunity to comment via email, letter, phone or in person will be available for service users and carers. **Surveys about the proposed changes will be available for patients to complete and the results will be collated and**
- **Contact will be made with Age UK and Diabetes UK with the aim of identifying what is the best way to engage with their members to inform them and seek their opinions around the potential move.**
- All current service users will receive a letter confirming the reasons for the change and the rationale behind the changes. **A survey will be included within this letter** as well as there being opportunities to comment or raise concerns by phone, or email will be available.
- The proposed changes will be taken to the CPFT service user forum for comment.
- The suggested methods of engagement and the proposal will be discussed at the Health watch monthly meeting which takes place in Peterborough.
- The CPFT website and CPFT social media will be used to advertise the proposed changes and we will work closely with Health watch to maximise the opportunities for service users and carers to comment on the suggestions. **CPFT membership will also be invited to comment on the proposed changes.**
- All current service users will received information about public transport links and parking for the new premises.

CPFT is supported by the **HeadtoToe Charity** – visit www.HeadToToeCharity.org for more details



- Once in the new premises opportunities for current service users to comment and identify any potential problems will be made available.

Review of patient methods of getting to Podiatry clinic sites and impact of clinic relocation.

Background

In order to offer patients more flexibility in access to Podiatry services and a higher quality of care in terms of access to equipment and specialists, as well as being part of a wider organisation estates review, proposals are being developed to consolidate clinical sites. One of the impacts of consolidating sites is accessibility to patients in terms of how they get to the clinic. A review of methods used by our patients to access existing clinical sites has therefore been conducted to inform the proposals.

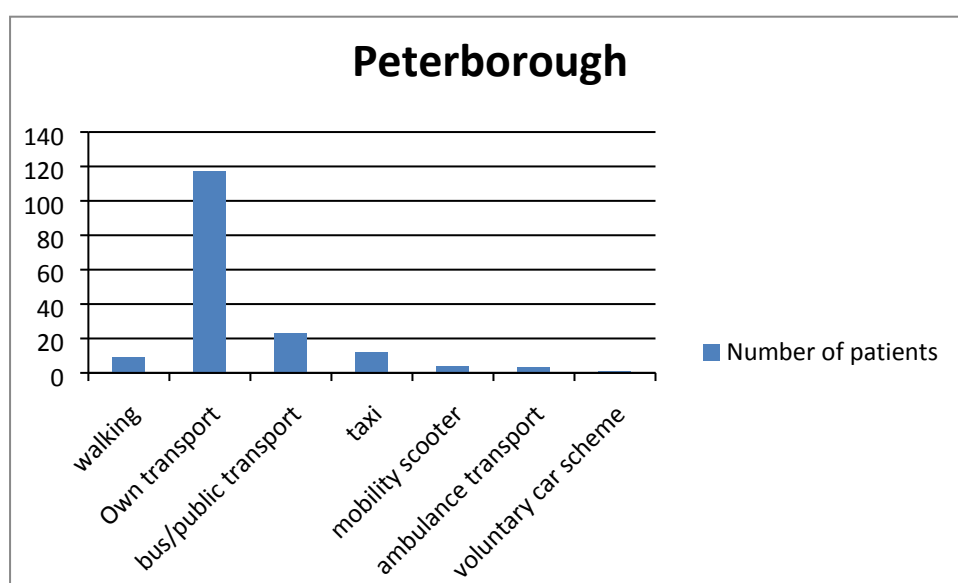
Method

Patients attending the Podiatry service during a 2-week period were asked how they had travelled to the clinic site. The data from each site was then collated into travelling by independent vehicles such as private car, taxi or hospital transport, travelling under their own steam such as walking or mobility scooter, or using public transport.

A review of distances between clinical sites was also carried out and of the bus routes available.

Results

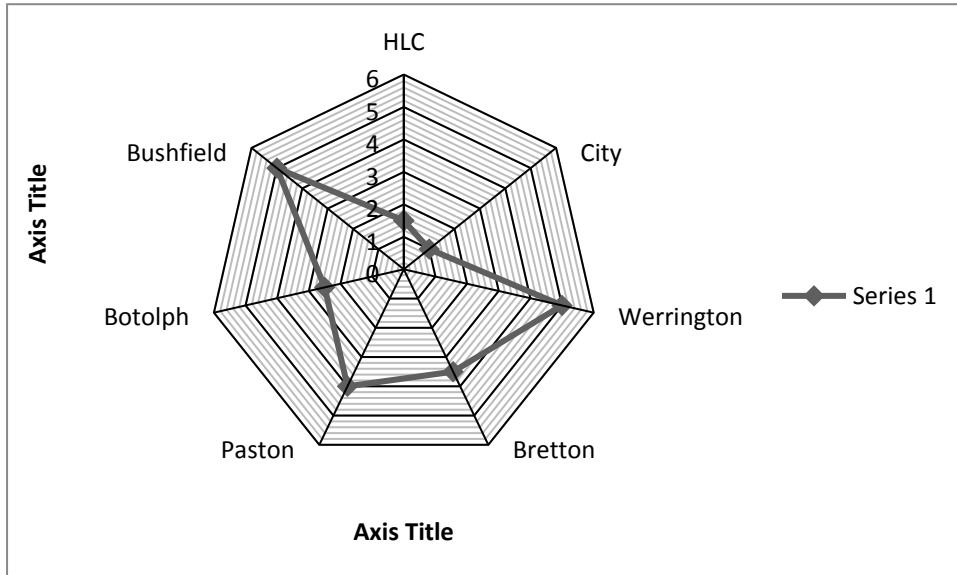
Peterborough



The data was collected at all of the clinics that are proposed for relocation and collated into the above table.

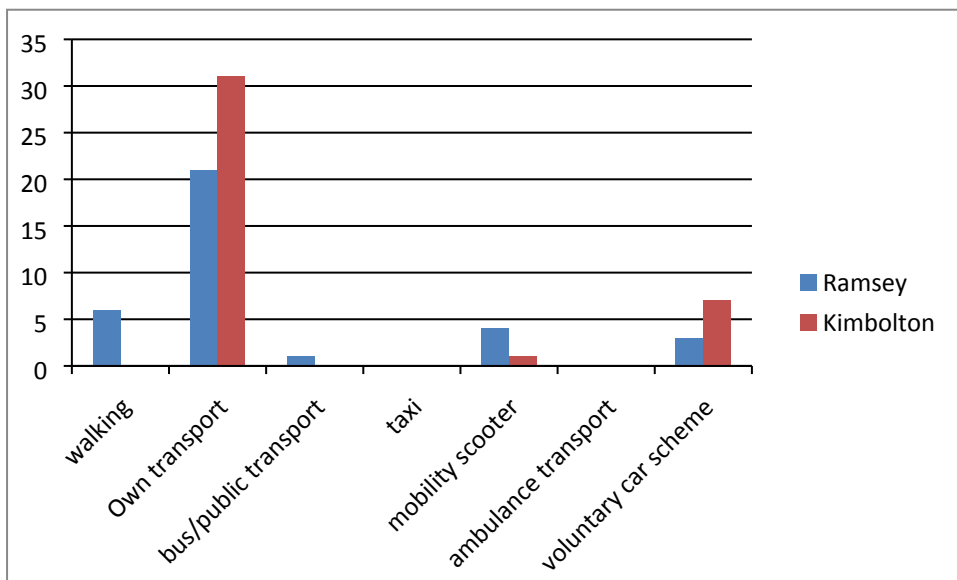
The results showed that 79% of patients travelled by car, be it their own, voluntary or taxi, or ambulance. 7% come to clinic under their own steam i.e. walking or mobility scooter, and 14% use public transport.

Distance to new clinic site:



The existing clinical sites within the central Peterborough locality are within a 5 mile radius of the City Centre.

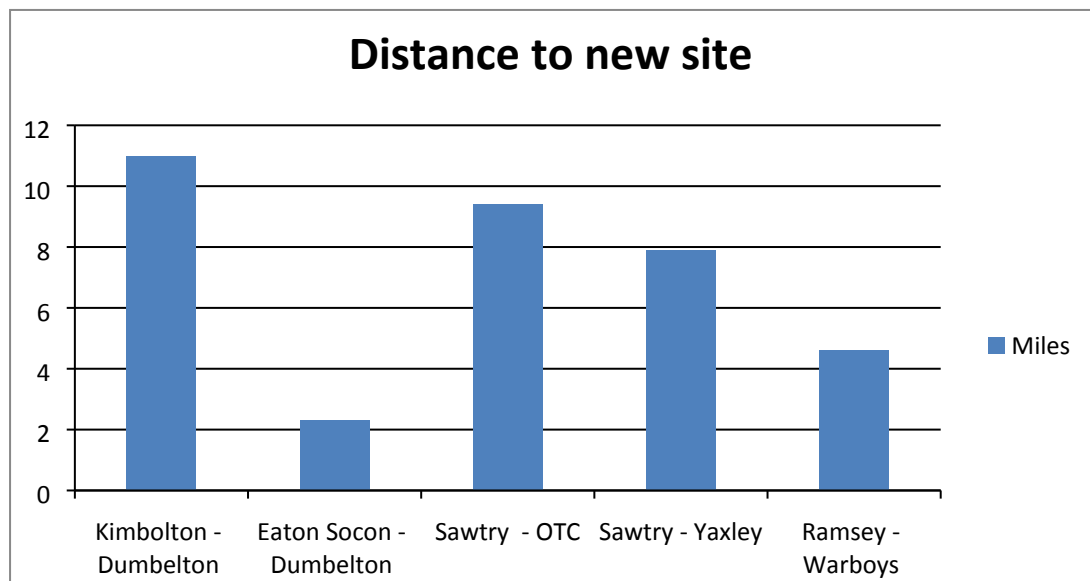
Huntingdon



Data was returned for 2 out of the proposed 4 clinics for relocation.

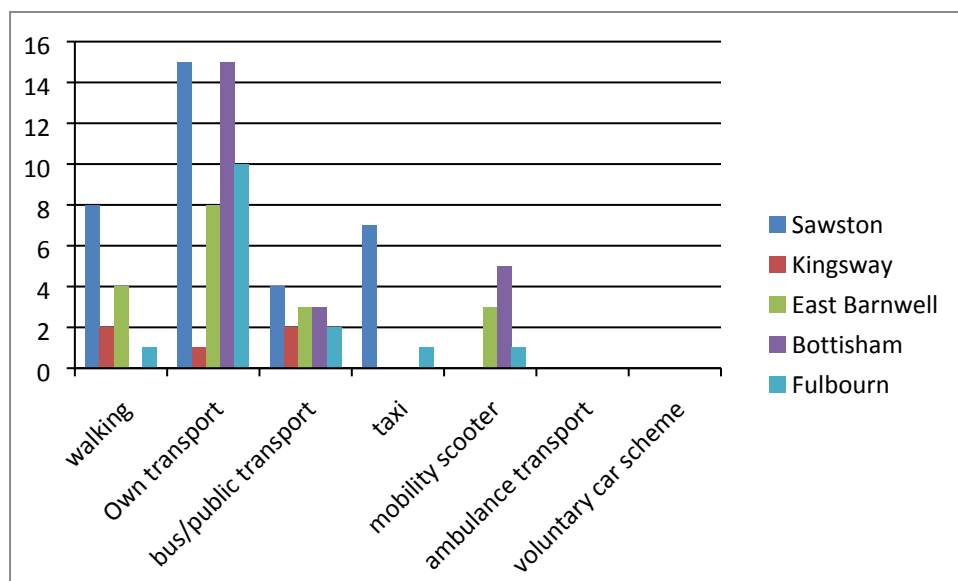
The data varies slightly between the 2 clinics with more patient travelling to clinic under their own steam at Ramsey (28%), but still the predominant method of getting to clinic is by car (69% Ramsey, 98% Kimbolton).

No data was returned for Sawtry or Eaton Socon.

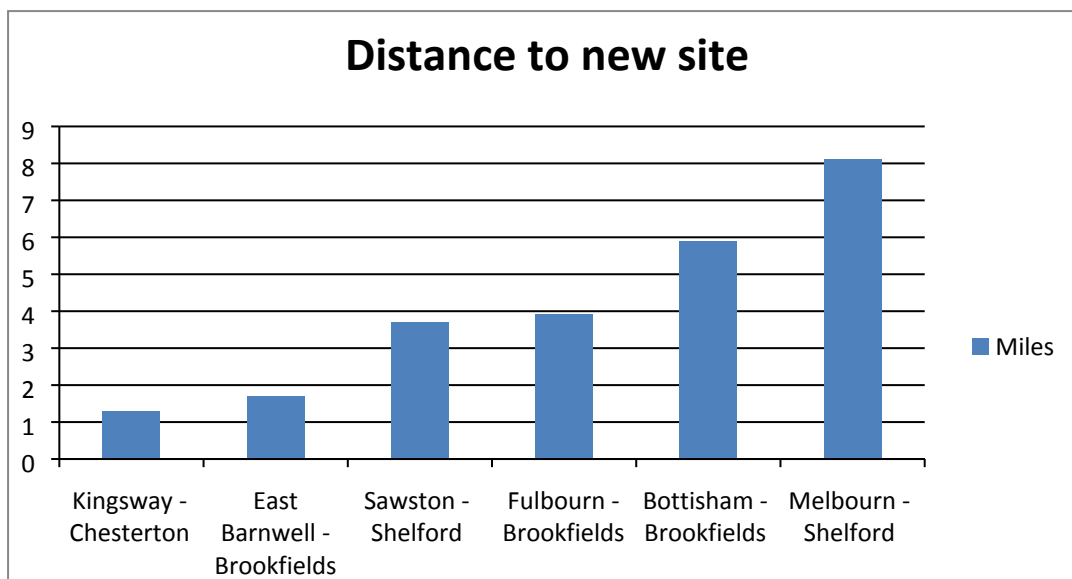


The distances between sites for relocation and the new site vary from 2.3 miles to 11 miles.

Cambridge



There is variation depending on the clinic location and a slightly lower percentage travelling by car (60%), and higher (25%) under their own steam. There is also a similar percentage of people using public transport to Peterborough which is likely to be due to the availability within the City. Notable is the lack of voluntary transport. Investigation into the existence of such schemes in Cambridge and surrounds would need to be undertaken to provide details to patients if changes to clinic locations are made.



The distance varies from 1.3 to 8.1 miles.

Discussion

These results reflect the findings of a previous survey carried out in Peterborough earlier in 2016.

Moving the existing clinical sites to different locations would have the following implications:

Own car/ taxi: This is the most common method for patients to get to their appointment. Distance travelled may increase depending on where the patient lives. This would mean a longer journey for patients and does have some minor implications for cost of fuel and taxi fares, but would not affect the patient's ability to access the service.

The other implication for car users may be parking as some sites have limited parking or there is a cost for parking.

Availability of parking should thus be taken into consideration when deciding on new sites.

Patients are able to claim costs for travel to medical appointments. Historically this is a cost borne by the service for which there is no budget. Claims have however been exceptional, but this may be an option for those who are unable to travel by any other means than taxi but cannot afford additional cost.

Hospital transport: change of site should have no implications for patients using this service apart from potentially a slightly longer journey. The same criteria will be applicable for patient to access this transport so there should be minimal increase in activity / cost.

Walk: Patients who are able to walk to clinic are mobile and should therefore be able to use public transport or other means of transport to get to clinics. The impact is on time taken to get to clinic and potential expense of public transport. However, the majority of patients seen by the Podiatry service are in age groups where they are eligible for free bus passes.

Mobility Scooter: These patients will have differing levels of mobility and may or may not be able to use public or other forms of transport. If they are unable to use public transport due

to mobility issues they could be offered attendance in the transport clinic where hospital transport is provided.

Bus: The ability of these patients to use this form of transport to access a central site is dependent on bus routes. There are bus routes between all of the locations proposed for relocation, though patients may need to get a connecting bus to reach the designated clinic site if they are unable to walk the distance to reach that site.

The main implications on travelling for patients if the Podiatry service was centralised are thus:

Cost – mileage / taxi fare, bus fare if no bus pass, parking fees

Time – increase due to longer journey

Availability of parking.

The impact is minimal on the majority of patients attending the service. To make it easier for patients, information on bus routes and parking should be provided if they do have to change sites.

Changes to working hours of the service now mean that later appointments are available. Nearly half of the patients questioned stated that this would be useful for them. For some of these this may mean that they are able to get help with transport to clinic from family members or friends, thus mitigating for some the impact of travelling to a different clinic site.

Recommendations

Review of the data presented above when deciding on actual site consolidation to estimate actual impact and numbers.

Inform patients of reasons for relocation of services including benefits.

Provide information on site locations, access, bus routes and parking.

Offer individual discussion of needs where the patient foresees issues with travelling to clinic and provide alternative options such as transport clinics.

Good signage at final location(s) to help patients find clinic.

Conclusion

Relocation of Podiatry clinical sites to one or more locations will have a minimal impact for the majority of Podiatry patients. However this process needs to be well managed and options offered on an individual basis to those who may have difficulties travelling to the new site (s).

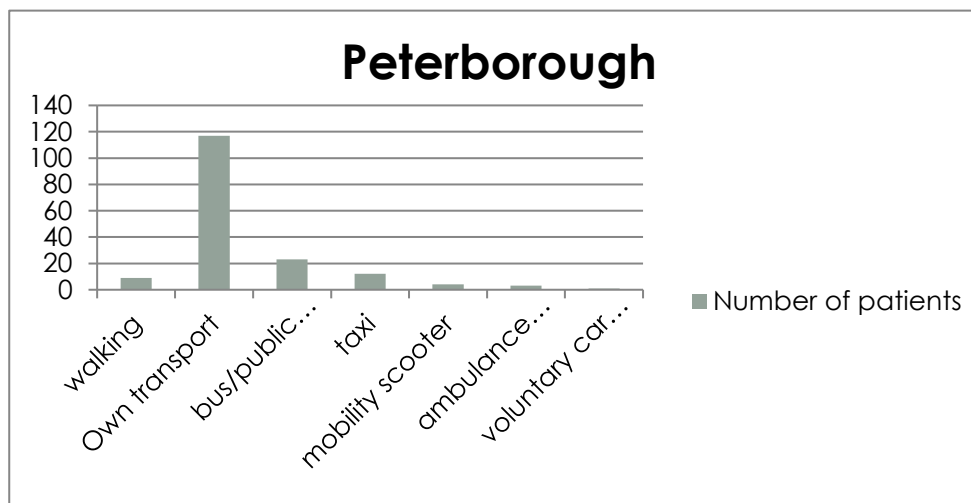
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Appendix 3

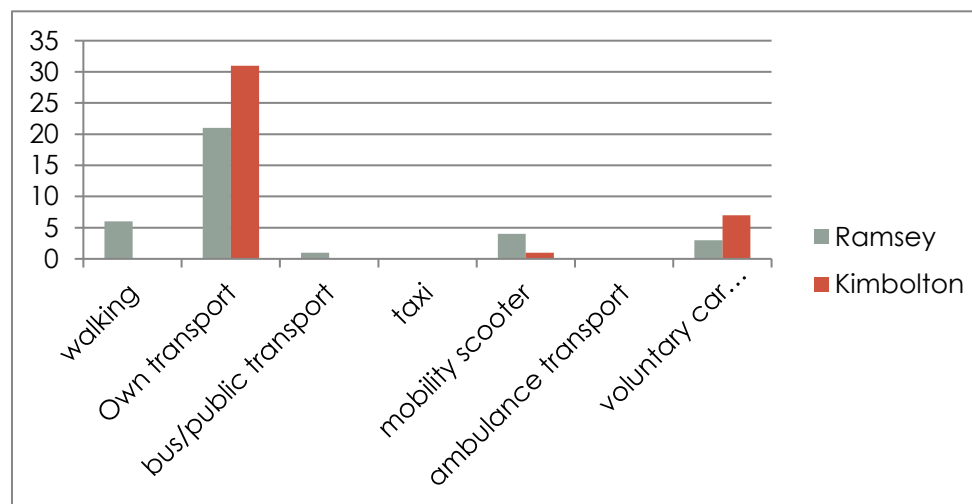
Modes of travelling to clinic												
Peterborough												
Clinic Location	City (bio)	HLC NS	Paston	City Routine	Bushfield	HLC	Botolph	Werrington	Bretton	Totals		
walking	1	0	2	5	0	0	0	0	1	9	5%	
Own transport	50	7	4	35	1	11	0	0	9	117	69%	
bus/public transport	5	0	0	13	0	3	0	0	2	23	14%	
taxi	0	0	0	9	0	1	0	0	2	12	7%	
mobility scooter	0	0	0	1	0	0	0	0	3	4	2%	
ambulance transport	0	0	0	1	0	2	0	0	0	3	2%	
voluntary car scheme	0	0	0	1	0	0	0	0	0	1	1%	
										169		
Huntingdon												
Clinic Location	Ramsey	Kimbolton									Totals	
walking	6 (17%)	0									6	8%
Own transport	21 (60%)	31 (80%)									52	70%
bus/public transport	1	0									1	1%
taxi	0	0									0	0%
mobility scooter	4 (11%)	1 (2%)									5	7%
ambulance transport	0	0									0	0%
voluntary car scheme	3 (9%)	7 (18%)									10	14%
	35	39									74	

Cambridge											
Clinic Location	Sawston	Kingsway	East Barnw	Bottisham	Fulbourn		Totals				
walking	8 (24%)	2	4 (22%)	0	1 (7%)		15	16%			
Own transport	15 (44%)	1	8 (44%)	15 (65%)	10 (67%)		49	52%			
bus/public transport	4 (12%)	2	3 (17%)	3 (13%)	2 (13%)		14	15%			
taxi	7 (20%)	0	0	0	1 (7%)		8	8%			
mobility scooter	0	0	3 (17%)	5 (22%)	1 (7%)		9	9%			
ambulance transport	0	0	0	0	0		0	0%			
voluntary car scheme	0	0	0	0	0		0	0%			
	34	5	18	23	15		95				
	64% car		44% car	65% car	74% car						

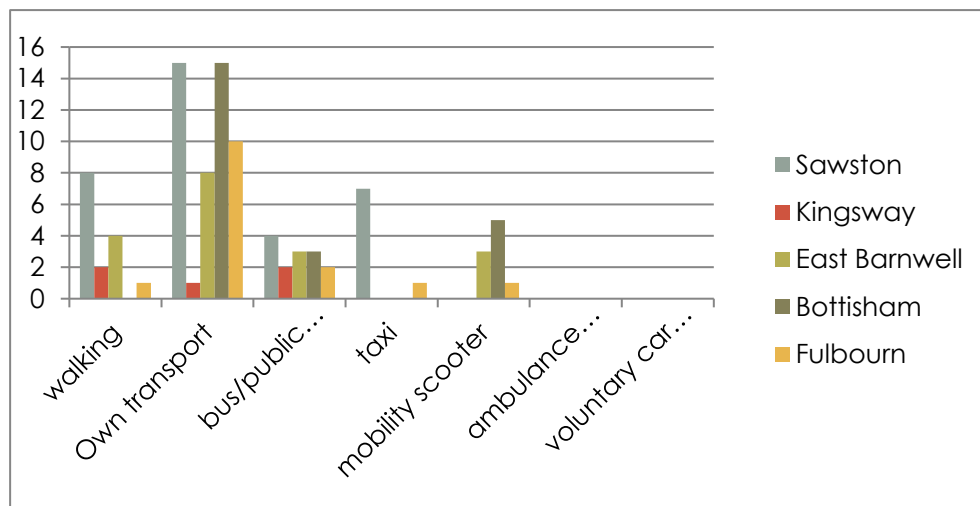
Method of transport	Number of patients
walking	9
Own transport	117
bus/public transport	23
taxi	12
mobility scooter	4
ambulance transport	3
voluntary car scheme	1



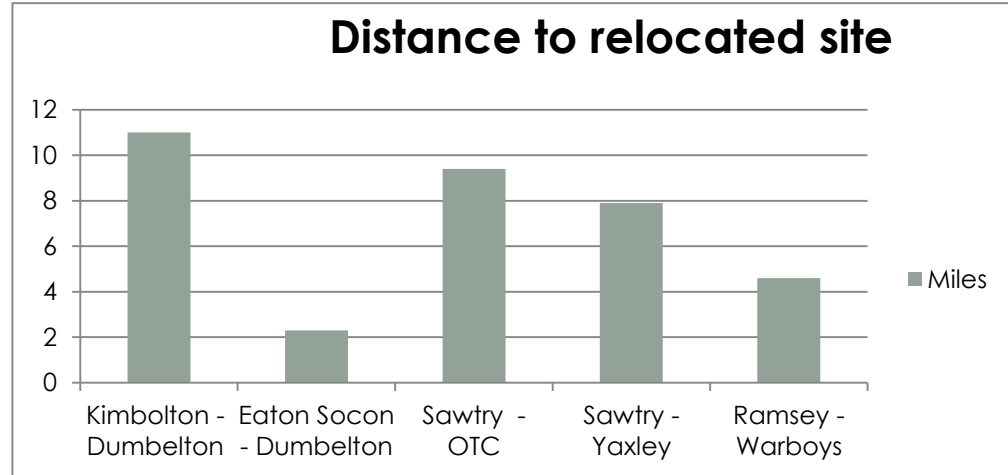
Method	Ramsey	Kimbolton
walking	6	0
Own transport	21	31
bus/public transport	1	0
taxi	0	0
mobility scooter	4	1
ambulance transport	0	0
voluntary car scheme	3	7
	35	39



Method	Sawston	Kingsway	East Barnv	Bottisham	Fulbourn
walking	8	2	4	0	1
Own transport	15	1	8	15	10
bus/public transport	4	2	3	3	2
taxi	7	0	0	0	1
mobility scooter	0	0	3	5	1
ambulance transport	0	0	0	0	0
voluntary car scheme	0	0	0	0	0



Clinic	Miles
Kimbolton - Dumbelton	11
Eaton Socon - Dumbelton	2.3
Sawtry - OTC	9.4
Sawtry - Yaxley	7.9
Ramsey - Warboys	4.6



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Clinic	Miles
Kingsway - Chesterton	1.3
East Barnwell - Brookfields	1.7
Sawston - Shelford	3.7
Fulbourn - Brookfields	3.9
Bottisham - Brookfields	5.9
Melbourn - Shelford	8.1



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Equality Impact Assessment Form

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help CPFT staff members to comply with the general duty.

Training on undertaking Equality Impact Assessment can be made available for individuals or teams on request.

If there is something that is not clear regarding the Equality Impact Assessment (EIA) process or you need help to complete the EIA form please contact:

Sue Rampal - Equality and Diversity Officer, sue.rampal@cpft.nhs.uk, Cavell Centre, Bretton Gate, Peterborough PE3 9GZ. Mob: 07528252844

Equality Analysis

Name of Proposal - policy, strategy, function, service being assessed:	Podiatry Services Estates Review - Relocation of Podiatry clinics
Is this a new or existing policy, practice or change to a service?	New Policy
Directorate, Department / Service:	Podiatry
Details of the person completing this impact assessment form. Name, Job Title, Telephone / Extension:	Jo Hood Podiatry Clinical Manager (North) 01733 466639
Those involved in the assessment:	
Date assessment completed and signed off:	13/6/2016

What are the intended outcomes of this work)? (Include outline of objectives and function aims)	<p>Review of existing 43 accommodation sites used by CPFT Podiatry services, taking into account accessibility, cost and quality of accommodation, to determine where sites could be consolidated.</p> <p>Review of existing sites Analysis of data relating to distances between clinical sites and methods used by patients to get to clinics. Identification of sites where capacity available to facilitate consolidation. Production of business case Business case to board. Once board has approved, business case to CCG.</p>
Who will be affected? (e.g. staff, patients, service users etc.)	<p>Stakeholders: Podiatry staff, patients, estates. Beneficiaries: staff, patients, estates team, CPFT</p>
What are the desired outcomes?	Relocation of Podiatry clinical sites to one or more locations.
What factors could <u>detract</u> from the desired outcomes?	Accessibility, cost and quality of accommodation, to determine where sites could be consolidated.
What factors could <u>contribute</u> to the desired outcomes?	Capacity available to facilitate consolidation.

What does this policy, function, process link to in terms of wider Business plans and objectives?	<p>Minimum clinical standards for accommodation. Accessibility of service in relation to appointments Flexibility of appointments. Patient satisfaction.</p>
--	---

Evidence considered

When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Consider how your assessment has been able to demonstrate Positive Impact, Negative / Adverse Impact or Neutral Impact?

<p>What evidence have you considered? <i>List the main sources of data, research and other sources of evidence This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc.</i></p> <p><i>If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.</i></p>
<p>Disability Consider and detail on attitudinal, physical and social barriers.</p> <p>Ensure access to specialist transport is available if service user is not able to get to clinic in any other way. Ensure details of parking / disabled spaces provided to service users</p>
<p>Sex Consider and detail on men and women (potential to link to carers below). No evidence of negative impact</p>
<p>Race Consider and detail on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers. No evidence of negative impact</p>
<p>Age Consider and detail across age ranges on old and younger people. This can include safeguarding, consent and child welfare. No evidence of negative impact</p>
<p>Gender reassignment (including transgender) Consider and detail on transgender and transsexual people. This can include issues such as privacy of data and harassment. No evidence of negative impact</p>
<p>Sexual orientation Consider and detail on heterosexual people as well as lesbian, gay and bi-sexual people. No evidence of negative impact</p>

<p>Religion or belief <i>Consider and detail on people with different religions, beliefs or no belief.</i></p> <p>No evidence of negative impact</p>
<p>Pregnancy and maternity <i>Consider and detail on working arrangements, part-time working, infant caring responsibilities.</i></p> <p>No evidence of negative impact</p>
<p>Carers <i>Consider and detail on part-time working, shift-patterns, general caring responsibilities.</i></p> <p>No evidence of negative impact</p>
<p>Other identified groups <i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</i></p>

Engagement and involvement

<p>Have you consulted on the proposal? If so with whom?</p> <p>If not why not?</p> <p>Patients attending Podiatry service during a 2 week period were asked how they had travelled to the clinic site. The data from each site was then collated into travelling by independent vehicles such as private car, taxi or hospital transport, travelling under their own steam such as walking or mobility scooter, or using public transport.</p>
<p>How have you engaged stakeholders in gathering evidence or testing the evidence available?</p> <p>The data from each site was then collated into travelling by independent vehicles such as private car, taxi or hospital transport, travelling under their own steam such as walking or mobility scooter, or using public transport.</p> <p>A review of distances between clinical sites and the city centre was also carried out and of the bus routes available in the City.</p>
<p>How have you engaged stakeholders in testing the policy or programme proposals?</p> <p>The impact is minimal on the majority of patients attending the service and where there is a greater impact this can be mitigated by offering patients spaces in transport clinics.</p> <p>To make it easier for patients, information on bus routes and parking should be provided if they do have to change sites.</p> <p>Changes to working hours of the service now mean that later appointments are available. Nearly half of the patients questioned stated that this would be useful for them. For some of these this may mean that they are able to get help with transport to clinic from family members or friends, thus mitigating for some the impact of travelling to a different clinic site.</p>
<p>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</p>

Clinicians collected data from patients.

Action planning for improvement:

Outline key actions based on any gaps, challenges and opportunities you have identified.

Relocation of Podiatry clinical sites to one or more locations will have a minimal impact for the majority of Podiatry patients. However this process needs to be well managed and options offered on an individual basis to those who may have difficulties travelling to the new site (s).

Please complete the Action Plan template below to action, address specific equality issues, data gaps that need to be addressed through consultation or further research.

Completed form should be sent to:

Sue Rampal - Equality and Diversity Officer, sue.rampal@cpft.nhs.uk, Cavell Centre, Bretton Gate, Peterborough PE3 9GZ. Mob: 07528252844

Action Plan Template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions required to address the issue/s	Target date	Person responsible and their division
Involvement and consultation	Consultation with Patients attending Podiatry service during a 2 week period were asked how they had travelled to the clinic site.		
Data collection and evidencing	During July 2016		
Analysis of evidence and assessment	Review of the data presented when deciding on actual site consolidation to estimate actual impact and numbers. Inform patients of reasons for relocation of services including benefits. Provide information on site locations, access, bus routes and parking. Offer individual discussion of needs where the patient foresees issues with travelling to clinic and provide alternative options such as transport clinics. Good signage at final location(s) to help patients find clinic.		
Monitoring, evaluating and reviewing	Ongoing		

<p>Publishing the Results of the Assessments. (It is a legal requirement to publish the results of the impact assessment, consultation and monitoring – so please state below how you aim to publish the result of the assessment and when this will be available)</p>	<p>Equality & Diversity Officer to arrange for completed EIA to be published.</p>	<p>End June 2016</p>	<p>Sue Rampal</p>
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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
21 JANUARY 2019	PUBLIC REPORT

Report of:	Cllr Diane Lamb	
Cabinet Member(s) responsible:	Cllr Diane Lamb Portfolio Holder for Public Health	
Contact Officer(s):	Dr Liz Robin	Tel. 01733 207175

CABINET PORTFOLIO HOLDER FOR PUBLIC HEALTH PERFORMANCE REPORT

R E C O M M E N D A T I O N S	
FROM: Cllr Diane Lamb	
It is recommended that the Health Scrutiny Committee note and comment on the Public Health Portfolio Holder's Performance Report .	

1. ORIGIN OF REPORT

- 1.1 This report was requested by the Health Scrutiny Committee during planning of the Committee's annual work programme for 2018/19.

2. PURPOSE AND REASON FOR REPORT

- 2.1 This report provides an overview of the performance of the public health functions of the Council over the past year.
- 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.
- 2.3 This report focuses on the Strategic Priority: 'Achieve the best health and wellbeing for the City'
- 2.4 This report supports the Children in Care Pledge 'Help encourage you to be healthy'

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 In 2013 under the Health and Social Care Act (2012), upper tier local authorities were given a statutory duty to improve the health of their local population. The Councils' public health function supports this duty by:

- Providing public health system leadership, specialist advice and analysis, and practical support to the City Council and partner organisations, in order to improve the health and wellbeing of local communities.
- Commissioning and contract managing a range of public health programmes.

To maximise value for money and make best use of specialist staff, these functions are delivered by a joint public health directorate across Peterborough City Council and Cambridgeshire County Council.

4.2 Public Health Funding

The majority of funding for the Council's public health functions comes from the national ring-fenced public health grant. The grant allocation to Peterborough City Council in 2018/19 is approximately £10.9M. The national public health grant allocation to local authorities has been reducing year on year, with a real terms reduction of 17% between 2014/15 and 2018/19.

Peterborough's ring-fenced public health grant allocation (originally based on historic funding transferred from Peterborough Primary Care Trust) is particularly low in relation to local levels of need. In 2014/15, Peterborough's public health grant funding was 20% below its 'target' fair funding allocation, based on a formula developed by the Department of Health Advisory Committee on Resource Allocation. Public health need is closely related to socio-economic deprivation, and the chart in Annex A shows that Peterborough had the lowest level of public health spend in 2016/17 of all local authorities with a similar Index of Multiple Deprivation (2015) score.

Annex A, the detailed Quadrant Chart, shows that Peterborough (the red diamond) is one of the smaller number of local authorities in the lower left quadrant (worse IMD score; lower Public Health RO spend). Peterborough has the lowest public health RO spend (horizontal axis) for all local authorities at its level of deprivation (vertical axis).

4.3 In 2018/19, Peterborough City Council plans to spend £11,584k on public health services and functions (including corporate overheads). The majority of this spend is from the £10,905k national public health grant allocation for 2018/19. In addition there is planned spend of £198k from PCC public health ring-fenced grant reserves; £200k from the Better Care Fund; £182k through joint commissioning with Cambridgeshire & Peterborough Clinical Commissioning Group and £99k from adult and children's social care contributions to drug and alcohol services.

The following table outlines planned spend of public health budgets in 2018/19. Key points are:

- The majority of spend (over 80%) is on external contracts for public health programmes - preventive health and wellbeing services which are listed in the national public health grant commissioning categories.
- A third (33%) of total public health spend is on children's public health services (health visiting, school nursing). If spend on Children's Centres and the CHUMs counselling service for children and young people is added, this rises to two fifths of total spend (42%).
- 5% of the total grant is spent on in-house public health staff, who deliver mandated specialist advice and analysis services, public health commissioning, partnership work and campaigns.

CATEGORY	PUBLIC HEALTH BUDGET 2018/19 £k	PERCENTAGE OF TOTAL PH BUDGET
External public health contracts		
Children's public health (health visiting/school nursing)	3,800	33%
Drug and alcohol treatment	2,495	22%
Sexual health and contraception	1,831	16%

Preventing long term conditions (smoking/weight management/health checks/mental health)	1,226	11%
Total	9,352	81%
PCC – Other Portfolios/Pooled budgets		
Children’s Centres, and CHUMs young people’s counselling	1,090	9%
Community safety	297	3%
Corporate overheads and communications	244	2%
Total	1622	14%
Public health staffing		
Public health staffing (joint team)	610	5%
TOTAL	11,584	100%

The current Budgetary Control Reports for 2018/19 indicate that the public health budget does not show any significant variances and is likely to end the year on target.

4.4 Performance of commissioned public health services

The performance of commissioned public health services is laid out in detail in Annex B. Performance against key public health outcomes for the population is outlined in Annex D. Key points include:

- Performance of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) on delivering mandated health visitor checks for new babies and young children has been generally good over the past 18 months – at or above the national average. Nationally benchmarked data indicates that breastfeeding rates when the baby is aged 6-8 weeks are better than average in Peterborough, but child dental health and ‘school readiness’ – the proportion of children achieving a good level of development by the end of reception year - are worse than average.
- Performance of CGL (Aspire) drug and alcohol treatment services has improved significantly following a dip in 2016/17 when the new integrated drug and alcohol contract was implemented, and is now generally above benchmark for numbers of clients completing treatment, and in some cases top quartile. The most recent figures on drug related deaths and on alcohol related admissions to hospital in Peterborough are similar to the national average. Increased costs for some medications used in drug treatment services are placing financial pressure on the services, and this is being closely monitored.
- Performance of Cambridgeshire Community Services NHS Trust (CCS) delivering integrated sexual health and contraception services is generally good. The service is experiencing significant demand pressures, with activity over 20% higher than contracted for - and this means that the proportion of clients seen within ‘best practice’ waiting time thresholds has reduced. Outreach services to more vulnerable groups are also limited. The rate of diagnoses of Chlamydia infections among 15-24 year olds in Peterborough is better (higher) than the national average, but the teenage pregnancy rate and the proportion of cases of HIV diagnosed late are worse than the national average.
- Integrated Lifestyle Services delivered by Solutions4Health are on track to deliver against the majority of their contract KPIs for smoking cessation, weight management, physical activity and falls prevention. The latest figures indicate that smoking and obesity rates are

similar to the national average in Peterborough, although physical activity rates are lower. The service is succeeding in reaching more vulnerable communities, delivering sessions in community venues as well as GP surgeries.

- NHS Health checks delivery by GP practices is currently below target but this may be related to late return of data from some practices. The proportion of eligible residents who have received health checks in the past five years is well above the national average. Deaths from cardiovascular disease in Peterborough have shown some improvement over the last five years, but remain worse than the national average.
- Sixteen pharmacies in Peterborough are now providing free Emergency Hormonal Contraception, for which public health contracts were introduced in 2017/18. This may help to address high teenage pregnancy rates.
- New contracts with Sports and Leisure Management (Everyone Health) for Workplace Health and for the Healthy Schools Support Services are now in place. These are jointly commissioned with Cambridgeshire County Council to maximise value for money and economies of scale.

4.5 **Public Health Specialist Advice to NHS Commissioners**

Provision of public health specialist advice to Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is a statutory duty for the local authority public health team. This service is provided jointly by Peterborough City Council and Cambridgeshire County Council. The Annual Report of the Healthcare Public Health Advice Service for 2017/18 is provided at Annex C. The services delivered included:

- Public health advice on NHS clinical policies and thresholds.
- Public health advice on aspects of CCG commissioning plans, preventive and lifestyle services and service redesign, including the Sustainability and Transformation Plan (STP).
- Public health advice covering the 'health' response to housing growth and associated NHS priorities and planning.
- Partnership work covering preventive and healthcare services for children and young people.
- Partnership work covering preventive and healthcare services for older people.
- Partnership work for mental ill health prevention and mental health services.
- Public health attendance at CCG and STP meetings,
- General partnership area-based needs assessments and local health and wellbeing strategy monitoring - in partnership with local Health and Wellbeing Boards.
- Further public health intelligence based analytical support.

4.6 **Health Protection and Emergency Planning**

Provision of specialist health protection advice is a statutory duty of local authority public health teams. The Director of Public Health and a local NHS England Director co-Chair the Local Health Resilience Partnership, which oversees health emergency planning in Cambridgeshire and Peterborough.

The Peterborough Annual Health Protection Report (2017/18) was presented to the Health and Wellbeing Board in March 2018 and is available on weblink

<https://democracy.peterborough.gov.uk/documents/s33960/Item%207-%20Appendix%20A%20AHP%20report%20Peterborough%202017-8.pdf>

Key points from the 2017/18 Annual Health Protection Report included:

- A local and national increase in infections caused by Group A Streptococcus, including scarlet fever and more invasive infection.
- Immunisations which showed a steady state for some and a gradual increase in uptake of many childhood immunisations and of seasonal flu vaccination. The uptake of the preschool booster and MMR2 were of concern.

- Below national average uptake of breast, cervical and bowel cancer screening.
- Healthcare associated infections and work to reduce anti-microbial resistance
- The City Council Environmental Health role in protecting health including pollution control and air quality monitoring and advice
- The national TB strategy and successful local implementation of some key areas of the strategy notably Latent TB Infection Screening (LTBI)

Work on public health emergency planning delivered through the public health directorate over the past year includes:

- Exercising and validation of the Cambridgeshire and Peterborough Local Resilience Forum (LRF) Pandemic Influenza Plan
- Delivery of a local action plan following a national audit of arrangements for Health Protection Incidents.
- An audit to provide system wide assurance against the Heatwave Plan
- Participation in system-wide emergency planning training and exercises
- Work with communications team to deliver health messages to the public during episodes of severe cold weather

4.7 **Health in All Policies**

The following work has been carried out by public health staff working with Peterborough City Council directorates to support a Health in All Policies approach:

- A Health and Wellbeing Policy incorporated into the new Peterborough Local Plan
- Review of fast food and other food outlets in Peterborough, and discussions with the strategic planning team on developing a fast food Supplementary Planning Document
- Collation of data for the review of Peterborough Alcohol Licensing Policy and Cumulative Impact Zone, and feedback into the consultation.
- Collation of Joint Strategic Needs Assessment data on Transport and Health in Peterborough to feed into transport planning.
- Support to the Can-Do Area working group, planning capital investment and environmental improvements.
- Organising training on air quality for transport colleagues
- Creation of a joint working group with Sustainable Travel Team and Public Health focusing on a coordinated approach to promotion of active travel.
- Public health input to Member working group on 20 mph speed limits.
- Chairing 'Discarded needles' task force, working closely with Community and Safety directorate
- Public Health input to the recent Integrated Communities bid
- Work with Vivacity to develop and deliver evidence based strength and balance classes for falls prevention.
- Work with children's social care to develop and support health screening pathways for unaccompanied minors.
- Work with the communications team on various public health campaigns, including the recent 'Stronger for Longer' fall prevention campaign and '50,000 reasons' campaign to address loneliness among older people.

4.8 **Partnership working**

Public Health staff work with many multi-agency partnerships, providing public health input, evidence and analysis in order to maximise impact on health and wellbeing. In some cases public health staff chair and co-ordinate the work of the partnership. Relevant partnerships include:

- Peterborough Health and Wellbeing Board
- Peterborough Living Well Partnership
- Safer Peterborough Partnership
- Cambridgeshire & Peterborough (C&P) Safeguarding Boards

- C&P MASH Governance Board
- C&P Child Death Overview Panel
- C&P Best Start in Life Group (Co-Chair)
- C&P Child Health Joint Commissioning Unit
- C&P Children's Transformation Board
- C&P Children's Mental Health and Wellbeing Board
- C&P County-wide Community Safety Strategic Board
- C&P Drug and Alcohol Misuse Delivery Board (Co-Chair)
- C&P Sexual health delivery board (Chair)
- C&P Mental health Partnership board
- C&P Suicide Prevention Steering Group (Chair)
- C&P Integrated Commissioning Board (Better Care Fund oversight)
- C&P Ageing Well Board (Chair)
- C&P Local Nature Partnership
- C&P Road Safety Partnership
- C&P Health Protection Steering Group (Chair)
- C&P Health and Care Executive
- C&P Sustainable Transformation Partnership (STP) Board

Some examples of partnership work delivered this year include:

- A Falls Prevention programme, jointly funded in Peterborough by the STP and Better Care Fund and co-ordinated by public health staff, which aims to address the high number of hospital admissions for falls for older people.
- A Stroke Prevention programme funded by the STP and Better Care Fund and delivered in Peterborough and Wisbech
- Participation in two successful bids to Sport England, across Cambridgeshire and Peterborough, one to support sport and physical activity in new housing developments, and the other to support participation in physical activity for disadvantaged families.
- Work with the Combined Authority to support procurement and implementation of the regional 'Work and Health' programme
- Work with Peterborough Hospital A&E to support information sharing with licensing officers, about premises where alcohol related violence takes place.
- Ongoing work on the Best Start in Life/Early Years Strategy
- Input into the development of the Combined Authorities Ambitions and Cambridgeshire and Peterborough Independent Economic Commission to ensure that health and wellbeing and Health Inequalities are considered.

4.9 Health and Wellbeing Board

Peterborough Health and Wellbeing Board have a statutory duty to deliver a Joint Strategic Needs Assessment (JSNA) and a Pharmaceutical Needs Assessment (PNA) for the area. During the past year, public health staff have led production of the

- Cambridgeshire and Peterborough JSNA Core Dataset 2018
- Peterborough Transport and Health JSNA Dataset 2018
- Peterborough Pharmaceutical Needs Assessment 2018-21

These are available on

<https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>

<https://www.peterborough.gov.uk/healthcare/public-health/pharmaceutical-needs-assessment/>

The Peterborough Joint Health and Wellbeing Strategy (JHWS) 2016-19 is now in its third year. Performance monitoring of the JHWS is led by the People and Communities Directorate, and public health analysts produce an annual update on progress against the JHWS metrics and outcome measures, available on

<https://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy/>

4.10 Public Health Outcomes

The Public Health England Health Profile for Peterborough (2018) is attached as Annex D. This compares a range of health outcomes in Peterborough with the England average. Life expectancy in Peterborough remains below the England average, and health outcomes are generally either similar to or worse than national averages.

As stated earlier in section 4.2, public health need and outcomes are closely linked with socio-economic deprivation. Because Peterborough has a higher level of deprivation than the national average (Index of Multiple Deprivation 2015), the most realistic comparison is with health outcomes in other local authorities with similar levels of deprivation (Peterborough's deprivation decile). It is possible to make these comparisons using the national Public Health Outcomes Framework (PHOF) website www.phoutcomes.info/

Public health outcomes which may be particularly worthy of further attention, which the 'PHOF indicates are worse than Peterborough's deprivation decile average as well as the England average include:

- School readiness (children achieving a good level of development at the end of reception)
- Child dental health
- Teenage pregnancy
- Hospital admissions for unintentional and deliberate injuries, young people aged 15-24
- Hospital admissions for self-harm
- Late diagnosis of HIV
- Incidence of TB

5. CONSULTATION

- 5.1
- Development of the South Asian Communities Joint Strategic Needs Assessment Supplement (to be finalised in January 2019) involved a survey and focus groups with community members.
 - Changes to the iCASH (sexual health and contraception service) clinics planned for 2019/20 have been subject to consultation with service users
 - Changes to the structure of the public health joint commissioning unit restructure were subject to staff consultation.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 The overall impact of Peterborough City Council's public health functions should be to improve the health of local residents and reduce health inequalities.

7. REASON FOR THE RECOMMENDATION

- 7.1 This paper enables the Health Scrutiny Committee to consider and comment on the delivery of the public health functions of Peterborough City Council and make appropriate recommendations.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The Committee may have chosen to focus on one topic, rather than a more comprehensive Cabinet Portfolio Holder's update report. However the wider work of the Council's public health functions would not then have been submitted to the same level of democratic scrutiny in public.

9. IMPLICATIONS

Financial Implications

- 9.1 These are outlined in paragraphs 4.2 and 4.3

Legal Implications

- 9.2 Under the Health and Social Care Act (2012) the Council has a statutory duty to take such steps as it considers appropriate to improve the health of local residents. The public health grant is currently ring-fenced for use on services meeting the grants terms and conditions.

Equalities Implications

- 9.3 There is a wider focus within public health services on reducing health inequalities, which in turn should impact positively on a number of equalities groups.

Rural Implications

- 9.4 The public health functions outlined should, where feasible, be delivered in both urban and rural areas of Peterborough. It is important to ensure that where services are based centrally within the City there is appropriate outreach into rural areas, based on need.

10. BACKGROUND DOCUMENTS

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

- 10.1 *List any documents and other information used to write this report. DO NOT include exempt items. Be specific as anything you list here must be available for public inspection for several years after the committee meeting.*

11. APPENDICES

- 11.1 Annex A: Detailed Quadrant Chart
Annex B: Public Health Joint Commissioning Unit Performance Report
Annex C: Healthcare Public Health Advice Service 2017/18 Report
Annex D: Health Profile for Peterborough 2018



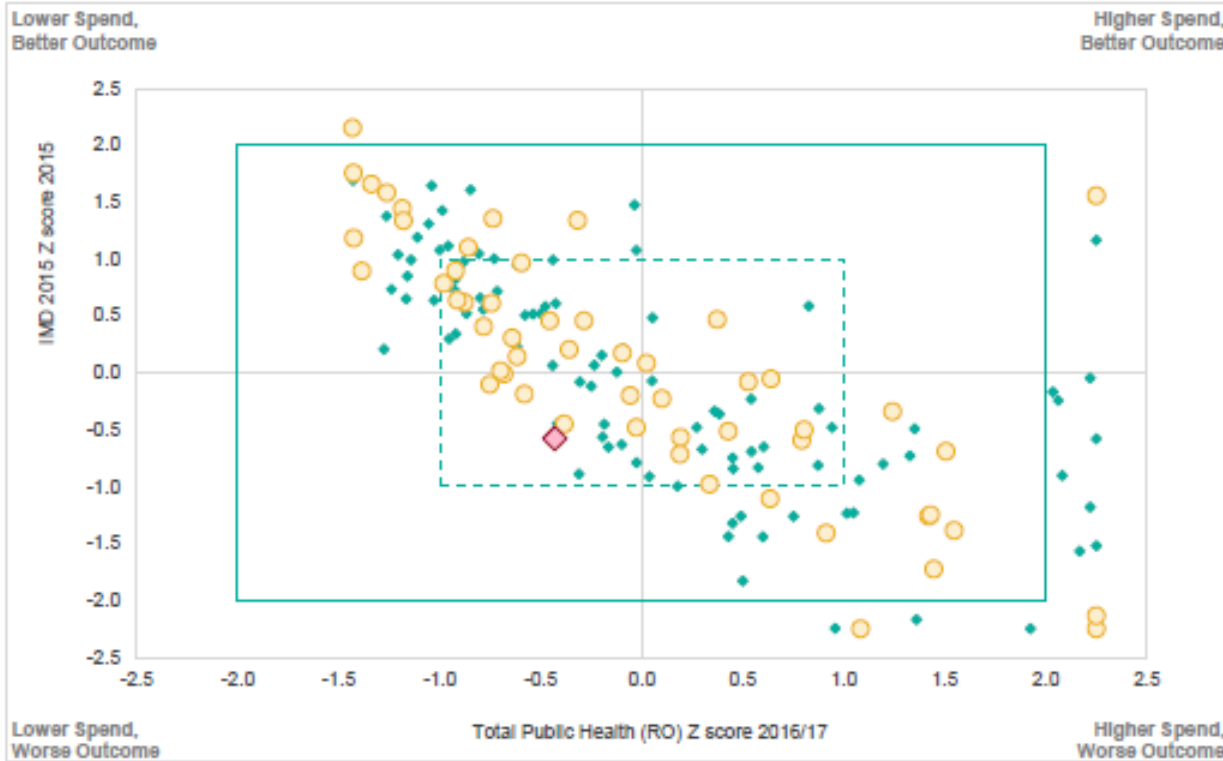
Public Health England

Spend and outcome tool: Detailed quadrant chart

Organisation	Peterborough UA
Comparator	Local authority type

Type	LA
Period	2017

- Legend
- ◆ Peterborough UA
 - ◆ Local Authorities
 - Unitary Authority



Interpreting the chart:

The red diamond represents the selected organisation, with the orange circles representing organisations within the selected organisation's chosen comparator group. The green dots represent the spread of all organisations in England.

A programme lying outside the solid +/- 2 z scores box, may indicate the need to investigate further. If the programme lies to the left or right of the box, the spend may need reviewing, and if it lies outside the top or bottom of the box, the outcome may need reviewing. Programmes outside the box at the corners may need a review of both spend and outcome. Programmes lying outside the dotted/thin +/- 1 z score box may also warrant further exploration.

What is a Z score?

A z score essentially measures the distance of a value from the mean (average) in units of standard deviations. A positive z score indicates that the value is above the mean, whereas a negative z score indicates that the value is below the mean. A z score below -2 or above +2 may indicate the need to investigate further. Each dot represents a programme budget category.

Using the chart:

Click and select the chart, so that Chart 14 appears in the Name Box. Only then hover the mouse over individual points in order to display organisational details in the boxes below the menu sidebar.

Chosen Programme	Public Health
Chosen Spend	Total Public Health (RO)
Outcome Measure	Index of Multiple deprivation

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ANNEX B:

PUBLIC HEALTH JOINT COMMISSIONING UNIT PERFORMANCE REPORT (PETERBOROUGH)

1. PURPOSE

The purpose of this paper is to provide an overview of performance of the public health contracts managed for Peterborough City Council, by the Cambridgeshire and Peterborough Public Health Joint Commissioning Unit (PHJCU).

2. BACKGROUND

The PHJCU was created in May 2017 and it brought together the Public Health Commissioning functions across Peterborough City Council and Cambridgeshire County Council. Three teams were formed, Drugs and Alcohol/Sexual Health, Integrated Lifestyles, and Primary Care. It is led by the Consultant in Public Health (Health Improvement) for Cambridgeshire and Peterborough. The model aims to bring together commissioning staff and Public Health staff to ensure that Public Health commissioning is informed by evidence of need and effectiveness, including cost benefits alongside robust commissioning practice. Health Improvement staff also continue to hold their wider roles in the public health team.

3. SCOPE OF THE PUBLIC HEALTH JCU

The PHJCU is responsible for the commissioning and performance monitoring of substance misuse, sexual health, lifestyles and all the primary care public health contracts. In addition, it also manages the commissioning and performance management of some smaller public mental health contracts. More recently the commissioning of the 0-19 Healthy Child programme pathway (health visiting and school nursing) has been included in the remit of the JCU, from October 1st 2018. It should be noted that all staff are involved in wider work with partners to develop joint pathways and commissioning, shared strategic approaches and policy development.

4. CURRENT CONTRACTS AND PLANNED PROCUREMENTS

Currently the JCU holds ten Peterborough City Council and forty Cambridgeshire County Council contracts. Please note this includes over 100 GP practices and 45 community pharmacies. There have been two contract awards involving PCC Services, following in-depth procurement exercises. These are:

- Cambridgeshire and Peterborough Workplace Service (started 1st June 2018)
- Cambridgeshire and Peterborough Healthy Schools Service (started 1st October 2018)

Procurements in progress or planned for the forthcoming year are outlined in Table 1

Table 1: JCU Current and Planned procurements 2018/19				
Service	Health Committee/Cabinet Lead Member approvals	Joint Commissioning Board approvals	Procurement Schedule	Current Status
In progress				
Planned 2018/19				
Cambridgeshire and Peterborough Integrated Sexual Health Services			Provisional TBC This is part of the work being undertaken for the PHE Commissioning Pilot	In first phase of Engage and Review Key work-streams include strategic sign up, service review, understanding need and establishing evidence base and best practice. An exemption is being sought to align with CCG commissioning cycle and also to ensure that there is adequate capacity.
Cambridgeshire Child and Adolescent Substance use Service (CASUS)	September, 2018	JCB May 2018 and then re-presented August 2018	Section 75 Integrated model delivered by CPFT (inc CJS provision)New Service: April 2019	Section 75 work is now underway. HR involved re transfer of 3 YOS staff members. Service spec to be developed over the next 2 months.
Cambridgeshire Controlled Drinkers Project	May 2018	JCB May 2018 – then represented to JCB in July 2018.	Invitation to tender: 15 Oct 2018 Contract Award: December 2018 New Service: April 2019	The JCB agreed at its meeting in July that the Controlled Drinkers Project should be retendered. A process of recommissioning the contract is now underway. The current contract ends on the 31st of March 2019.
Cambridgeshire and Peterborough Integrated Healthy Child Programme (0-19)	February 2019	December 2018	Proposed Section 75 integrated model delivered by CCS and CPFT	Integrated service model completed and Service Specification close to completion.

5. PERFORMANCE

The following is an overview of the performance of the main Peterborough City Council contracts that the Public Health JCU manages until the end of Q2 of 2018/19 financial year. Not all the Key Performance Indicators (KPIs) are included in the report but those considered to be key to achieving the service outcomes are presented

6. INTEGRATED SEXUAL HEALTH SERVICES

6.1 Integrated Sexual Health Services - Peterborough

The Integrated Sexual Health Services are provided by Cambridgeshire Community Services in Peterborough. Overall the performance is good and most of the Key Performance Indicators that are being monitored are being achieved with a small number of exceptions. However the length of time between first contact and appointment offered, currently monitored for information only, is generally longer than the preferred threshold, reflecting pressures on the service.

Key Performance Indicators for information only:

Table 2: Percentage of people with STI needs, offered appointment or walk in within 2 working days of first contact.

Threshold	July	August	September
90%	73%	58%	68%

Table 3: Percentage of people with STI needs seen or assessed by a healthcare professional within 2 working days of first contact

Threshold	July	August	September
80%	73%	58%	68%

These two indicators assist sexual health services in terms of measuring the improvement of onward transmission of infection.

Table 4: Percentage of people with contraceptive needs, offered appointment to be seen within 2 working days of first contact

Threshold	July	August	September
95%	55%	55%	63%

Table 5: Percentage of chlamydia positive patients receiving treatment within 6 weeks of test date

Threshold	July	August	September
95%	89%	92%	87%

6.2.1 Activity

The tender submission for sexual health services activity was set at 20,000 attendances increased to 22,000 during a restructure in Year 1 of the service. Activity for contract year 4 (Jul 17- Jun 18) was 25,929 (22,491 plus 3438 DNA) which is 18% higher than the current service capacity.

7. DRUGS AND ALCOHOL SERVICES

All drug and alcohol providers submit their treatment outcome data to the National Drug Treatment Monitoring System (NDTMS) where it is cleaned and matched to national and local comparators. These outcomes can be found in the Diagnostic Outcomes Monitoring Executive Summary (DOMES) and are used to demonstrate performance. NDTMS data is also collected from Young People's Services and are again used in this report. This data can be used internally by public health commissioners, but is not allowable for publication until full quality checks and benchmarking have been carried out at national level, which means published information is significantly out of date. This report will therefore provide 'headlines' of performance, without publishing the detailed DOMES figures.

7.1.1 Background

The Integrated Drug and Alcohol Treatment Service commenced on 1st April 2016, delivered by Change Grow Live (CGL). The service brings together the previously separate elements of substance misuse treatment including adult and young people's drug and alcohol treatment, Hospital Alcohol Liaison Project; support for children of substance misusing parents/carers, needle exchange, pharmacy based supervised consumption and Tier 4 residential rehabilitation and detoxification.

Following the recommissioning exercise there was a dip in performance during the first year (16/17) of the contract in relation to the number of successful completions of treatment. A contract query was issued in June 2017 and commissioners put in place enhanced performance management mechanisms including a 'turnaround' period. The turnaround period ceased at the end of December 2017 as a result of the excellent progress CGL made in reversing its dip in performance and maintaining its recovered position. The service is still being closely monitored to help ensure the performance improvements are sustained.

7.1.2 Areas of Strength Q1 2018/19

- Significant increase in the numbers in treatment since the contract started on the 1st of April 2016 despite a reduced budget envelope
- Successful completions of treatment for opiates close to top quartile/Alcohol completions of treatment above national averages/alcohol and non-opiates still in top quartile range.
- Penetration rates (i.e. estimated proportion of residents with a drug and/or alcohol misuse problem who attend treatment services) remain strong
- Opiate, crack, and cocaine abstinence rates are excellent
- There has been an improvement in successful treatment completions for opiates and alcohol for the criminal justice cohort and the proportion of criminal justice clients engaged in treatment is higher than national average
- Clients who leave criminal justice settings and picked up in the community within 42 days is excellent (almost at 100%).
- Young people's excessive drinking has improved since the last quarter and over time. YP are drinking less on their own at treatment exit and showing less excessive drinking at the start of treatment.
- YP reduction in smoking and cannabis use at treatment exit
- 90% of YP successfully completing treatment across all substances – well above national average

7.1.3 Areas for Improvement – Q1 18/19

At the Q1 performance meeting held with CGL in October a number of areas for improvement were noted, as below. These issues are included within the Service

Quality Improvement Plan (SQIP) and/or on the risk/issue log shared between commissioners and CGL.

- Drop-off in successful treatment completions for non-opiates.
- Drop-off in alcohol/non-opiates treatment completions, possibly related to referrals from Family Safeguarding.
- Proportions of clients in employment needs to be improved. The service is linking in with the Job Centre and the Work and Health Programme to address this issue.
- Alcohol abstinence rates related to staffing issues
- Lower than expected referrals to safeguarding and early help – these are now starting to pick up and a Safeguarding Audit is planned for early next year to further explore performance in this area.
- Low smoking cessation rates – CGL has linked up with the Tobacco Control Group in Peterborough.
- Low take up of HBV vaccinations. Staff have been provided with refresher course training on this area and plans are in place to improve.
- Criminal Justice Successful Completions – Some recent improvement. Issues with sharing information on release from prison is still a concern. CGL attended a recent offender workshop aimed at improving offender pathways and a countywide task and finish group is being set up to take forward actions identified at the workshop.

8. INTEGRATED LIFESTYLE SERVICES

In Peterborough the Lifestyle Service, which focusses on supporting behaviour change which will prevent development of long term conditions like heart disease and diabetes, is commissioned from Solutions4Health. , A number of service advisors are multi-lingual which enables services to be delivered to a greater number of Peterborough's diverse community.

Services delivered include:

- Health Trainers
- Falls Prevention Health Trainer
- Stop Smoking
- Adult Weight Management (Tiers 2 & 3)
- Child Weight Management (Tier 2)
- Physical Activity
- Outreach NHS Health Checks
- Behaviour Change Training

The following graphs show performance against the main service areas.

8.1 Health Trainer Service

The Health Trainer service is delivered across the City and has specific requirements to support those living in the 20% most deprived areas of Peterborough. The service also has specific targets related to routine and manual workers, BME residents and people with mental health problems.

Figure 6: Health Trainer Service – Personal Health Plans Produced & Completed

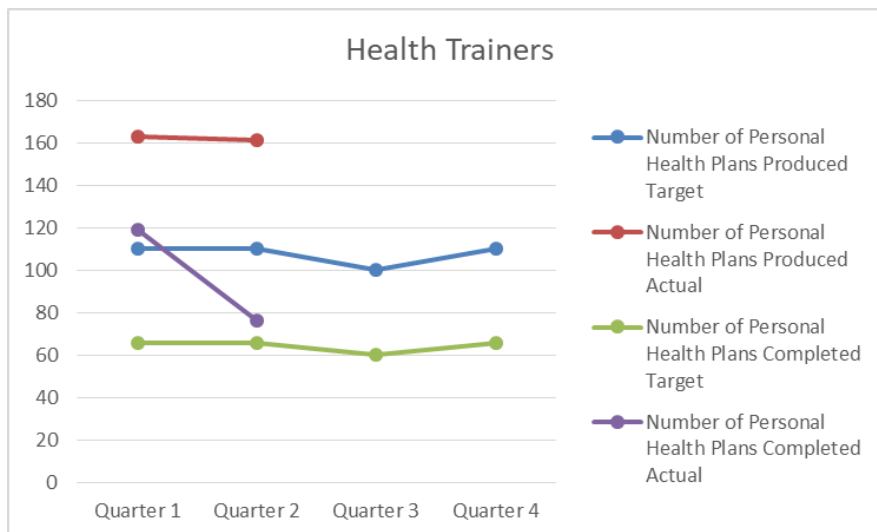
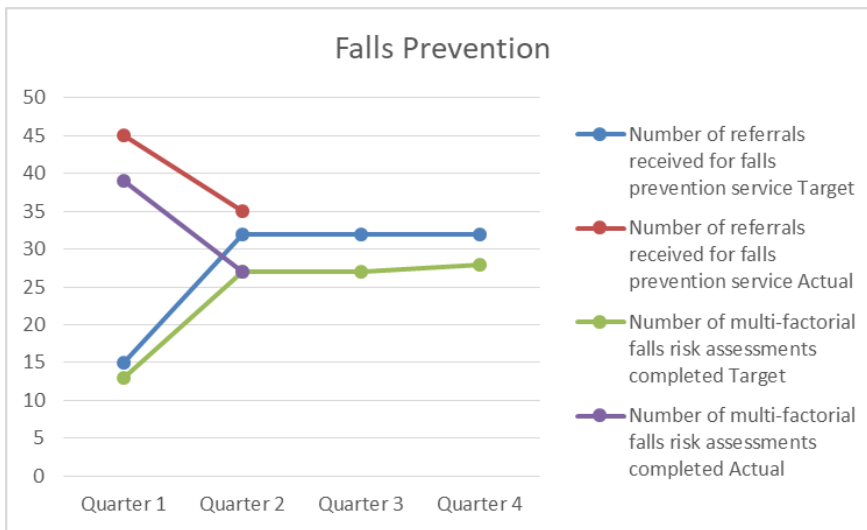


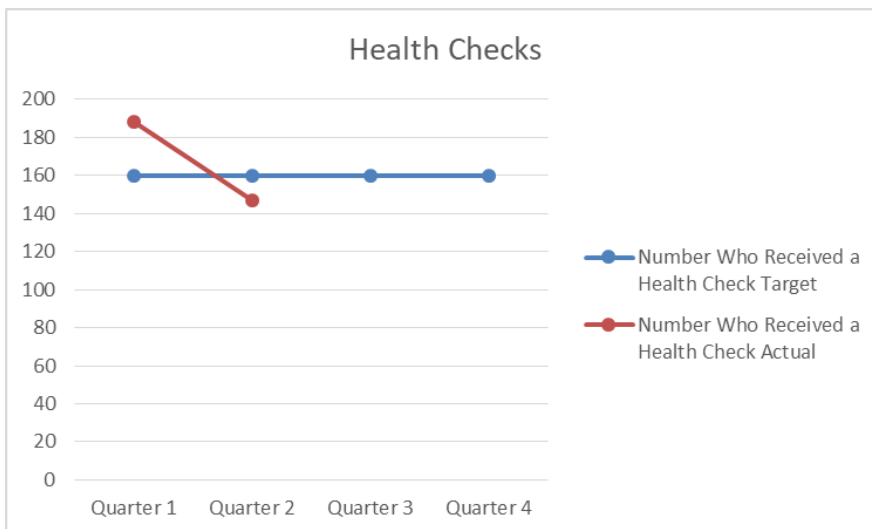
Figure 7 Health Trainer: Falls Prevention



8.2 NHS Health Checks

GP practices continue to be commissioned to undertake health checks. In addition Solutions4Health provides outreach health checks which complement the GP provision by targeting hard to reach groups across the city.

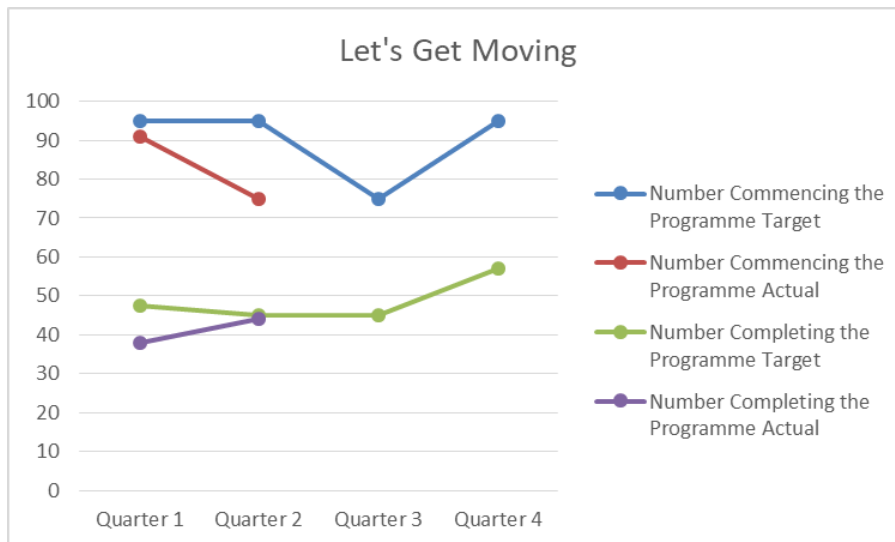
Figure 8: Outreach NHS Health Checks



8.3 Physical Activity Let's Get Moving

The Let's Get Moving service is a physical activity service to support those people who are not achieving the recommended level of physical activity or have a long term condition to be more active and discover new opportunities.

Figure 9: Percentage completing a Let's Get Moving course



8.4 Weight Management

Adult Weight Management – Tier 2

This is an evidence based group programme delivered in the community, which offers dietary advice, physical activity and behavior change techniques.

Figure 10: Adult Weight Management Tier 2 - Shape up for Life

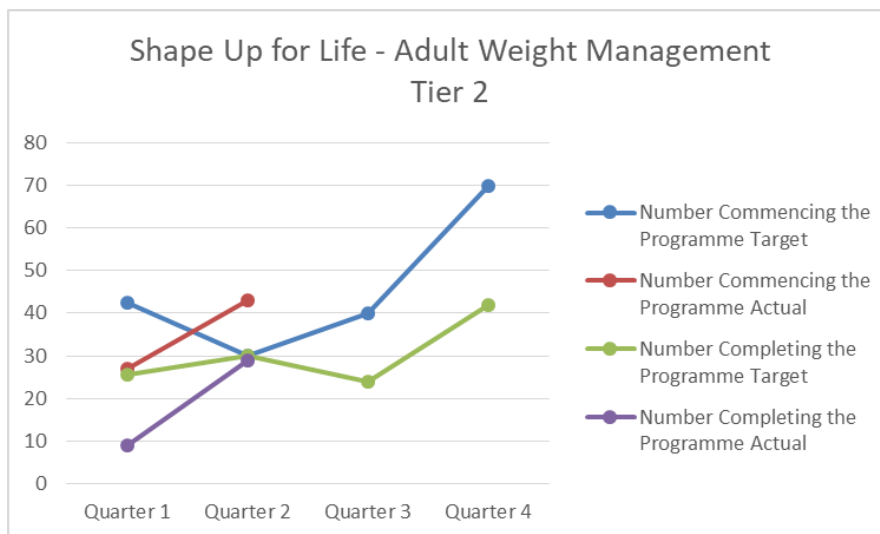
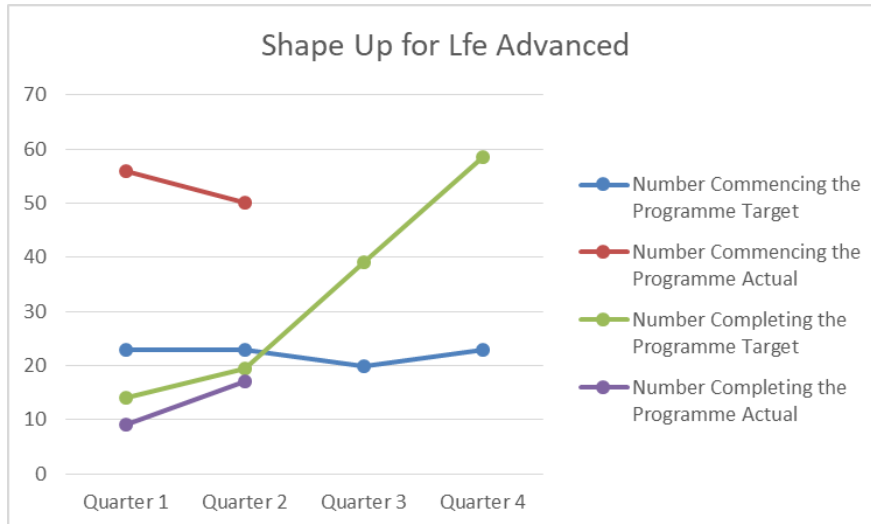


Figure 11: Adult Weight Management Tier 2 – Advanced

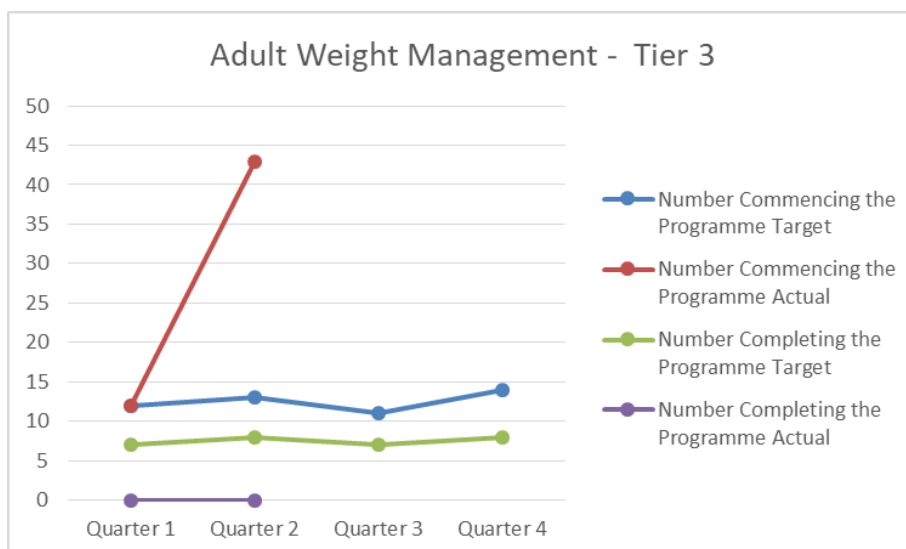
In addition to the standard group based programme, the Service also delivers group based or one-to-one support to individuals with higher needs often waiting to be seen within Tier 3.



Adult Weight Management - Tier 3

This aspect of the contract is delivered by Cambridge University Hospitals NHS Foundation Trust (CUHFT) – Addenbrookes, with sessions held at the Peterborough City Care Centre. No completion data is available as the course last up to year and the Service started in January 2018.

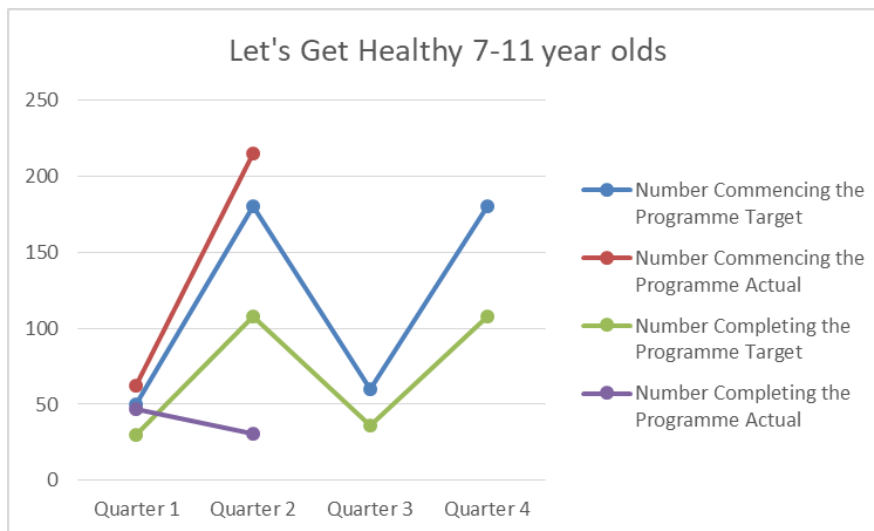
Figure 12: Adult Weight Management Tier 3



Child Weight Management – Tier 2: Let’s Get Healthy

This programme is delivered in a number of Peterborough schools, which have been selected due to a higher prevalence of overweight or obese children. It works with children and their families around eating well, being physically active and healthy weight status.

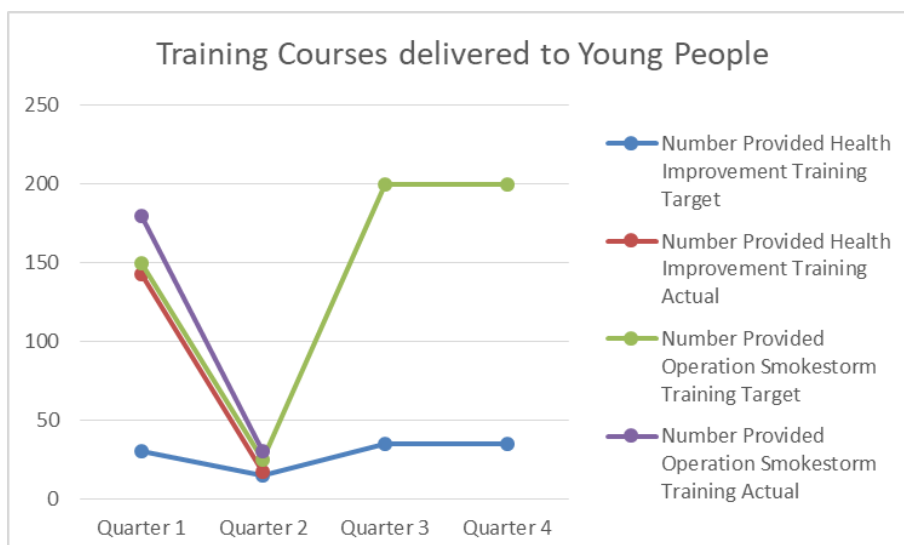
Figure 13: Child Weight Management – Tier 2: Let’s Get Healthy 7-11 year olds



8. 5 Health Improvement courses in schools

The service delivers Royal Society of Public Health Level 2 training in secondary schools as part of the local Youth Health Champion initiative as well as the tobacco educational training tool Operation SmokeStorm designed to inform children of the harm caused by tobacco.

Figure 14: Training Courses Delivered to Young People



8.6 Commentary

Overall the Service has performed well during quarter 2.

The adult weight management tier 3 service began delivery in January 2018. The number of clients commencing the tier 3 service has exceeded target, but due to the length of the intervention data is not currently available for the number completing the programme.

The child weight management programme is also performing well, a high number of families have commencing it, however outcomes are still to be collected and reported.

(Please note Stop Smoking Performance across all providers is found in the Primary Section)

9. PRIMARY CARE COMMISSIONING OVERVIEW

A number of public health services are commissioned from primary care, that is, GP practices and community pharmacies. The table below identifies the services commissioned in Peterborough.

Table 15: Primary Care Contracts in Peterborough

Service	Peterborough					
	GPs	No. of contracts sent out	No. returned and delivering	Comm. Pharm.	No. of contracts sent out	No. returned and delivering
Stop Smoking	X	23	9	x	16	1
NHS Health checks	X	23	19	N/A	N/A	N/A
Long acting reversible contraception (LARCs)	X	24	20	N/A	N/A	N/A
Emergency Hormonal Contraception	N/A	N/A	N/A	x	30	16

The Local Pharmaceutical Committee have agreed that all local Pharmacies access the Making Every Contact Count Health Conversations training.

10. STOP SMOKING SERVICES

Primary care has been providing stop smoking services for a prolonged period. The core stop smoking services delivered by Solutions4Health support GP practices to deliver the services through training and ongoing problem solving. Individual practices are provided with targets and there are aggregated targets for the two areas. In some practices the core stop smoking services provide some or all of the practice service and this is reflected in the payment structures. In Peterborough the majority of treatment episodes are now provided directly by the core stop smoking services, which deliver the service in 21 GP practices. Peterborough prison is also proactive in supporting smokers to quit and these figures are included in the overall Peterborough stop smoking activity.

10.2 Stop Smoking Services - Peterborough

Figure 16: Solutions4Health Stop Smoking Performance

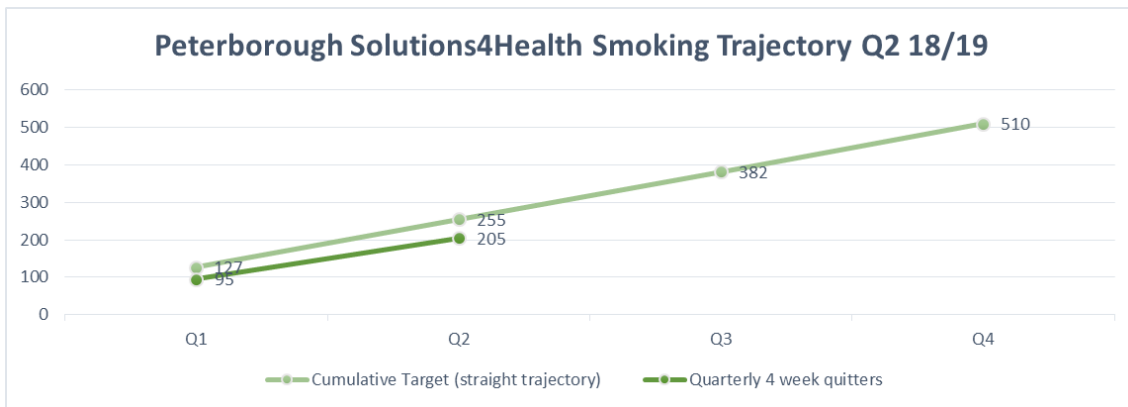
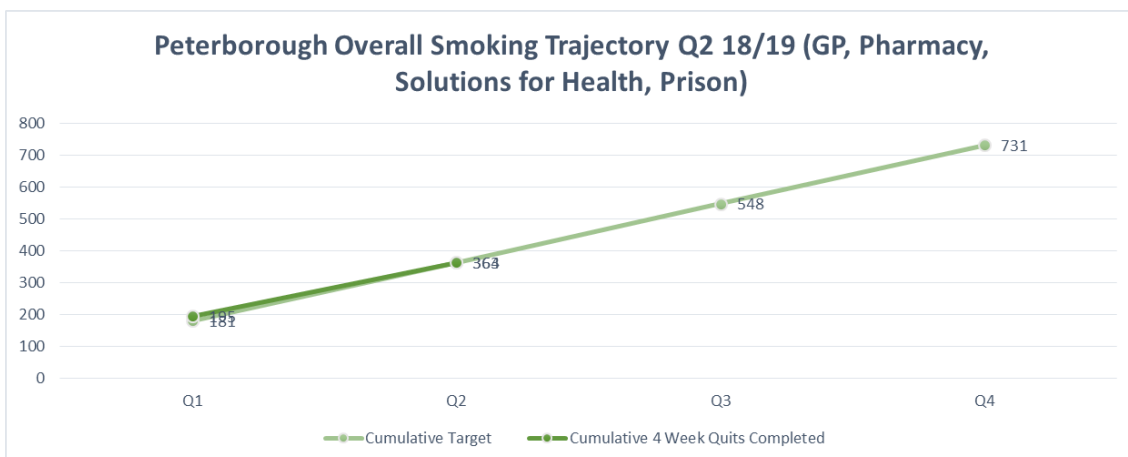


Figure 17: Overall Stop Smoking Performance



11. LONG ACTING REVERSIBLE CONTRACEPTION (LARCS)

The trajectories below are based on last year's out-turn and there is an ambition to maintain the same level of activity.

11.2 LARCs – Peterborough

Figure 18: LARC Implants Insertions

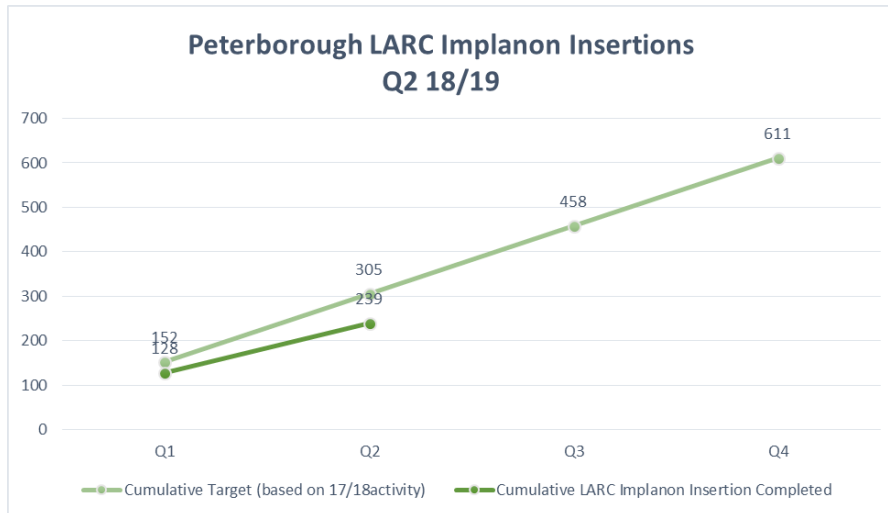


Figure 19: LARC Implants Removal

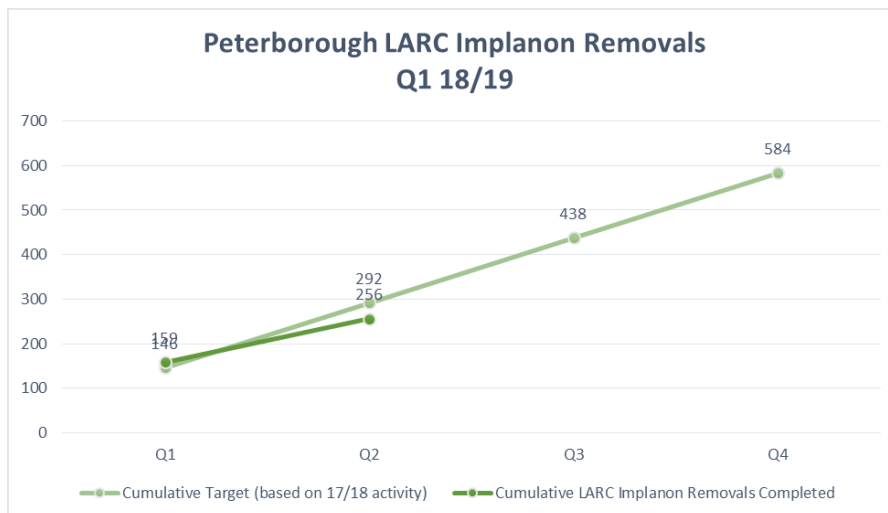


Figure 20a: Total LARC IUCD Insertions

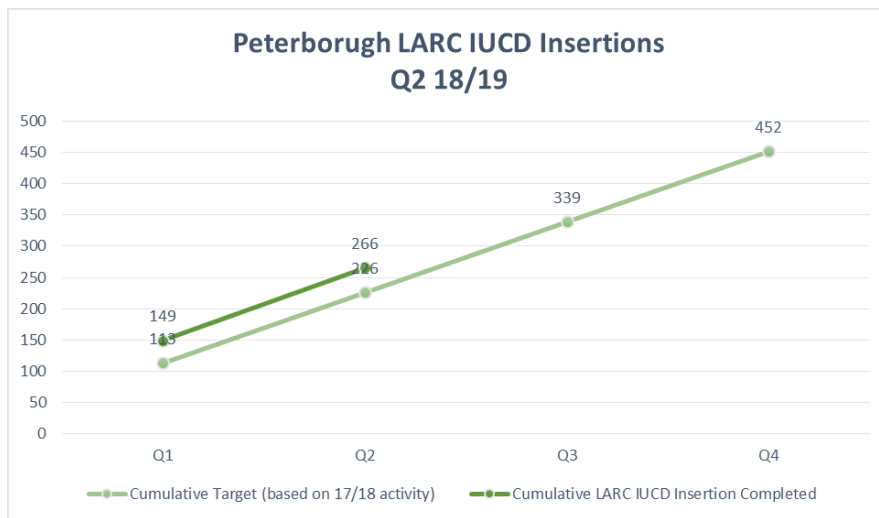
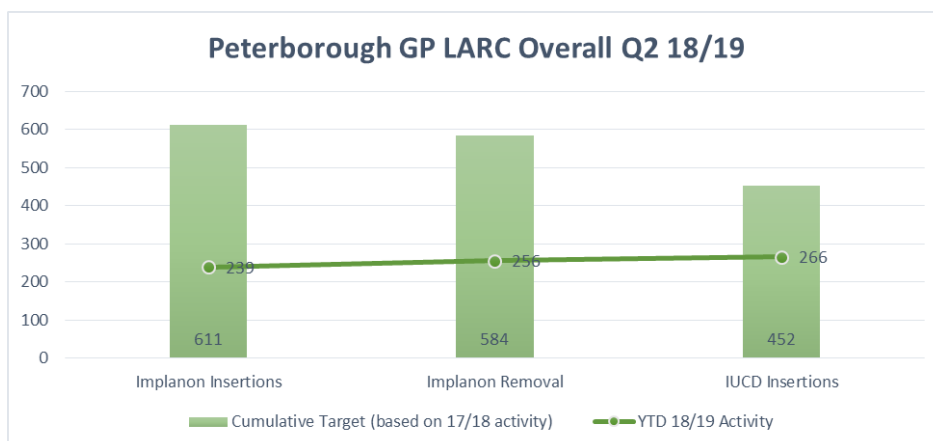


Figure 21: Overall Summary LARC Performance



Commentary

Performance and data quality in Peterborough is improving. The key challenge for the GP provided LARCS is the decreasing number of trained GP practice staff to deliver the service. This reflects the increasing number of GPs who have retired and the need for training. A training programme was commissioned for Cambridgeshire which Peterborough practices are now also accessing.

12. NHS HEALTH CHECKS

12.1 NHS Health Checks – Peterborough (See Lifestyle Section for Outreach HCs)

Figure 22: GP Health Checks

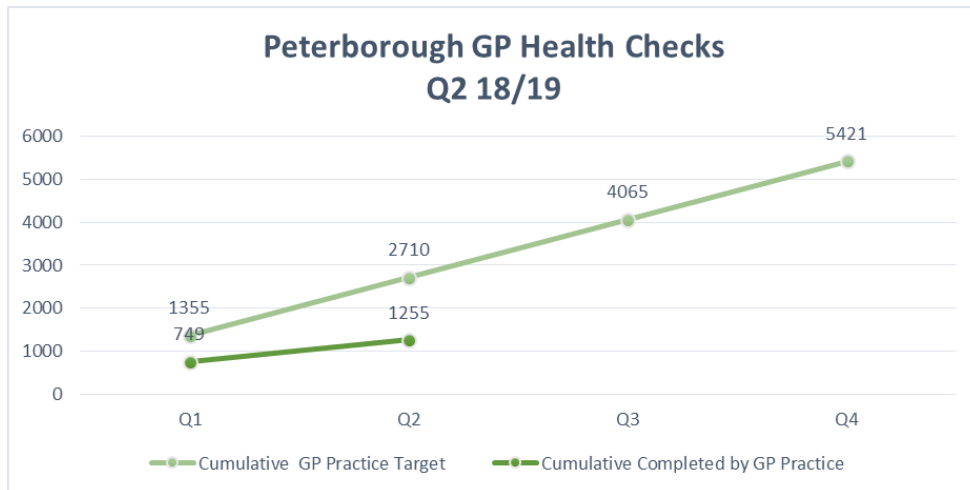


Figure 23: Peterborough Overall NHS Health Checks

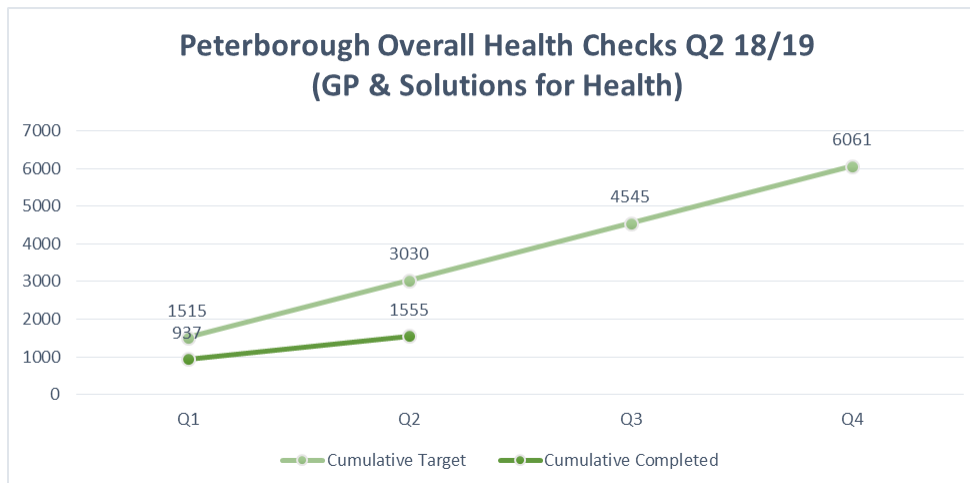
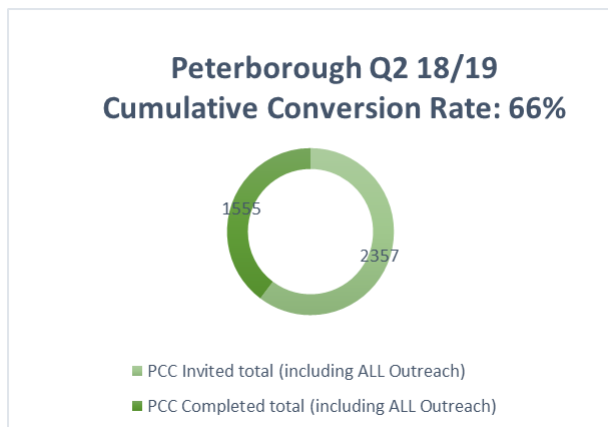


Figure 24: NHS Health Checks Conversion Rate



Commentary

There does appear to be a drop in activity but this is due to late data submissions from GP practices. The quality of the data has improved and the conversion rates in both Cambridgeshire and Peterborough are excellent. The team continue to work with the CCG primary care information team to improve the quality of the data collection and reporting templates. And the team continue to work in partnership with the practices to ensure the quality of the delivery of the Health Checks meets national standards.

13. EMERGENCY HORMONAL CONTRACEPTION (EHC)

The Peterborough EHC Service was re-commissioned in 2017/2018 and a significant amount of work was done in the second half of last year to ensure Pharmacies received the relevant training. The results of this work are now beginning to show, as we have seen an increase in the number of claims being made. There is ongoing work to engage pharmacies.

Figure 25: Peterborough Community Pharmacy EHC Consultations

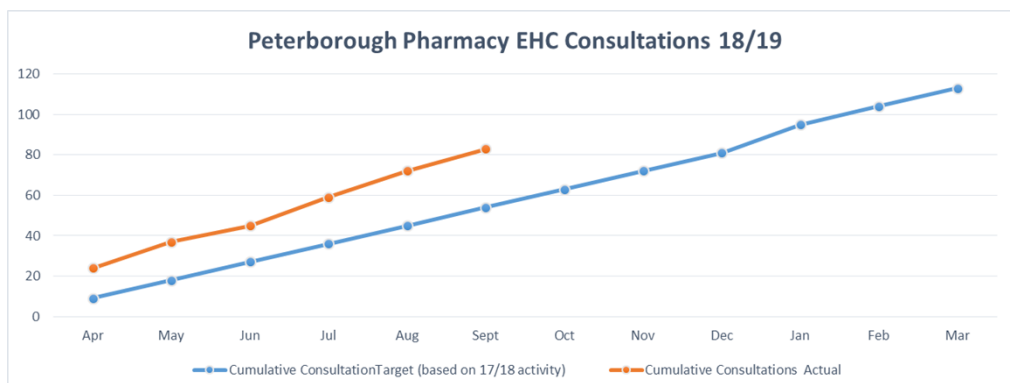
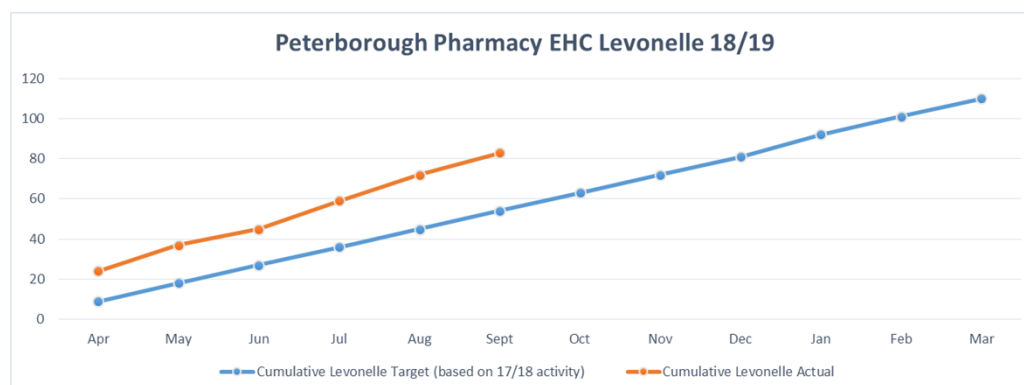


Figure 26: Peterborough Community Pharmacy EHC Levonelle Dispensed



14. HEALTHY WORKPLACE SERVICE

From 1st June 2018 Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) have jointly commissioned Everyone Health to provide health improvement interventions within workplace settings. There is a particular focus on targeting employers with routine and manual workers to improve access for this group and tackle health inequalities.

The targets for the workplace programme focus upon numbers of new employers engaged, numbers of Mental Health First Aid Lite training sessions delivered and number of employers accessing support networks provided (in order to maintain engagement with workplaces involved in the programme).

Health Champion training sessions are also provided to ensure that volunteers within engaged organisations can signpost to local services and run health focused campaigns for staff. The programme is closely aligned with the Integrated Healthy Lifestyle Services in Peterborough area to ensure outreach NHS Health Checks, weight management and other services are part of the workplace health 'offer' for employers across both areas.

Commentary

Sport and Leisure Management Ltd (Everyone Health) were awarded this contract in March 2018 and delivery commenced from June 2018.

Challenges around recruitment and staff changes have led to the need for an extended mobilisation period for this contract. Regular meetings have been held with the Provider and support for mobilisation provided to the staff. Steady progress towards KPIs is being made, including the delivery of a Workplace Network meeting and Mental Health First Aid training. Formal reporting is starting in November 2018.

15. HEALTHY SCHOOLS PROGRAMME

From 1st October 2018 Everyone Health have been jointly commissioned by Cambridgeshire County Council (CCC) and Peterborough City Council (PCC), in partnership with the Office of the Police and Crime Commissioner (OPCC), to deliver a local healthy schools programme that will focus on building resilience in children and young people to reduce the risk of them adopting unhealthy, harmful or risk taking behaviours. Central to the Programme is that the Provider will bring the different services working in schools together to develop a collaborative offer for schools.

In the first month of the contract Everyone Health agreed final staffing structures and delivery models with the commissioners and partners. The website is being developed and communications to schools and partners will be sent in the coming weeks. Regular meetings will continue to be held during the mobilisation phase.

16. HEALTHY CHILD PROGRAMME 0-19

The PHJCU took on commissioning of the Healthy Child Programme (Health visiting and school nursing) from October 1st 2018. The Healthy Child Programme in Peterborough is delivered by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The following table shows trends in performance against the mandated health visitor checks for new babies and children up to the age of two – two and a half. Performance in Peterborough is generally good – at or above the national average.

Health visitor service delivery metrics: 2017 onwards in Cambridgeshire and Peterborough

Quarterly and annual datasets and commentary for local authority health visits to pregnant women, children and their families during pregnancy and early childhood.

2017/18

	2017/18 Quarter 1 (July 2018 release)						2017/18 Quarter 2 (July 2018 release)						2017/18 Quarter 3 (July 2018 release)						2017/18 Quarter 4 (July 2018 release)									
	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8: 6 - 8 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6: 2.5 yr reviews by 2.5 yrs of age	C6: 2.5 yr reviews using ASQ 3	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8: 6 - 8 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6: 2.5 yr reviews by 2.5 yrs of age	C6: 2.5 yr reviews using ASQ 3	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8: 6 - 8 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6: 2.5 yr reviews by 2.5 yrs of age	C6: 2.5 yr reviews using ASQ 3	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8: 6 - 8 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6: 2.5 yr reviews by 2.5 yrs of age	C6: 2.5 yr reviews using ASQ 3
England	86.2%	11.2%	81.6%	74.4%	82.6%	75.7%	90.7%	88.0%	9.9%	84.3%	75.4%	82.5%	75.8%	92.1%	88.6%	9.5%	85.7%	76.5%	83.3%	76.1%	91.5%	88.5%	9.7%	84.9%	77.6%	82.1%	76.4%	88.7%
Cambridgeshire	94.6%	2.8%	93.4%	87.2%	87.2%	80.8%	45.9%	95.2%	2.9%	86.2%	80.5%	87.3%	78.8%	87.9%	95.3%	2.8%	89.9%	83.3%	81.2%	80.7%	91.7%	95.8%	2.2%	84.3%	78.5%	85.2%	76.9%	93.7%
Peterborough	90.0%	6.0%	87.9%	80.3%	95.4%	71.9%	93.1%	91.4%	6.0%	87.3%	82.6%	94.3%	80.0%	94.9%	90.4%	6.3%	88.8%	84.8%	93.9%	87.5%	96.4%	89.5%	7.2%	89.1%	82.9%	91.5%	79.3%	-

2018/19 – Quarter 2 provisional, data supplied from Performance monitoring workbooks

	2018/19 Quarter 1 (October 2018 release)						2017/18 Quarter 2 (local quarterly performance reports)							
	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8: 6 - 8 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6: 2.5 yr reviews by 2.5 yrs of age	C6: 2.5 yr reviews using ASQ 3	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8: 6 - 8 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6: 2.5 yr reviews by 2.5 yrs of age	C6: 2.5 yr reviews using ASQ 3
England	88.3%	9.2%	85.5%	77.0%	81.9%	76.5%	89.2%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cambridgeshire	95.3%	2.4%	95.0%	71.2%	85.1%	84.8%	94.1%	92.2%	2.4%	91.7%	81.2%	77.4%	72.3%	97.8%
Peterborough	90.1%	7.4%	88.3%	85.3%	93.0%	90.3%	92.6%	87.5%	n/a	88.6%	85.3%	90.7%	84.6%	86.4%

'-' Failed stage 2 validation

Source: Public Health England <https://www.gov.uk/government/publications/health-visitor-service-delivery-metrics-2017-to-2018>

Quarter 2 2018/19: Data from trust performance reports, national data not available

Indicators are benchmarked against the England average and are colour coded to indicate their rating:

	Statistically significantly better than the England average
	Statistically similar to the England average
	Statistically significantly worse than the England average

17. BUDGET OVERVIEW

All the contracts with the exception of those with primary care and out of area sexual health attendances are block contracts.

18. THE IMPACT OF SAVING REQUIREMENTS

A key challenge for the PHJCU is to secure the cash savings that are required for the Public Health Directorates in both local authorities.

In Peterborough, the approach has been to reduce the contract value throughout the life of the contract. The rationale being that as the contracts embed efficiencies can be found. However, the financial pressures have become more acute in Peterborough and additional efficiencies and innovative approaches are being sought to create savings.

19. BUDGET PRESSURES

There are ongoing pressures in the Peterborough iCaSH reflecting savings and demand pressures. There have been some clinic closures and additional funding has been made available. This will be reviewed as part of the wider recommissioning of the iCaSH contract across Peterborough and Cambridgeshire planned for 2019/20. There are also pressures in CGL budgets due to increase in price of Buprenorphine – a drug used to support opiate treatment.

20. SUMMARY

This report only details main higher value or higher profile contracts and how any issues are being managed. Currently, there are no outstanding performance issues relating to the Public Health JCU contracts not described here.

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ANNEX C: Cambridgeshire and Peterborough Public Health Directorate – work completed under the local authority public health advice service during 2017/18

Broad area of advice and support	Examples of work completed (not exhaustive)	Link / contact for more information
Public health advice and support to NHS clinical policy and treatments.	Development of clinical prioritisation policies and advice on exceptional and individual NHS clinical funding treatment cases requests - for the Clinical Priorities Forum and Exceptional Cases Panel respectively. Associated evidence reviews for specific services or clinical areas and general advice on the use of the evidence base. All policies are reviewed to reflect current clinical evidence and NICE guidance, and are benchmarked against the policies of other CCGs. For more information please see the clinical policies area on the CCG's Clinical Policies Forum website.	https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/clinical-policies-and-thresholds/clinical-policies-forum/
Public health advice on CCG commissioning plans, preventive and lifestyle services and service redesign, including the Sustainability and Transformation Plan (STP).	Atrial fibrillation related stroke hospital admissions. Analysis and benchmarking for sepsis. Analytical support to the Transforming Cancer Care programme. Urgent care centre needs assessment. Benchmarking of inpatient and day case admission ratios. Analysis & presentation of Musculoskeletal (MSK) data for STP MSK strategy group. NHS Diabetes Prevention Programme public health support to implementation. Analytical support to stroke pathway work.	https://www.fitforfuture.org.uk/
Public health advice covering the 'health' response to housing growth and associated NHS priorities and planning.	Supporting links between NHS and local Planning systems, including planning for the Northstowe development - Northstowe referral rates from primary to secondary care, and support to statutory planning requirements for healthcare.	https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/northstowe/
Partnership work covering preventive and healthcare services for children and young people.	Support to Better Births workstream - development of local maternity services. Children's Continuing Care and SEND needs assessments. Development and annual review of children's outcomes framework.	https://www.england.nhs.uk/integratedcare/stps/view-stps/cambridgeshire-and-peterborough/
Partnership work covering preventive and healthcare services for older people.	Falls Prevention Programme - senior responsible officer support, programme management, development of key performance indicators (falls dashboard) and general public health support. Clinical leadership for Ageing Well and Chair of the Ageing Well Strategy Board. Public health contribution into STP strategy development relating to older people including stroke (atrial fibrillation) end of life care and dementia. End of life care - analysis of deaths by place of death.	https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/patient-pathways/atrial-fibrillation/ https://www.fitforfuture.org.uk/2018/02/05/more-falls-services/

Cambridgeshire and Peterborough Public Health Directorate – work completed under the local authority public health advice service during 2017/18 (continued)

Broad area of advice and support	Examples of work completed (not exhaustive)	Link / contact for more information
Partnership work for mental ill health prevention and mental health services.	Funding model design for discharge planning from mental health services (Section 117). Commissioning support for counselling service. Commissioning and managing Thrive projects. Management of the Keep Your Head children's website. Suicide prevention strategy implementation, STP business case, annual audit and analytical support.	http://www.keep-your-head.com/
Healthcare public health advice service staff management, process input and CCG engagement.	Joint meetings and development of draft Memorandum of Understanding.	http://www.adph.org.uk/wp-content/uploads/2017/08/Healthcare-Advice-Service-Briefing.pdf
Public health attendance at CCG and partnership meetings,	Director of Public Health (DPH) representation at CCG Governing Body. DPH representation at Health and Care Executive. Public Health Consultant attendance at Clinical Advisory Group. Public Health Consultant attendance at Primary Care and Integrated Neighbourhoods Delivery Board groups.	Please contact David Lea at david.lea@cambridgeshire.gov.uk for further details
General partnership area based needs assessments and local health and wellbeing strategy monitoring - in partnership with local Health and Wellbeing Boards.	JSNA Core Datasets for Cambridgeshire and Peterborough. Peterborough Health and Wellbeing Strategy Quarterly Updates and annual review - actions and performance data	https://cambridgeshireinsight.org.uk/wp-content/uploads/2018/02/CP_JSNA_CDS_FINAL_20180208.pdf
Further general public health intelligence based analytical support.	General practice clustering and benchmarking report. Provision of mapping service. Patient flows analysis by GP practice and CCG neighbourhood teams.	https://cambridgeshireinsight.org.uk/health/healthcare/

Source: Cambridgeshire and Peterborough Public Health Directorate



Peterborough

Unitary authority

This profile was published on 3 July 2018

Local Authority Health Profile 2018

This profile gives a picture of people's health in Peterborough. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Health in summary

The health of people in Peterborough is varied compared with the England average. Peterborough is one of the 20% most deprived districts/unitary authorities in England and about 19% (8,500) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

Life expectancy is 8.4 years lower for men and 5.7 years lower for women in the most deprived areas of Peterborough than in the least deprived areas.**

Child health

In Year 6, 22.6% (524) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 37*. This represents 18 stays per year. Levels of teenage pregnancy, GCSE attainment and breastfeeding initiation are worse than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 663*. This represents 1,180 stays per year. The rate of self-harm hospital stays is 247*, worse than the average for England. This represents 490 stays per year. Estimated levels of adult physical activity are worse than the England average. The rate of TB is worse than average. Rates of statutory homelessness and violent crime are worse than average.



Contains National Statistics data © Crown copyright and database right 2018
Contains OS data © Crown copyright and database right 2018
Map data © 2018 Google
Local authority displayed with ultra-generalised clipped boundary

For more information on priorities in this area, see:

- <https://www.peterborough.gov.uk/healthcare/public-health/>

Visit www.healthprofiles.info for more area profiles, more information and interactive maps and tools.

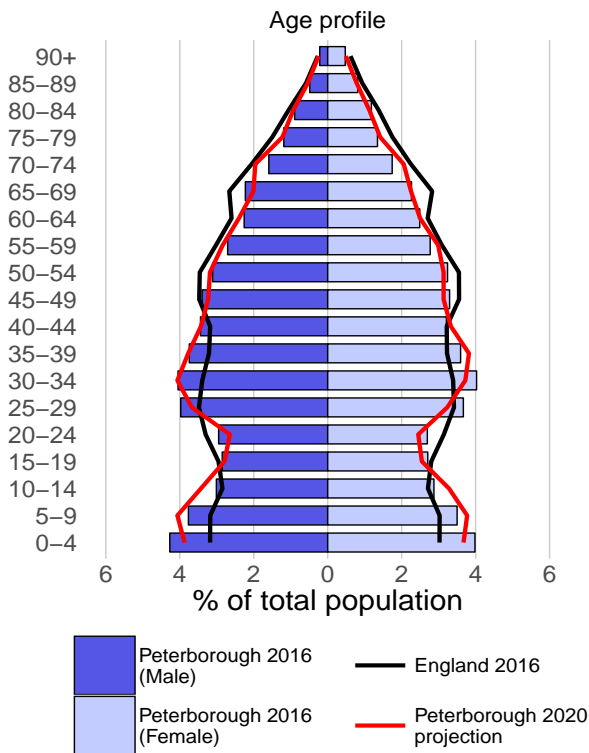
Local Authority Health Profiles are Official Statistics and are produced based on the three pillars of the [Code of Practice for Statistics](#): Trustworthiness, Quality and Value.

Follow @PHE_uk on Twitter

* rate per 100,000 population

** see [page 3](#)

Population



Understanding the sociodemographic profile of an area is important when planning services. Different population groups may have different health and social care needs and are likely to interact with services in different ways.

	Peterborough (persons)	England (persons)
Population (2016)*	197	55,268
Projected population (2020)*	204	56,705
% population aged under 18	24.9%	21.3%
% population aged 65+	14.5%	17.9%
% people from an ethnic minority group	13.6%	13.6%

* thousands

Source:
Populations: Office for National Statistics licensed under the Open Government Licence
Ethnic minority groups: Annual Population Survey, October 2015 to September 2016

Deprivation

The level of deprivation in an area can be used to identify those communities who may be in the greatest need of services. These maps and charts show the Index of Multiple Deprivation 2015 (IMD 2015).

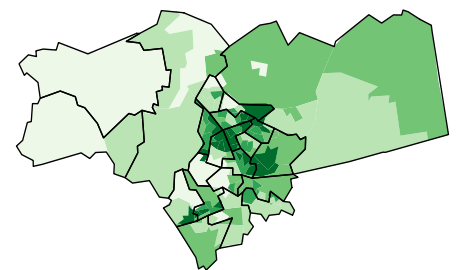
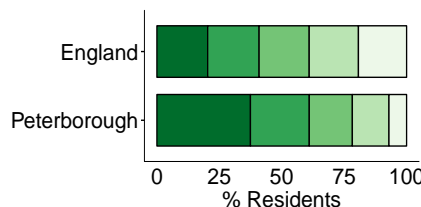
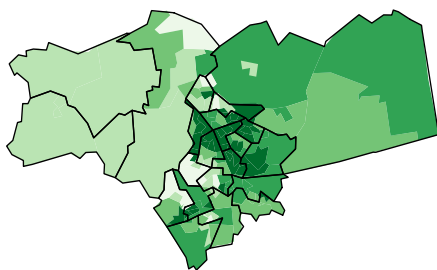
National

The first of the two maps shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of IMD 2015, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

The chart shows the percentage of the population who live in areas at each level of deprivation.

Local

The second map shows the differences in deprivation based on local quintiles (fifths) of IMD 2015 for this area.



Lines represent electoral wards (2017). Quintiles shown for 2011 based lower super output areas (LSOAs). Contains OS data © Crown copyright and database rights 2018. Contains public sector information licensed under the Open Government Licence v3.0

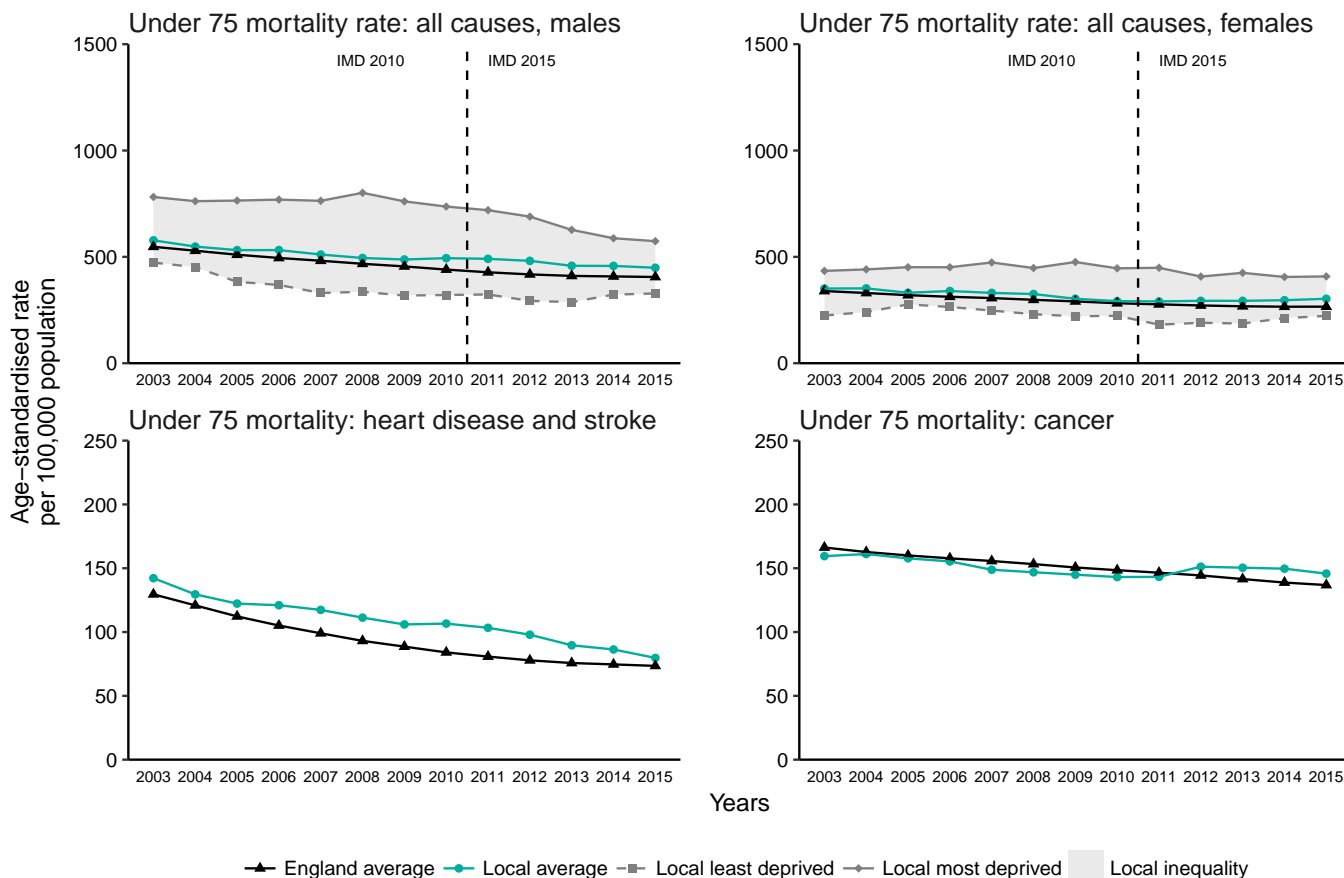
Health inequalities: life expectancy

The charts show life expectancy for males and females within this local authority for 2014-16. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015). The life expectancy gap is the difference between the top and bottom of the inequality slope. This represents the range in years of life expectancy from most to least deprived within this area. If there was no inequality in life expectancy the line would be horizontal.



Trends over time: under 75 mortality

These charts provide a comparison of the trends in death rates in people under 75 between this area and England. For deaths from all causes, they also show the trends in the most deprived and least deprived local quintiles (fifths) of this area.



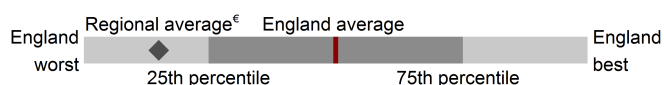
Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with the time period of the data. This provides a more accurate way of examining changes over time by deprivation.

Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

Health summary for Peterborough

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	78.6	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	82.2	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 – 16	1,607	374.7	333.8	545.7		215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	331	79.7	73.5	141.3		42.3
	5 Under 75 mortality rate: cancer	2014 – 16	605	145.8	136.8	195.3		99.1
	6 Suicide rate	2014 – 16	54	10.9	9.9	18.3		4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	235	40.4	39.7	110.4		13.5
	8 Hospital stays for self-harm	2016/17	490	247.4	185.3	578.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	181	627.5	575.0	854.2		364.7
	10 Cancer diagnosed at early stage	2016	357	54.0	52.6	39.3		61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	80.4	77.1	54.3		96.3
	12 Dementia diagnoses (aged 65+)	2017	1,305	78.4	67.9	45.1		90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 – 16/17	53	37.0	34.2	100.0		6.5
	14 Alcohol-related harm hospital stays	2016/17	1,180	663.4	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	26,035	17.6	14.9	24.8		4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	61.1	66.0	53.3		78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	62.5	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	99	29.8	18.8	36.7		3.3
	19 Smoking status at time of delivery	2016/17	306	11.6 ^{^75}	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	1,927	68.8	74.5	37.9		96.7
	21 Infant mortality rate	2014 – 16	35	3.7	3.9	7.9		0.0
	22 Obese children (aged 10–11)	2016/17	524	22.6	20.0	29.2		8.8
Inequalities	23 Deprivation score (IMD 2015)	2015	n/a	27.7	21.8	42.0		5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	28.5	25.7	48.7		5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	8,525	18.7	16.8	30.5		5.7
	26 GCSEs achieved	2015/16	1,053	47.8	57.8	44.8		78.7
	27 Employment rate (aged 16–64)	2016/17	93,500	75.9	74.4	59.8		88.5
	28 Statutory homelessness	2016/17	178	2.3	0.8			
	29 Violent crime (violence offences)	2016/17	5,321	27.4	20.0	42.2		5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	212	15.0	17.9	30.3		6.3
	31 New sexually transmitted infections	2017	960	760.9	793.8	3,215.3		266.6
	32 New cases of tuberculosis	2014 – 16	115	19.8	10.9	69.0		0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Indicator value types

1, 2 Life expectancy - Years 3, 4, 5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15, 16, 17 Proportion - % 18 Crude rate per 1,000 females aged 15 to 17 19, 20 Proportion - % 21 Crude rate per 1,000 live births 22 Proportion - % 23 Index of Multiple Deprivation (IMD) 2015 score 24, 25 Proportion - % 26 Proportion - % 5 A*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 32 Crude rate per 100,000 population

€"Regional" refers to the former government regions.

^{^75} There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
21 JANUARY 2019	PUBLIC REPORT

Report of:	Dr Liz Robin Director of Public Health	
Cabinet Member(s) responsible:	Cllr Diane Lamb Portfolio Holder for Public Health	
Contact Officer(s):	Dr Liz Robin, Director of Public Health	Tel. 01733 207175

PETERBOROUGH ANNUAL PUBLIC HEALTH REPORT 2018

R E C O M M E N D A T I O N S	
FROM: Director of Public Health	Deadline date:
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Discusses and comments on the information outlined in the Annual Public Health Report 2018 2. Considers any recommendations the Committee may wish to make based on the content of the Report. 	

1. ORIGIN OF REPORT

- 1.1 The Health Scrutiny Committee requested an agenda item on the Annual Public Health Report 2018 as part of the Committee's forward work plan.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to present the Peterborough Annual Public Health Report 2017 to the Health Scrutiny Committee for consideration of the Report's findings.
- 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.
- 2.3 This report links to the following Corporate Priorities:
- 7) Achieve the best health and wellbeing for the city
 - 1) Improve educational attainment and skills
- 2.4 This report links to the Children in Care Pledge to children we take into our care 'to help encourage you to be healthy'

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

- 4.1 The Health and Social Care Act (2012) includes a requirement for Directors of Public Health to prepare an independent Annual Public Health Report (APHR) on the health of local people.
- 4.2 The Annual Public Health Report 2017 focussed on the wider social and environmental factors affecting health and wellbeing locally and how these influence the differences in health outcomes we see across Peterborough. It also looked at key lifestyle behaviours which impact on longer term health and wellbeing, and at trends in life expectancy and preventable death in the area.
- 4.3 This year's Annual Public Health Report (APHR) 2018 recognises that there are now many web-based sources of information, which can provide comprehensive and up to date information about the health of Cambridgeshire's population, and it provides weblinks and signposting to these.
- 4.4 The APHR 2018 also focuses on the 'best start in life' for babies and young children in Peterborough, and reviews some key factors and challenges which affect health and development up to the age of five.
- 4.5 For the first time this year, the international Global Burden of Disease study, which is funded by the Bill and Melinda Gates Foundation and has been providing health statistics for governments around the world for the past twenty years, is providing a similar analysis of health and disease for English local authorities. Some of the main findings are presented here, together with further information on risk factors such as tobacco, dietary factors and air quality.
- 4.6 Finally, progress against key issues of concern from the APHR 2017 is reviewed.
- 4.7 Findings highlighted in the APHR 2018, which it would be appropriate to keep under review going forward include:

Issues identified in the Section of the Report on 'Health in the Early Years', which are known to perpetuate inequalities in health and other outcomes across generations. These include:

- High rates of teenage pregnancy in Peterborough
- Higher than average rates of smoking in pregnancy
- Low rates of school readiness at age five

The findings of the Global Burden of Disease Study that for Peterborough residents:

- More than one in six years of life lost to premature death is the result of smoking (17.5%)
- More than one in seven years of life lost is the result of dietary factors ((13.5%)

High blood pressure (11.5%) and drug/alcohol use (10%) each account for over one in ten years of life lost.

5. CONSULTATION

- 5.1 The Annual Public Health Report is an independent report, with a focus on providing information about the main health issues and trends in Peterborough. Therefore it is not subject to consultation. However it does include information on dietary factors and air quality as risk factors for health, as requested when the APHR 2017 was presented to the Health Scrutiny Committee

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 The anticipated outcome of this Report is that the information on key health issues and trends provided in the Report, together with the recommendations at the end of the Report, will influence relevant decisions made by the Council, and by other organisations and community groups with an interest in health and wellbeing.

7. REASON FOR THE RECOMMENDATION

- 7.1 The Annual Public Health Report gives context for the wider work of the Health Scrutiny

Committee, by providing information on the health issues in Peterborough which local NHS and Council services are working to address.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The alternative option would be for the Health Scrutiny Committee not to scrutinise the Annual Public Health Report 2017. Decisions on which items the Committee wished to scrutinise were taken during discussions of the annual work plan.

9. IMPLICATIONS

Financial Implications

- 9.1 The Annual Public Health Report is a statutory report on the Health of the Population and does not have specific financial implications.

Legal Implications

- 9.2 Under the Health and Social Care Act (2012) the Director of Public Health has a statutory duty to produce an annual report on the health of the population and the City Council has a duty to publish it.

Equalities Implications

- 9.3 Some of the issues described in the report have an impact on health inequalities in Peterborough

Rural Implications

- 9.4 There are no specific rural implications from this Report.

10. BACKGROUND DOCUMENTS

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

- 10.1 Annual Public Health Report (2017)
<https://www.peterborough.gov.uk/healthcare/public-health/annual-public-health-report/>

The Health Profile for England (2018)
<https://www.gov.uk/government/publications/health-profile-for-england-2018>

The Global Burden of Disease Study (2018)
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32207-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32207-4/fulltext)

11. APPENDICES

- 11.1 Appendix 1 - Peterborough Annual Public Health Report 2018

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PETERBOROUGH ANNUAL PUBLIC HEALTH REPORT 2018



CREATING A HEALTHY CITY

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INTRODUCTION

When Annual Public Health Reports were first produced in the nineteenth century by local authority Medical Officers of Health, they were the main source of available information about health statistics in the local area.

This is no longer the case - as there is now an excellent range of health statistics available on the internet, both for Peterborough and nationally. Section 1 of this report provides the relevant weblinks.

This Annual Public Health Report focusses on two topics where new information has become available this year. For the first time, the national Health Profile for England (2018) includes a chapter about Health in the Early Years - and Section 2 of this report reviews similar information for Peterborough about the health and development of children aged under five.



The Global Burden of Disease (GBD) Study is funded by the Bill and Melinda Gates Foundation and used by national policy makers across the world. For the first time, this year's GBD includes a breakdown of information about premature death and disability at upper tier local authority level in England. Section 3 of this report briefly reviews the GBD study findings for Peterborough.

Section 4 looks at the key findings from last year's annual report and whether these have changed or improved over the past year. It also highlights further issues for review going forward.

Throughout the report I make use of infographics produced by Public Health England's 'Health Matters' resource, available on <https://www.gov.uk/government/collections/health-matters-public-health-issues>. This provides a range of easily understandable and accessible information on important health issues, and is well worth a look.

In a time of limited resources, we need to make sure that as many organisations, communities and individuals as possible have good information about how we can improve health in our local communities – and I hope this report will help raise awareness of the wealth of information available.

A handwritten signature in purple ink that reads "Liz Robin".

Dr Liz Robin
Director of Public Health
Peterborough City Council

SECTION 1: FINDING INFORMATION ON PUBLIC HEALTH OUTCOMES

LOCAL INFORMATION

Peterborough City Council website public health section

<https://www.peterborough.gov.uk/healthcare/public-health/> provides local information on a range of local public health issues and outcomes for Peterborough.

Cambridgeshire Insight: Interactive map <https://cambridgeshireinsight.org.uk/> lets you click on your electoral ward or enter a postcode and see a short report on your area's population, economy, housing, education and health outcomes.

Peterborough City Council: Joint Strategic Needs Assessment

<https://www.peterborough.gov.uk/healthcare/public-health/JSNA/> provides an annually updated core dataset from the statutory joint strategic needs assessment (JSNA) across health and social care outcomes, together with JSNAs on specific health and wellbeing topics.

Cambridgeshire Insight: Children's health and wellbeing

<https://cambridgeshireinsight.org.uk/health/popgroups/cyp/> provides further information on children's health and outcomes in Peterborough and Cambridgeshire.

Healthy Peterborough <https://www.healthypeterborough.org.uk/2018> provides information on how to look after your own health and wellbeing, including local services and opportunities which support you in maintaining a healthy lifestyle, and day to day social media communications.

NATIONAL INFORMATION

The Public Health Outcomes Framework <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> is the main portal for Public Health England's Knowledge and Intelligence service. It provides interactive profiles on a wide range of public health outcomes and is updated every three months. Through the easy to use interactive functions it is possible to:

- Compare public health outcomes in Cambridgeshire to national and regional averages, and to groups of similar local authorities
- Look at trends in public health outcomes in Cambridgeshire over time
- Create charts, profiles and maps of public health outcomes in the County.

It is also possible to do this for individual District/City Council areas in Cambridgeshire, although for a more limited set of outcome indicators.

Local Health at www.localhealth.org.uk/ is the Public Health England portal which provides information at electoral ward level. It can be used to produce electoral ward health profiles and charts, or group wards together to make a health profile of a larger area.

SECTION 2: THE BEST START IN LIFE

HEALTH IN PREGNANCY

There are some factors which influence a child's health and wellbeing, even before they are born.

Encouraging a healthy pregnancy



TEENAGE PREGNANCY

Teenage pregnancy (usually defined as conception under the age of 18) carries a number of risks for both mother and child. The baby is more likely to have a low birth weight and has a higher risk of infant death. Because of parenting responsibilities, young mothers are less likely to finish their education and this may put them at further economic disadvantage. Rates of teenage pregnancy have more than halved nationally over the last 20 years, as a result of a long-term evidence based teenage pregnancy strategy. In Peterborough in 2016, the teenage pregnancy rate in 2016 was the highest in the East of England, and the highest in Peterborough's comparator group of similar local authorities.

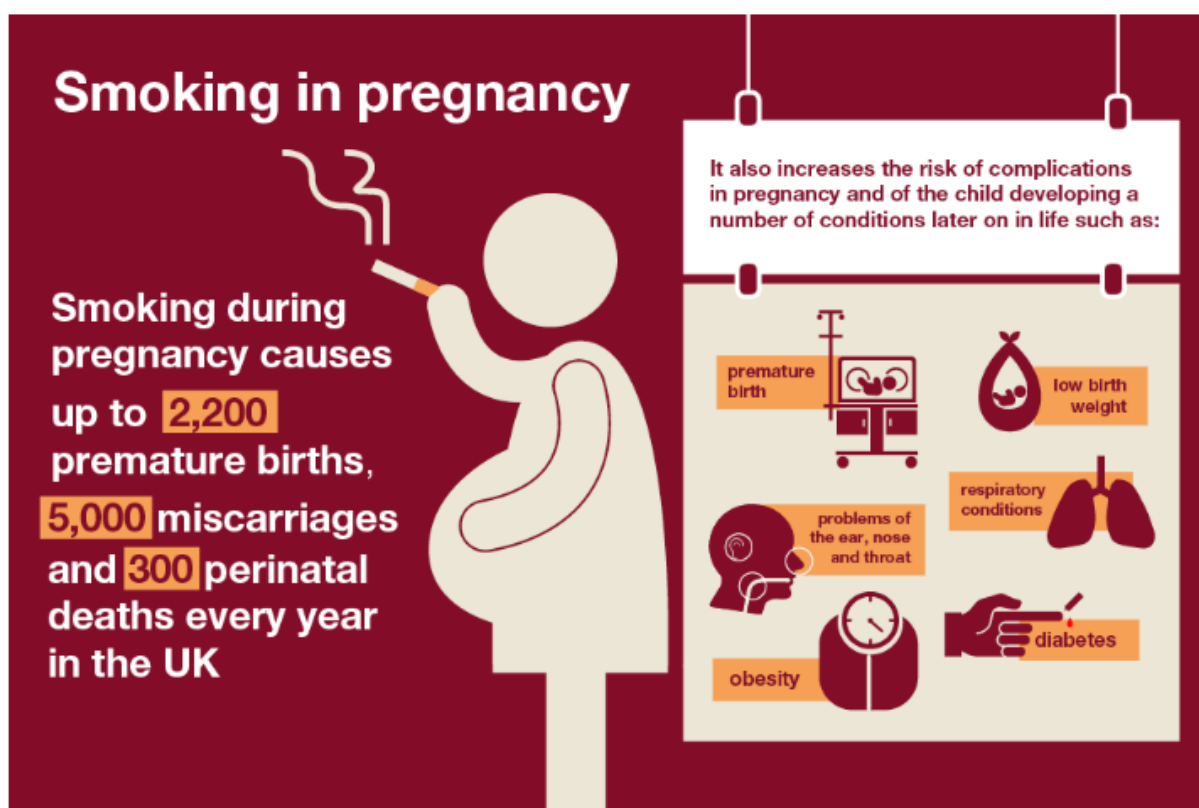
2.04 - Under 18 conceptions 2016

Crude rate - per 1000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	17,014	18.8	18.5	19.1
East of England region	↓	1,738	17.1	16.3	17.9
Peterborough	↓	99	29.8	24.2	36.3
Southend-on-Sea	↓	81	27.1	21.5	33.7
Luton	↓	86	21.7	17.4	26.8
Norfolk	↓	285	20.9	18.6	23.5
Thurrock	↓	54	18.4	13.8	24.0
Essex	↓	406	16.7	15.1	18.4
Suffolk	↓	194	16.0	13.8	18.4
Central Bedfordshire	↓	69	15.0	11.7	19.0
Bedford	↓	43	14.7	10.6	19.7
Hertfordshire	↓	295	14.4	12.8	16.1
Cambridgeshire	↓	126	12.2	10.2	14.5

Source: Office for National Statistics (ONS)

SMOKING IN PREGNANCY



The proportion of mothers who are smokers at the time their baby is delivered is measured by hospital maternity units. The latest available national figures from 2016/17 showed that 10.7% of women were smokers at the time of delivery. The latest figures from local hospitals across Peterborough and Cambridgeshire for April-Sept 2018 show major inequalities in the proportion of mothers smoking at the time of delivery.

Maternity Unit	Main area served (Cams & Peterborough patients only)	Percentage of women smoking at time of delivery April-Sept 2018
Rosie Maternity Unit Cambridge	Cambridge City, South Cambridgeshire, East Cambridgeshire	6.2%
Hinchingbrooke Hospital Maternity Unit	Huntingdonshire, South Fenland	10.6%
Peterborough City Hospital Maternity Unit	Peterborough, central and western parts of Fenland	12.7%
Queen Elizabeth Hospital, Kings Lynn	North Fenland (Wisbech area)	22.8%

HEALTH IN THE EARLY YEARS



MATERNAL MENTAL HEALTH

Mental health issues can impact on a mother's ability to bond with her baby and be sensitive and attuned to the baby's emotions and needs. This can affect the baby's ability to develop a secure attachment. But many women are thought to be 'falling through the cracks' and not getting the help they need for mental health problems during and after pregnancy. The [Centre for Mental Health](#) and the Royal College of GPs highlighted that the biggest barrier to providing better support to women experiencing poor mental health in the perinatal period is the low level of identification of need.

Postnatal depression

Postnatal depression affects more than 1 in every 10 women within a year of giving birth

Health professionals should be alert to the increased risk of experiencing mental health problems among teenage mothers and women who have experienced:

- previous history of mental illness
- a traumatic birth
- a history of stillbirth or miscarriage
- relationship difficulties
- social isolation

HEALTHY NUTRITION IN THE EARLY YEARS

BREASTFEEDING

Breastfeeding provides the best possible nutritional start in life for a baby, protecting the baby from infection and offering important health benefits for the mother. The government's advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life, following which other drinks and foodstuffs can be introduced. But many mothers find it challenging to sustain breastfeeding. National data from 2016/17 show that at 6 to 8 weeks of age the percentage of infants who were either exclusively or partially (when formula milk has also been introduced) breastfed was only 44.4%.

In Peterborough in 2016/17, rates of breastfeeding at 6-8 weeks were better than the national average with 47.1% infants breastfed.

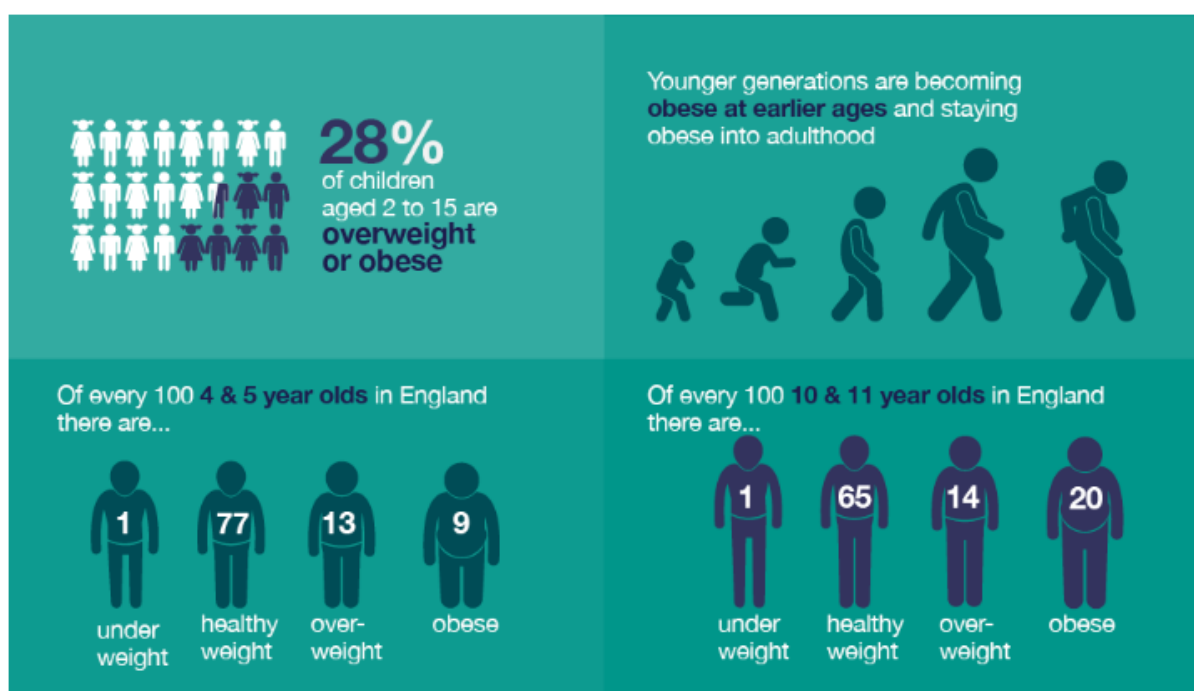
2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method 2016/17

Area	Recent Trend	Count	Value	95% CI	
				Lower CI	Upper CI
England	—	271,813	44.4*	44.3	44.6
East of England region	—	33,997	49.2	48.8	49.6
Luton	—	1,980	57.1	55.5	58.7
Cambridgeshire	—	3,978	56.1	55.0	57.3
Bedford	—	1,174	54.7	52.6	56.8
Central Bedfordshire	—	1,612	47.7	46.1	49.4
Thurrock	—	1,196	47.7	45.8	49.7
Peterborough	—	1,452	47.1	45.3	48.9
Suffolk	—	3,442	46.0	44.9	47.1
Norfolk	—	4,102	45.7	44.6	46.7
Essex	—	6,857	45.7	44.9	46.5
Southend-on-Sea	—	985	*	-	-
Hertfordshire	—	7,219	*	-	-

Source: Public Health England National Child and Maternal Health Intelligence Network

CHILDHOOD OBESITY

Increases in both childhood and adult obesity over the past 30 years are a major public health concern. Obesity is estimated to cost wider society £27 billion per year, and we spend more per year on treating obesity and diabetes than on the police, fire service and judicial system combined.



Although the causes of childhood obesity are complex, not all young children have a diet or undertake physical activity at levels which reflect national recommendations. Linked data shows that children who were overweight or obese in Reception year (aged 4 and 5 years) were also more likely to be overweight or obese in Year 6 (age 10 to 11 years) and then again more likely to go on to be overweight or obese adults.

In Peterborough, the percentage of 4-5 year olds with excess weight was 23.2% in 2016-17, similar to the national average of 22.6%.

2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds New data 2016/17 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	142,419	22.6	22.5	22.7
East of England region	↓	14,999	21.1	20.8	21.4
Peterborough	↓	603	23.2	21.6	24.9
Norfolk	→	2,108	22.7	21.9	23.6
Luton	↓	738	22.6	21.2	24.1
Suffolk	→	1,773	22.3	21.4	23.2
Thurrock	↓	553	22.1	20.5	23.7
Southend-on-Sea	→	445	21.4	19.7	23.2
Essex	→	3,456	20.9	20.3	21.6
Bedford	↓	449	20.4	18.8	22.2
Central Bedfordshire	→	701	20.4	19.1	21.8
Hertfordshire	↓	2,901	20.0	19.4	20.7
Cambridgeshire	↓	1,272	18.5	17.6	19.5


Source: NHS Digital, National Child Measurement Programme

ORAL HEALTH

The amount of sugar which young children eat and drink, together with whether they brush their teeth and visit their dentist regularly, determines their oral health.


Top 3 interventions for preventing tooth decay

1




Reduce the consumption of foods and drinks that contain sugars

2




Brush teeth twice daily with fluoride toothpaste (1350-1500ppm), last thing at night and at least on one other occasion. After brushing, spit don't rinse

3




Take your child to the dentist when the first tooth erupts, at about 6 months and then on a regular basis

Under 3s should use a smear of toothpaste



3 to 6 year olds should use a pea sized amount



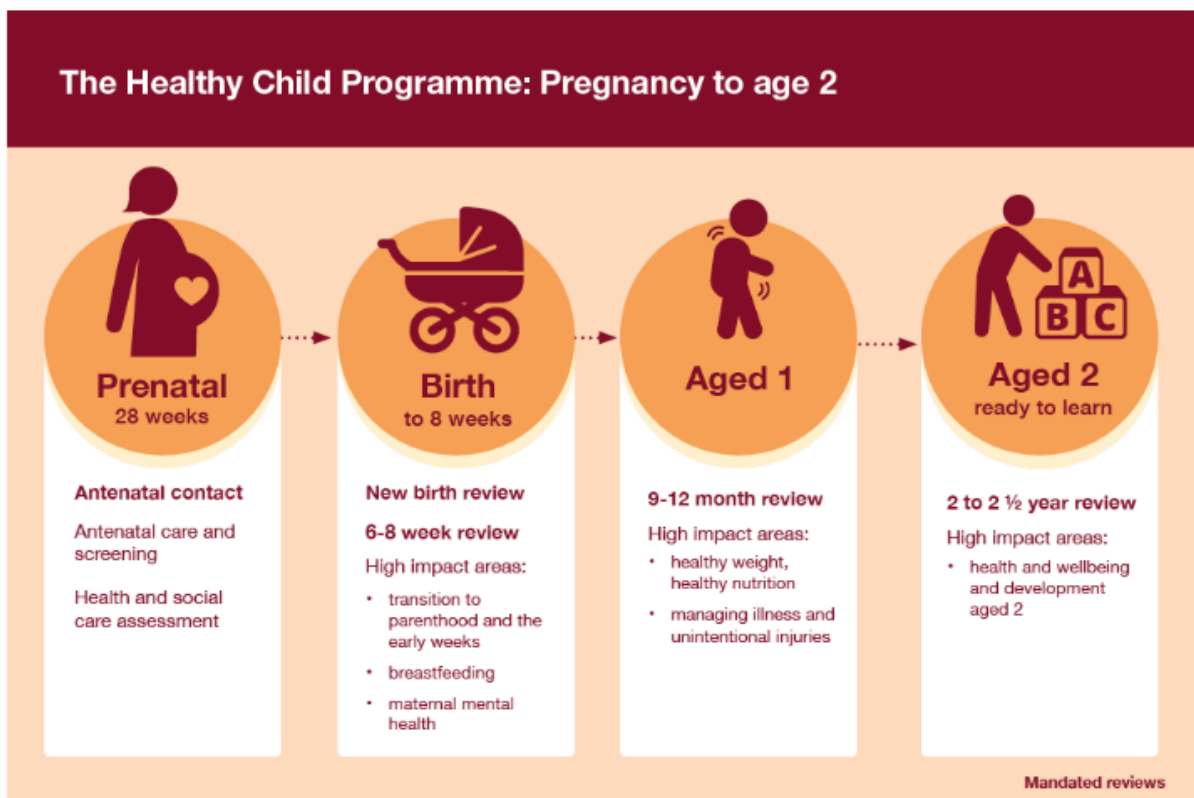
Parents/carers should brush or supervise tooth brushing until their child is at least 7

National survey data from 2016/18 shows that in Peterborough, 68% (about two-thirds) of five year olds were free from dental decay. This is significantly worse than the national average of 77% (about three-quarters).

THE HEALTHY CHILD PROGRAMME

The Healthy Child Programme is the heart of public health services for children and families. It brings together the evidence on delivering good health, wellbeing and resilience for every child. It is delivered as a universal service for all new babies and young children, with additional services for families needing extra support, whether short-term intervention or ongoing help for complex longer-term problems. The programme can ensure families receive early help and support upstream before problems develop further and reduce demand on downstream, higher cost specialist services. This programme is led by health visitors in collaboration with other health professionals and wider children's services such as child and family centres.

The five universal health and development reviews are a key feature of the Healthy Child Programme and are nationally mandated:



READY TO LEARN AND READY FOR SCHOOL

The ASQ-3™ assessment is part of the healthy child programme review carried out at age 2-2½ years. It covers the development of children's physical (motor) skills, communication, problem solving and personal-social skills. The results vary by deprivation, with children from more disadvantaged backgrounds often showing lower scores – which is most noticeable in the development of communication skills. Poor communication skills in turn, are linked with more difficulty starting school and poor educational outcomes. All disadvantaged 2 year olds are entitled to 15 hours early years provision - and research shows high quality early education can reduce inequalities in educational outcomes for children living in disadvantage.



When children are aged 4-5 their ‘school readiness’ is measured in a school setting at the end of Reception year, using the Early Years Foundation Stage Profile (EYFSP). This generates an outcome score based on a rounded assessment of development. School readiness affects future health in that better development at this early age improves a child’s ability to make the most of his or her learning opportunities, achieving higher grades and better employment prospects. These are then associated with economic prosperity and better health outcomes in the longer term. Because poor ‘school readiness’ can lead to lower educational attainment and poorer employment prospects in the longer term, early development and school readiness is likely to be a significant driver of long term health inequalities.

1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception 2016/17

Area	Recent Trend	Count	Value	Proportion - %	
				95% Lower CI	95% Upper CI
England	↑	473,626	70.7	70.6	70.8
East of England region	↑	53,470	71.4	71.0	71.7
Thurrock	↑	1,904	75.8	74.1	77.4
Southend-on-Sea	↑	1,627	74.1	72.2	75.9
Essex	↑	12,650	73.5	72.8	74.1
Hertfordshire	↑	10,749	72.2	71.4	72.9
Central Bedfordshire	↑	2,611	71.7	70.2	73.2
Suffolk	↑	5,901	71.1	70.1	72.1
Cambridgeshire	↑	5,394	70.7	69.6	71.7
Norfolk	↑	6,806	70.1	69.1	71.0
Luton	↑	2,284	68.2	66.6	69.8
Bedford	↑	1,543	66.7	64.8	68.6
Peterborough	↑	1,999	63.2	61.5	64.8

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

ADVERSE CHILDHOOD EXPERIENCES

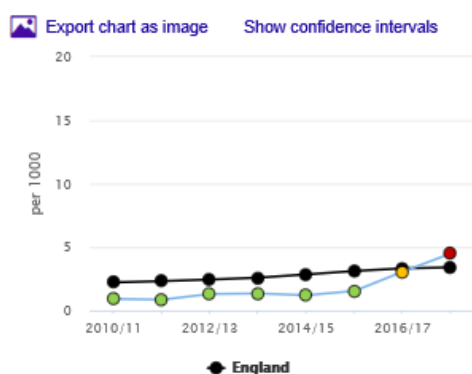
A growing body of research is revealing the long-term impacts that experiences and events during childhood have on individuals' life chances. Adverse Childhood Experiences (ACEs) such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality. Research among UK adults indicates that almost half report at least one ACE and over 8% of the population report four or more. The impact of ACEs and the best way to protect against or mitigate their longer term impact is currently the subject of research both within the UK and internationally and there is currently no standardised information on ACEs, collected across all local authority areas.

FAMILY HOMELESSNESS

The health and wellbeing of people who experience homelessness is poorer than that of the general population. They often experience the most significant health inequalities. Family homelessness is related to poorer school readiness, as well as pupil absence from school - and young children placed with their families in temporary accommodation may be more likely to miss immunisations and developmental checks. In Peterborough the rate of households placed by the local authority in temporary accommodation changed from 1.5 per 1000 in 2015/16 (better than the national average) to 4.5 per 1000 in 2017/18 (worse than the national average).

Statutory homelessness: Households in temporary accommodation Peterborough

Crude rate - per 1000



Recent trend: ↑

Period	Count	Value	Lower CI	Upper CI	East of England	England
2010/11	66	0.9	0.7	1.2	1.1	2.2
2011/12	62	0.9	0.7	1.1	1.3	2.3
2012/13	99	1.3	1.1	1.6	1.4	2.4
2013/14	103	1.3	1.1	1.6	1.5	2.6
2014/15	93	1.2	1.0	1.5	1.6	2.8
2015/16	121	1.5	1.3	1.8	1.9*	3.1
2016/17	242	3.1	2.7	3.5	2.2*	3.3
2017/18	360	4.5	4.0	5.0	2.3	3.4

Source: Ministry of Housing, Communities & Local Government

SUMMARY OF KEY FINDINGS – EARLY YEARS

This Annual Public Health Report chapter has reviewed health in the early years for Peterborough's children. The proportion of mothers who breastfed in 2016/17 was better than the national average, and the proportion of 4-5 year olds who were overweight or obese was similar to average. Higher than average rates of teenage pregnancy, smoking in pregnancy, tooth decay and households in temporary accommodation are all areas of concern. Lower than average rates of 'school readiness' in 2016/17 are also concerning, as this measure is associated with lower educational attainment and potential longer term inequalities in health and other outcomes.

SECTION 3: THE GLOBAL BURDEN OF DISEASE STUDY

National policy makers have used the global burden of disease (GBD) studies for many years to understand the health of the UK population. The GBD is mainly funded by the Bill and Melinda Gates Foundation and involves many academic institutions. The annual GBD report summarises the rates of early death and disability from different diseases in the UK (and internationally), and also quantifies the impact of different causes (risk factors) – such as smoking, poor diet, and air quality on the ‘burden of disease’ in the UK.

This year for the first time, Public Health England has co-funded a GBD study at upper tier local authority level, which means we can review our ‘burden of disease’ in Cambridgeshire for the year 2016, in a similar way to national policy makers.

KEY CONCEPTS

Some key concepts are needed to understand the global burden of disease study:

Years of life lost (YLL) is an estimate of the average extra **years** a person would have lived if he or she had not died prematurely. In the GBD study, the ‘standard’ to which life expectancy is compared is the best life expectancy observed internationally in a population of over 5 million people.

Years lived with a disability (YLD) are the number of **years** with a lower quality of **life** due to the disease. These YLDs are weighted to reflect the extent of the reduction in quality of **life** across different diseases

Population attributable fraction (PAF) for a risk factor (e.g. tobacco) is the proportional reduction in a population’s diseases or deaths that would occur, if exposure to the risk factor were reduced to an alternative ‘ideal’ scenario (e.g. no tobacco use).

Making the case for prevention

Investing in prevention can protect individuals and their health, but also wider parts of the economy:

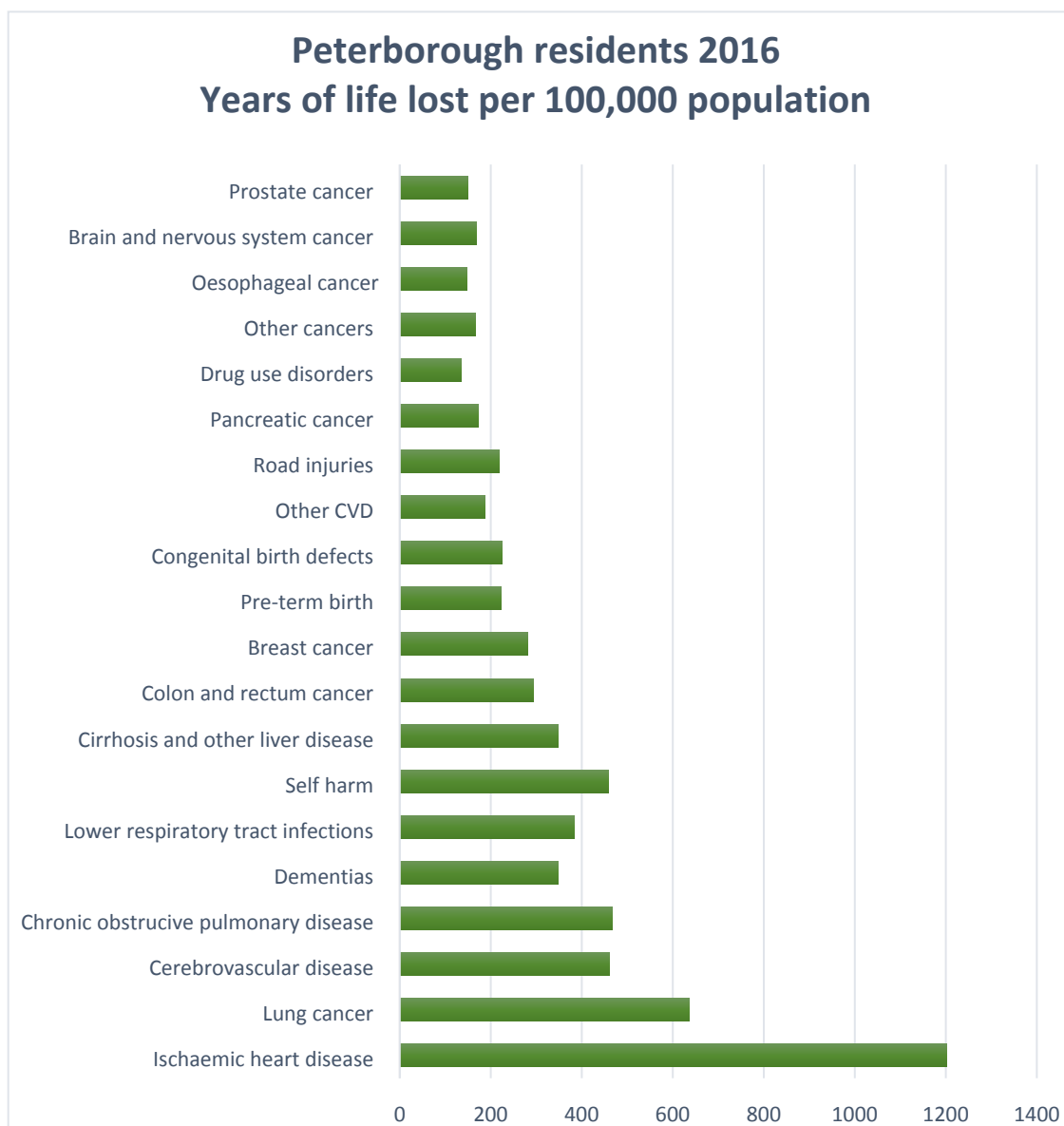
NHS costs	Social care costs	Productivity losses	Wider economic costs
e.g. hospital care and medical treatment	e.g. residential care	e.g. sickness absence	e.g. alcohol-related crime

YEARS OF LIFE LOST

The chart below shows that in Peterborough:

- Heart disease is the commonest cause of years of life lost (YLL) due to premature death, with 1200 years per 100,000 population in 2016.
- Lung cancer is the next commonest cause with over 600 years per 100,000 population.
- Stroke, chronic lung disease and self-harm are the next three commonest causes

The total years of life lost to premature death in Peterborough in 2016 was 9,764 per 100,000 population compared to the national average of 8,941 per 100,000 population. Nationally the rates of YLL are closely related to the level of socio-economic deprivation. Overall the **pattern** of YLL for Peterborough is similar to the national picture, which also has heart disease as the most common cause of YLL, followed by lung cancer.



RISK FACTORS FOR YEARS OF LIFE LOST

The table below shows the Population Attributable Fraction (PAF) for risk factors for years of life lost due to premature death in Peterborough in 2016. It shows that

- **Smoking** is the most common cause of years of life lost prematurely in Peterborough, at 17.5%.
- The next most common cause is **dietary risks** at 13.5% of years of life lost prematurely, followed by **high blood pressure** at 11.5% and **drug and alcohol use** at 10.5%.
- **Obesity** (high body mass index) follows close behind at around 9% of years of life lost.
- **Occupational** (job related) risks account for around 5% of years of life lost and **air pollution** for almost 4%

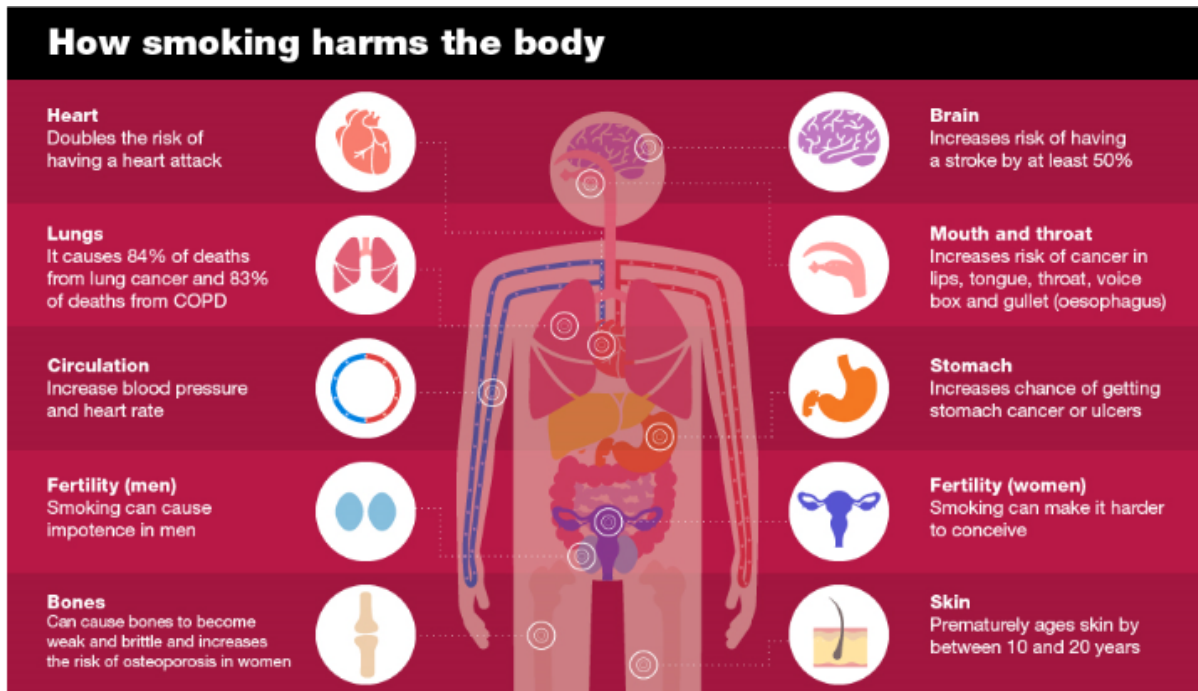
Risk factor	PAF
Tobacco	17.5%
Dietary risks*	13.5%
High systolic blood pressure	11.5%
Alcohol and drug use	10.5%
High body mass index	9.2%
High total cholesterol	7.1%
Occupational risks	4.8%
High fasting plasma glucose	5.1%
Air pollution	3.9%
Child and maternal malnutrition	2.5%
Low physical activity	1.9%
Impaired kidney function	1.8%
Unsafe sex	0.5%
Low bone mineral density	0.4%
Other environmental risks	0.3%
Sexual abuse and violence	0.1%
Unsafe water sanitation and handwashing	0.1%

* Dietary risks cover a wide range of different aspects of food and nutrition – such as diets low in fruits, vegetables, legumes, whole grains, nuts and seeds, fibre and some specific nutrients, and diets high in processed red meat, red meat, sugar sweetened drinks and salt.

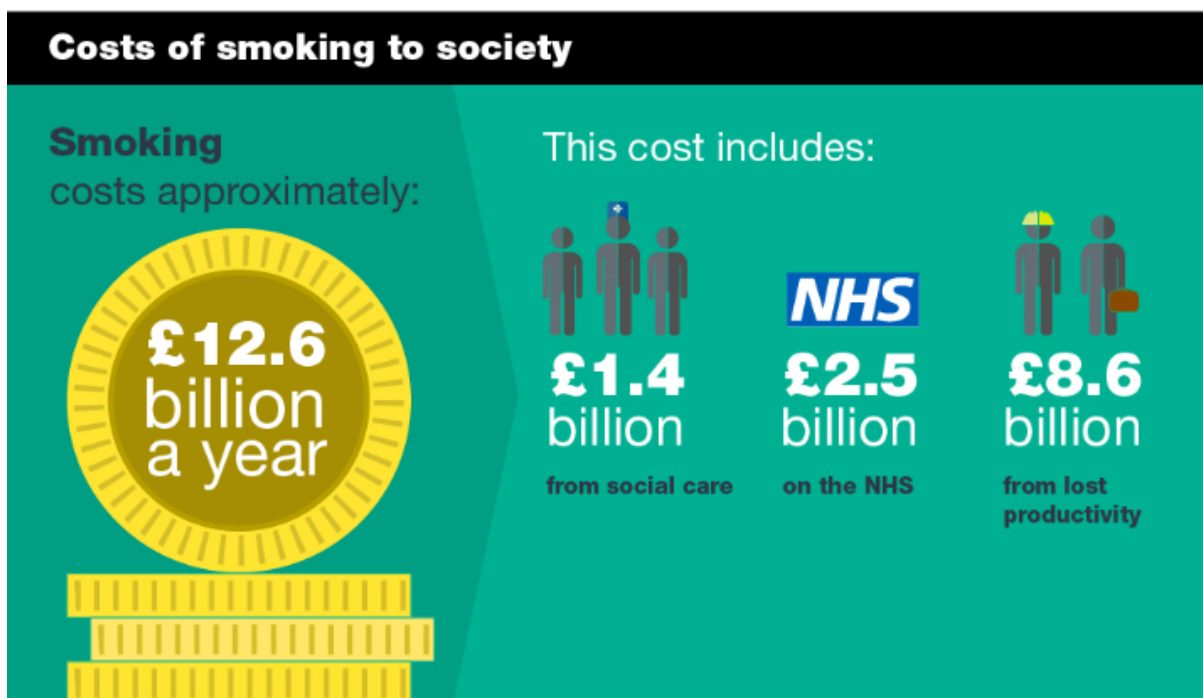
The authors of the national Global Burden of Disease Study are clear on the importance of preventable risk factors for population health. To quote from the recently published GBD findings for the UK: ‘Two-thirds of the improvements to date in premature mortality can be attributed to population-wide decreases in smoking, cholesterol, and blood pressure, and about a third are due to improved therapies. Health services need to recognise that prevention is a core activity rather than an optional extra to be undertaken if resources allow.’

SMOKING AS A RISK FACTOR FOR HUMAN HEALTH

There are many reasons why smoking tobacco is the highest ranking risk factor for premature death.



Smoking also results in significant costs to wider society in the UK

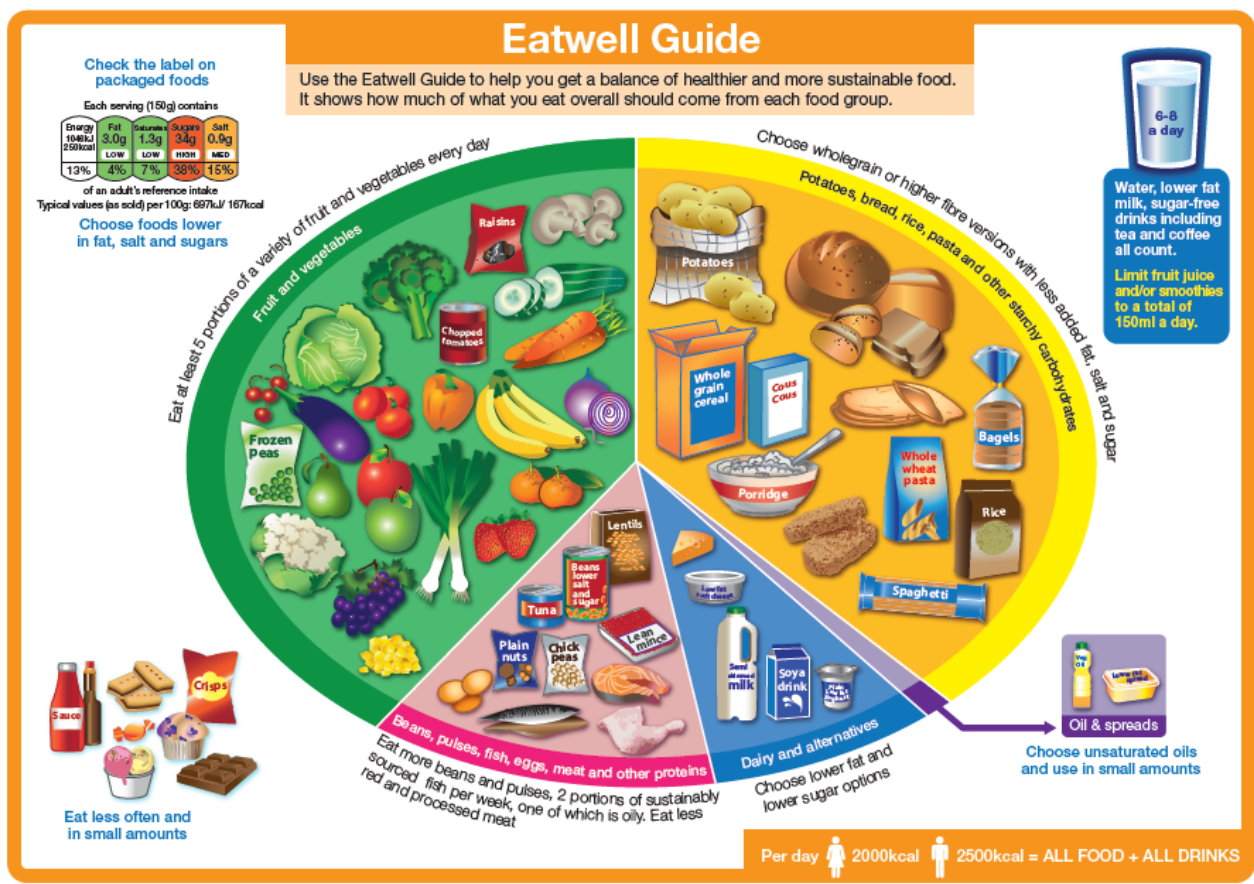


In Peterborough, the proportion of adults who smoke is 17.6%, which is over one in six. While this is similar to the national average, it is third highest among East of England local authority areas. Smoking rates have not changed significantly over the past four years.

DIETARY RISK FACTORS FOR HUMAN HEALTH

Dietary risks in the Global Burden of Disease Study cover a wide range of different aspects of food and nutrition – such as diets low in fruits, vegetables, legumes (e.g. beans and peas), whole grains, nuts and seeds, fibre and some specific nutrients, and diets high in processed red meat, red meat, sugar sweetened drinks and salt.

The NHS Eatwell Guide gives some basic advice on how to achieve a healthy diet. It shows how much of what we eat overall should come from each food group to achieve a healthy, balanced diet. We don't need to achieve this balance with every meal, but should try to get the balance right over a day or even a week.



Source: Public Health England in association with the Welsh government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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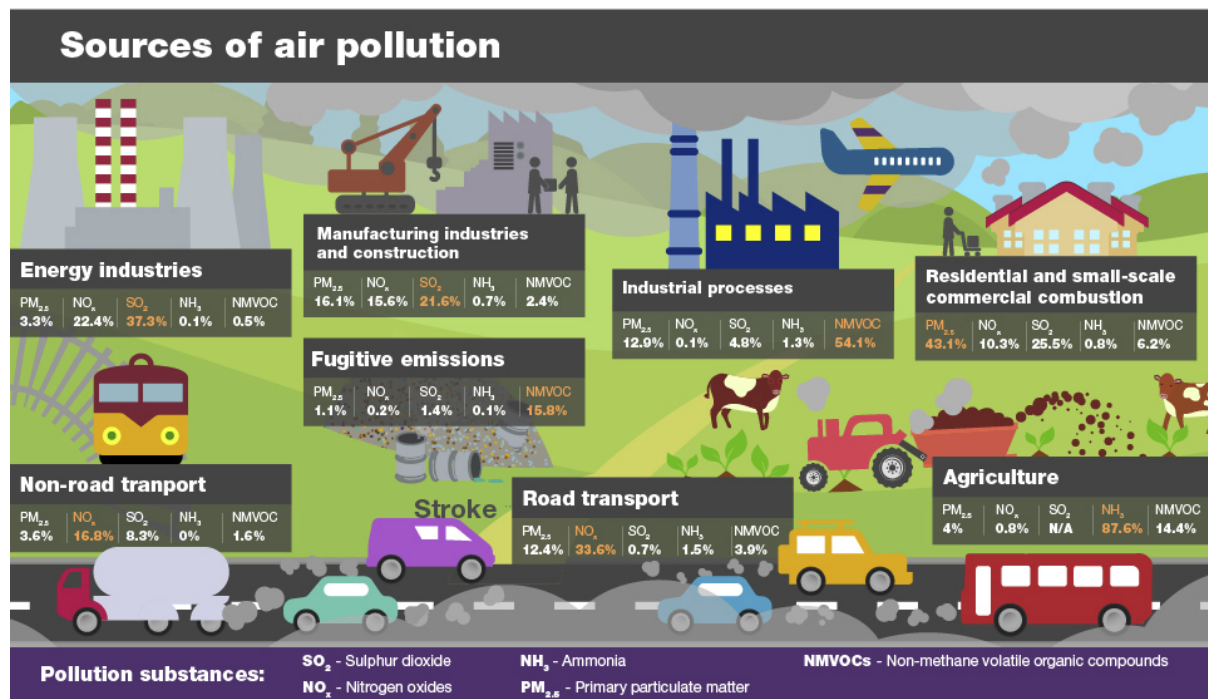
Even the NHS Eatwell Guide can be regarded as controversial in terms of environmental sustainability – as producing meat and dairy products generates more carbon than vegetable based foods, and there are significant problems with over-fishing in our oceans. But it provides a practical guide to a healthy diet, in line with our current knowledge of nutrition and health.

More information is available on:

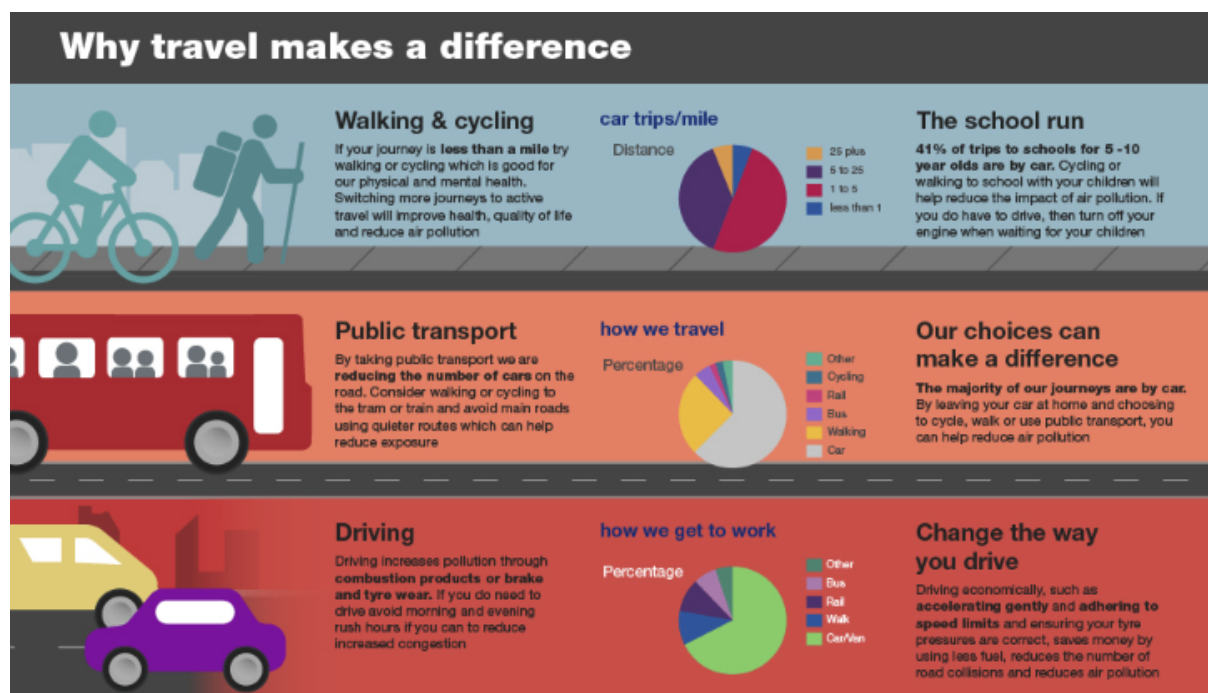
<https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

AIR POLLUTION AS A RISK FACTOR FOR HUMAN HEALTH

According to the Global Burden of Disease Study, poor air quality accounts for about 4% of years of life lost to premature death in Peterborough. This is a lower risk than lifestyle related factors such as smoking and poor diet, but is the highest 'environmental' factor affecting our health. Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy.



Active travel such as walking, cycling and using public transport can both reduce air pollution and improve people's physical and mental health.

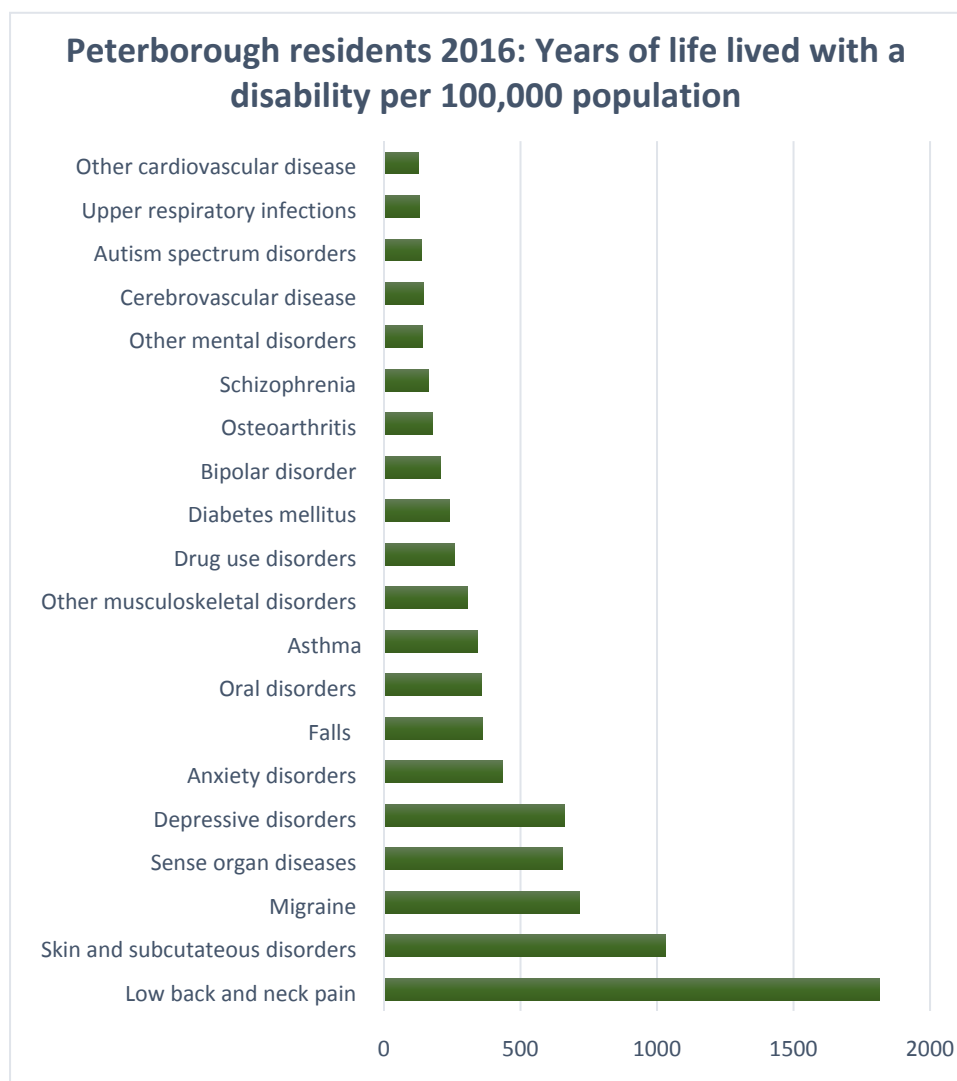


YEARS OF LIFE LIVED WITH DISABILITY

The chart below shows that in Cambridgeshire, as nationally – the diseases causing years of life lived with a disability are often different to the diseases causing premature death, although there is some overlap.

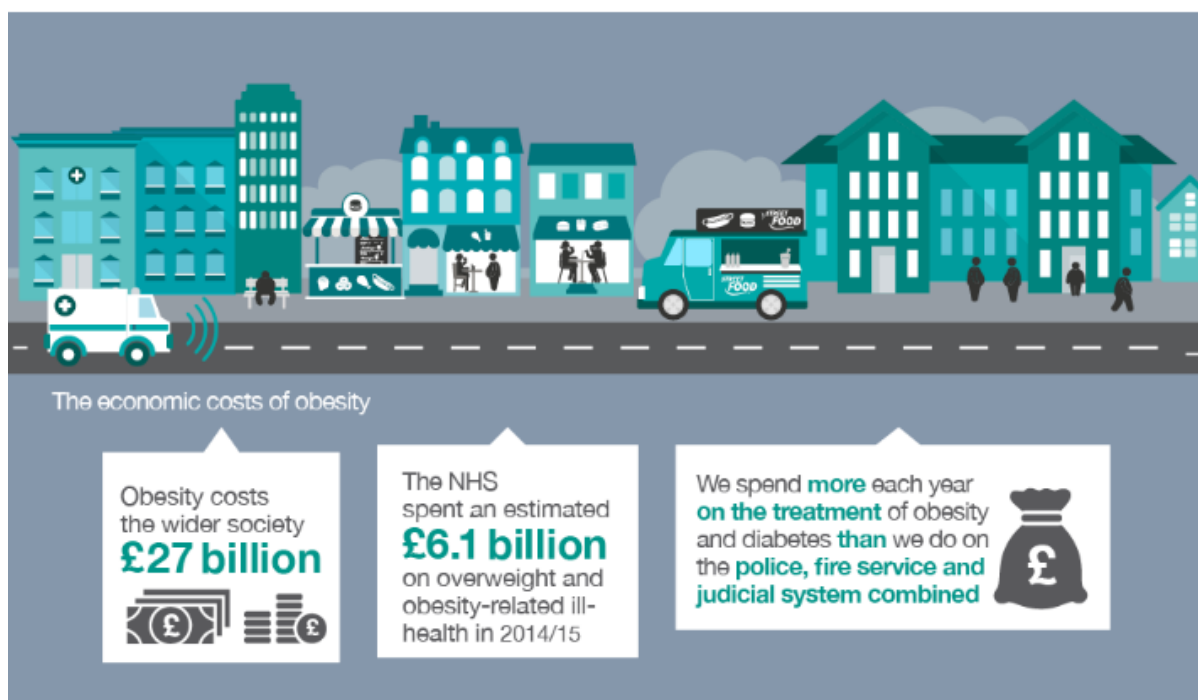
- Low back and neck pain is the most significant cause of years of life lived with a disability (YLD) at over 1800 days per 100,000 population
- Skin and subcutaneous diseases are the next most significant cause at just over 1000 YLD per 100,000 population
- The next two most significant causes are migraine and depressive disorder
- Sense organ disorders (e.g. deafness, blindness) and anxiety are also important causes of years lived with a disability, ranking fifth and sixth
- Falls are the seventh most significant cause of years lived with disability.

Total years of life lived with a disability in Cambridgeshire (2016) were estimated as 10,959 per 100,000 population compared with a national average of 11,054 per 100,000 population. For many diseases local data are not available, so national data have to be used – making the estimates less reliable than those for years of life lost.



The importance of musculo-skeletal problems such as low back and neck pain, and of mental health problems such as depression and anxiety are reflected by local and national statistics on out of work benefits. These show that the most common health problems which cause people to be unable to work are in the 'musculoskeletal' and 'mental health' categories.

Many of the health problems leading to years lived with disability have preventable risk factors, although research on this is less well developed than for premature deaths. To quote again from the Global Burden of Disease study: 'In many cases, the causes of ill health and the behaviours that cause it lie outside the control of health services. For example, obesity, sedentary behaviour, and excess alcohol use all feature strongly in GBD as risk factors for diseases such as musculoskeletal disease, liver disease, and poor mental health. The GBD results, therefore, also argue for policies and programmes that deter the food industry from a business model based on cheap calories, that promote and sustain healthy built and natural environments, and that encourage a healthy drinking culture.'



SECTION 4: PROGRESS AGAINST ISSUES OF CONCERN:

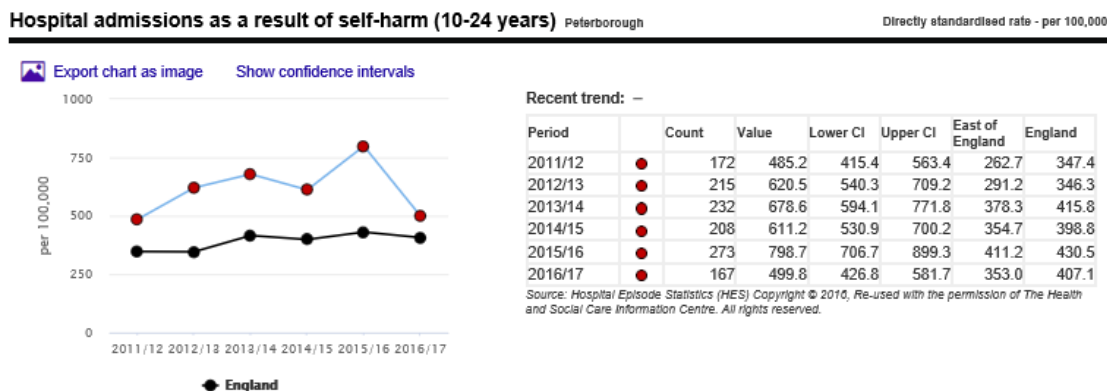
This section provides updates on the issues of concern identified in the Annual Public Health Report (2017) – providing the latest data available and indicating whether any improvement has been seen.

1. **A higher proportion of neighbourhoods in the lowest 10 per cent nationally for the IMD (2015) Education Skills and Training domain. Whilst this is likely to reflect a complex range of factors, there is no doubt that poorer educational outcomes are closely associated with poorer health outcomes later in life.**

The Index of Multiple Deprivation (IMD) is not calculated every year, so it isn't possible to measure directly whether this finding has changed or improved. Despite generally good OFSTED scores in early year's establishments and schools, Peterborough ranked 148th out of 151 local authorities nationally for the proportion of children aged 5 who were ready for school in 2016/17, and also ranked well below average for provisional attainment scores for GCSE in 2018. More positively, the number of young people aged 16-18 not in education, employment or training in Peterborough in 2016 was 6.6%, which is similar to the national average.

2. **Rising rates of recorded hospital admission for self-harm among young people, which is both a national and a local trend and needs further investigation.**

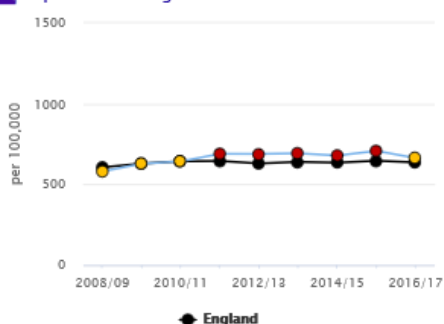
Rates of hospital admission of young people for self-harm showed improvement in Peterborough in the most recent data from 2016/17, although still worse than the national average.



3. **A higher proportion of adults in Peterborough with an unhealthy weight than both the national average and similar local authorities, and a higher than average rate of people admitted to hospital with alcohol related health problems.**

New figures from Public Health England have changed the way that the proportion of adults with an unhealthy weight has been calculated – and using the new method, Peterborough is now similar to the national average for this measure. The rate of adults admitted to hospital with alcohol related health problems in Peterborough has also improved in the most recent figures from 2016/17, and is now similar to the national average, having been worse than average for the previous four years.

[Export chart as image](#) [Show confidence intervals](#)



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	East of England	England
2008/09	934	580	543	620	490	606
2009/10	1,042	628	590	669	531	629
2010/11	1,069	643	604	683	542	643
2011/12	1,167	690	650	731	559	645
2012/13	1,171	689	649	730	552	630
2013/14	1,194	693	653	734	582	640
2014/15	1,169	679	640	720	580	635
2015/16	1,245	708	668	749	588	647
2016/17	1,180	663	625	703	579	636

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

4. Differences between neighbourhoods within Peterborough in the social and economic determinants which affect health. These differences are associated with higher hospital admission rates and a higher risk of preventable deaths before age 75, and more work is needed to most effectively target preventive interventions.

As part of the monitoring of Peterborough's Health and Wellbeing Strategy, the rate of emergency hospital admissions from the 20% of electoral wards in Peterborough with the highest deprivation levels is measured year on year. The emergency admission rate fell significantly between 2015/16 and 2016/17.

Directly age-standardised rate of emergency hospital admissions, most deprived 20% of electoral wards in Peterborough, 2014-15 – 2016-17

Time Period	Number of episodes	Directly Age-Standardised Rate per 1,000	Lower Confidence Interval	Upper Confidence Interval
2014-15	5,800	117.3	114.1	120.5
2015-16	6,256	126.3	123.0	129.7
2016-17	5,670	113.9	110.8	117.0

Source: Hospital Episode Statistics

KEY FINDINGS OF THE ANNUAL PUBLIC HEALTH REPORT (2018)

Findings highlighted in this Annual Public Health Report, which it would be appropriate to review going forward include:

Issues identified in the Section of the Report on 'Health in the Early Years', which are known to perpetuate inequalities in health and other outcomes across generations. These include:

- High rates of teenage pregnancy in Peterborough
- Higher than average rates of smoking in pregnancy
- Low rates of school readiness at age five

The findings of the Global Burden of Disease Study that for Peterborough residents:

- More than one in six years of life lost to premature death is the result of smoking (17.5%)
- More than one in seven years of life lost is the result of dietary factors ((13.5%)
- High blood pressure (11.5%) and drug/alcohol use (10%) each account for over one in ten years of life lost.

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
21 JANUARY 2019	PUBLIC REPORT

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

MONITORING SCRUTINY RECOMMENDATIONS

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, 12 March 2018 and 5 November 2018

8. **APPENDICES**

- 8.1 Appendix 1 – Monitoring Recommendations

RECOMMENDATION MONITORING REPORT 2018/2019

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.	Report to be presented in January 2019. Completed
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. The Director of Corporate Affairs, C&P CCG advised at the meeting on 5 November 2018 that discussions were still ongoing and an update would be provided as soon as was possible.	On-going

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
5 November 2018	Cabinet Member for Public Health / Director for Public Health	PETERBOROUGH AND CAMBRIDGESHIRE SEXUAL AND REPRODUCTIVE HEALTH SERVICES COMMISSIONING FEASIBILITY STUDY	The Health Scrutiny Committee RESOLVED to recommend that the Director of Public Health ensure that when implementing the changes to the Peterborough and Cambridgeshire Sexual and Reproductive Health Services that the service continues to be easily accessible to the population of Peterborough.	The Sexual and Reproductive Health Study continues to assemble information and identify commissioning opportunities, and we are ensuring that the needs of Peterborough residents are fully identified and recognised. We will continue to report back to the Health Scrutiny Committee against this action, when key points in the study and re- commissioning process are reached.	Ongoing
5 November 2018	Chief Executive of North West Anglia NHS Foundation Trust	PREPARATIONS FOR WINTER 2018/19 IN OUR HOSPITAL	The Health Scrutiny Committee RESOLVED to recommend that all abbreviations / acronyms within the report should be fully explained either within a glossary or bracketed within the text to allow full understanding and transparency for the Committee and members of the public.	The North West Anglia NHS Foundation Trust has noted this recommendation for future reports to the Committee. A glossary of NHS Acronyms has been provided to the Committee for future reference.	Complete

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
5 November 2018	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group	PRIMARY CARE UPDATE PETERBOROUGH	The Health Scrutiny Committee RESOLVED to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee.	Awaiting response	Ongoing

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 10
21 JANUARY 2019	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 4 February 2019

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

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, Legal and 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, Legal and 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 4 FEBRUARY 2019

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	WARD	CONSULTATION	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
None.							

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	
1.	Affordable Warmth Strategy 2019 – 2021 - KEY/17APR17/03 Recommendation to approve the Affordable Warmth Strategy 2019 – 2021	Councillor Walsh, Cabinet Member for Communities	2019	Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders. The draft strategy will be placed on PCC Consultation pages for 3 week consultation period	Sharon Malia, Housing Programmes Manager, Tel: 01733 863764 sharon.malia@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. BRE Integrated Dwelling Level Housing Stock Modelling Report July 2016 Housing Renewals Policy 2017 – 2019

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	
2.	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	January 2019	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. 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).
3.	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	January 2019	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. 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).

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
4.	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	January 2019 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. 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</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>
5.	Acquisition of Regeneration Site – KEY/24JULY17/06 To approve the acquisition of a local regeneration site.	Councillor David Seaton Cabinet Member for Resources	January 2019 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. 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).

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>6. 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>January 2019</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>

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	
7.	<p>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>January 2019</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, Property Manager.</p> <p>Tel: 07715 802 489. Email: stuart.macdonald@pet-erborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>School Organisation Plan 2015 -2022</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>8. 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>January 2019</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>

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>9.</p> <p>ICT Infrastructure works for Fletton Quays – KEY/13NOV17/02 To agree to the procurement of ICT infrastructure works for Fletton Quays</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>January 2019</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>N/A</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. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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
10.	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	January 2019 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
11.	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	January 2019 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. 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).

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
12.	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	Councillor David Seaton Cabinet Member for Resources	January 2019 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. 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).
13.	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.	Cabinet Member for Resources, Councillor Seaton	January 2019 Growth, Environment and Resources Scrutiny Committee	East	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).

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	
14.	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	January 2019	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/itp National Productivity Investment Fund for the Local Road Network Application Form: https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/reidents/transport-and-streets/A605Application.pdf?inline=true

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>135</p> <p>15. 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>January 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North & Park wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Community engagement with local residents, businesses & partner organisations</p>	<p>Cate Harding, Community Capacity Manager.</p> <p>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.</p> <p>Budget allocation in MTFP 2017/18</p>
<p>16. 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>January 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North & Park wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Community engagement with residents, groups, businesses and partner organisations</p>	<p>Cate Harding, Community Capacity Manager.</p> <p>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.</p> <p>Budget allocation of £4m in MTFP 2017/8</p>

<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>17. 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</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>January 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North & Park wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Community engagement with local residents, groups, businesses and partner agencies</p>	<p>Cate Harding, Community Capacity Manager. Tel: 01733 317497. Email: cate.harding@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>Budget allocation £3m in MTFP 2017/18</p>
<p>18. 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</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>January 2019</p>	<p>Health Scrutiny Committee</p>	<p>All wards</p>	<p>Consultation with key stakeholders to agree this interim approach</p>	<p>Cris Green Tel: 01733 207164 Email: cris.green@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>19. 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>January 2019</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>20. 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>January 2019</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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21.	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	January 2019	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. 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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<p>22. 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>January 2019</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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23. 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	January 2019	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.
24. 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	January 2019	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. 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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<p>25. Approval of funding for the provision of accommodation to reduce homelessness – KEY/17SEP18/0 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>January 2019</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 carole.coe@peterborough.gov.uk</p>	<p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p> <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>26. Award of contract for the provision of a Regional Adoption Agency by a Voluntary Adoption Agency– KEY/01OCT18/01 To agree an award of contract relating to the regional adoption services.</p>	Cabinet	4 February 2019	Children and Education Scrutiny Committee	All Wards	Relevant Internal and External Stakeholders	Helene Carr, Head of Children's Social Care Commissioning - Peterborough & Cambridgeshire, 07904 909039, helene.carr@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
<p>27. 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>	Councillor Smith, Cabinet Member for Children's Services	January 2019	Children and Education Scrutiny Committee	All Wards	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.	Carrie Gamble, Commissioner, 01733 863931, 07507 889388, carrie.gamble@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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<p>28. 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 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>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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29.	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	January 2019	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. 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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<p>30. 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>January 2019</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>

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<p>31. Section 75 for health visiting and school nursing - KEY/26NOV18/03 Delegate authority to Cambridgeshire County Council to act as lead local authority in commissioning the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire by way of a section 75 agreement with Cambridgeshire Community Services NHS Trust and Cambridgeshire and Peterborough NHS Foundation Trust (and the associated transfer of HCP funding).</p>	<p>Councillor Lamb, Cabinet Member for Public Health</p>	<p>January 2019</p>	<p>Health Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Dr Liz Robin, Director of Public Health, Email: liz.robins@pet-erborough.gov.uk, Tel: 01733 207175</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>148</p> <p>32.</p>	<p>Adoption of the “Dynamic Purchasing System” (DPS) procedure for Public Health contracts with Primary Care providers – KEY/10DEC18/01 To seek the approval to adopt the “Dynamic Purchasing System” (DPS) procedure for contracts with Primary Care providers for the duration of up to five years. The proposals have been approved by the Cambridgeshire and Peterborough Joint Commissioning Board.</p>	<p>Councillor Lamb, Cabinet Member for Public Health</p>	<p>January 2019</p>	<p>Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Claire-Adele Mead Commissioning Team Manager- Primary care and Lifestyles Claire-Adele.Mead@cambridgeshire.gov.uk 07884 250909</p> <p>Val Thomas, Consultant in Public Health Val.Thomas@cambridgeshire.gov.uk 01223 703264/ 07884 183374</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>33. Recommendation to approve the Local Transport Plan programme of capital works for 2019/20 - 2021/22 – KEY/24DEC18/01 The Council expects to be allocated a total transport settlement of £4,193k per year between 2019/20 – 2021/22 comprising of £1,407k Integrated Transport Block Grant and £2,786k Capital Maintenance Block Grant, although this funding has been devolved to the Combined Authority by Government.</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>January 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Appropriate consultation will be undertaken on individual schemes in the programme as required. A briefing note will be prepared for the Growth, Environment and Resources Scrutiny Committee</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer, 01733 317465, 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>34. To approve additional Local Highways Maintenance funding – KEY/24DEC18/02 The Department for Transport is expected to give Peterborough City Council an additional £1,535,000 for local highway maintenance which will be spent this financial year.</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>January 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Appropriate consultation will be undertaken on individual schemes as required.</p>	<p>Martin Brooker, Senior Engineer, 01733 452691, martin.brooker@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>35. Interim integrated Contraception and Sexual Health service awarded to Cambridgeshire Community Services – KEY/24DEC18/04 The Cabinet Member is recommended to award an interim contract for the delivery of an Integrated Contraception and Sexual Health services (iCaSH) within Peterborough to Cambridgeshire Community Services (CCS) for a value of £1,167,524.25. This is in order to allow sufficient time for the transformational recommissioning of sexual and reproductive health services collaboratively between Cambridgeshire and Peterborough local authorities, Cambridgeshire and Peterborough CCG and NHS England.</p>	<p>Councillor Lamb, Cabinet Member for Public Health</p>	<p>January 2019</p>	<p>Health Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Charlene Elliott, Sexual Health Commissioner for Cambridgeshire and Peterborough, 01733 863603, charlene.elliott@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>36. Enhanced highway patch repair funding – KEY/24DEC18/05 An additional £500k p.a. of capital funding is to be spent on enhanced patch repairs on the highway network from 1 April 2019 for 5 years. This is in lieu of a revenue reduction of £520k p.a.</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>January 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders</p> <p>Consultation was undertaken as part of the budget setting process. Relevant consultation will occur on a scheme by scheme basis.</p>	<p>Kevin Ekins, Asset and Contract Performance Manager, 01733 453448, kevin.ekins@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>37. Authority to spot-purchase externally commissioned placement services for looked after children until the mobilization of the new Dynamic Purchasing System – KEY/24DEC18/06 Authority to spot-purchase externally commissioned placement services for looked after children, pending the launch of the Dynamic Purchasing System [DPS] for external placements in April 2019.</p>	<p>Councillor Smith, Cabinet Member for Children's Services</p>	<p>January 2019</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>

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<p>38. To seek the approval to implement the Peterborough City Council Permit Scheme – KEY/24DEC18/07 The Permit Scheme (as a scheme defined within the Traffic Management Act) is designed to control and facilitate better consistency and co-ordination of the undertaking of relevant activities on the public highway. It would replace the current system of noticing, but retains similar concepts regarding categories of roads and works.</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>January 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant Internal and External Stakeholders</p> <p>Full external consultation with affected external parties has been undertaken</p>	<p>Peter Tebb, Network and Traffic Manager, 453519 peter.tebb@peterborough.gov.uk</p>	<p>The Peterborough Permit Scheme for Road Works and Street Works, the Permit Scheme Order and Form of Undertaking</p>

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<p>153</p> <p>39.</p>	<p>Bus Operator Concessionary Fare Reimbursement - KEY/07JAN19/01 Approval is sought for spend on reimbursement to bus operators for ENCTS (English National Concessionary Travel Scheme) for the financial years 2018/19, 2019/20 & 2020/21</p>	<p>Councillor Hiller, Cabinet Member For Growth, Planning, Housing And Economic Development</p>	<p>31 March 2019</p>	<p>Growth, Environment And Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Negotiations with bus operators will be undertaken in order to get an agreed rate at which they will be reimbursed.</p>	<p>Andy Bryan, Passenger Transport Officer, Tel: 01733 317458, andrew.bryan@peterborough.gov.uk Charlotte Palmer, Group Manager - Transport & Environment, Tel: 01733 453538, charlotte.palmer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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<p>40. Approval of funding for the provision of accommodation to reduce homelessness - KEY/07JAN19/02 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>January 2019</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>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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<p>41. School Admission Arrangements for Community and Voluntary Controlled Schools Academic Year 2020/21 – KEY/21JAN18/01 Approve and determine the proposed changes to admission arrangements for Community and Voluntary Controlled Schools for whom Peterborough City Council is the admission authority, for the 2020/21 academic year.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and University</p>	<p>Before 28th February 2019</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Consultation took place in accordance with statutory requirements of the School Admissions Code between 19th November 2018 and 13th January 2019.</p>	<p>Sam Surtees - Strategic Admissions and Attendance Manager (Cambridgeshire and Peterborough) - sam.surtees@peterborough.gov.uk, 01733 864418 or 07768068342</p>	<p>The School Admissions Code 2014</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/389388/School Admissions Code 2014 - 19 Dec.pdf</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>42. Award of Management Consultancy Framework agreement to support PCC Savings Programme – KEY/21JAN18/02 Appointment of a successful partner to deliver the savings programme for Peterborough City Council and to work in partnership with Cambridge County Council where appropriate</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>January 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Katherine Hlalat Head of Projects, Programmes and Assurance katherine.hlalat@peterborough.gov.uk</p>	<p>Evaluation outcome report</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>43. Work Required to Transition Amey Services to Peterborough Limited – KEY/21JAN18/03 Significant work is required to Transition services from Amey Ltd to Peterborough Limited, including Property Matters, the most effective routes of financing and final dates of transfer for each service.</p>	<p>Councillor Cereste, Cabinet Member for Waste and Street Scene</p>	<p>January 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Pete Carpenter, Acting Corporate Director Resources, Tel: 01733 384564 Email: Peter.carpenter@peterborough.gov.uk</p>	<p>LACTo Reports to Cabinet - July 2018 and December 2018</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
None.							

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY DECISIONS

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 agree the process of awarding community grants through the Integrated Communities Programme – Following the successful bid to Government, funding has been awarded to the council via the Integrated Communities Strategy. One of the funded projects will see a communities grant programme launched that will provide opportunities for communities to apply for up to £20k to deliver projects in their neighbourhood. The Cabinet Member is requested to approve the process in which the grants programme will be run.</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>18th January 2019</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Ian Phillips Head of Communities and Safety Integration – 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>

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
Disposal of former Barnack Primary School caretaker house - Delegate authority to the Corporate Director of Growth and Regeneration to dispose of the property.	Councillor Seaton, Cabinet Member for Resources	February 2019	Growth, Environment & Resources Scrutiny Committee	NVA	Relevant internal and external stakeholders.	Stuart Macdonald, Property Manager. Tel: 07715 802 489. Email: stuart.macdonald@peterborough.gov.uk Bill Tilah (Bill.Tilah@nps.co.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).

PREVIOUSLY ADVERTISED DECISIONS

	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
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	January 2019	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	January 2019	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.

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161	<p>3. 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>January 2019</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>
	<p>4. 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>January 2019</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>

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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	January 2019	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	4 February 2019	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.

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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	January 2019	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.
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 Cambridgeshire and Peterborough Combined Authority	January 2019	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

<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>
9. 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	Councillor Seaton, Cabinet Member for Resources	January 2019	Growth, Environment and Resources Scrutiny	All Wards	Public Consultation	Peter Carpenter, Acting Corporate Director of Resources, 01733 452520, peter.carpenter@peterborough.gov.uk chris.yates@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>10. To approve the Think Communities approach for Peterborough and the Think Communities Strategy – Across Cambridgeshire and Peterborough, the public sector are seeking to bring together a combined approach to developing community resilience. The aim of the Think Communities approach is to unite key public sector organisations behind a common set of goals and priorities which support the development of communities, deliver better outcomes and through better early intervention at community level, reduce demand on statutory services.</p> <p>Cabinet will be asked to approve this approach as a key partner in Think Communities and to approve the Integrated Communities Strategy.</p>	<p>Councillor Walsh, Cabinet Member for Communities</p>	<p>4 February 2019</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Sarah Ferguson, Assistant Director Housing Communities and Youth, sarah.ferguson@peterborough.gov.uk 0791 723 5538</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>11. Implementation of School Transport Policy for children aged 4 to 16 years – Cabinet member to approve the implementation of an updated School Transport Policy for children aged 4 to 16 years, in line with guidance. Policy outlines the Council's duties and how it will exercise its responsibilities in accordance with relevant legislation and guidance. No change to current procedures or eligibility.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and University</p>	<p>January 2019</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders. 28 consultation period to commence on 12th November. All relevant PCC teams, schools, parents, Family Voice, Appeal Panel Members, transport providers Consultation to placed on the Council website.</p>	<p>Emma Everitt, Capital Projects and Assets Officer, 01733 863660 emma.everitt@Peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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12.	Implementation of the Post-16 Transport Partnership Policy – Approval to implement a new Post-16 Transport Partnership Policy, developed in partnership with parental support groups for young people with SEN.	Councillor Lynne Ayres, Cabinet Member for Education, Skills and University	February 2019	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Policy to be developed with stakeholders. Consultation to follow with all relevant Council teams, schools, colleges, parents. Consultation to be published on the Council website	Emma Everitt, Capital Projects and Assets Officer, 01733 863660 emma.everitt@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
13.	Adoption of the Regulation 123 List and the Community Infrastructure Levy (CIL) governance policies- To approve the adoption of the revised Regulation 123 List and the consolidated Community Infrastructure Levy (CIL) governance policies	Cabinet	4 February 2019	Growth, Environment & Resources Scrutiny Committee	All Wards	Relevant Internal and External Stakeholders Policy to be developed with stakeholders. Consultation to follow with all relevant Council teams, schools, colleges, parents. Consultation to be published on the Council website	Philip Hylton, Senior Strategic Planning Officer, Tel: 01733 863879, Email:philip.hylton@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>14. Approval of the Further Draft version of the Joint Peterborough and Cambridgeshire Minerals and Waste Local Plan for Public Consultation – Approval of the Further Draft version of the Joint Peterborough and Cambridgeshire Minerals and Waste Local Plan for Public Consultation</p>	<p>Cabinet</p>	<p>4 February 2019</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant Internal and External Stakeholders</p> <p>The draft Plan will undergo public consultation once it has gained approval from Cabinet.</p>	<p>Richard Kay Head of Sustainable Growth Strategy Email: richard.kay@peterborough.gov.uk Tel: -01733 863795</p>	<p>Further Draft version of the Joint Peterborough and Cambridgeshire Minerals and Waste Local Plan</p>

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<p>15. Decision Request for Variation of the Woodston Public Spaces Protection Order</p> <p>Following the outcome of public consultation, this decision request is to seek approval from the Cabinet Member to implement the proposed changes to the order area and conditions for the Woodston Public Spaces Protection Order</p>	<p>Councillor Walsh, Cabinet Member for Communities</p>	<p>January 2019</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>Fletton and Woodston Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>Ward councillors, Police & Crime Commissioner, Chief Constable and general public</p>	<p>Laura Kelsey, Senior Prevention & Enforcement Officer Tel: 01733 453563 Email: laura.kelsey@pete.rborough.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>16. Approval to dispose of Thorney Youth Centre and Library by auction.</p> <p>Thorney Youth Centre has been unused for over three years. The library is next door to it and both buildings are old and require significant maintenance. The proposal is to sell these assets and reinvest in some more modern buildings including a new sports pavilion. The library will be relocated potentially alongside other community services (such as the museum) at an alternative location in Thorney.</p>	<p>Councillor Seaton, Cabinet Member for Resources</p>	<p>January 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Eye, Thorney and Newborough</p>	<p>Cabinet Member Decision Notice plus in depth community consultation (Thorney Futures Group amongst others)</p>	<p>Tristram Hill, Strategic Asset Manager Tel: 07849 079787 Email: tristram.hill@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

DECISION TAKEN:	DECISION MAKER	DATE DECISION TAKEN	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>Delegation of duties from Peterborough City Council to Cambridgeshire County Council - DEC18/CMDN/61</p> <p>The Cabinet Member authorised:</p> <ol style="list-style-type: none"> 1. The Council enter into a Delegation Agreement (DA) with Cambridgeshire County Council for the provision of an Integrated Front Door Service for Children across Peterborough and Cambridgeshire for a period of 5 years from 1 January 2019 with an option to extend for up to a further 5 years, with Cambridgeshire County Council as the lead authority; 2. That a shared Integrated Front Door Service for Children is provided by Cambridgeshire for both Peterborough City Council and Cambridgeshire County Council; 3. That Cambridgeshire County Council accepts the delegation of functions from Peterborough City Council as agreed and listed in the DA; and 4. That the Director of Governance amends the constitution to reflect the delegated functions to Cambridgeshire County Council. 	<p>Cabinet Member for Children's Services</p>	<p>13 December 2018</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Staff within Cambridgeshire County Council</p>	<p>Nicola Curley, Assistant Director for Children's Services, 864065, Email: nicola.curley@peterborough.gov.uk Tel: 01733 864065.</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

DIRECTORATE RESPONSIBILITIES

RESOURCES DEPARTMENT 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)

Performance and Information (Performance Management, Systems Support Team)

LAW AND GOVERNANCE DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

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)

Information Governance, (Coroner's Office, Freedom of Information and Data Protection)

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.

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

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

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

Councillor Holdich	Leader of the Council and Member of the Cambridgeshire and Peterborough Combined Authority
Councillor Fitzgerald	Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health
Councillor Ayres	Cabinet Member for Education, Skills and University
Councillor Cereste	Cabinet Member for Waste and Street Scene
Councillor Hiller	Cabinet Member for Growth, Planning, Housing and Economic Development
Councillor Lamb	Cabinet Member for Public Health
Councillor Smith	Cabinet Member for Children's Services
Councillor Seaton	Cabinet Member for Resources
Councillor Walsh	Cabinet Member for Communities

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

Your comment or query:

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

Name

Address

.....

Tel:

Email:

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

Health Scrutiny Committee Work Programme 2018/2019

Updated: 21 DECEMBER 2018

Meeting Date	Item	Indicative Timings	Comments
<p>18 JUNE 2018 Joint Scrutiny of the Budget Meeting</p>	<p>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</p>		
<p>2 JULY 2018 <i>Draft Report 11 June</i> <i>Final Report 20 June</i></p>	<p>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</p>		
	<p>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</p>		
	<p>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>		

	<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>		

	Contact Officer: Paulina Ford, Senior Democratic Services Officer		
	Work Programme 2018/2019 To consider the Work Programme for 2018/2019 Contact Officer: Paulina Ford, Senior Democratic Services Officer		
28 NOVEMBER 2019 Joint Scrutiny of the Budget Meeting	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. Contact Officer: Peter Carpenter		
21 JANUARY 2019 <i>Draft Report 14 December</i> <i>Final Report 9 January</i>	Cabinet Portfolio Holder For Public Health Performance Report To Scrutinise the portfolio of the Cabinet Member for Public Health and make any recommendations. Contact Officer: Dr Liz Robin		
	North West Anglia NHS Foundation Trust - CQC Inspection Outcome And Action Plan Contact Officer: Jane Pigg		
	Podiatry Services Contact Officer: Jessica Bawden / Elaine Young - CPFT		

	<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 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>12 FEBRUARY 2019 Joint Scrutiny of the Budget Meeting</p>	<p>Medium Term Financial Strategy 2019/20 to 2021/22 - Tranche Three To scrutinise the Executive proposals for the Medium Term Financial Strategy 2019//20.to 2021/22 Tranche Three Proposals.</p> <p>Contact Officer: Peter Carpenter</p>		

18 MARCH 2019 <i>Draft Report 25 February 2019</i> <i>Final Report 6 March 2019</i>	Healthy Peterborough Programme Progress Report To scrutinise the progress of the Healthy Peterborough Programme and impact of reduced funding and make any recommendations. Contact Officer: Stuart Keeble / Sion James		
	STP Update and Strategic Direction 2018/19 To scrutinise and consider the strategic direction for the Sustainability and Transformation Partnership for 2018/19. Contact Officer: Jessica Bawden / Aidan Fallon		This is a 6 monthly follow up report as requested at the September meeting.
	Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) Commissioning Plans and response to PWC Review and Review of Impact of Discontinuation of IVF Provision To receive a report on the (C&PCCG) Commissioning Plans and response to the capacity and capability review by PricewaterhouseCoopers (PWC). Contact Officer: Jessica Bawden / Dr Howsam		This is a 6 monthly follow up report as requested at the September meeting to report on progress of actions taken.
	Planning for Brexit Contact Officer: Jessica Bawden		
	Monitoring Scrutiny Recommendations To monitor progress made on recommendations made at the previous meeting. Contact Officer: Paulina Ford, Senior Democratic Services Officer		

	<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>		
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