

## HEALTH SCRUTINY COMMITTEE

WEDNESDAY 18 SEPTEMBER 2019

7.00 PM

Bourges/Viersen Room - Town Hall

### AGENDA

Page No

1. **Apologies for Absence**

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

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification" that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.

3. **Minutes of the Health Scrutiny Committee Meeting Held on 9 July 2019** 3 - 14

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. **Integrated Lifestyle Service Procurement** 15 - 22

6. **Communications And Engagement Approach To Delivering The CCG Financial Plan 'The Big Conversation' - Using Our NHS Resources Wisely** 23 - 26

7. **Update On Changes In Primary Care Landscape In Peterborough** 27 - 60



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

**Did you know?** All Peterborough City Council's meeting agendas are available online or via the modern.gov app. Help us achieve our environmental protection aspirations and view this agenda online instead of printing it.

- |     |                                                                          |                  |
|-----|--------------------------------------------------------------------------|------------------|
| 8.  | <b>Best Start In Life Strategy And Children's Public Health Services</b> | <b>61 - 108</b>  |
| 9.  | <b>Monitoring Scrutiny Recommendations</b>                               | <b>109 - 114</b> |
| 10. | <b>Forward Plan of Executive Decisions</b>                               | <b>115 - 164</b> |
| 11. | <b>Work Programme 2019/2020</b>                                          | <b>165 - 172</b> |
| 12. | <b>Date of Next Meeting</b>                                              |                  |
- Tuesday 19 November 2019

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

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

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

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

#### **Committee Members:**

Councillors: Aitken (Chairman), A Ali, S Barkham, C Burbage, L Coles, S Hemraj, J Howell, S Qayyum, B Rush (Vice Chairman), N Sandford and S Warren

Substitutes: Councillors: G Casey, N Day, D Fower, T Haynes and H Skibsted

#### **Non Statutory Co-opted Members:**

Parish Councillor June Bull, Independent Co-opted Member (Non-voting)  
Dr Steve Watson, Independent Co-opted Member (Non-voting)

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

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE  
HELD AT 7.00PM ON  
MONDAY 9 JULY 2019  
IN THE BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

**Committee Members Present:** Councillors K Aitken (Chairman), A Ali, S Barkham, A Coles, L Coles, S Hemraj, J Howell, B Rush (Vice Chairman), S Qayyum, N Sandford, S Warren, and Co-opted Member Dr Steve Watson

**Also present**

Susan Mahmoud	Healthwatch Representative
Jan Thomas	Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
Jessica Bawden	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group
Dr Gary Howsam	Clinical Chair, Cambridgeshire and Peterborough Clinical Commissioning Group
David Barter	Head of Commissioning, NHS England and NHS Improvement, East of England
Tom Norfolk	General Dental Practitioner, Chair of the East Anglia Local Dental Network
Val Thomas	Consultant in Public Health

**Officers Present:** Dr Liz Robin                      Director of Public Health  
Paulina Ford                                      Senior Democratic Services Officer

**Chairman’s Statement:**

The Chairman advised the Committee that she had received a request from the Cambridgeshire and Peterborough CCG to add an urgent item to the agenda for tonight’s meeting. The subject of the item was First Phase Community Services Review and the reason for the urgency was explained within the report to be presented. Urgency meant that the Committee had not been given the usual 5 clear days’ notice of the matter. The Chairman advised that she did agree to the request and proposed that the Committee debate and consider the recommendations in the report.

The Chairman therefore moved that the item be heard after item 8 on the agenda and be listed as item 8a. The Committee **UNANIMOUSLY AGREED** to the proposal.

Copies of the report were circulated to Members of the Committee as soon as it became available and published on the Councils website. Additional copies were provided at the meeting for members of the public.

## 1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Lamb and Councillor L Coles was in attendance as substitute. Councillor Burbage also submitted apologies and Councillor A Coles was in attendance as substitute. Apologies were also received from newly appointed Co-opted Member Parish Councillor June Bull.

## 2. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

### Agenda Item 8a. First Phase Community Services Review

Dr Robin declared an interest in that she was a non-voting co-opted member of the C & P CCG Governing Body and that her role on the Governing Body was to offer specialist public health advice rather than to make decisions.

## 3. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 18 MARCH 2019

The minutes of the meetings held on 18 March 2019 were agreed as a true and accurate record.

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

There were no requests for Call-in to consider.

## 5. APPOINTMENT OF CO-OPTED MEMBERS

The Senior Democratic Services Officer introduced the report which recommended that the Committee appoint Parish Councillor, June Bull as a non-voting co-opted member to represent the rural communities. The nomination had been put forward from the Parish Council Liaison Committee.

The report also recommended the appointment of Dr Steve Watson as a non-voting co-opted member for his medical expertise.

Councillor Rush seconded by Councillor Andy Coles proposed that Dr Steve Watson and Parish Councillor June Bull be appointed as non-voting co-opted members for the municipal year 2019/2020. This was **UNANIMOUSLY AGREED** by the Committee.

### **AGREED ACTIONS:**

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

1. Appoint Dr Steve Watson as a non-voting co-opted member for the municipal year 2019/2020. Appointment to be reviewed annually at the beginning of the next municipal year.
2. Appoint Parish Councillor June Bull as a non-voting co-opted member to represent the rural area for the municipal year 2019/2020. Appointment to be reviewed annually at the beginning of the next municipal year.

Dr Steve Watson was in attendance at the meeting and the Chairman invited Dr Watson to join the Committee for the remainder of the meeting.

## 6. NHS ENGLAND RESPONSE TO THE HEALTWATCH REPORT 'FINDING AN NHS DENTIST IN PETERBOROUGH AND WISBECH

The Head of Commissioning, NHS England and NHS Improvement East of England accompanied by the Chair of the East Anglia Local Dental Network introduced the report which provided the committee with information regarding actions if any that were being taken by NHS England and NHS Improvement in response to the Healthwatch report 'Finding an NHS dentist in Peterborough and Wisbech'

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

- The Healthwatch representative in attendance advised the Committee that the CEO of Healthwatch was in attendance in the public gallery and would be happy to take questions from the Committee if further clarification was required with regard to the Healthwatch report. The Committee were also informed that Healthwatch were still receiving regular feedback and calls stating that people were unable to access NHS dentistry. It was also highlighted that the figures quoted in the report regarding extraction rates only covered hospital extractions not community extractions and was therefore worse than reported.
- Members sought clarification as to how many people used private dentists in Peterborough either because they chose to or because there was a shortage of NHS Dentists. Members were advised that only people who had NHS funded treatment were recorded and the NHS did not record work that was done privately or independently although most dentists who provided NHS treatment also offered private and independent treatment.
- Members noted that children had no priority access to dental services unless they had additional needs or disabilities and therefore sought clarification as to how a child with severe toothache would be dealt with. Members were informed that if there was an urgent need for dental treatment the parents or guardian would take them to a Primary Care Dental Practitioner who had an NHS contract who would see the child or refer them to a Community Dental Service if necessary. There was a national campaign to try and get people to take their children to the dentist from a very young age. Part of the campaign was called 'Dental Check by One' "DCby1" where parents and guardians were advised to ensure that young children in their care are taken to see a dentist as soon as their first teeth come through and before their first birthday. Some teenagers had never been taken to a dentist before and they may present with abscesses and tooth decay. In these cases it meant that they had to phone a local dental practice and/or the NHS111 service to try and find someone to see them. Most practices did try and squeeze children in if possible. Prevention was central and people were encouraged to take their children to the dentist from a very early age.
- It was confirmed that the facility to register with an NHS Dentist had been removed in 2006 under the Government dental contract reforms, however dentists were encouraged to see anyone who turned up and requested an NHS appointment. People were encouraged to register or associate with a dental practice for regular check-ups to encourage prevention.
- Members wanted to know if the issue of children and adults not accessing dental treatment was down to the lack of supply, lack of interest or lack of public information or cost. Members were informed that it was generally down to lack of interest, for some adults cost, as well as difficulties with the recruitment of dentists in some parts of the region. There was a patient charge for many patients who accessed NHS dental care which may sometimes deter people. Sometimes it was because people had had a bad experience at some point and therefore were put off going back to the dentist until they were in pain and needed assistance. There was also an issue with supply of dentists. It was very

difficult to recruit 'performers' in some parts of East Anglia especially further north. Some areas of the country did not appeal to younger dentists with London being the most attractive area to work. There was a national shortage of dentists.

- Regional recruitment and training was being considered and consideration was being given to the potential of offering dental training at the new University. Members were informed that there was no dental school in East Anglia. The problem with dental graduates was that once they had been to university they often did not return to their family home. A variety of ways were being considered to highlight students out after they finished their core foundation training and encourage them to stay in this region. Peterborough had a good foundation dentist scheme and the idea was to keep those dentists local once they had finished their foundation training. Work was therefore being done with NHS England and the local hospitals to see if they could encourage dentists to remain in the region after their foundation training so that they could work in primary care and in the local hospitals to up-skill further which would enable them to learn more advanced procedures. The wider workforce was also being looked at e.g. therapists and dental nurses.
- There was a lot of national guidance on prevention. Oral health education was a difficult subject and covered a large subject area. Local Health Visitors talked to parents about dental care, getting their children to the dentist before they were one year old and not giving children sugar etc. It was a tough struggle against the food industry. Different prototype models of working were being looked at which were geared more towards prevention and getting dentists to change the way they work.
- NHS England and NHS Improvement were aware that patients have had difficulties in accessing urgent and routine dental care at general dental practices and they have been working with the local dental networks and local dental practices with the view to implement the urgent care and stabilisation pilot scheme. This pilot scheme will allow new NHS patients to be seen, the cause of their dental pain treated and then the patient will be put on a phased course of treatment in order to stabilise their oral health. This was to encourage dental motivation for oral health improvement instead of patients attending practices only when in pain. Stabilised patients would then be encouraged to enter into a normal pattern of dental examinations in their general dental practice.
- A new flexible commissioning scheme was coming out soon to encourage local dental practitioners to look at how they can improve oral health within their locality which might include working with schools, care homes etc. This would enable dental practices to achieve their contract value and would be paid additional money for over delivery to provide an incentive.
- Children with special needs would fall under the remit of the Community Dental Service, urgent dental care for children with special needs would initially be accessible under the new urgent access arrangements with further referrals if appropriate. The new Primary Care Networks would also include NHS Dentistry.
- Since the regulatory change in 2006 which ended the formal patient registration to NHS dental practices a practice was now only responsible for a patient whilst they were undertaking a course of treatment and in a few other unusual circumstances.
- Patient records were not automatically transferred over to the new dentist if a patient changed dentists. The patient could however request a copy of their dental records to pass on to the new dentist or the second dentist could request records from the first dentist.
- The Dental Access Centre provides an important route for patients who need urgent dental care. It was hoped that the Urgent Care and Stabilisation Pilot scheme would provide a

similar service if enough dental practices signed up. The pilot would assist in helping to understand the needs of the area and educate people better regarding oral health care.

- Members noted that the NHS recommended that from the age of 3, children should be offered fluoride varnish treatment at least twice a year. Fluoride varnish should be offered 2 or more times a year for children of all ages with tooth decay or those at high risk of developing it. Clarification was sought that this was being carried out. Members were informed that Band 1 dental treatment should include fluoride varnishing and this was recognised as being very effective at preventing tooth decay but this was not necessarily recorded when provided. However dentists were being encouraged to follow the guidance.
- It was anticipated that the new access centres would offer five day a week access and some dental practices may offer additional evening access. Out of hours emergencies would be dealt with through calling NHS 111 who would signpost the person to a dental out of hour's service where someone would call the person back and offer an initial triage service. If necessary the person would be seen by a dentist. In all areas there were dentists who were additionally paid to be open on a Saturday and sometimes on a Sunday.
- Sandie Smith, CEO of Healthwatch Cambridgeshire and Peterborough addressed the Committee and thanked Members for scrutinising the report. Sandie also thanked the two officers from the NHS for attending and providing a report in response to the Healthwatch report. The Committee were informed that a further update on the actions being taken by the NHS would be taken to the Healthwatch Board in September and requested that the NHS provide regular updates to Healthwatch.
- The Chairman summarised the debate and highlighted to the officers in attendance that the Committee were greatly concerned that there were still NHS patients that were not receiving the treatment that they were entitled to. The Chairman asked if there was anything that the Committee could do to highlight to Government that the decision made in 2006 to stop NHS dental patient registration had had a negative effect. Members were informed that a more proactive approach was required and that the Committee should try to understand the new dental prototypes and contracts going forward. NHS England and NHS Improvement was trailing a small number of prototype practices across England. Practices working under this system had a capitated patient list. The officers present advised that they would be willing to present a further report at a future meeting where they could explain in further detail the new prototypes. The Committee were also urged to lobby those in power to move more in the direction of these prototypes.

## **AGREED ACTIONS**

1. The Health Scrutiny Committee **RESOLVED** to consider and comment on the report from NHS England and NHS Improvement in response to the Healthwatch report 'Finding an NHS dentist in Peterborough and Wisbech' and make any recommendations.
2. The Committee requested that the Head of Commissioning provide a further update report at a future meeting when appropriate.

The Chairman advised that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group who was in attendance for items 8 and 8a on the agenda was feeling unwell and had requested that her items be brought forward on the agenda. The Committee unanimously agreed to bring items 8 and 8a forward and would then become items 7 and 7a.

## **7. Communications and Engagement Approach To Delivering The CCG Financial Plan 'The Big Conversation' - Using Our NHS Resources Wisely**

The Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group introduced the report which provided the Committee with information on the intended content, scope and processes for the consultation process for 'The Big Conversation' and to seek approval from the committee for the process by which it intended to consult and engage with the public.

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

- Regarding audiology the report advised that there would be a review of hearing aid provision for mild to moderate hearing loss. Members commented that moderate hearing loss could sometimes be classified as substantial hearing loss and some patients can be quite vulnerable. What was the plan for that particular provision? Did this relate to bilateral hearing aids and patients with a unilateral hearing aid? Members were informed that no decision had been made with regard to what was going to be proposed and new guidance had just been released which needed to be taken into account. It was known that unless hearing aids were issued with the appropriate training they became an issue for the patient and were then not used. Consideration would therefore be given to not only the criteria but also the education that is given out when issuing the hearing aid. It was also about a change in behaviour and how to encourage people to use their hearing aids properly.
- Data was available on how many people used NHS hearing aids and followed up with appointments but was not available at the meeting and could be provided after the meeting.
- Peterborough and Cambridgeshire was one of the biggest growing regions nationally but one of the poorest funded. Had the CCG lobbied Government to get more funding? Members were informed that the CCG had been talking to the MP's for this area and giving them information and briefings. Heidi Allen MP for South Cambridgeshire secured a Westminster public debate a few weeks ago where the Health Minister confirmed that there was a historical funding issue with Cambridgeshire and Peterborough. The funding formula was complex and difficult to untangle and would not change but there needed to be an acknowledgment with regard to the number of people accounted for. The Chief Officer advised that she would be meeting with the Minister for Public Health during the next week along with the local MPs.
- The Combined Authority had commissioned work around the impact of population growth on public services and this would be published in September in time for the spending review. The CCG had received an uplift in funding this year but it had not addressed the historical underfunding.
- It was noted that in the Big Conversation consultation plan there was a list of consultees but this had not included Parish Councils. Members felt that these should be included to ensure the rural communities were able to feed into the consultation.
- There were a number of estates in the NHS that were not in use but still had to be paid for as void costs.
- Had the CCG considered letting those vacant properties or building houses on the land Members were informed that the CCG were not owners of the properties and that they belonged to NHS Property Services. However the CCG could work with providers to consider other ways of using the buildings.
- The list of proposals had not been finalised but there were three main areas: duplication of services, allocation and financial situation and activity. The intention was not to go out with a pre-determined list but instead have a genuine conversation with service users to find out where the health service added value and what services are genuinely needed and those that were duplicated. It will also be important to highlight the cost of services



and understand what services were important to people and then how they could be prioritised.

- Members suggested that one potential area for savings would be around GP prescribing and repeat prescriptions and suggested that social prescribing be promoted more. Members were informed that there was a huge amount of medicinal wastage which was costing the NHS a lot of money with no health benefits. Primary Care Networks (PCNs) would include people within the networks who would provide social prescribing and would signpost people to non-medical solutions.
- Members were concerned that by reducing services there could be potential breaches in the 18 week pathway for the waiting list for treatments. Members were informed that the waiting list target of 18 weeks was already difficult to achieve and would continue to be so. This would not improve over this financial year. There should be no variation in standards for clinical pathways and work was being done with the providers to try and address this and provide a more network approach to manage demand. The CCG and providers were not penalised for any breaches of the 18 week pathway.
- CCG Chief Executives across the region were working together to support each other and ensure improvement.
- Members sought clarification as to how the CCG would engage with the general public as part of 'The Big Conversation' when the majority of the public did not work in the health service. Members were informed that the recent media coverage had already attracted attention and had already received good responses via social media. The plan was to drip feed elements of 'The Big Conversation' rather than bombarding people with everything at once and going out to group meetings already being held to speak to people directly.
- Members commented that people still do not understand why they were not referred immediately for treatments. Members were informed that it was not always the best way forward to refer someone for treatment it was about getting the best health care professional at the right time in the right place. GP's needed to ensure that they explained clearly the reasons for not referring someone for treatment straight away.
- The timeframe for 'The Big Conversation' consultation would need to be reassessed.
- The Chairman requested that the Committee see sight of the consultation document before it was published. Members were informed that the consultation document would be sent to the committee via a briefing note prior to publication.

#### **AGREED ACTIONS:**

The Health Scrutiny Committee **RESOLVED** to discuss the content of the report and endorsed the Consultation Process Plan attached at Appendix 1 of the report for consultation with the public and key stakeholders on the NHS financial situation for the Cambridgeshire and Peterborough area but in doing so requested that :

- a. Parish Councils be added to the list of consultees, and that
- b. The C & P CCG provide the committee with the detail of the services and providers that were going to be consulted on as soon as the information is available.

#### **7a FIRST PHASE COMMUNITY SERVICES REVIEW**

The Director of External Affairs & Policy introduced the report. The purpose of the report was to explain the reasons for the Community Services review and the approach to the first phase of grants and contract review

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

- Members commented that there had been a lot of media and public interest about the JET service and concern that this might be removed and how patient's safety would be affected if this provision was no longer available. Members were advised that the out of hospital urgent care e.g. for someone who wakes up and finds themselves becoming acutely unwell, would be covered by various services already in place. It was not about removing one part of the service and asking another area to pick it up, it was about reworking the whole of the urgent care service. Only one third of GP practices used the JET service and there was no evidence that patient's safety had been compromised by not using the JET service. There were approximately 8700 contacts through the JET service which was the equivalent of £410 to £420 per appointment. Conversations were continuing with Cambridgeshire and Peterborough NHS Foundation trust (CPFT) to look at the service and understand what it delivered and what the benefits were and what may need to be changed. All medical services were continually reviewed to try and improve them.
- Members highlighted that physiotherapy services were being duplicated through provision at the hospital and at the health centre in Rivergate.
- The decision regarding the funding for Specialist Fertility Services in Cambridgeshire and Peterborough had been postponed due to Purdah and the paper would now be presented to the CCG Governing Body on 6 August.
- In the event of any services being decommissioned would the CCG be responsible for the payment of redundancy monies and if so what would the financial implication be on the CCG. Members were informed that any redundancy payments would sit with the provider. However if there were any redundancies every effort would be made to seek alternative employment for the staff affected.
- Initial consultation with providers had already taken place but further consultation would take place with providers to assist with compiling a list of services to be considered for consultation. There would be ongoing negotiations with providers to determine new contracts and there may be an element of compromise but patient safety would be of the utmost importance.
- Members were concerned to see that the Dial a Ride service had been listed as a proposal within the services to be cut. Members were informed that the grant agreement with Dial a Ride was for £6500, analysis had shown that there had been just over 100 journeys which had equated to approximately £60 a journey. The majority of those journeys were not for health reasons. The provision was not a statutory service. The particular service identified was in use in a part of Cambridge City and was not commissioned anywhere else. Some of the grants were historical and had not been reviewed for many years.
- There were also some private and voluntary sector organisations where the contracts would be looked at with a view to being renegotiated.
- Members were concerned that the proposed service cuts may affect patient choice. Members were advised that there was a statutory duty to provide patient choice and therefore patient choice should not be affected.
- A member of the public Sonia Campbell who was also one of the JET practitioners requested to speak at the meeting. The Chairman invited her to address the Committee. The following questions were raised:
  - Q. Were the services listed under the First Phase Community Services review part of the Big Conversation?  
R. Currently the services listed were not part of the Big Conversation but some may be in the future and legal advice was being taken around proportionality, change in service and access to service. Dr Howsam advised that the JET Service was a quality service and the CCG wanted to understand how the specialist people who provided the JET service could be used in other areas.
  - Q. JET were picking up a lot of complex cases to manage from other services that were decommissioned last year. The services such as Dial a Ride that were listed to cut whilst not health services would have an impact on other services. It was an

ageing population and this needed to be taken into account. The falls predictions and dementia predictions were really important and needed to be taken into account.

- R. All of the decisions made would have impact assessments taken into account but the financial deficit and lack of funding had to be taken into account and everything had to be looked at.
- The Director of External Affairs & Policy advised Members that the next steps would be for the documents to be presented to the Governing Body on 16 July and any further documents would be shared with the Committee when published.

## **AGREED ACTIONS**

1. The Health Scrutiny Committee **RESOLVED** to note the update on the first phase of the Community Services Review and requested that further updated documentation that would be considered at the next meeting of the CCG Governing Body in July be shared with the Committee when published, and
2. Requested that a further update report be brought to the September meeting of the Committee.

## **8. RECOMMISSIONING CONTRACEPTION AND SEXUAL HEALTH SERVICES**

The Consultant in Public Health introduced the report. The report had been requested by the Committee after receiving a report in November 2018 regarding the recommissioning proposal of contraception and sexual health services. At that time the Committee expressed that it would want assurance that the specific needs of Peterborough residents were addressed by the new service. Therefore the purpose and reason for the paper were as follows.

- To provide assurance to the Health Scrutiny Committee that the proposed consultation being undertaken to inform the development of the service specification for the new service will capture the needs and priorities of the Peterborough residents and key stakeholders.
- To ensure that the members' knowledge of the needs and priorities of the local population along with their views are reflected in the re-commission

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

- All age ranges were represented in the consultation but nothing specific had been identified with regard to the older population. There was a certain reticent in older people in accessing sexual services and there was still some confusion as to how people could access these services which had highlighted that there was still more work to be done.
- Targeted messages through the preventative services would need to be sent out to highlight to the older generation that there was still a need to be careful and where they could access sexual services.
- Members reiterated that it was important to stress that Peterborough was a very diverse city with many different cultures and ethnic backgrounds that needed to be taken into consideration. It was not easy for some groups to walk into a clinic and talk about their sexual health. Members were informed that a sexual health needs assessment was undertaken a few years ago which focused on the diverse communities. There would need to be a balance as to what is affordable and look at other ways of providing support e.g. through community pharmacists. Also the provision of sign posting through community organisations where a more sensitive approach can be taken to meet the diverse communities' needs.

- In terms of collaborative working was there going to be a change of base where patients could get access and would it be easily accessible to the residents of Peterborough. Members were informed that it had been clear that people liked the current location of the clinic because it was in the centre of town and had a certain anonymity. The current location would therefore remain where it was.
- Pharmacies did still prescribe the morning after pill.
- Historically there was a virtual team operating within schools to provide clinics in schools. This still existed but not as wide spread as it was. A schools based service had recently been commissioned which worked with schools to enable them to have the information and skills to promote good sexual health alongside other public health issues like obesity. For schools with particularly high needs the team would go into the school and help them develop a specific programme for their needs. Members of the iCASH service still went out to schools when required.

#### **AGREED ACTIONS:**

The Health Scrutiny Committee **RESOLVED** to:

1. Endorse the scope of the consultation that is part of the re-commissioning of the integrated contraception and sexual health services in Peterborough, and
2. Requested that the Consultant in Public Health provide the Committee with a briefing note on the final outcome of the consultation as soon as it is available.

### **9. REVIEW OF 2018/2019 AND WORK PROGRAMME FOR 2019/2020**

The Senior Democratic Services Officer introduced the report which considered the 2018/19 year in review and looked at the work programme for the new municipal year 2019/20 to determine the Committees priorities and agree the proposed way forward for monitoring future recommendations.

#### **AGREED ACTIONS:**

The Health Scrutiny Committee **RESOLVED** to note the contents of the report and

1. Consider items presented to the Health Scrutiny Committee during 2018/2019 and made recommendations on the future monitoring of these items where necessary.
2. Determine its priorities, and approve the draft work programme for 2019/2020 attached at Appendix 1.
3. Note the Recommendations Monitoring Report attached at Appendix 2 and agreed that further monitoring of the recommendations made during 2018/2019 listed as ongoing was required.
4. Note the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3

### **10. FORWARD PLAN OF EXECUTIVE DECISIONS**

The Senior Democratic Services Officer introduced the report which was 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.

### **11. DATE OF NEXT MEETING**

- 18 September 2019 – Health Scrutiny Committee

CHAIRMAN  
7.00pm – 9.27pm

This page is intentionally left blank

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 5</b>
<b>18 SEPTEMBER 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Liz Robin, Director for Public Health	
Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health.	
Contact Officer(s):	Val Thomas, Consultant in Public Health	Tel. 07884 183374

**INTEGRATED LIFESTYLE SERVICE PROCUREMENT**

R E C O M M E N D A T I O N S	
<b>FROM:</b> <i>Val Thomas, Consultant in Public Health</i>	<b>Deadline date:</b> <i>The contract for the new integrated Lifestyle Service will be awarded in 28 February 2020 and the new service will commence on June 1 2020.</i>
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Endorses the re-commissioning of the Integrated Lifestyle Service its proposed scope</li> <li>2. Endorses the consultation process for the re-commissioning of the integrated lifestyle service in Peterborough.</li> <li>3. Indicates the Health Scrutiny's priorities for the new integrated lifestyle service.</li> <li>4. Indicates if and how members would like to have further involvement in the consultation processes.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 The Health Scrutiny Committee requested a report on the re-commission of the integrated lifestyle service.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The Health Scrutiny Committee has requested an overview of the re-commissioning of the integrated lifestyle service. The purpose of this paper therefore is to provide the Health Scrutiny with the following information and assurances.

- The range of services included in the integrated lifestyle service re-commission and why they are important.
- Assurance to the Health Scrutiny Committee that the proposed consultation being undertaken to inform the development of the service specification for the new service will capture the needs and priorities of the Peterborough residents and key stakeholders.

- To ensure that the members' knowledge of the needs and priorities of the local population along with their views are reflected in the re-commission.
- To provide the procurement timetable for the Committee.

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

1. Public Health

2.3 *How does this report link to the Corporate Priorities?*

- This re-commission of the integrated lifestyle service will support the Corporate priority of 'First rate futures for our children, young people – and quality support for our adults and elderly.
- The re-commission of the integrated lifestyle service will have a focus upon vulnerable and high risk groups. These groups will be consulted with to ensure that their needs are included and addressed.

2.4 *How does this report link to the Children in care Pledge?*

Vulnerable and high risk children and young people will be consulted with about the new service. In addition safeguarding issues will be a priority for the new service. This will include Children in Care and their needs that are described in the Children in Care Pledge.

### 3. TIMESCALES

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

### 4. BACKGROUND AND KEY ISSUES

4.1 The current Lifestyle Service addresses some of the key health outcomes that the population of Peterborough experience.

On a number of key health outcomes the Peterborough rates are statistically worse than the English average. (Public Health Outcomes Framework)

- Smoking: Around 20% of the Peterborough adult population smoke compared to the national figure of around 14%.
- Overweight including obesity: Around 68% of the adult population compared to 62% nationally. This has seen a recent increase.
- Childhood Overweight including obesity: Children who are overweight have high risk of being overweight in adulthood. In Peterborough around 21% of children are overweight in the Reception class. The national figure is similar at around 22%. However by year 6 the figure increases to 33% with national figure of around 34%.
- Physical activity: Around 62% of the Peterborough population are physically active compared to around 66% nationally.
- Consumption of 5 a day fruit and vegetables diet: There has been a decrease recently and now around 48% of the Peterborough adult population consume the recommended 5 a day compared to a national figure of around 55%.
- The rate of alcohol related admissions to hospital has been high but has fallen to around the national average but this means that over 1100 people were admitted in a year.

These lifestyle choices result in poorer health outcomes for the population of Peterborough and an increased risk of dying prematurely.

- Under 75s years' mortality rate for cardio vascular disease that is preventable: In



Peterborough around 54 people per 100,000 under the age of 75 years die from preventable cardio-vascular disease over a two year period. The national figure is around 46 per 100,000

- Under 75 years' mortality rate for respiratory diseases: In Peterborough around 23 people in every 100,000 die from preventable respiratory problems over two years compared to a national figure of around 19.
- Type 2 diabetes: Being overweight or obese increases your risk of Type 2 diabetes. Across Cambridgeshire and Peterborough the rate of estimated and recorded diabetes varies with Peterborough GP practices having some of the highest rates and poorer health outcomes associated with diabetes.

4.2 Lifestyle services provide behaviour change interventions that support individuals to change and adopt healthier lifestyles. There is a well-established evidence base for behaviour change, for example the NICE Public Health Guidance for Behaviour Change published in 2014 recommends commissioning the evidence based behaviour change programmes that are available.

In Peterborough there has been an Integrated Lifestyle Service commissioned for the past three years. Although services such as the Stop Smoking Services and weight management services had been commissioned previously.

The Peterborough Integrated Lifestyle Service includes the following behaviour change services.

- Health Trainer Programme including the specialist falls prevention health trainer service
- Stop Smoking Services integrated into generic health trainer element of the Service.
- Child weight management programmes
- Adult weight management (three Tiers)
- Community physical activity programmes
- Outreach Health Checks programme.
- Behaviour change training programme for professional and volunteer workers.
- National Child Measurement Programme

The health trainer service is central to the service. It is an evidence based programme that supports individuals to make behaviour changes and adopt a healthier lifestyle. Clients may be referred by a professional which is most commonly, a health professional or may self-refer. They are seen for up to year during which time they work to achieve their goals. The health trainer service often refers a client to its weight management services or a physical activity programme. However they continue to provide additional support for initiating and maintaining behaviour change whilst a person is receiving a specialist support intervention.

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.

4.3 The service has been developed and "specialist" health trainers are being piloted. In Peterborough there are specialist falls prevention health trainers. Cambridgeshire is also piloting a mental health and alcohol specialist health trainers. In addition Home Office Controlling Migration funding has been secured for a migrant health trainer This acknowledges that the behaviour change theory and delivery model can be used to address particular needs.

4.4 The current Peterborough Integrated Lifestyle Service has supported residents to improve their lifestyles for the past three years. In 2018/19 it saw 5329 people which included 949 smokers setting a quit date, 695 outreach health checks and 522 children were involved in weight management programmes. It is flexible services that delivers in workplaces, communities and other locations either using local venues or a mobile bus, ensuring that it can be reached by the most high risk population groups.

4.5 The current Lifestyle service is being re-commissioned. Previously Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) have individually procured their Integrated Lifestyle Services. This re-commission will be for one service established through one contract

across PCC and CCC. The rationale for establishing a shared contract with a lead commissioning organisation is that it affords the potential of a more cost-effective service model. A legal agreement between the two local authorities will capture this and provide the appropriate assurances for the new contract that will start in April 2020. The PCC Service contract is for three years plus 1 plus 1, the CCC contract five year contract ends on May 31<sup>st</sup> 2019. The end date of both local authority contracts have now been aligned.

- 4.6 There is the expectation that the new contract will be innovative and address emerging needs alongside the changing organisational landscape across the system that provides new opportunities.

The timetable for the procurement is as follows.

- Evidence review: August and September 2019
- Consultation : September and October 2019
- Soft Market Testing (of Draft Service Specification & KPIs) commences. (includes consultation with stakeholders)
- Market Warming Event – October 2019 Bidders can hear directly from commissioners and ask them questions
- Invitation Tender (ITT): October 25 to 5 December 2019
- Initial tender evaluation and moderation: 5 December 2019 to the 19 December 2019
- Invitation to dialogue: 23 December 2019
- Dialogue sessions: 8<sup>th</sup> January 2019 to 15<sup>th</sup> January 2019
- Submit final tender: 15 January 2021 to 29 January 2021
- Final evaluation: 30 January to 14 February 2021
- Publication of the contract award following the mandatory standstill period: 28 February 2021
- Implementation period: March to May 2021
- New Service commences: June 2021

It is a competitive tender that will use a dialogue process to allow for a face to face interview between the bidders, commissioners and other evaluators.

## 5. CONSULTATION

- 5.1 The consultation is being completed across Cambridgeshire and Peterborough. The scope of the consultation will include the following areas, along with other issues if they emerge in the course of the consultation.

- Facilitators and barriers to successful outcomes within the current lifestyle service
- Accessibility of the current service (i.e. locations, times of groups etc.)
- Ability of the current service to meet the diverse needs of the local population
- Scope of the new service
- New service delivery models
- Referral pathways into, and within, the service to determine how we can establish robust relevant pathways with streamlined referral processes to and from the new lifestyles to ensure that they are efficient and effective for all involved.

### Process

- Current service users: The current Lifestyle Service provided by Solutions4Health has issued the consultation questionnaire to its users. The results will be collated alongside a review of routinely collected feedback under the terms of the current contract.
- Focus groups have been organised for September 2019. These will be through existing community groups and will seek views on current services and how future services can best address their needs.
- Health Scrutiny feedback September 18<sup>th</sup> 2019.

- A stakeholder event has been arranged for Friday 27<sup>th</sup> September 2019. This will bring together staff from a range of different stakeholder agencies to secure their views to inform the development of the new Service Specification.
- Additional one-to-one meetings with any key stakeholders who are unable to attend the event on the 27<sup>th</sup> are planned.

5.2 Online surveys have been used in previous procurement consultations but the response rate has been very low.

## **6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 Commissioners will have a comprehensive understanding of the lifestyle needs and priorities of Peterborough residents and the evidence base for the interventions included in the service specification.

6.2 The new Service Specification and planned Service will reflect resident and member knowledge and understanding of needs and priorities along with most cost effective approaches to addressing them.

6.3 The new Service will support efforts to improve the health outcomes of Peterborough residents.

## **7. REASON FOR THE RECOMMENDATION**

7.1 There is a substantial evidence base that lifestyle services play a key role in the prevention of ill health and improved health outcomes for the population.

7.2 The re-commission of one service established through one contract across PCC and CCC will secure cost efficiencies.

7.3 The re-commission will improve service provision though the learning from the current service locally and elsewhere, the academic evidence, the understanding of the diverse needs and importantly the views and experiences of Peterborough residents

## **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 Re-commission the integrated lifestyle services for PCC only. This would make any management savings difficult to achieve.

8.2 Undertake a more limited consultation. This would not fully explore the differing needs of Peterborough residents.

## **9. IMPLICATIONS**

### **Financial Implications**

9.1 Funding for the lifestyles service has not been confirmed as it is part of the current Budget Planning process and its conclusions are not yet public.

9.2 The current funding allocated to CCC and PCC is as follows.

- PCC annual value: £832,336
- CCC annual value: £2,223,839

The Clinical Commissioning Group funds 100% of the Peterborough City Council tier 3 weight management service, at a value of £85,000 through a Section 256. However this funding is currently being reviewed.

Similarly the Cambridgeshire County Council value includes £142,866 funding for the tier 3 weight management services from the Clinical Commissioning Group (CCG) also through a Section 256, which is just under 50% of the funding for the Service. Its funding has been concerned as the agreement was not tied to the current contract.

Any additional external funding will be agreed before tendering the Services.

### **Legal Implications**

- 9.3 The procurement and contract award will be undertaken in line with legal requirements found in the Public Contract Regulations 2015 and the Council's Contract Rules.
- 9.4 A Memorandum of Understanding shall be entered into by Peterborough City Council and Cambridgeshire County Councils to document each party's responsibilities throughout the procurement/re-commissioning exercise. A Delegation Agreement between the Peterborough City Council and Cambridgeshire County Council will be prepared to enable Cambridgeshire County Council to contract with the successful bidder on behalf of Peterborough City Council - this agreement shall legally delegate Peterborough's statutory function to Cambridgeshire County Council. The Delegation Agreement (with reference to the Joint Working Agreement) shall set out the grounds upon which the two Councils will work together to deliver their objective of ensuring that the Services are properly provided to Peterborough Council under the new Contract, as well as confirming the terms of the arrangements between the Parties relating to attribution of their respective costs and allocation of risks between them.

### **Equalities Implications**

- 9.5 The new service will be universal but will need to include targeted actions to address any inequalities and improve the outcomes for the most vulnerable and at risk populations.

### **Rural Implications**

- 9.6 The Service will be provided across the whole of the PCC area including any more rural areas that have particular needs. The new provider will be required to ensure that these needs are understood and addressed in its delivery model.

### **Other Relevant Implications**

- 9.7 Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the appropriate governance structures before proceeding.
- 9.8 A Community Equality Impact Assessment will be completed and potential bidders will be invited to detail what specific provisions, reasonable adjustments to delivery; or additional steps taken to reach and support 'hard to serve' communities they will offer/ put in place in order to ensure access to services for specific groups, for example provision for young people under 25 years; children in care and care leavers; or specialised services for gay and bisexual men, people with learning disabilities or sex workers.

## **10. BACKGROUND DOCUMENTS**

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

- 10.1 Behaviour Change: individual approaches: Public Health Guideline (PH49) 2014. National Institute for Health and Care Excellence (NICE). <https://www.nice.org.uk/guidance/ph49>

Behaviour change: general approaches: Public Health Guideline (PH6) 2008. National Institute for Health and Care Excellence (NICE). <https://www.nice.org.uk/guidance/ph6>

**11. APPENDICES**

11.1 *n/a*

This page is intentionally left blank

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 6</b>
<b>18 SEPTEMBER 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Jessica Bawden, Director of External Affairs and Policy, Cambridgeshire & Peterborough Clinical Commissioning Group	
Contact Officer(s):	Jessica Bawden, Director of External Affairs and Policy	Tel: 01733 847332

**COMMUNICATIONS AND ENGAGEMENT APPROACH TO DELIVERING THE CCG FINANCIAL PLAN 'THE BIG CONVERSATION' – USING OUR NHS RESOURCES WISELY**

<b>R E C O M M E N D A T I O N S</b>
<p>It is recommended that the Peterborough Health Scrutiny Committee discuss the content of this report.</p> <p>The Committee has agreed with the in-principle approach at their meeting on 9 July 2019. This is an update on the process so far and our approach to engaging stakeholders in developing the documentation.</p>

**1. ORIGIN OF REPORT**

1.1 Jessica Bawden, Director of External Affairs and Policy for Cambridgeshire and Peterborough Clinical Commissioning group (CAPCCG) alerted members of the committee to the intention of CAPCCG to engage with the public and key stakeholders on the NHS financial situation for this area. This report is to update the full committee of the intended content, scope and processes for that engagement.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 To update the committee before finalising the documents and launching in mid-September.
- 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 - Scrutiny of the NHS and NHS providers.

**3. BACKGROUND AND KEY ISSUES**

3.1 The CCG is facing an unprecedented financial challenge in 2019/20. To meet this challenge, we need to garner support from our key stakeholders, providers and importantly the wider public. This requires a new approach, a Big Conversation about how we use our valuable NHS resources and how we take more responsibility for our own health.

The Big Conversation is launching in mid-September 2019 to help the CCG better understand what matters most to the local community, at the same time as surfacing good ideas from the community and clinicians that could help us to make savings in the

future.

The Big Conversation is not a formal consultation but has been designed to support the financial recovery plan and future commissioning, decommissioning, disinvestment and investment decisions.

Over the course of 12 weeks we will engage with people via events, the media, social media and other marketing channels.

Following approval of the approach at the Governing Body Meeting in Public on 2 July 2019, we wanted to provide an update on next steps.

### 3.2 Our objectives for this approach

- This programme of work is a catalyst for how we communicate with our public about how NHS resources are used wisely;
- To start an open conversation about commissioning priorities alongside individual responsibilities in relation to self-care and lifestyle, supported by evidence;
- To ensure that we meet our statutory duties in relation to decommissioning of services, in a proportionate and pragmatic way;
- To seek the support and understanding of key stakeholders in relation to this work and our ongoing lobbying and partnership work to bring the system into financial sustainability for the long term.

3.3 The Big Conversation engagement activity will reach out far and wide into our community. It is designed to help people have a better understanding of both what we do, and the financial challenge we face. We had hoped to launch before the summer break, but other internal pressures meant that this was delayed and it was thought preferable to wait until after the holidays.

3.4 We will do this by launching the public element Big Conversation in mid-September 2019 and running it for 12 weeks. During this time, we want to have a Big Conversation with:

1. **With you, members of our Community** – about what services they need and value most, at the same time as looking at how they use NHS services, including out of hours care, over the counter medications, and medicines waste
2. **With our Clinicians** – about referrals, prescribing and service constraints
3. **With our Providers** – about how they can become more efficient and embrace innovation whilst still providing good quality healthcare

The Big Conversation with Clinicians has been launched, with a series of workshops and drop in sessions taking place across the area throughout August and September, supported by an online questionnaire and closed Facebook Group.

You can see the video we have created to support these activities here: <https://vimeo.com/354224345> .

We are also working with Healthwatch who will run community values panels in October and November to support this work. It will also align with the engagement work around the system response to the NHS Long Term Plan and will link to the Health and Wellbeing Strategy that is being developed and consulted on by Public Health colleagues.



- 3.5 By gathering this engagement feedback, we will be able to:
- Identify opportunities to make financial savings
  - Better understand the community's priorities when making commissioning, decommissioning, disinvestment and investment decisions.
- 3.6 The Governing Body provided delegated approval for the final sign off the Big Conversation public engagement documents to the Lay Member for Patient and Public Involvement, the Chief Officer and the Clinical Chair, following feedback from Healthwatch, the Patient Reference Group and the Scrutiny Committee Chairs at their meeting on 2 July 2019. We would like to thank the Committee for the feedback given in July and the feedback we are receiving on the draft documents.

The draft Big Conversation documents have been shared with these groups and we are gathering final feedback in advance of the launch.

### 3.7 **Timescales**

Throughout May and June 2019, we have worked with Healthwatch and Cambridgeshire and Peterborough Health Scrutiny Committees as well as our own Patient Reference Group to develop the proposed approach to engagement.

We attended public Health Scrutiny meetings in July to present the process for engagement and gather their feedback. We have also shared the draft document with key stakeholders for feedback before the launch and are currently collating that feedback.

Healthwatch shared the outputs of their NHS Long-Term Plan engagement and survey responses. This has helped to shape the engagement process. The full report can be found on their website:

<http://www.healthwatchcambridgeshire.co.uk/news/what-would-you-do>

Healthwatch are also supporting us with two Community Values Panels which will feed into the Conversation. We will also be continuing to brief our Members of Parliament (MPs).

Following the work around the Community Service Review in June and July, it was decided not to run the Big Conversation over the summer but to wait until September. We therefore propose to launch the Big Conversation in mid-September, running until the mid of December 2019, subject to incorporating the views of stakeholders over the last week.

- 3.8 Key outputs will be as follows:
- Big Conversation document, infographics, Public Relations materials and survey developed with Healthwatch;
  - Impacts of lifestyle facts & figures;
  - Suite of materials, including leaflets, presentations, Frequently Asked Questions and social media tools;
  - Public Meetings.

## 4 **ANTICIPATED OUTCOMES OR IMPACT**

- 4.1 The Big Conversation will help the CCG better understand patient views when assessing impacts of service changes in future.

## 5. REASON FOR THE RECOMMENDATION

- 5.1 The CCG and system financial challenges provides an opportunity for a change in the conversation we have with the public about how we all use the NHS and the need to take more responsibility for our own health.

A wider debate, rather than a focus on traditional consultation processes will open up a new level of engagement that we can use going forward as we plan for the next 3-5 years.

This approach will step up our two-way communications with the public which will be vital to support our challenging financial plan for 2019-20.

## 6. IMPLICATIONS

### 6.1 Financial Implications

Funding for healthcare across Cambridgeshire and Peterborough is under pressure. We are currently buying more than we can afford, which means we need to make some difficult decisions about the services we can afford to provide in the future.

As a CCG we need to make savings of around £33 million. This is our part of the whole system challenge of £192 million. Much of this will be through work with our providers to cut down on duplication, reduce costs of running certain services, and setting clear prices for services, known as tariffs.

We are currently overspending £1 million pounds a week and need to review what we commission and focus on core NHS services that bring the most benefits for our patients.

### 6.2 Legal Implications

The CCG has a statutory duty to consult and engage with the public and key stakeholders:

#### **Section 14Z2 Health and Social Care Act 2012**

14Z2 Public involvement and consultation by clinical commissioning groups

<http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### 6.3 Equalities Implications

Where changes are proposed the CCG will ensure it engages with relevant patient groups and complete associated impact assessments. The Big Conversation itself will not propose changes to services but will seek to gain a steer from the public about how they would like us to provide services and address the challenges we face.

## 7. BACKGROUND DOCUMENTS

- 7.1 Big Conversation Communications & Engagement Plan paper to the Committee July 2019  
<https://democracy.peterborough.gov.uk/documents/s39405/8.%20CCG%20The%20Big%20Conversation%20Report%20-%20HSC%20-%20190709.pdf>

Refreshed Communications & Engagement Strategy July 2018

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/governing-body-papers-2019-20/>

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 7</b>
<b>18 SEPTEMBER 2019</b>	<b>PUBLIC REPORT</b>

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

**UPDATE ON CHANGES IN PRIMARY CARE LANDSCAPE IN PETERBOROUGH**

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

**1. ORIGIN OF REPORT**

- 1.1 The Health Scrutiny Committee has requested an update report on the changes in the primary care landscape in Peterborough.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 The report is being presented to provide an update on primary care, and specifically general practice to Committee members. The Committee received a report in November 2018 which advised members of the local implementation plans of the national General Practice Forward View (GPFV).

Information provided in this report is for the whole of Cambridgeshire and Peterborough, however, where available, specific data or information on Peterborough has been included.

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

**3. BACKGROUND AND KEY ISSUES**

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

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) developed a local strategy in conjunction in response to the national ambitions of the GPFV. The strategy was submitted to NHS England in 2017 and was assured as being a robust plan to be implemented locally.

Furthermore, the CCG has recently refreshed its Primary Care Strategy which will be used to support the development of the Cambridgeshire and Peterborough STP response to the NHS Long Term Plan which is due to be submitted in November 2019.

This report provides an update on Primary Care Networks, workforce, GP Access and mergers, detailing progress to date and highlighting any relevant risks. The risks are managed through the CCG's assurance framework and directorate risk registers and, where possible, mitigations are identified and documented.

### 3.2 **Primary Care Networks**

Cambridgeshire and Peterborough have established 21 Primary Care Networks (PCNs) which have been operational within the STP footprint and Alliance geography since 1 July. PCNs are an essential building block of Integrated Care Systems. A new Network Contract (called a DES), backed by financial entitlements, has been established. PCNs cover a typical population of 30,000-50,000 – and cover 100% of our geography. The intention is to provide resilience to practices by working at scale and working more closely with local communities, the local authority and other local providers. This works well with the new place-based neighbourhood teams we are developing alongside our partners. It should be noted that the PCNs have only just been set up and will take time to be more established and will develop at different paces.

Each PCN has nominated an accountable Clinical Director, and on the 17 July the CCG hosted a welcome event for all Clinical Directors. This was an opportunity to welcome new PCN Clinical Directors, networking with their peers and outline the CCG support offer. The agenda included practical information around the Network Contract DES, discussions around the new roles outlined in the DES (Social Prescribers and Clinical Pharmacists) and possible options for recruitment alongside agreeing how Clinical Directors would like to be involved moving forward.

Working as a system, we are increasingly looking at transformation projects through a North and South model through the alliances of the STP. Members of the North Alliance include the CCG, Directors local primary care representatives, the local authority, public health and NWAFT. Appendix one and two shows the geography of the Primary Care Networks in the North Alliance and their Clinical Directors.

### 3.3 **Workforce**

The new GP Contract is being implemented and, through a new Additional Roles Reimbursement Scheme, PCNs will be guaranteed funding for up to an estimated 20,000+ additional staff, nationally, by 2023/24, including:

- Clinical pharmacists (from 2019/20);
- Social prescribing link workers (from 2019/20);
- Physiotherapists (from 2020/21);
- Physician associates (from 2020/21); and
- First contact community paramedics (from 2021/22).

The Additional Roles Reimbursement scheme will meet a recurrent 70% of the costs of additional clinical pharmacists, physician associates, physiotherapists, and first contact community paramedics; and 100% of the costs of additional social prescribing link workers. We recognise the importance of the wider primary care workforce and the need to develop a community multi-disciplinary team (MDT), as set out in the new GP contract and the NHS Long Term Plan. More GP's, social prescribers and pharmacists will help reduce pressure and stabilise primary care and the domiciliary workforce.

Our CCG is currently focused on providing PCNs with opportunities regarding the new roles for 2019/20. Social Prescribers may be new to some PCNs, however, currently the Local Authority and Community Voluntary Services (CVS) employ this role and there is an opportunity to work with these colleagues moving forward. One option is that CVS could potentially employ the social prescribers, on behalf of the PCNs, however, it would be dependent on the social prescribing model the PCN may choose to implement.

In June 2019, the CCG worked with PCNs to determine baseline numbers in regard to the new additional roles. The CCG are currently working with PCNs in Cambridgeshire and Peterborough, to support how this investment could be maximised to enable PCNs to deliver on the seven service specifications set out in the Network Contract DES, for their respective local populations. The CCGs continues to work with PCNs to ensure that the opportunities that the Additional Roles Reimbursement Scheme provides, are maximised to support creating a sustainable workforce in Cambridgeshire and Peterborough.

### 3.4 GP Access (Extended Hours and Improved Access)

#### Extended Hours

Delivery of the extended hours agreement requires GP practices to deliver additional capacity for their own registered populations. From 1 July 2019, the funding for Extended Hours transferred into the Network Contract DES and PCNs' constituent practices will deliver extended hours access to their collective registered population.

In addition, the Network Contract DES also requires each GP practice to provide one practice appointment per day, per 3,000 patients will be made available for direct appointment booking by NHS 111, commencing 1<sup>st</sup> July 2019.

#### Extended Access

The General Practice Forward View (GPFV) published in April 2016 sets out a plan of investment to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to improve patient care and access and invest in new ways of providing primary care by 2020. By 1<sup>st</sup> October 2018, CCGs were required to implement improved access for 100% population coverage to ensure easier and more convenient access to GP services, including pre-bookable and same day appointments at evening and weekends by delivering additional capacity (30mins per 1,000 population rising to 45 minutes). Cambridgeshire & Peterborough CCG achieved this requirement.

The core criteria for Improved Access 2019/20 are currently being confirmed. Proposed changes include:

- Delivery of at least 75% utilisation of extended access appointments by 31 March 2020 if the service went live in 2017/18; and at least 85% utilisation if the service was live before 2017/18;
  - NOTE: Greater Peterborough Network Federation (GPN) have been providing improved access for Peterborough population since 2017/18 services and will be required to deliver the higher target rate of 85% utilisation from September 2019.
- 100% of CCGs have fully addressed inequalities based on implementation of their local plans by 30 September 2019;
- Ensure extended access appointments have parity with digital access to other general practice services, this includes offering online consultations for extended access appointments, and ensuring extended access appointments can be booked online;
- 100% of practices are utilising reports from the NHS England GP Workload Tool or equivalent tools to measure capacity and demand for services and take appropriate actions to redesign and reduce workload by 30 September 2019;
- 100% NHS 111 direct booking into extended access services for the whole population covered by 31 March 2020.

In July 2019 GPN provided an additional 3194 appointments. This resulted in an additional 2,724 patient consultations booked in the evening and at weekends. The current utilisation rate is 78%, which includes 248 appointments that were booked, but patients did not attend (DNA). GPN would have achieved 85% utilisation rate if the DNA rate had been at zero, therefore continue to monitor and implement processes to reduce the DNA rate. Overall, GPN are performing well compared with the other Extended access providers across CCG population.

#### GP Access Review – plans going forwards

By April 2021 NHSE expect that the funding for the existing Extended Hours Access DES and for the wider CCG commissioned extended access service will fund a single, combined access offer as an integral part of the Network Contract DES, delivered to 100% of patients including through digital services such as the NHS App. NHS England will work with stakeholders including GPC England on a single coherent access offer that PCNs will make, for both physical and digital services. This will deliver convenient appointments 'in hours', reduced duplication and better integration between settings such as 111, urgent treatment centres and general practice.

NHSE continue to engage with various stakeholder groups and expect to report outcomes by

October 2019. The CCG will review their commissioning plans for 2020/21, to reflect the outcomes of the national review.

### 3.5 **GP Practice Mergers and other updates**

The General Practice Forward View (GPFV) confirmed the need for practices to come together to explore new, innovative ways of delivering Primary Care at scale. As with many issues there is no 'right answer' and the decision about the scale of joint working and whether to formally merge or simply work in a federated model will depend on local circumstances.

There is a clear process for practices who wish to merge or join an existing federation of GP practices.

NHS England East manages the legal and financial due diligence process which looks in detail at working models, business case development, financial and contractual arrangements, patient engagement and communication as well as staffing considerations. The due diligence process also looks at the benefits of the proposed merger for patients. This can often mean more specialist services available to patients, more support for clinical staff, ability for clinical staff to focus on training and practising areas of speciality, therefore reducing referrals to secondary care, reduced running costs for individual practices as cost such as insurance and back office functions are shared.

Octagon merged on 1 July 2018 in the first instance, following this due diligence process by NHSE and CCG teams. As part of the NHSE due diligence process Octagon were asked to describe in full how they would engage and consult with patients around these practice mergers. With support from the CCG a patient engagement strategy was drawn up. Octagon, the CCG and NHSE had to make decisions on what would be reasonable, proportionate and acceptable levels of patient engagement. Our local Healthwatch were also involved in drawing up these engagement plans and involved in representing the voice of the patients at planning meetings and were happy with the level of patient engagement and has since been really pleased that Octagon have responded positively to Healthwatch suggestions around patient engagement and patient experience

The CCG have sought further advice and wherever possible it would be preferable to contact each patient, costs permitting. The Primary Care Commissioning Committee will be considering this in future merger applications.

With regard to patient records the advice given by NHSE was that if the what the patient experiences with regard to their records, remains largely the same then reasonable and proportionate communication and engagement with patients around the merger is acceptable. In this case the patient records are still kept at the original practice and used in the same way. If a practice is closing and patients and patient records are being transferred to a new practice at a new location, then a letter would be the best way to let patients know. NHS England have confirmed that there has been no breach of confidentiality.

The Primary Care Commissioning Committee will be considering this in future merger applications. CCGs and NHSE continue to work with the Information Commissioner's Office to ensure that all patient data is protected and used within the guidance set out by GDPR.

#### **Nightingale Scheme**

The Nightingale Scheme has unfortunately been delayed due the electricity sub-station upgrade which has now been completed by UK Power Networks. The contractor is proposing 28th/29th September 2019 as the Practical Completion date; however, this is dependent on a number of issues including the date mains electricity will be live to the building and Health & Social Care Network (HSCN) being installed to support GP Clinical IT system. The projected timeline for patients to be accessing services from the Nightingale site is estimated to be end of October 2019, to allow sufficient time for final checks, contractual changes and quality assurances to be in place.

The CCG is working closely with the Project Team to implement the mobilisation plan as we move into the final phase of the project to ensure a smooth transition of the Welland Practice patients

to the new Nightingale site. The Welland Team have erected banners outside the site and are keeping patients updated. Once the site is operational, the CCG will be looking to disperse the patient list from Dogsthorpe Surgery and offering patients the choice to register at Nightingale or alternative GP provider within the catchment area.

### Church Walk Branch Closure

Church Walk Surgery has been operating as a branch site to the GMS Contract of Welland Surgery, Eye Road in Peterborough. The closure of Church walk formed part of the overall plan to relocate services into the new Nightingale Medical Centre on Western Avenue when the building work on the new Nightingale premises were complete

The original timeline for completion, would have seen services operating from the new premises by June/July 2019 but inevitably there have been delays to the building work which means that the 'move in' date has had to be pushed back.

During the past month, an extension to the premises lease for Welland Surgery's main site on Eye Road has been agreed which will enable the Practice to remain in the current premises until the move to Nightingale Medical Centre. However, unfortunately, it had not been possible to secure an extension to the building lease on the Church Walk branch and therefore the site closed at the end of June 2019.

Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) and NHS England & NHS Improvement (NHSE&I) are working closely with the Partners at Welland Medical Practice to ensure the continued provision of primary medical care to all patients of the Practice.

Following the closure of the Church Walk branch, the majority of appointments will be held at the Practice's main site at Eye Road, with some services temporarily delivered from Parnwell Medical Centre, Saltergate, Parnwell, Peterborough, PE1 4YL, until the new building is ready.

All households have received written communication to advise them of the above arrangements and will be informed of their exact appointment location when booking.

NHSE&I and the CCG will continue to work with the team at Welland Medical Practice to ensure a smooth transition to the new Nightingale Medical Centre with as little disruption for patients as possible.

## 3.6 Primary Care Quality

3.6.1 The Primary Care Commissioning Committee receives regular reports on the quality of primary care in the CCG area. The quality monitoring includes practices that are rated as 'Inadequate' or 'Requires Improvement' (RI) by the Care Quality Commission (CQC). The Committee meets in public and is a formal sub-committee of the Governing Body with a voting membership of lay member and Executive members. Healthwatch also sit on the Committee.

The report also highlights updates regarding key reportable quality indicators including Family and Friends Test Data, Complaints and Serious Incidents within Primary Care Practices.

### 3.6.2 Overview of the Care Quality Commission (CQC) Inspection Reports

A summary of all CCG General Medical Practices and Service Providers current CQC rating is attached as Appendix 1. The table below is all practices which have a rating of Requires Improvement or Inadequate

GP Name	Location	Report Date	O	S	E	C	R	W
Hampton Health	Peterborough	05-Jun-18						
Haddenham Surgery	E Cambs	30-Apr-19						
Dogsthorpe Medical Centre	Peterborough	16-Apr-19						
Orton Bushfield Medical Centre	Peterborough	14-Apr-19						
Welland Medical Practice	Peterborough	14-Jan-19						
Westwood Clinic	Peterborough	04-Jan-19						
North Brink Practice	Fenland	09-Jan-19						
Old Fletton Surgery	Peterborough	04-Dec-18						

**KEY**

Outstanding
Good
Requires improvement
Inadequate

	IA	RI	GO	OU	NR	Total
England	78	277	6031	314	360	7060
	1.2%	4.1%	90.0%	4.7%	5.1%	
East of England	14	32	609	25	33	713
	2.1%	4.7%	89.6%	3.7%	4.6%	
CPCCG	2	5	77	6	6	96
	2.2%	5.6%	85.6%	6.7%	6.3%	

### 3.6.3 CQC inspection update

Hampton Health have had a re-inspection during May and the report was published 5 June 2019. They have been rated 'requires improvement' overall and for 1 of the 6 population group ratings. This report was an improvement from October 2018 where the Practice were rated 'require improvement' in 4 Key Lines of Enquiry and 'inadequate' in 1 Key Line of Enquiry.

In June CQC inspections have taken place at Cedar House Surgery – Lakeside Healthcare and Welland Medical Practice. As part of the 'Dr Laliwala Partnership' at Welland Medical Practice, an unannounced inspection took place on the same day at Ailsworth Surgery. This inspection included the main surgery (Ailsworth) and both branch surgeries at Parnwell and Newborough.

In July CQC inspections have taken place at St Neots Health Centre, Westwood Clinic, Octagon and West Cambs Federation.

### 3.6.4 Quality update for practices rated as 'Inadequate' or Requires Improvement'

Provider	Key Issues	Key Actions	Progress since last report
<b>Hampton Health</b> PMS contract The practice has 4 partners and has applied to merge with Octagon. A soft merge of non-clinical aspects has commenced.	<b>Requires Improvement</b> Evidence of sustained improvement to responding to patient experience. Risk assessments – fire safety PGD's – out of date Systems for prescribing stationary		Previous inspection October 2018. Improvements noted for strengthened leadership.
<b>Dogsthorpe Medical Centre</b> PMS contract managed by McLaren Perry Will transfer to the Nightingale Practice in September 2019 led by Dr Laliwala and Partners.	<b>Requires Improvement</b> Third CQC inspection took place on 21.2.19 and rating improved from Inadequate to Requires Improvement.  Governance systems and process now in place rating for 'Safe' has improved to 'Good'.	To improve Effective, Caring and Responsive domains.  Local data has improved but the published data used for the inspection is last year's data.	
<b>Orton Bushfield Medical Centre</b> GMS contract The practice has 1 partner.	<b>Inadequate</b> CQC completed a second full inspection on 27.2.19 and practice continues to be Inadequate overall. The rating for Caring has moved from Ri to Good.  Lack of leadership Lack of oversight to ensure systems and processes are in place to manage risks effectively.  Remedial notice issued for poor governance of vaccine process.		Section 31 issued 6.6.19 Thorpe Road Surgery supporting for 12-week period. Patient safety risks identified by CQC are being addressed. Thorpe Road have provided a full-time practice manger and lead GP. A new CQC action plan is in place and areas have been identified and working towards addressing them.



	Improvements made service resumed.		
<b>Welland Medical Practice</b> GMS contract The family run practice is led by Dr Laliwala and Partners. Welland has a branch practice at Church Walk (see Westwood Clinic).	<b>Inadequate</b> Lack of leadership and visibility Poor clinical governance and oversight Poor management of medicine risks. Unsafe practices regarding recruitment of staff Instability of practice leadership Transition of practice to a new build called Nightingale Medical Practice.	Extensive support from CCG quality directorate and Medicine Optimisation Team. Royal College of General Practitioners (RCGP) visited both Westwood and Welland Medical Centre on 21 <sup>st</sup> May. Practice have received a detailed action plan and resources to support. RCGP provided extensive support prior to re-inspection.	Practice closed branch surgery on 21.6.19. Patients have the choice to be at Parnwell MC or at Welland MP. Minimum patient engagement completed. RCGP provided intensive support prior to inspection.  CQC re-inspection on 25.6.19 awaiting factual accuracy
<b>Westwood Clinic</b> GMS contract Family run practice led by Dr Laliwala and partners. Other practices include Welland Medical Practice and branch at Church Walk, Ailsworth Medical Centre and branch at Newborough and Parnwell.	<b>Inadequate</b> Inconsistent process patient and medicine safety alerts. Lack of support and oversight of clinicians Governance systems and processes not embedded No oversight of high-risk medicine prescribing Poor patient experience QOF data lower than CCG average and exception reporting very high	Royal College of General Practitioners (RCGP) have provided support from April 19. There is 18 hours of support left from the package.	Follow up CQC inspection on 04.07.19. The risks were escalated to CCG. Practice unable to provide assurance of clinical leadership to the risks and a Section 31 urgently suspending registration was issued on 16.07.19  Dr Shah at Thorpe Road has agreed to subcontract for a 4-week period.  Action plan in place and Dr Shah has oversight of the practice.  CCG supporting and gaining assurance weekly.
<b>Old Fletton Surgery</b> GMS contract The practice has 6 partners.	<b>Requires Improvement</b> Establish effective systems and processes of good governance.	Action plan in place improvements noted during quality visit.	

3.6.5

### Friends and Family Test (FFT)

Data responses improved in May 2019 following a reminder letter sent to 57 of the 91 Practices that had not submitted their 'Friends and Family' to NHS England in January 2019. A second letter was sent in June to the 23 Practices that continued to not submit their 'Friends and Family' data. In June 2019 data submissions declined to 50 of the 91 Practices not submitting 'Friends and Family' data.

Of the 41 Practices, 12 submitted a zero response and 16 had over 80% of their patients recommending them. Five Practices received 100% recommending their Practice. The list of local Practices that submitted 30 or more responses were:

- Botolph Bridge Community Health Centre
- Wansford Surgery
- Yaxley Health Centre

## 4. CONSULTATION

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

meetings are held in public for maximum transparency and engagement.

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

## **5. REASON FOR THE RECOMMENDATION**

5.1 The Health Scrutiny Committee is asked to comment and note the update

## **6. APPENDICES**

6.1 Appendix 1 Primary Care Networks Overview

Appendix 2 Primary Care Networks Maps for Cambridgeshire and Peterborough

## Primary Care Networks - Overview

As of 1 July, Cambridgeshire and Peterborough CCG has twenty one Primary Care Networks. This consists of twelve in the North and nine in the South. The below table outlines all PCNs and Clinical Directors:

North		South	
PCN Name	Clinical Director	PCN Name	Clinical Director
A1 Network	Dr Jo Pritchard	Cam Medical Network	Dr Marie Waters Dr Stephen Ford
BMC Paston	Dr Adnan Tariq	Cambridge City	Dr Rachel Harmer Dr Tom Shackleton
Central Thistle Moor	Dr Neil Modha Dr Toseef Sethi	Cambridge North Villages	Dr Craig Needs Dr Simon Poole
Octagon	Dr Sanath Yogasundram	Cantab Medical Practices	Dr Kevin Webb
Huntingdon	Dr Duncan Blake	Ely North	Dr Zoe Hutchinson
Wisbech	Dr Mandeep Sira	Ely South	Dr Richard Brixey
Peterborough 1	Dr Tabasum Shah	Granta Medical Practice	Dr Duncan Sconce
Fenland	Dr Ben Curtis	Meridian	Dr Vanessa Lockyer
South Fenland	Dr Angela Stevens-King Dr Simon Hambling	Woodlands	Dr Cathy Bennett
South Peterborough	Dr Peresh Gela		
St Ives	Dr Sean Culloty		
St Neots	Dr Stuart Shields		

## North Primary Care Networks – further detail

North		
PCN Name	Practices	List Size
A1 Network	Buckden and Little Paxton Surgeries; Alconbury and Brampton Surgeries; Wellside Surgery; Kimbolton Medical Practice	33,735
BMC Paston	Boroughbury Medical Centre; Paston Health Centre	39,808
Central Thistlemoor	Thistlemoor Medical centre; Central Medical Centre	38,830
Octagon	Octagon Medical Practice; Hampton Health	94,427
Huntingdon	Priory Fields Surgery; Hicks Group Practice; Papworth Surgery; Acorn Surgery	43,972
Wisbech	Trinity Surgery; Parson Drove Surgery; Clarkson Surgery; North Brink Practice	50,526
Peterborough 1	Ailsworth Medical Centre; Botolph Bridge Community Health centre; Dogsthorpe Medical Centre; Orton Bushfield Medical Practice; The Grange Medical Centre; Thorpe Road Surgery; Welland Medical Practice; Westwood Clinic	40,267
Fenland	Ramsey Health Centre Partnership; The Cornerstone Practice; Merchford House; The Riverside Practice	30,530
South Fenland	George Clary Surgery; Fenland Group Practice; Priors Field Surgery	30,455
South Peterborough	Yaxley Group Practice; New Queen Street Surgery; Old Fletton Surgery; Oundle Medical Practice; Wansford and Kings Cliffe	67,659
St Ives	The Old Exchange Surgery; The Spinney Partnership; Moat House Surgery; Church Street Health Centre; Cromwell Place Surgery; Riverport Medical Practice	46,389
St Neots	Cedar House Surgery; Great Staughton Surgery; St Neots Health Centre; Monkfield Medical Practice; patients assigned for Almond Road (TBC)	53,521

## South Primary Care Networks – further detail

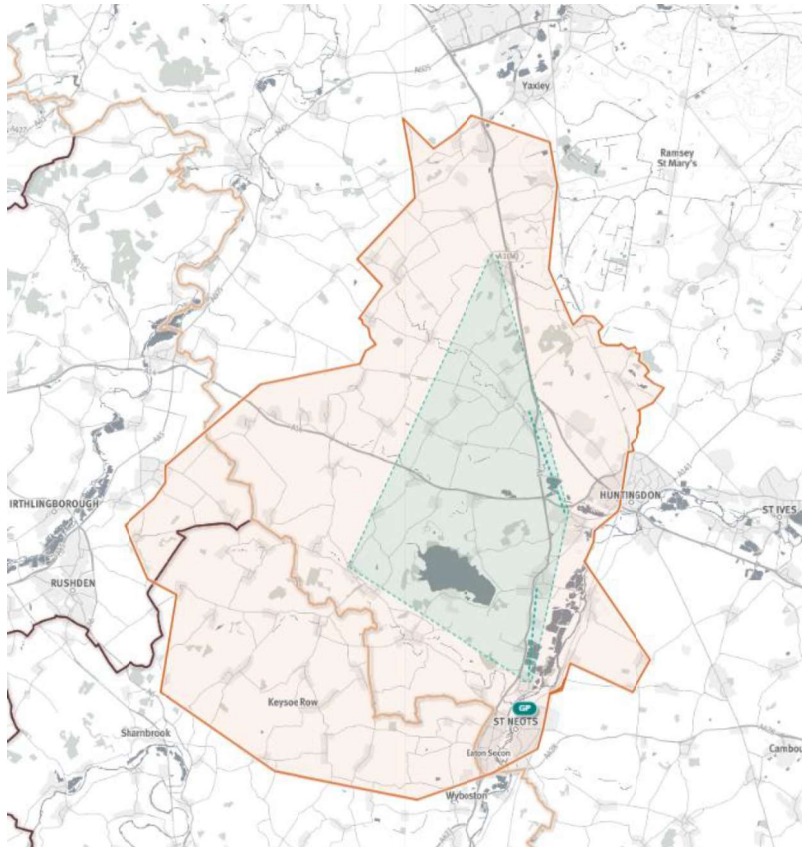
South		
PCN Name	Practices	List Size
Cam Medical Network	Newnham Walk Surgery; Lensfield Medical Practice; Trumpington Street Medical Practice	46,207
Cambridge City	Nuffield Road Medical Centre; Arbury Road Surgery; York Street Medical Practice; East Barnwell Health Centre; Bottisham Medical Practice; Cambridge Access Surgery	50,615
Cambridge North Villages	Firs House Partnership; Willingham Medical Practice; Over Surgery; Cottenham Surgery; Swavesy Surgery; Maple Surgery; Waterbeach Surgery; Milton Surgery	47,259
Cantab Medical Practices	Bridge Street Medical Centre; Huntingdon Road Surgery; The Red House	49,675
Ely North	Cathedral Medical Centre; St Mary's Surgery; St George's Medical Centre	38,009
Ely South	Staploe Medical Centre; Burwell Surgery; Haddenham Surgery	37,391
Granta Medical Practice	Granta Medical Practice	43,218
Meridian	Bourn Surgery; Harston Surgery; Comberton and Eversden Surgeries; Orchard Surgery; Roysia Surgery; The Health Centre Practice	48,540
Woodlands	Woodlands Surgery at Eden House; Cherry Hinton and Brookfields Medical Practice; Queen Edith Medical Practice; Cornford House Surgery; Mill Road Surgery; Petersfield Medical Practice	56,601

This page is intentionally left blank

# Primary Care Network Mapping

# A1 Network

PCN01



- D81045 Buckden and Little Paxton Surgeries
- D81004 Alconbury & Brampton Surgeries
- D81027 Wellside Surgery
- D81038 Kimbolton Medical Practice

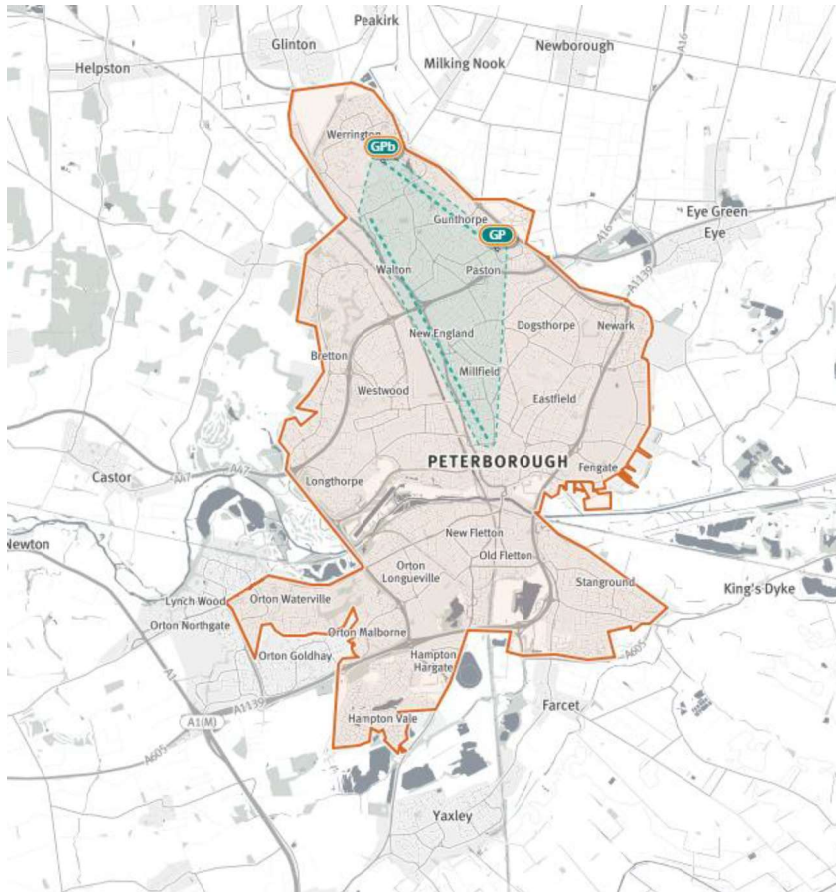
List Size: 33,735

Clinical Director: Dr Jo Pritchard  
Email: [jopritchard1@nhs.net](mailto:jopritchard1@nhs.net)



# BMC Paston

PCN02



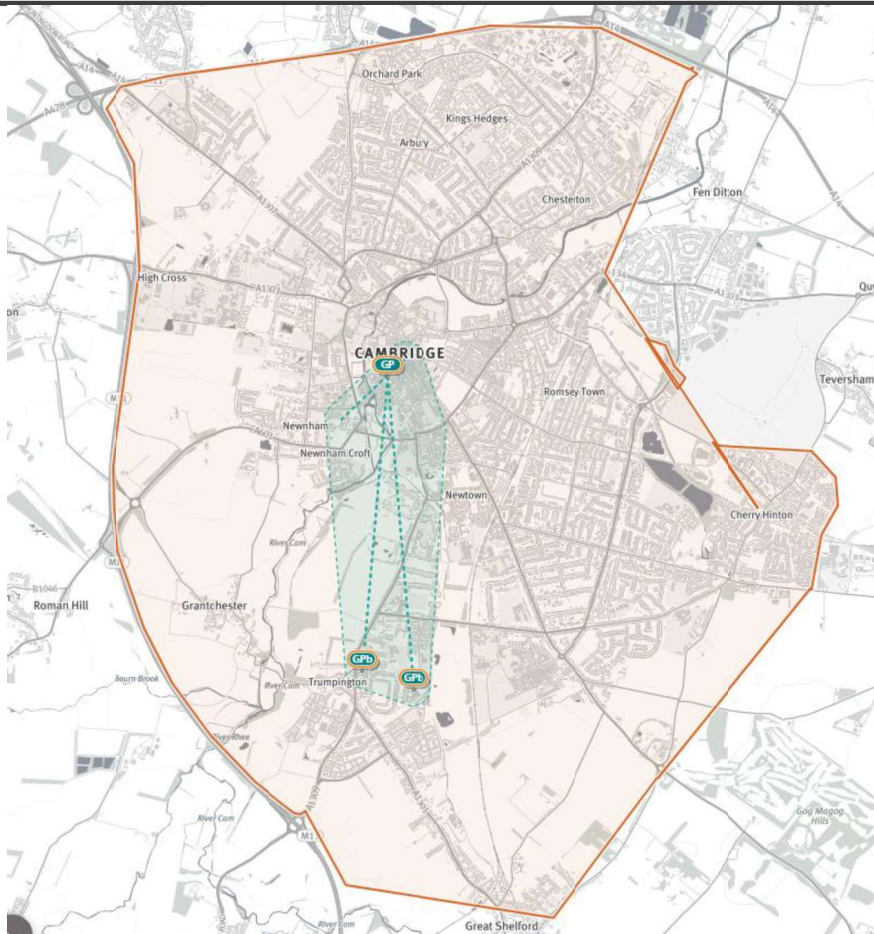
D81026 Boroughbury Medical Centre  
D81023 Dr R C Patel & Partners

List Size: 39,808

Clinical Director: Dr Adnan Tariq  
Email: [adnantariq@nhs.net](mailto:adnantariq@nhs.net)

# Cam Medical Network

PCN03



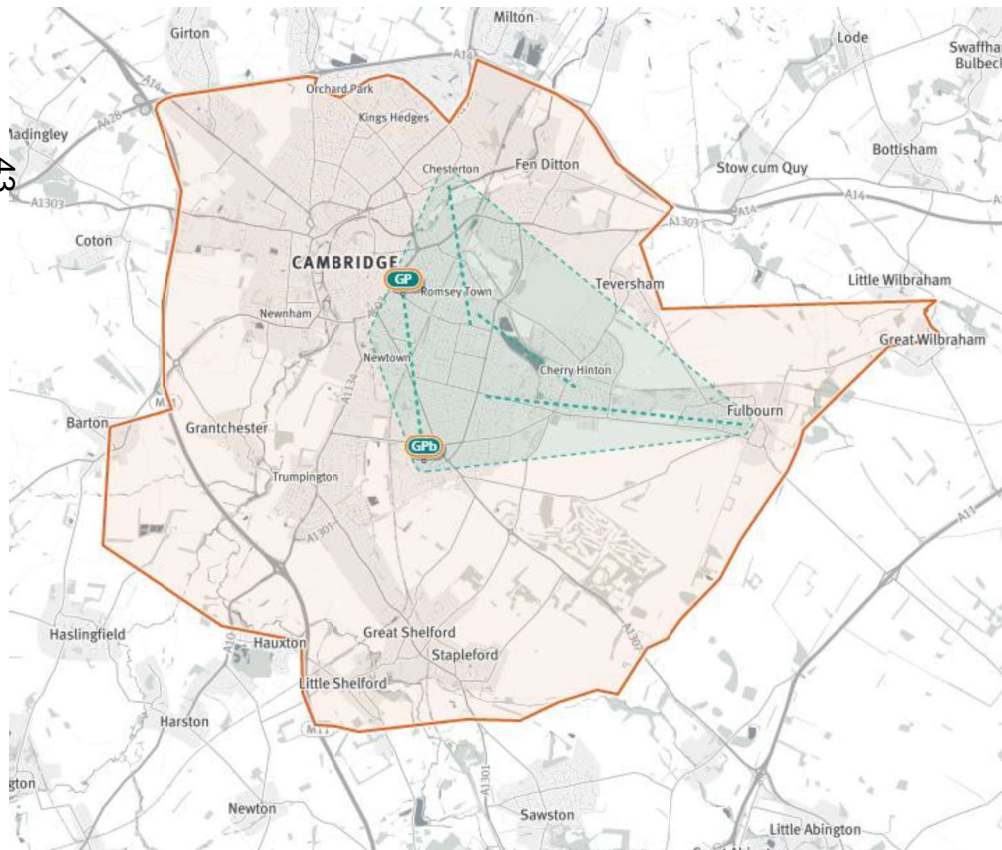
D81005 Newnham Walk Surgery  
D81001 Lensfield Medical Practice  
D81013 Trumpington Street Medical Practice

List Size: 46,207

Clinical Director: Dr Stephen Ford / Dr Marie Waters  
Email: [stephen.ford1@nhs.net](mailto:stephen.ford1@nhs.net); [mariewaters@nhs.net](mailto:mariewaters@nhs.net)

# Cambridge City PCN4

PCN04



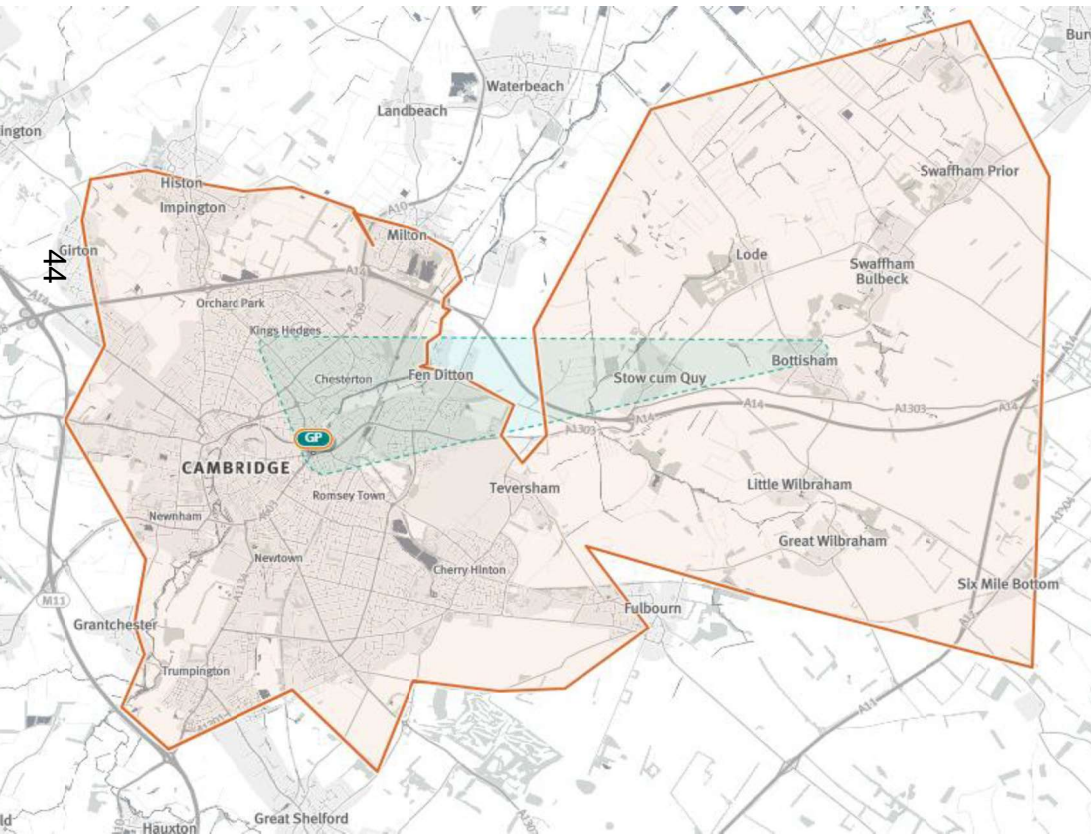
- D81070 Woodlands Surgery at Eden House
- D81025 Cherry Hinton & Brookfields Medical Practice
- D81066 Queen Edith Medical Practice
- D81012 Cornford House Surgery
- D81017 Mill Road Surgery
- D81056 Petersfield Medical Practice

List Size: 56,601

Clinical Director: Dr Cathy Bennett  
Email: [catherine.bennett@nhs.net](mailto:catherine.bennett@nhs.net)

# Cambridge City

PCN05



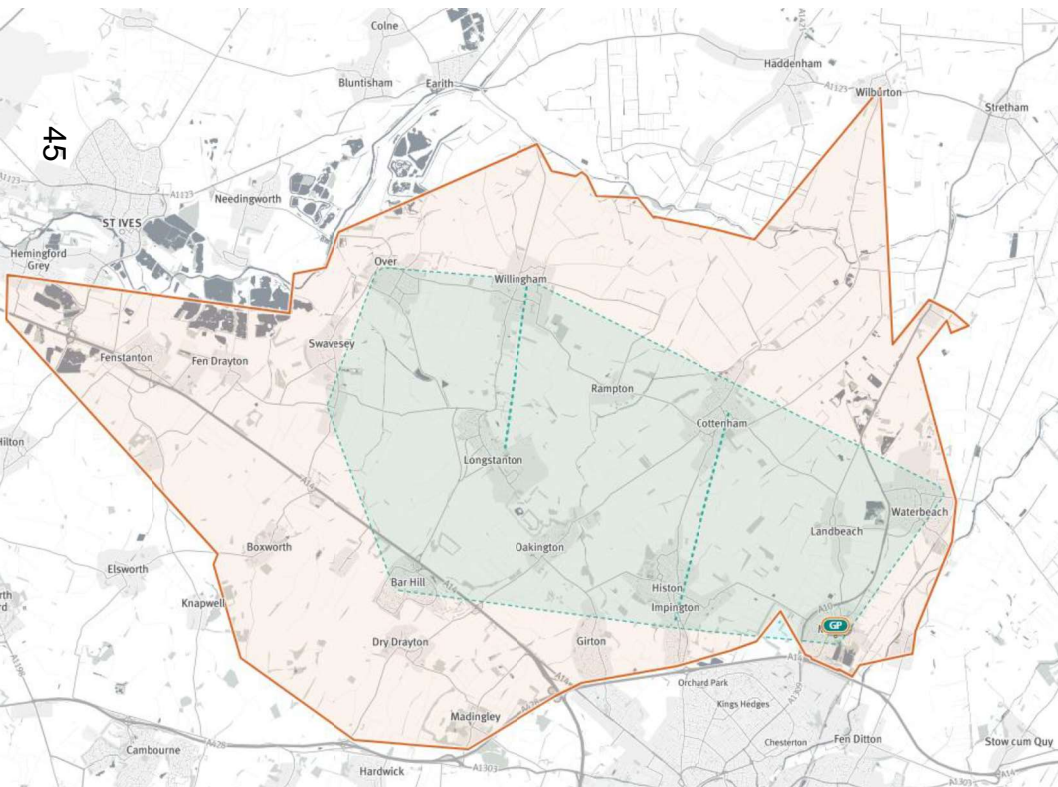
- D81044 Nuffield Road Medical Centre
- D81016 Arbury Road Surgery
- D81003 York Street Medical Practice
- D81086 East Barnwell Health Centre
- D81055 Bottisham Medical Practice
- Y00056 Cambridge Access Surgery

List Size: 50,615

Clinical Director: Dr Tom Shackleton / Dr Rachel Harmer  
Email: [tomshackleton@nhs.net](mailto:tomshackleton@nhs.net); [rachel.harmer@nhs.net](mailto:rachel.harmer@nhs.net)

# Cambridge North Villages

PCN06



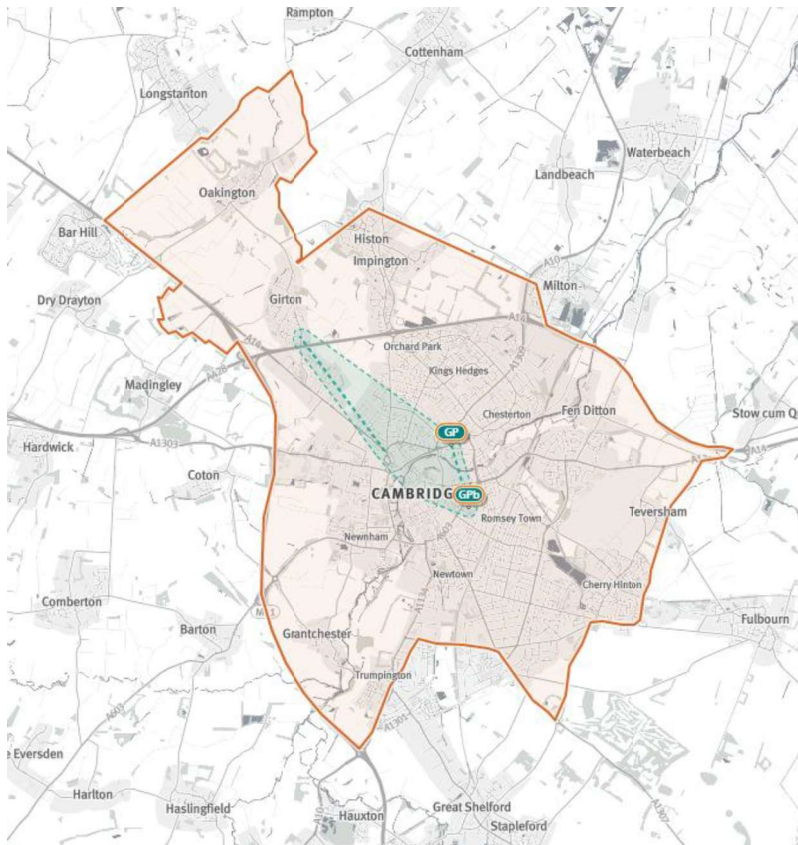
- D81028 Firs House Partnershp
- D81084 Wilingham Medical Practice
- D81033 Over Surgery
- D81602 Cottenham Surgery
- D81607 Swavesey Surgery
- D81078 Maple Surgery
- D81042 Waterbeach Surgery
- D81612 Milton Surgery

List Size: 47,259

Clinical Director: Dr Simon Poole / Dr Craig Needs  
Email: [simon.poole1@nhs.net](mailto:simon.poole1@nhs.net); [craig.needs@nhs.net](mailto:craig.needs@nhs.net)

# Cantab Medical Practices

PCN07



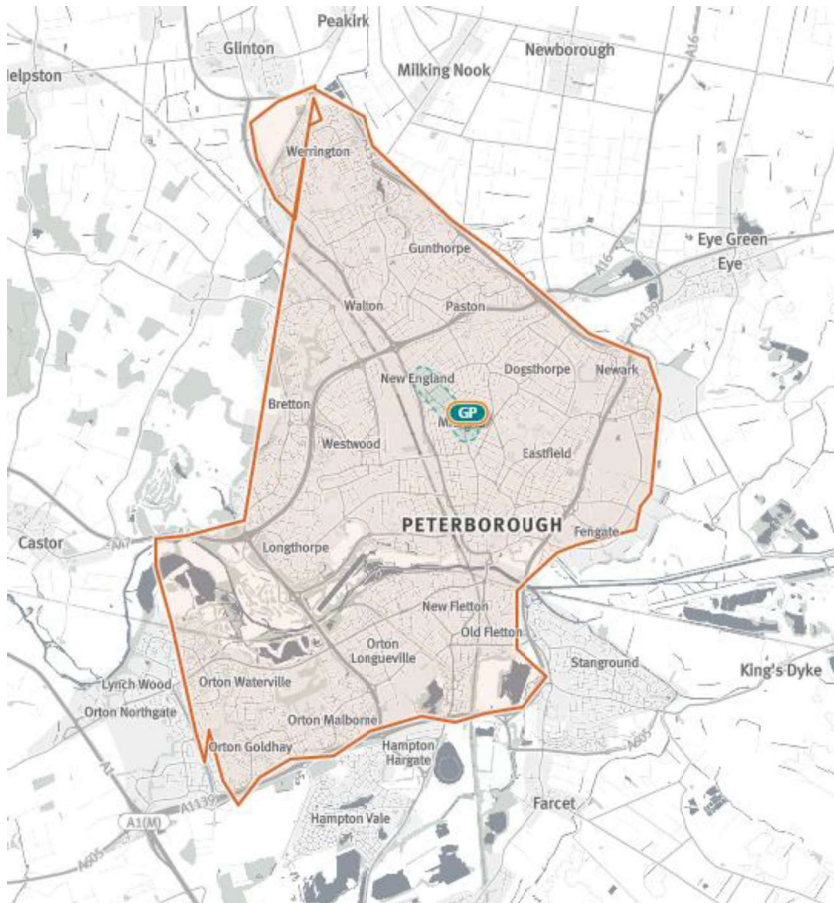
D81037 Bridge Street Medical Centre  
D81002 Huntingdon Road Surgery  
D81054 The Red House

List Size: 49,675

Clinical Director: Dr Kevin I Webb  
Email: [kevin.webb1@nhs.net](mailto:kevin.webb1@nhs.net)

# Central Thistlemoor

PCN08



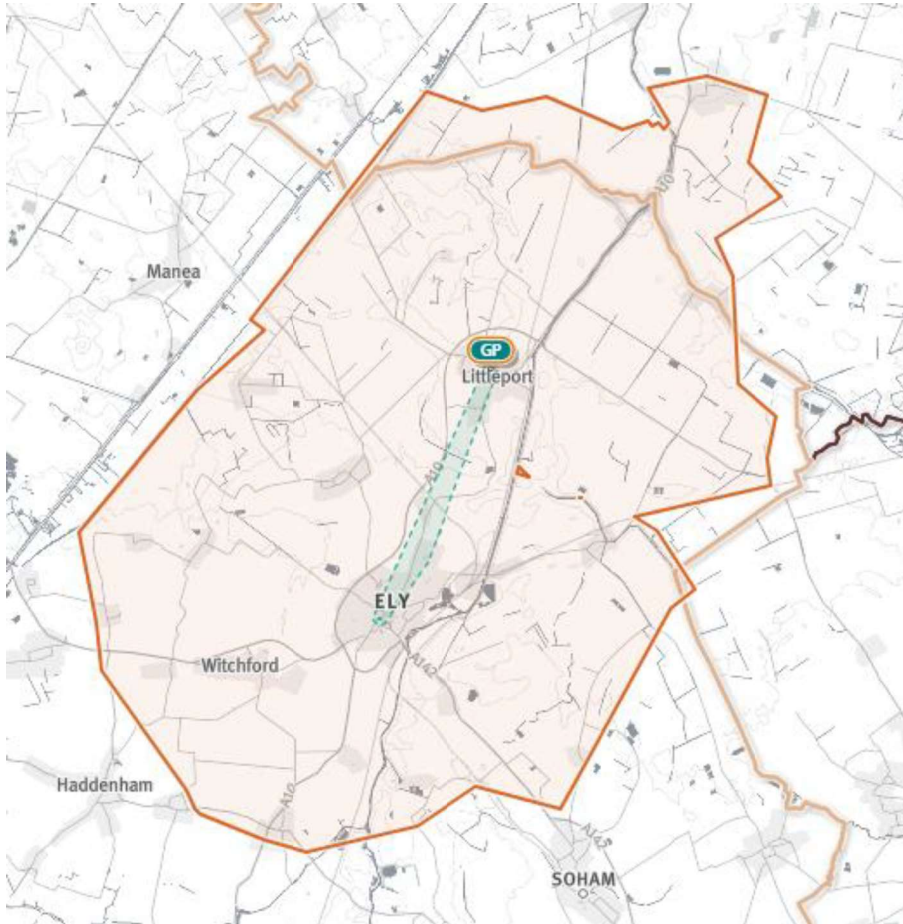
D81625 Thistlemoor Medical Centre  
D81631 Central Medical Centre

List Size: 38,830

Clinical Director: Dr Neil Modha/ Dr Toseef Sethi  
Email: [Neil.modha1@nhs.net](mailto:Neil.modha1@nhs.net); [Toseefsethi@nhs.net](mailto:Toseefsethi@nhs.net)

# Ely North

PCN09



Y00185 Cathedral Medical Centre  
D81034 Dr McCormack & Partners/ St Marys Su  
D81021 St George's Medical Centre

List Size: 38,009  
Clinical Director: Dr Zoe Hutchinson  
Email: [z.hutchinson@nhs.net](mailto:z.hutchinson@nhs.net)



# Ely South

PCN10

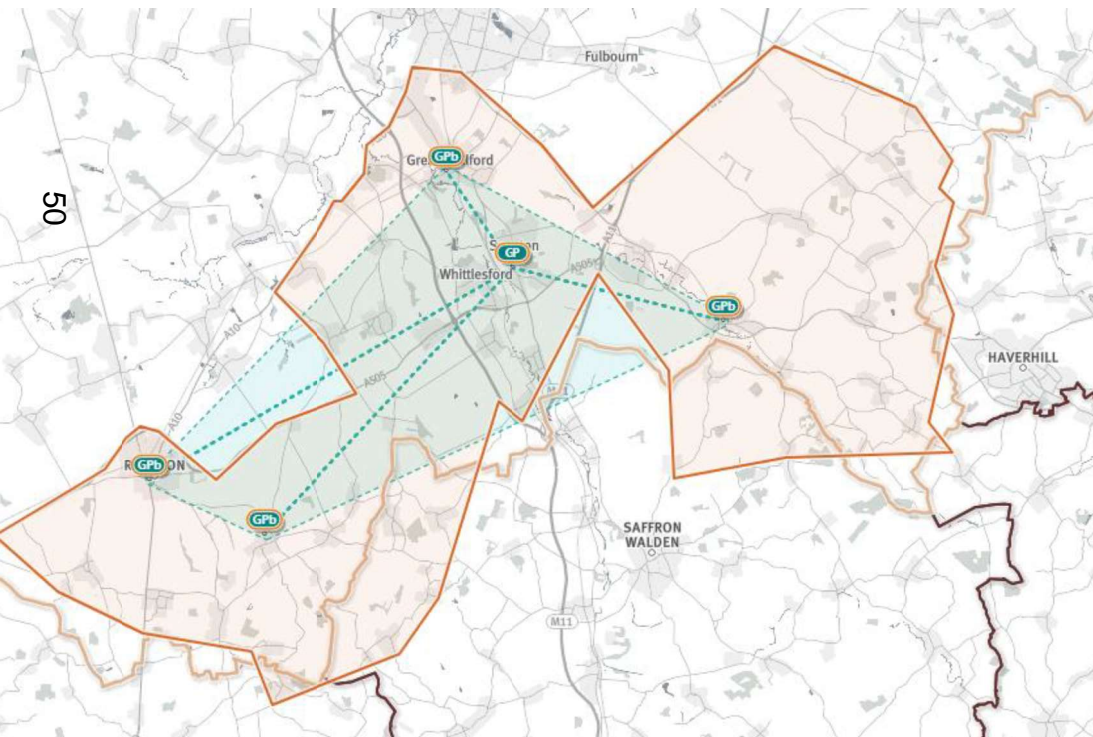


D81014 Staploe Medical Centre  
D81051 Burwell Surgery  
D81062 Haddenham Surgery

List Size: 37,391  
Clinical Director: Dr Richard Brixey  
Email: [richard.brixey@nhs.net](mailto:richard.brixey@nhs.net)

# Granta Medical Practice

PCN11



D81043 Granta Medical Practice

List Size: 43,218

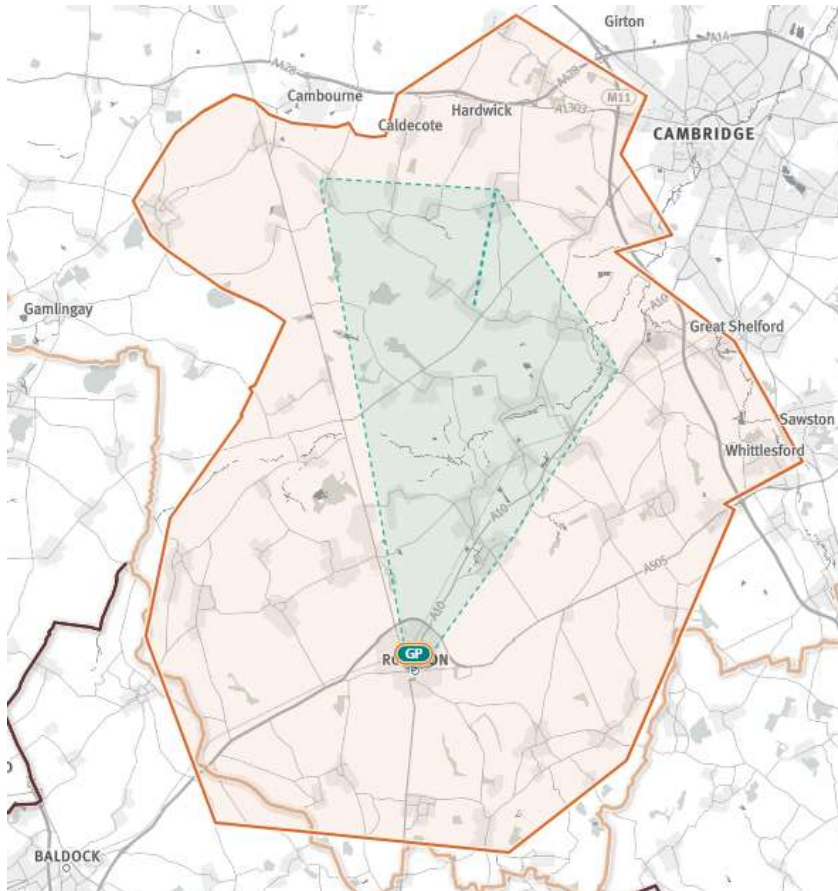
Clinical Director: Dr Duncan Sconce

Email: [d.sconce@nhs.net](mailto:d.sconce@nhs.net)

# Meridian

PCN12

51



- D81041 Bourn surgery
- D81058 Harston Surgery
- D81035 Comberton & Eversden surgeries
- D81018 Orchard Surgery
- E82132 Roysia Surgery
- E82072 The Health Centre Practice

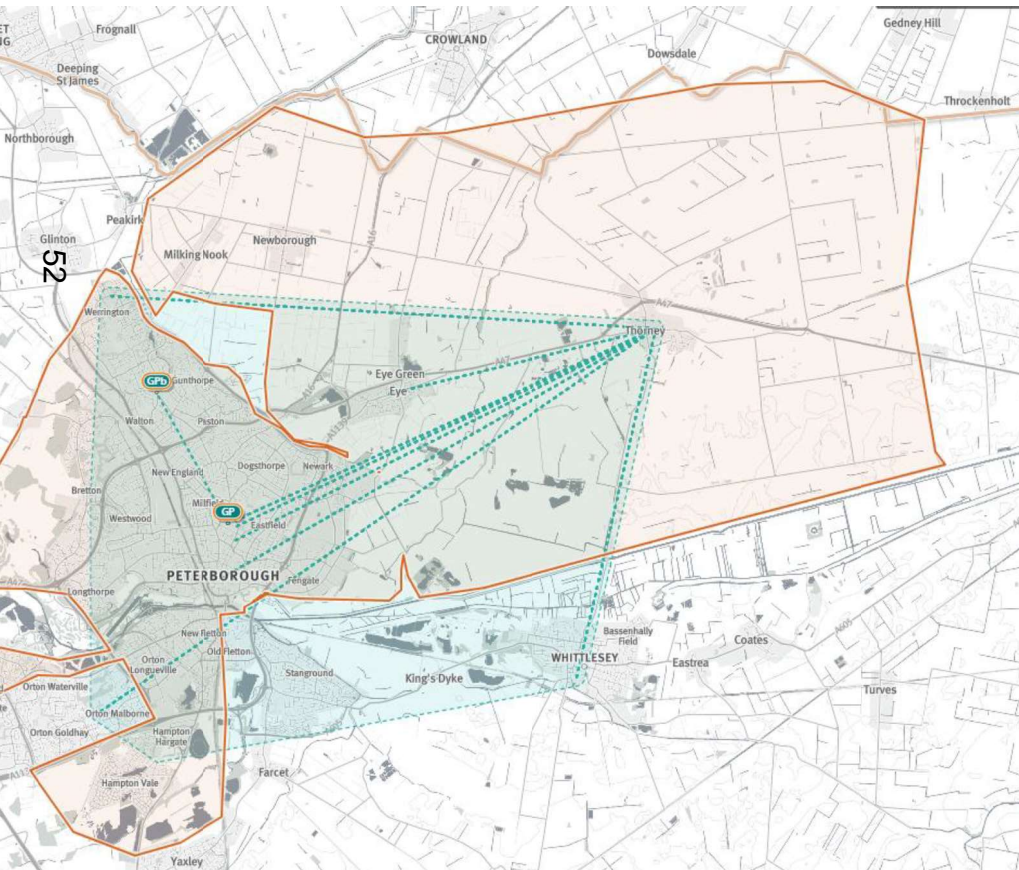
List Size: 48,540

Clinical Director: Dr Vanessa Lockyer

Email: [vanessa.lockyer@nhs.net](mailto:vanessa.lockyer@nhs.net)

# Octagon

PCN13

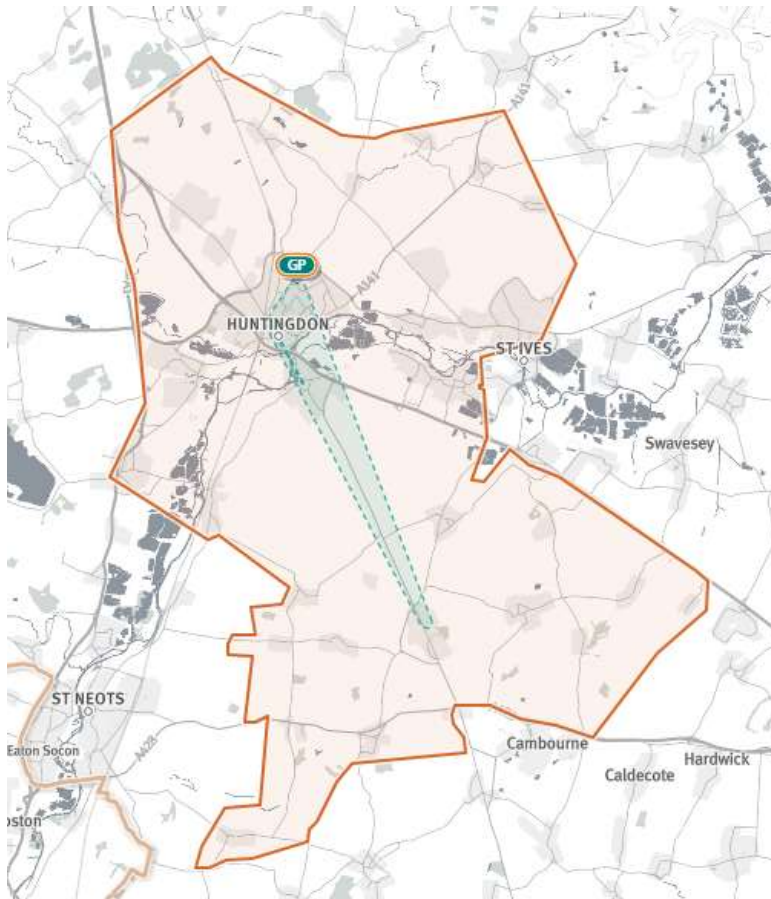


D81022 Octagon Medical Practice  
D81630 Hampton Health

List Size: 94,427  
Clinical Director: Dr Sanath Yogasandram  
Email: [sanath.yogasandram@nhs.net](mailto:sanath.yogasandram@nhs.net)

# Huntingdon

PCN14

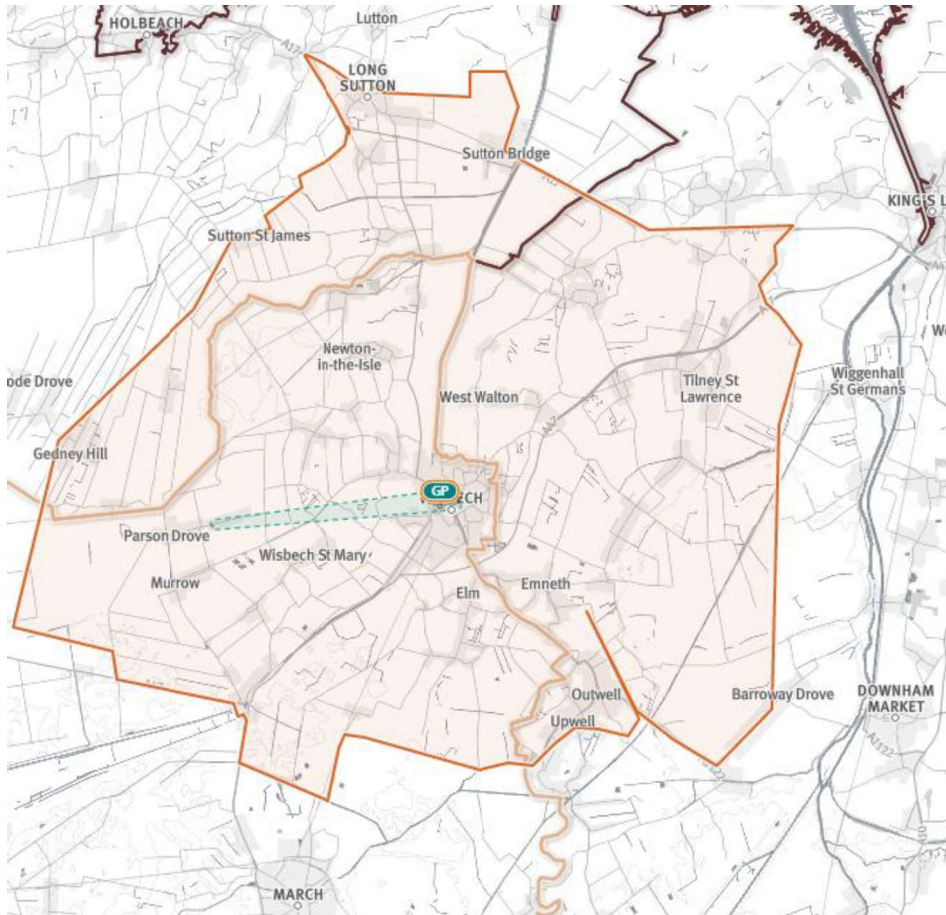


D81010 Priory Fields Surgery  
D81050 Hicks Group Practice  
D81085 Papworth Surgery  
D81633 Acorn Surgery

List Size: 43,972  
Clinical Director: Dr Duncan Blake  
Email: [duncan.blake@nhs.net](mailto:duncan.blake@nhs.net)

# Wisbech

PCN15

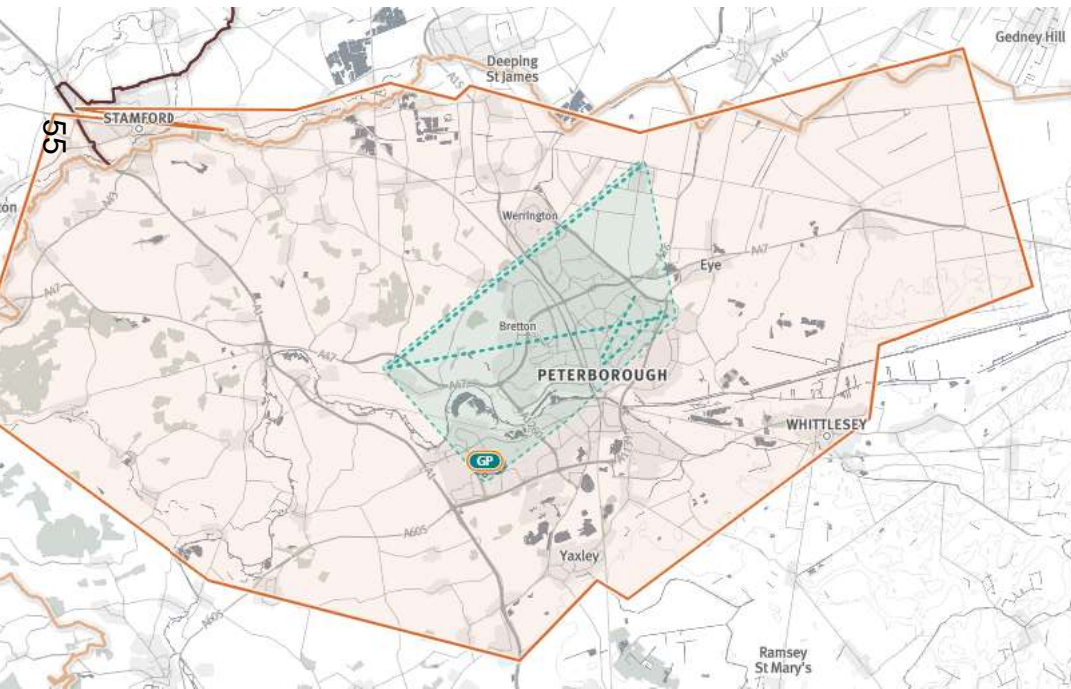


- D81622 Trinity Surgery
- D81015 Parson Drove Surgery
- D81011 Clarkson Surgery
- D81008 North Brink Practice

List Size: 50,526  
Clinical Director: Dr Mandeep Sira  
Email: [msira@nhs.net](mailto:msira@nhs.net)

# Peterborough 1

PCN16



- D81618 Ailsworth Medical Centre
- Y00486 Botolph Bridge Community Health Centre
- D81624 Dogsthorpe Medical Centre
- D81629 Orton Bushfield Medical Practice
- D81620 Parnwell Medical Centre
- D81645 The Grange Medical Centre
- D81615 Thorpe Road Surgery
- D81065 Welland Medical Practice
- D81073 Westwood Clinic

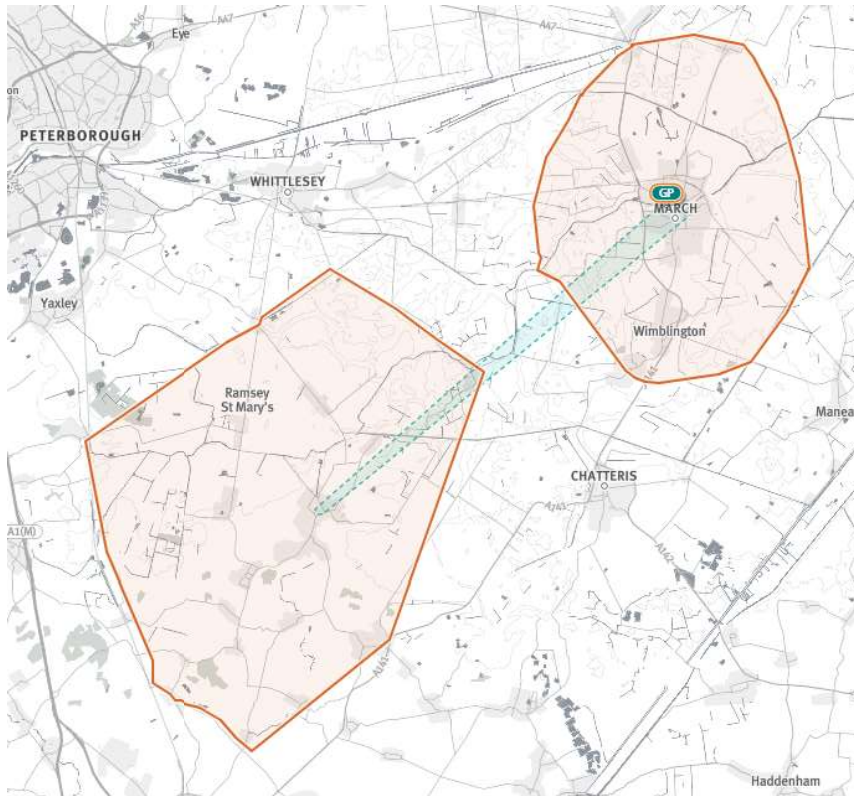
List Size: 40,267

Clinical Director: Dr Tabasum Shah

Email: [tabasumshah@nhs.net](mailto:tabasumshah@nhs.net)

# Fenland

PCN17



- D81059 Ramsey Health Centre Parntership
- D81052 The Cornerstone Practice
- D81064 Merchford House
- D81603 The Riverside Practice

List Size: 30,530

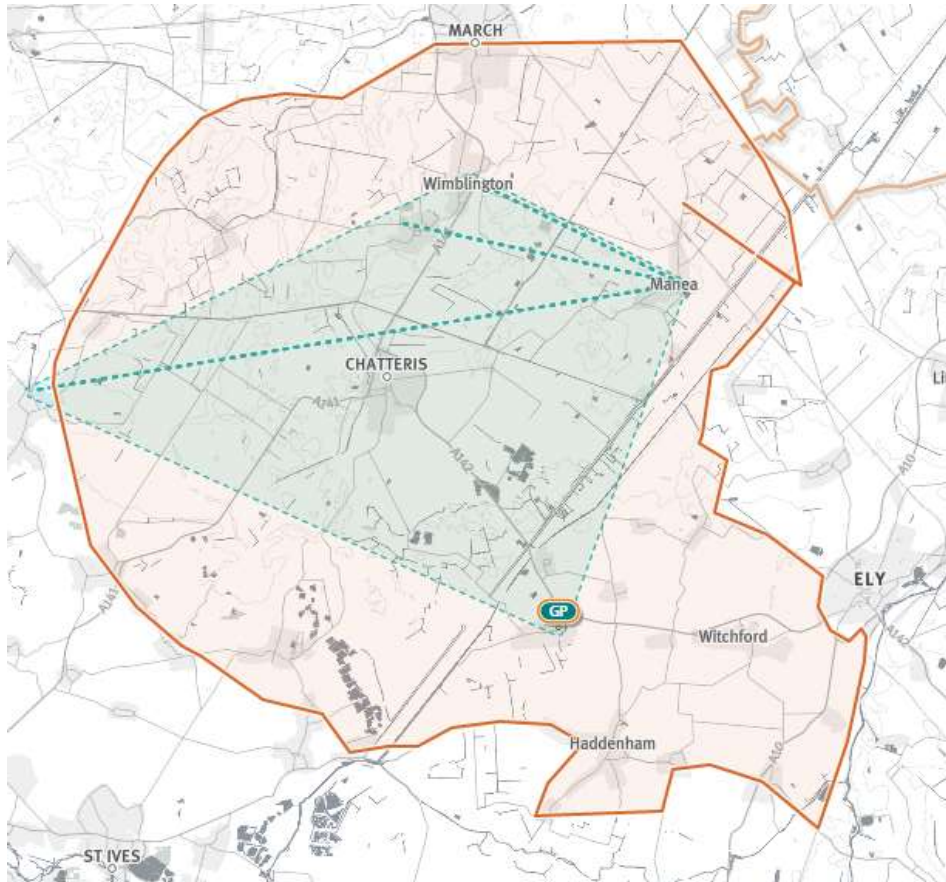
Clinical Director: Dr Ben Curtis

Email: [bencurtis@nhs.net](mailto:bencurtis@nhs.net)



# South Fenland

PCN18



- D81061 George Clare Surgery
- D81611 Fenland Group Practice - Doddington, Wimblington and Manea Surgeries
- D81036 Priors Field Surgery

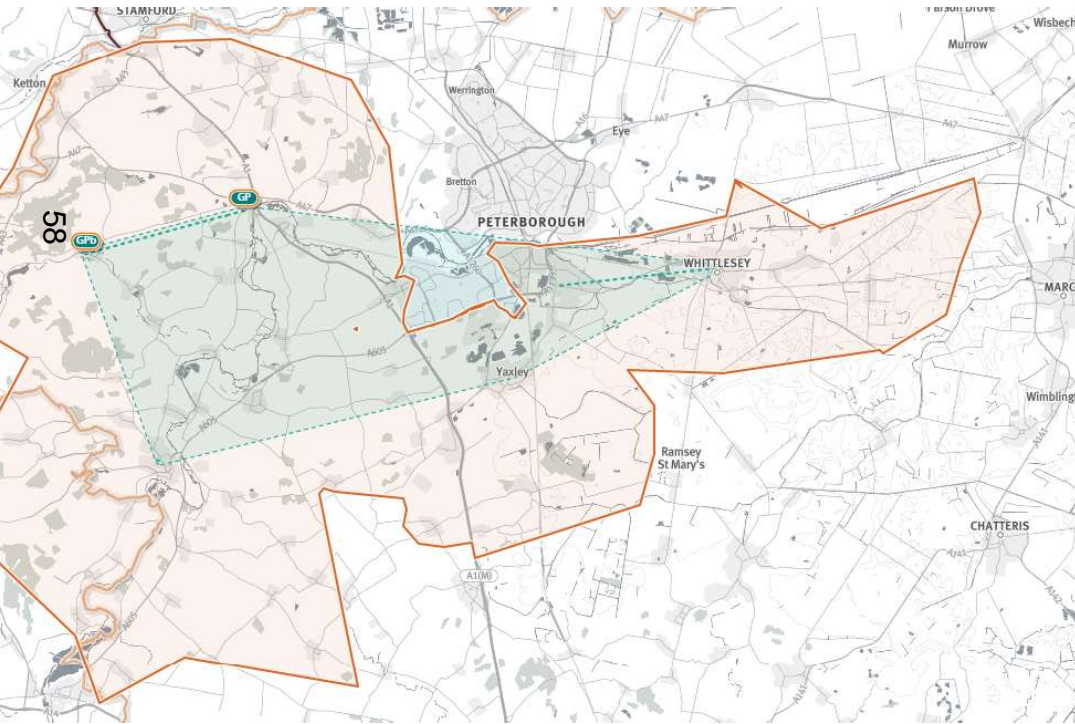
List Size: 30,455

Clinical Director: Dr Angela Stevens-King / Dr Simon Hambling

Email: [astevensking@nhs.net](mailto:astevensking@nhs.net);  
[simon.hambling@nhs.net](mailto:simon.hambling@nhs.net)

# South Peterborough

PCN19



- D81031 Yaxley Group Practice
- D81046 New Queen Street Surgery
- D81029 Old Fletton Surgery
- K83023 Oundle Medical Practice
- K83017 Wansford & KingsCliffe

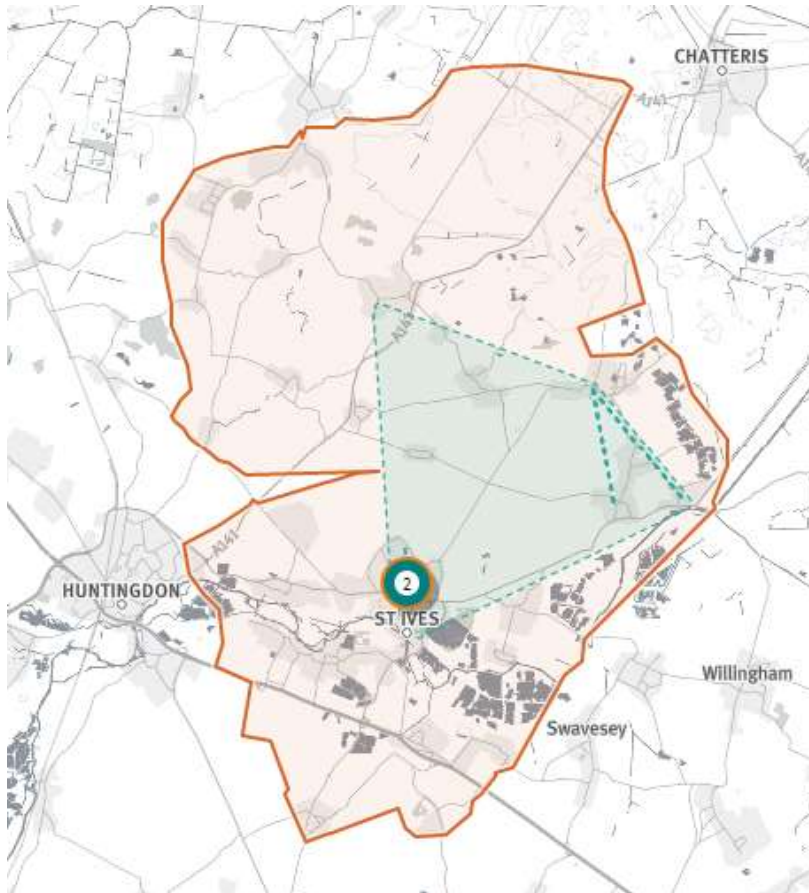
List Size: 67,659

Clinical Director: Dr Peresh Gela

Email: [pereshgela@nhs.net](mailto:pereshgela@nhs.net)

# St. Ives

PCN20



- D81623 The Old Exchange Surgery
- D81049 The Spinney Partnership
- D81060 Moat House Surgery
- D81040 Church Street Health Centre
- D81030 Cromwell Place Surgery
- D81606 Riverport Medical Practice

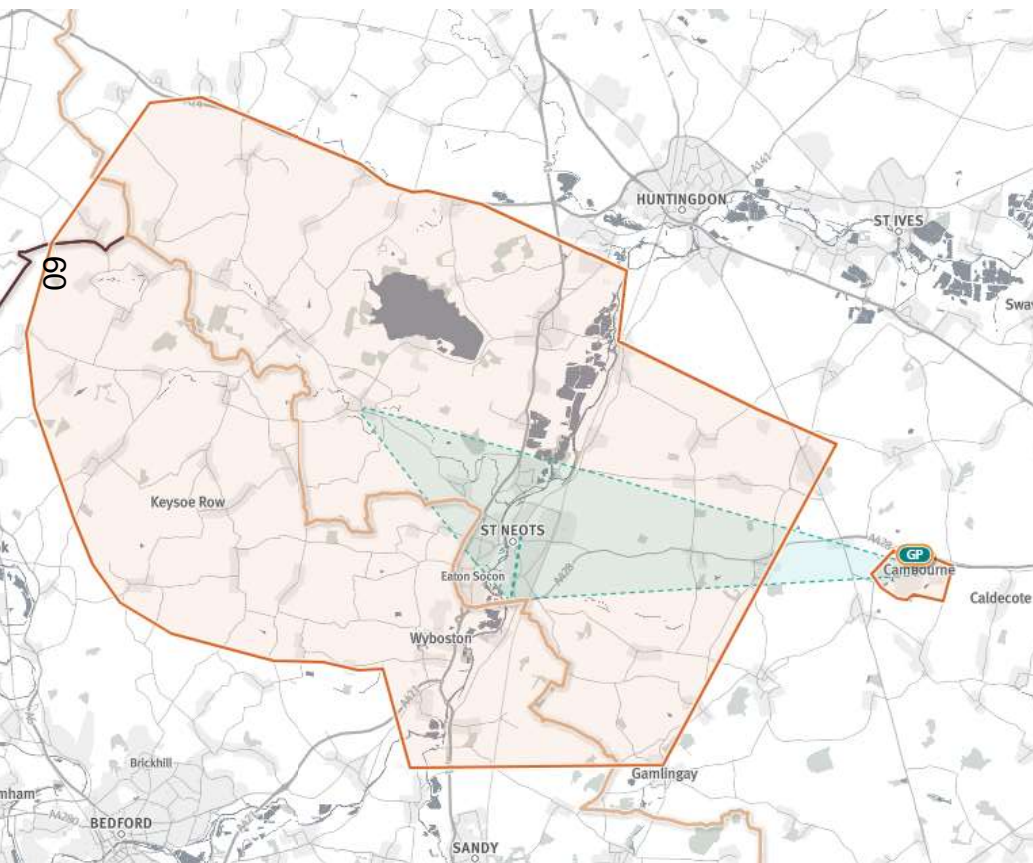
List Size: 46,389

Clinical Director: Dr Sean Culloty

Email: [sean.culloty@nhs.net](mailto:sean.culloty@nhs.net)

# St. Neots

PCN21



- D81057 Cedar House Surgery
- D81081 Great Staughton Surgery
- Y02769 St Neots Health Centre
- D81637 Monkfield Medical Practice
- D81082 Almond Road Surgery (patients assigned)

List Size: 53,521

Clinical Director: Dr Stuart Sheilds

Email: [Stuart.sheilds@nhs.net](mailto:Stuart.sheilds@nhs.net)

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 8</b>
<b>18 SEPTEMBER 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Dr Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Dr Raj Lakshman, Consultant in Public Health, Helen Freeman, Team Leader Children's Public Health Commissioning	Tel. 01733 207176

**BEST START IN LIFE STRATEGY AND CHILDREN'S PUBLIC HEALTH SERVICES**

R E C O M M E N D A T I O N S	
<b>FROM: Director of Public Health</b>	<b>Deadline date: N/A</b>
<p>It is recommended that the Health Scrutiny Committee</p> <ol style="list-style-type: none"> <li>1. Endorses the Cambridgeshire and Peterborough 'Best Start in Life' Strategy</li> <li>2. Endorses the involvement of health visiting and school nursing services in development of a new Best Start in Life Service model from pre-birth to age 5.</li> <li>3. Notes progress with the implementation of a Section 75 agreement across Peterborough City Council (PCC), Cambridgeshire County Council (CCC), Cambridgeshire &amp; Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS) for provision of children's public health services (Healthy Child Programme including health visiting and school nursing) age 0-19.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 This report follows a request from Health Scrutiny Members at a work planning session at the start of the municipal year.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this paper is to seek the Health Scrutiny Committee's views on current work to ensure that there is co-ordinated and integrated multi-agency agreement on the delivery of pre-birth to 5 services, including public health services, that is tailored appropriately to local need. Because the 'Best Start in Life' Strategy encompasses a range of Council and NHS services for children aged 0-5, the views of the Children and Education Scrutiny Committee are also being sought.

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

1. Public Health

2.3 The Best Start in Life Strategy will help to deliver the second corporate priority 'First rate futures for our children, young people – and quality support for our adults and elderly'.

2.4 The Best Start in Life Strategy applies to all children from Antenatal/Pre-birth -5 yrs including children in care and other vulnerable children.

### 3. **TIMESCALES**

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

### 4. **BACKGROUND AND KEY ISSUES**

#### 4.1 Best Start in Life Strategy: Background

Best Start in Life (BSiL) is a 5 year strategy which aims to improve the life chances of children (pre-birth to 5 years) in Peterborough and Cambridgeshire by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children, including disadvantaged children and families.

The strategy development was led jointly by Peterborough and Cambridgeshire local authorities, co-chaired by the Executive Director People and Communities and the Director of Public Health, and working with a wide range of stakeholders. It is built on knowledge of local need and what the evidence says works in improving outcomes during the early years. Local user research also informed the process.

The strategy reflects the national and local policy context, including: Better Births, The Government's Prevention Vision, NHS Long Term Plan and the Government's plan for improving social mobility through education, Think Communities, Peterborough and Cambridgeshire's Child Poverty Strategies and developing Healthy Weight Strategy, and Special Educational Needs and Disabilities (SEND) Strategy

Peterborough and Cambridgeshire have worked together over the past seven months to develop 'Best Start in Life (BSiL)' – an ambitious high-level strategy to improve the outcomes of children in the early years. The vision is that "Every child will be given the best start in life supported by families, communities and high quality integrated services".

An intensive discovery phase was undertaken during November 2018 to March 2019 resulting in the production of the draft Joint BSiL Strategy. This phase involved extensive engagement with both existing research, data and evidence, alongside local parents and communities

#### 4.2 Best Start in Life Strategy: Key Issues

The BSiL strategy focusses on three key outcomes which represent our ambition for children in Peterborough and Cambridgeshire:

- Children live healthy lives
- Children are safe from harm
- Children are confident and resilient with an aptitude and enthusiasm for learning

The core of the Best Start in Life Start strategy consists of five themes of integrated delivery – these describe how we intend to improve outcomes, by focussing on:

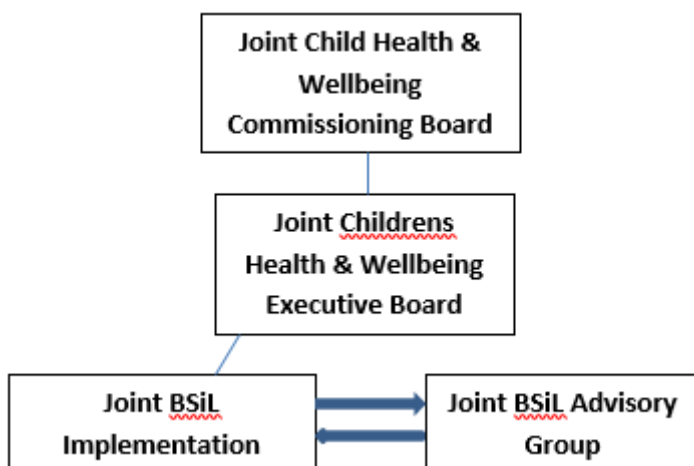
1. Healthy pregnancy, parents and children
2. Vulnerable parents - identified early and supported
3. Well prepared parents
4. Good attachment and bonding
5. Supporting child development

The five themes are underpinned by nine building blocks, which will ensure that the aims of the strategy are met and sustained over time:



### Governance

A new governance structure has been established, as shown in the image below. There is strong public health representation at all levels of governance:



A co-produced implementation plan is being developed to monitor the progress and impact of the strategy. A 'strategy on a page' approach to engage families further will also be included within this implementation plan. A communications sub-group has been established to support the work of the BSiL implementation and advisory groups.

The Joint Childrens Health & Wellbeing Executive Board will monitor the progress of the implementation plan and direct activities through the joint implementation and advisory groups to ensure key measures and deliverables are achieved and at the right pace.

The BSiL strategy and implementation plan are being developed at a time of reducing resources and we will be seeking to deliver these in the most efficient and effective way possible.

The current, second phase of the BSiL programme runs until September 2019. The aim of the second phase is to identify options for an integrated delivery of early years provision. The third phase will work towards commencing the new model in April 2020.

#### 4.3 Section 75 for Children’s Public Health Services: Background

Alongside the development of the BSIL Strategy, Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) agreed to create a formal Section 75 agreement with local providers Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS) for delivery of Children’s Public Health Services (Healthy Child Programme) across the local area. The services involved are health visiting, family nurse partnership and school nursing services. In Peterborough these services are delivered by CPFT and in Cambridgeshire by CCS.

CPFT and CCS formed a ‘joint venture’ to deliver these children’s public health services across Peterborough and Cambridgeshire, enabling savings through economies of scale and reduced management costs, sharing of best practice across both organisations, and equity of provision in relation to need. They are planning to deliver other integrated health and care services for local children, through this joint venture.

In February 2019 the PCC Cabinet Member for Public Health approved the delegation of authority to Cambridgeshire County Council (CCC) to act as lead local authority in commissioning the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire and for delivery of the function for the HCP to CCC, which shall include the associated transfer of HCP funding to CCC for up to five years (1 April 2019 – 31 March 2024). The decision is laid out in full in Cabinet Member Decision Notice FEB19/CMDN/88. This delegation allows Cambridgeshire County Council to sign off a Section 75 agreement with the CPFT and CCS joint venture on behalf of both Councils.

#### 4.4 Section 75 for Children’s Public Health Services: Main Issues

As part of the work to develop this Section 75 agreement, detailed work on staffing requirements in relation to need was carried out using a nationally recognised tool called the ‘Benson Model’. Recognising the financial pressures and need for savings to meet national reductions in the public health grant, the ‘Benson Model’ was used to review staff skill mix and identify tasks which could be delivered by trained nursery nurses rather than health visitors, without affecting outcomes for children. The delivery of the Family Nurse Partnership Service for teenage parents was also reviewed, and a revised Teenage Parents pathway developed, with a range of levels of intervention depending on need. The Benson modelling was used across Peterborough and Cambridgeshire, to ensure that there is harmonisation of service provision based on the needs of the child population.

Financial baselining of services was also carried out, in preparation for the Section 75 agreement. This identified that there was a historical shortfall in the funding that PCC allocated to the CPFT contract for children’s public health services, compared with the cost to CPFT for delivering these services. This was a Peterborough issue only. Further work was done to understand the nature of the shortfall and it became clear that it had a long history – with inadequate funding transferred from Peterborough Primary Care Trust in 2013 to fully fund the health visiting and school nursing contracts. This is reflected in the public health grant allocation for children’s public health services (age 0-4) to Peterborough, which is 16% below the England average for funding per child, despite high levels of need in Peterborough. The total shortfall for the remodelled service was £870,000.

To allow time to negotiate with CPFT to resolve this financial issue, short term extensions were agreed to the existing (Peterborough only) Section 75 between PCC and CPFT, and some additional subsidy of the service was provided from PCC public health reserves. Financial negotiations are now close to completion and it is expected that the Section 75 for children’s public



health services across PCC, CCC, CPFT and CCS will be implemented from October 1<sup>st</sup> 2019.

## 5. CONSULTATION

### 5.1 Best Start in Life Strategy

Engagement with the public and communities is central to the BSIL strategy development and implementation. The approach adopted to date is ethnographic user research. This is an example of human centred design and allows us to understand and empathise with our users in order to design services to meet their needs.

As part of the Best Start in Life strategy development, a multi-disciplinary team of service specialists and designers went out over 2 weeks to settings, services, public places, health centres and homes to learn about people's lives. We wanted to find out what motivates and drives them, what is important to them, what the hardest aspects of parenting are and how they source help and support.

Below are some insights from the user research programme along with some representative quotes:

- Parents value social connection and networks with others and they offer each other advice and support in parenthood. Parents also seek personalised, professional advice and support and seek this during touchpoints with health visitors and also community groups. "I trust the advice from a professional. Families and friends have their own opinions and ways of doing things that is right for them." They also value seeing the same professional again, with whom they build up a relationship and trust. "It was really nice when the Health Visitor recognised me and my baby at the weighing clinic and asked how we were - it made me feel special"
- It can be hard to ask for help if you are struggling with a new baby and there was a feeling that you have to know what the right questions to ask are. One mum with post-natal depression said "you have to ask for help, which is the hardest thing because when the health visitor comes you are trying to impress them. No-one says "I'm really struggling" because they are scared of having their baby taken away so you put the brave face on and hide it"
- Parents like groups led by volunteers and parents because they feel less watched and judged. "The groups I attend are parent led rather than run by trained professionals, where it can feel like there is a social worker around."
- There are many community groups that aim to cater for parent's needs and are highly attended and successful. The most successful ones focus and succeed in giving parents a warm welcome, creating a non-judgemental environment, making activities available for children, giving parents a chance to relax and socialise with other parents and offering support from professionals. The groups that provide high quality refreshments help make parents feel valued. "Bumps & Babies had a really welcoming atmosphere, it felt safe, friendly, chilled out and calm. They had AMAZING coffee too! Great for bonding time."
- There is a lack of community provision specifically for fathers. [When you're the only Dad at a parenting group] "It's quite isolating, you don't feel included and you do feel vulnerable."
- Most people know what it takes to be healthy (eating well and moving more) but most people know that they don't do the 'right' things all the time. Getting children out and about walking and playing at the park is seen as important for their wellbeing. "My son is awful with eating the right things - he thinks we are trying to trick him"
- Pre-schools are very good at helping to prepare children for school, especially those that are linked to a school where the transition is more seamless. "Pre-school Piglets really helped with the transition - they talked to the children about what a typical school day

looked like, told them about uniform, how the desks would be set up and that they could get used to the environment. They also arranged for the pre-schoolers to join in a lunchtime at the school from Easter time.”

- Parents of children with disabilities or undiagnosed problems find navigating services, entitlement and regular form filling to be a significant ‘pain point’. Parents find the process of explaining their situation and accessing the help and support they need very challenging. “I love being Molly’s mummy but I don’t like the managerial/administrative side of it. It could be simpler. Molly will need an EHCP and SEND support and I find it so overwhelming I push it away...I don’t know where to start with it all.”
- There is a perceived lack of support for children aged 2 to 5 and sometimes parents are not clear about what development milestones they should be helping their children to achieve and by when. “There is a real lack of advice available from 2-5 years old and that it’s assumed you’ve got it now - it’s there if you need it, but you really have to seek it out yourself. It’s a shock from the first two years when you have health visitors and regular appointments to just having nothing”

A further programme of user research and engagement is planned for two weeks which will be used to inform the co-produced strategy implementation plan, which will be supported by a communications strategy. The intention is to reach more of the public and professionals who represent the wide diversity across Cambridgeshire and Peterborough.

#### Section 75 agreement for the healthy child programme

Any changes to children’s public health programmes required in order to maintain a sustainable service under the Section 75 agreement, will use the learning from Best Start in Life consultation work, and will be consulted with service users

## **6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 The anticipated impact from the Best Start in Life Strategy is development of a new integrated service model for children aged 0-5, which delivers the three key outcomes:

- Children live healthy lives
- Children are safe from harm
- Children are confident and resilient with an aptitude and enthusiasm for learning

while minimising duplication across a range of Council and NHS services and achieving best value.

The anticipated impact from the Section 75 for children’s public health services across PCC, CCC, CPFT and CCS is to deliver good quality equitable services across Peterborough and Cambridgeshire, which share best practice, and deliver best value through economies of scale and management savings. This will place children’s public health services in a good position to participate in the developing Best Start in Life service models.

## **7. REASON FOR THE RECOMMENDATION**

7.1 The reason for the recommendations is

- a) to ensure that the views of the Health Scrutiny Committee help to inform the development of the Best Start in Life service models
- b) to ensure that the Health Scrutiny Committee is informed of progress implementing the joint Section 75 for children’s public health services.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 The Best Start in Life Strategy could have been taken to Children and Education Scrutiny Committee only. It was felt to be important to also bring the Strategy to Health Scrutiny

Committee, because children's public health services are core to the strategy and the developing service models.

## **9. IMPLICATIONS**

### **Financial Implications**

- 9.1 Financial implications of the Best Start in Life Strategy are being considered as part of the development of new service models.

The joint Section 75 arrangements have achieved savings through joint management posts and changes to skill mix. An identified financial gap in funding for the CPFT service has been identified and is expected to be resolved by 1<sup>st</sup> October 2019. Relevant financial implications have been included in CMDNs, signed off by the Director of Finance.

### **Legal Implications**

- 9.2 The joint section 75 arrangements and associated memorandum of understanding with CCC have been reviewed by PCC Legal Team.

### **Equalities Implications**

- 9.3 A key aim of the Best Start in Life Strategy is to reduce inequalities in outcomes for young children, and to improve their future life chances.

### **Rural Implications**

- 9.4 The Best Start in Life Strategy and Section 75 for Children's Public Health Services cover both rural and urban areas.

## **10. BACKGROUND DOCUMENTS**

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

- 10.1 [Section 75 for health visiting and school nursing - FEB19/CMDN/88](#)

[Decision to extend the Section 75 agreements with CPFT for the Provision of Health Visiting, Family Nurse Partnership and School Nursing Services for a 3 month period, until 30.06.2019 - MAR19/CMDN/110](#)

[Extension of the current Section 75 agreements for the Healthy Child Programme \(HCP\) in Peterborough \(Health Visiting, Family Nurse Partnership and School Nursing\) AUG19/CMDN/28](#)

## **11. APPENDICES**

- 11.1 Annex A: Best Start in Life Strategy

This page is intentionally left blank



---

# Best Start in Life Strategy 2019-2024

---

## Contents

<b>Executive Summary</b> .....	4
<b>Introduction</b> .....	8
<b>Background</b> .....	8
<b>Strategy Development</b> .....	9
<b>Best Start in Life Vision</b> .....	10
<b>Key Impact Statements</b> .....	10
<b>Guiding Principles</b> .....	10
<b>Discover and Define</b> .....	11
<b>User Research</b> .....	11
<b>Key Challenges</b> .....	14
<b>Evidence Base</b> .....	17
<b>Evaluation and Monitoring</b> .....	21
<b>National Policy Context</b> .....	23
<b>Local Policy Context</b> .....	25
<b>Current Service Delivery</b> .....	27
<b>Best Start in Life Strategy Proposal</b> .....	32
<b>Next Steps</b> .....	35
<b>Appendix 1 – Best Start in Life Group Membership</b> .....	36
<b>Appendix 2 – Childhood Risk Factors</b> .....	38
<b>Appendix 3 – Summary of Evidence</b> .....	39
<b>Appendix 4 – Healthy Child Programme</b> .....	40

## Authors and Acknowledgments

<b>Principle author</b>	Ben Brown, Speciality Registrar Public Health, Public Health Directorate
<b>Contributing authors</b>	Gwendolyn Casazza, Transformation Manager, Cambridgeshire County Council Kat Sexton, Digital Services Architect, LGSS
<b>Acknowledgements</b> <p>The creation of the Best Start in Life strategy would not have been possible without the dedication and expertise of the strategy group members. As well as playing a key part in shaping the strategy they have helped to refine the document itself.</p> <p>The input of wider multi-agency stakeholder group members has also been essential and we thank them for their commitment and guidance.</p> <p>The executive leads, Wendi Ogle-Welbourn (Executive Director: People and Communities for Cambridgeshire &amp; Peterborough Councils) and Dr Liz Robin (Director of Public Health) have provided the leadership and guidance necessary to ensure the success of the strategy development.</p> <p>The 'Five Themes' which provide a focus for the strategy have been adapted from the Leeds 'Best Start' Plan 2015-19.</p>	

## Executive Summary

### Our Vision

*Every child will be given the best start in life supported by families, communities and high quality integrated services.*

Best Start in Life is a 5 year strategy which aims to improve life chances of children (pre-birth to 5 years) in Cambridgeshire and Peterborough by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children, including disadvantaged children and families.

### Why We Need Strategy

All children have the right to grow up with the best health possible, to be protected from harm and to have access to an education that enables them to fulfil their potential<sup>1</sup>.

Whilst on many measures, the health and wellbeing of young children in Cambridgeshire and Peterborough compares well to other similar areas, this is not the case for all children. This creates unacceptable and avoidable inequalities which impacts on their future health and life chances.

For example, whilst the level of 'school readiness' in Cambridgeshire is similar to England as a whole, in Peterborough it is worse and they reside in lowest 10% of all local authorities. However, for children taking free school meals, Cambridgeshire is worse than Peterborough and England and has declined since 2015/16<sup>2</sup>.

Many children also face a number of other challenges growing up, including; the effects of smoking in pregnancy, poor oral health, low vaccine uptake, parental mental health problems, domestic abuse and parental substance misuse.

Poor outcomes for children also have a significant social and economic cost. For example, high levels of accident and emergency department attendance and increasing pressures on Children's Social Care create unsustainable levels of demand for services. Public services are part of a wider local system which includes families, communities, local organisations and institutions, the voluntary sector and businesses. We believe it is only through taking a preventative approach and involving this wider system that our vision can be achieved<sup>3</sup>.

Cambridgeshire and Peterborough has a huge range of services and innovative programmes available for children and families. However, evidence suggests that the best practice is not always available to all and that services are not always provided in a joined up way which is helpful to families<sup>4</sup>. There is much to be gained by creating a more integrated approach which maximises the benefits of services working together better and involving the public and communities at every stage.

---

<sup>1</sup> United Nations Convention on the Rights of the Child (UNCRC) 1989

<sup>2</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

<sup>3</sup> Prevention is better than cure: Our vision to help you live well for longer. Department of Health and Social Care. November 2018

<sup>4</sup> Early Years Social Mobility Pilot Peer Review of Peterborough and Cambridgeshire. Local Government Association. 2018.



## What We Are Trying To Achieve

We have an opportunity improve outcomes for children by bringing all the strands of early years provision together, into an integrated strategy and model of delivery.

The Best Start in Life strategy focusses on three key outcomes which represent our ambition for children in Cambridgeshire and Peterborough.

- Children live healthy lives
- Children are safe from harm
- Children are confident and resilient with an aptitude and enthusiasm for learning

The strategy will measure its success through a shared outcomes framework and developing a process for evaluation at an 'intervention' and 'system' level.

## How We Will Achieve Our Goals

The core of the Best Start in Life Start strategy consists of;

**Five themes**<sup>5</sup> for integrated delivery – these describe how we intend to improve outcomes, by focussing on;

1. Healthy pregnancy for parents and children
2. Vulnerable parents - identified early and supported
3. Well prepared parents
4. Good attachment and bonding
5. Supporting child development

See page 32.

**Nine building blocks** – these form the foundations for creating a long term system wide collaboration which we believe will be required to improve outcomes for children. See page 33.

For example, central to the strategy is an acknowledgement that in order to create the change we want to see, it will require a change in culture and a co-ordinated approach across the whole workforce. This means everyone should know what it means to give children the Best Start in Life and how they can contribute to this vision.

## How The Strategy Was Developed

The strategy development was led jointly by Cambridgeshire and Peterborough local authorities, working with a wide range of stakeholders. It is built on knowledge of local need and what the evidence says works in improving outcomes during the early years. Local user research also informed the process.

The strategy reflects the national and local policy context, including: Maternity Transformation - Better Births, The Government's Prevention Vision, the NHS Long Term Plan and the Government's plan for improving social mobility through education, Think Communities and Cambridgeshire and Peterborough's child poverty, healthy weight and SEND strategies.

---

<sup>5</sup> The 'Five Themes' have been adapted from the Leeds 'Best Start' Plan 2015-19.

## Programme Plan

Phases 2 and 3 of the strategy run from May 2019 to March 2020.

Phase 2 (May to September 2019) will further develop the strategy and identify options for the future integrated delivery model.

Phase 3 (October to March 2020) will focus on arrangements for implementing the new model in April 2020, including development of the 'building blocks' which underpin the strategy.

# Best Start in Life

Our vision

Every child will be given the best start in life supported by families, communities and high quality integrated services.



3 Key impacts

Children live healthy lives  
 Children are safe from harm  
 Children are confident and resilient with an aptitude and enthusiasm for learning



Outcome measures

Smoking and obesity during pregnancy Low birth weight ✦ Infant mortality ✦ Breastfeeding ✦ A&E attendances ✦ Unintentional and deliberate injuries ✦ Dental decay ✦ Excess weight ✦ Immunisations ✦ Rates of looked after children ✦ Children in need plans ✦ Child protection plans ✦ Appropriate referrals to social care ✦ School readiness (good level of development and phonics) ✦ 2-2 ½yr HCP review (ASQ3) ✦ 2 year early education progress check ✦ Uptake of funded education

# Integrated Delivery

5 Themes

Healthy pregnancy, parents and children  
 Vulnerable parents identified early and supported  
 Well prepared parents  
 Good attachment and bonding  
 Supporting child development



9 Building Blocks

A collaborative leadership and governance structure	Place-Based Strategies & Plans	Outcomes & Accountability
Funding & Commissioning	Culture Change & People Development	Integrated Service Delivery
Data, Evidence & Evaluation	Collaborative Physical and Digital Platforms	Communications & Engagement

## Introduction

Best Start in Life is a 5-year strategy which aims to improve life chances of children in Cambridgeshire and Peterborough by; addressing inequalities, narrowing the gap in attainment, and improving outcomes for all children including disadvantaged children and families.

Evidence is clear that the early years (pre-birth to 5 years) are a crucial period of change. The experiences of parents, babies and children during this time lay the foundations for their future, and shape their development, educational attainment and life chances.

It is therefore a period of great opportunity, where the combined efforts of parents, communities and services can make a real and lasting difference. The Best Start in Life strategy aims to take this opportunity by being bold and acting to ensure that its vision and outcomes are a shared responsibility and ambition across all partners who provide a service to children and their parents. It sets out new arrangements for providing an integrated early years provision across Cambridgeshire and Peterborough.

A cultural shift is needed in the understanding of the 3 prime areas of development (personal, social and emotional; communication and language; and physical) and how to foster and promote secure and positive parent-child relationships. This means recognising that everyone can play a role, and ensuring that all professionals coming into contact with children or their parents feel a shared purpose and understanding of how they can contribute to giving children the Best Start in Life.

Finally, it is only by engaging and empowering parents and communities that we can ensure that they feel supported, in a positive way when they need it. The strategy will ensure that they know where to go for safe and consistent information, advice and support. Whilst for many, universal preventative approaches will be the right approach, some children and families will need more targeted and specialist support and this should be available close to where they live.

## Background

Following a recent Early Years Social Mobility Pilot Peer Review of Peterborough and Cambridgeshire, undertaken by the Local Government Association (LGA), a recommendation was made that the local authorities develop a holistic early years strategy that brings together all the strands of the early years offer,<sup>6</sup> so that children across the county have the best start in life and are 'school ready'.

The review found a number of areas of innovative and impactful practice. This included the START<sup>7</sup> programme in Peterborough and the Wisbech Literacy Project. It reported that where services work together, there is a positive impact on children and their families. Examples included; co-ordination between Special Educational Needs Co-ordinators (SENCOs) and Portage Home Visitors<sup>8</sup>; working relationships around school clusters.

The review also identified a number of strategic issues and challenges, including;

- a lack of universal understanding about how early years, early help and early support join together to ensure that services are provided to families in a way that is right for them

---

<sup>6</sup> Including Better Births, Healthy Child Programme, Children's Centres and Early Years Education Settings

<sup>7</sup> A practical guide for parents and professionals on how to prepare children for school.

<https://www.peterborough.gov.uk/residents/schools-and-education/school-readiness/>

<sup>8</sup> Portage is a home visiting educational service for pre-school children with additional support needs and their families.

- recruitment and retention of professional staff and budget reductions
- a lack of clarity around strategic leadership in health which creates issues for accountability and responsibility
- a need to align with the new SEND strategy – in particular early identification and joined up response to needs

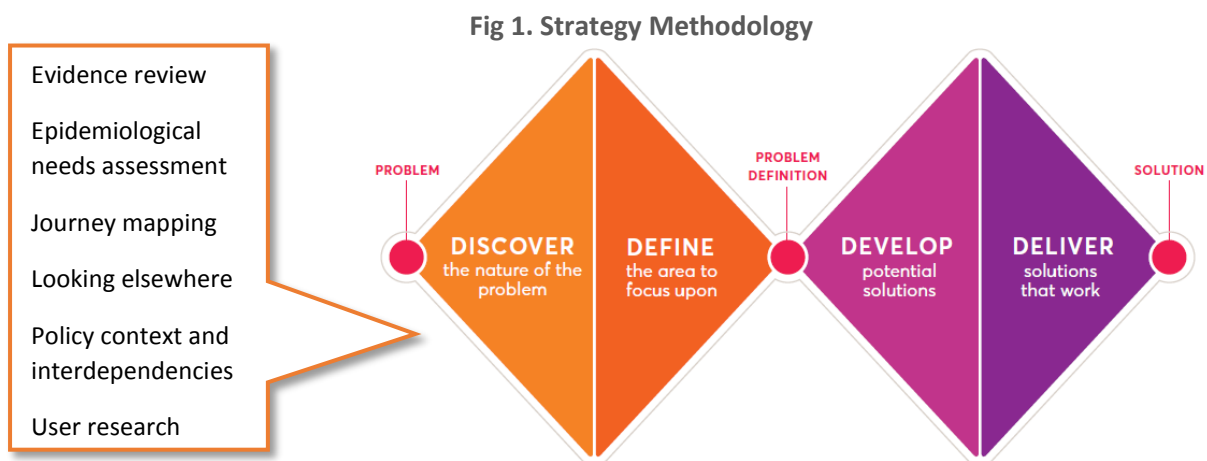
The creation of a multi-agency early years strategy is an opportunity to address these issues and bring all the strands of early years provision together to ensure that the children in Peterborough and Cambridgeshire have the Best Start in Life.

The Child Health Joint Commissioning Unit has worked with the providers of health visiting, school nursing, children’s centres, early years education and early help services to review the delivery of early years provision. This work has taken into account national policy and guidance including ‘Better Births’<sup>9</sup> and ‘Best start in life and beyond’<sup>10</sup> and is set in the context of continuing financial constraints. In November 2018 it established a process for developing a Best Start in Life Strategy bringing together a wide range of stakeholders.

## Strategy Development

The process to develop a Best Start in Life Start Strategy began in November 2018. A core strategy group met every two weeks to progress the work. Another, larger stakeholder group has met every 6 weeks. This has served as a reference group and also a forum for exploring or generating ideas, through a workshop format. See Appendix 1 for the groups membership.

The methodology used the four stages of design outlined in Fig 1. Initial phase of the project involved bringing together and synthesising the data, evidence, user research and journey mapping. It also included a look for integrated strategies elsewhere in the country. The elements of the draft strategy were then presented to the stakeholder group for agreement.



<sup>9</sup> Better Births: Improving outcomes of maternity services in England. A Five Year Forward View for maternity care. National Maternity Review.

<sup>10</sup> Best start in life and beyond: Improving public health outcomes for children, young people and families  
Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services  
Commissioning guide 2: Model specification for 0-19 Healthy Child Programme: Health visiting and school nursing services.  
Revised March 2018. Public Health England

## Best Start in Life Vision

*Every child will be given the best start in life supported by families, communities and high quality integrated services.*

## Key Impact Statements

The Best Start in Life strategy focusses on three key outcomes which represent our ambition for children in Cambridgeshire and Peterborough;

- Children live healthy lives
- Children are safe from harm
- Children are confident and resilient with an aptitude and enthusiasm for learning

## Guiding Principles

The strategy aims to give children the best start in life. We will achieve this by;

- Ensuring the opportunity to thrive is available to all children - leaving no one behind
- Recognising the diversity of our population
- Addressing inequalities in outcomes and access to advice and help
- Placing children and families at the centre of all that we do
- Empowering and supporting parents, families and communities to play a role
- Ensuring services work together well and overcome barriers to doing so
- Recognising that every professional has a role to play
- Ensuring the workforce are trained and supported to provide high quality and consistent advice and support
- Using the best available evidence and examples of good practice
- Achieving best value for money and effective use of the resources available
- Being bold in our vision and creative in our approach

# Discover and Define

## User Research

### Best Start in Life Research

Engagement with the public and communities is central to the Best Start in Life strategy development and implementation. The approach adopted to date is ethnographic user research. This is an example of human centred design and allows us to understand and empathise with our users in order to design services to meet their needs.

As part of the Best Start in Life strategy development, a multi-disciplinary team of service specialists and designers went out over 2 weeks to settings, services, public places, health centres and homes to learn about people's lives. We wanted to find out what motivates and drives them, what is important to them, what the hardest aspects of parenting are and how they source help and support.

Below are some insights from the user research programme along with some representative quotes:

- **Parents value social connection and networks with others and they offer each other advice and support in parenthood.** Parents also seek personalised, professional advice and support and seek this during touchpoints with health visitors and also community groups. "I trust the advice from a professional. Families and friends have their own opinions and ways of doing things that is right for them." They also value seeing the same professional again, with whom they build up a relationship and trust. "It was really nice when the Health Visitor recognised me and my baby at the weighing clinic and asked how we were – it made me feel special"
- **It can be hard to ask for help if you are struggling with a new baby and there was a feeling that you have to know what the right questions to ask are.** One mum with post-natal depression said "you have to ask for help, which is the hardest thing because when the health visitor comes you are trying to impress them. No-one says "I'm really struggling" because they are scared of having their baby taken away so you put the brave face on and hide it"
- **Parents like groups led by volunteers and parents because they feel less watched and judged.** "The groups I attend are parent led rather than run by trained professionals, where it can feel like there is a social worker around."
- **There are many community groups that aim to cater for parent's needs and are highly attended and successful.** The most successful focus and succeed in giving parents a warm welcome, creating a non-judgemental environment, making activities available for children, giving parents a chance to relax and socialise with other parents and offering support from professionals. The groups that provide high quality refreshments help make parents feel valued. "Bumps and Babies had a really welcoming atmosphere, it felt safe, friendly, chilled out and calm. They had AMAZING coffee too! Great for bonding time."
- **There is a lack of community provision specifically for fathers.** [When you're the only Dad at a parenting group] "It's quite isolating, you don't feel included and you do feel vulnerable."
- **Most people know what it takes to be healthy (eating well and moving more) but most people know that they don't do the 'right' things all the time.** Getting children out and about walking and playing at the park is seen as important for their wellbeing. "My son is awful with eating the right things - he thinks we are trying to trick him"
- **Pre-schools are very good at helping to prepare children for school,** especially those that are linked to a school where the transition is more seamless. "Pre-school Piglets really helped with

the transition - they talked to the children about what a typical school day looked like, told them about uniform, how the desks would be set up and that they could get used to the environment. They also arranged for the pre-schoolers to join in a lunchtime at the school from Easter time.”

- **Parents of children with disabilities or undiagnosed problems find navigating services, entitlement and regular form filling to be a significant ‘pain point’.** Parents find the process of explaining their situation and accessing the help and support they need very challenging. “I love being Molly’s mummy but I don’t like the managerial/administrative side of it. It could be simpler. Molly will need an EHCP and SEND support and I find it so overwhelming I push it away...I don’t know where to start with it all.”
- **There is a perceived lack of support for children aged 2 to 5 and sometimes parents are not clear about what development milestones they should be** helping their children to achieve and by when. “There is a real lack of advice available from 2-5 years old and that it is assumed you’ve got it now – it’s there if you need it, but you really have to seek it out yourself. It’s a shock from the first two years when you have health visitors and regular appointments to just having nothing”

A further programme of user research and engagement is planned for two weeks in July 2019 which will be used to inform the co-produced strategy implementation plan, which will be supported by a communications strategy. The intention is to reach more of the public and professionals who represent the wide diversity across Cambridgeshire and Peterborough.

### Cambridgeshire Children’s Centre Consultation – July-September 2017.

The Best Start in Life Strategy is concerned with all aspects of early years provision and so public views on the use of children’s centres is an important consideration. Questions 1-4 below related to children’s centres across the local authority. Questions 5-9 related to specific district related plans and are not included below.

**Question 1.** Do you support our Children’s Centres meeting the needs of a wider age range, from expectant parents to young adults?

#### You said:

You support us offering services across a broader age range.

There were concerns this would cost more money, and would require staff with different skills.

**Question 2.** To what degree do you support the proposal to focus services on those families that need them most?

#### You said:

Many of you agree we should focus our services on those who need us most.

Early Intervention is important to our residents.

We need to ensure our access routes to services is clear



**Question 3.** To what degree do you support the proposal to focus services on those families that need them most?

**Question 4.** Our Child and Family Services will include the following:

- Maintaining some of our existing Children’s Centres
- Delivering services in shared community spaces
- Providing outreach programmes at a local level
- A greater online offer. To what degree do you support this?

**You said:**

Having health services based with Children’s Centre services could make it easier for people to access.

There were concerns this could create a space that was too clinical, and not welcoming.

**You said:**

Many of you are attached to the building you currently use, even if they are underutilised.

Some people feel positively about services being delivered in other spaces, and feel it makes sense.

Many respondents have accessed outreach provision already.

## Key Challenges

### Impact 1: Children live healthy lives<sup>11</sup>

**Smoking in pregnancy** has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers also have more complications during pregnancy and labour. Rates are particularly high for mothers attending Queen Elizabeth Hospital and Peterborough City Hospital where 22% and 14% of mothers report smoking respectively at time of delivery. This compares to 11% nationally.

**Breastfeeding** has benefits for both child and the mother. Exclusive breastfeeding is recommended for the first 6 months of life. Breastfeeding prevalence at 6-8 weeks is higher in Cambridgeshire than nationally and slightly higher in Peterborough. Trends are relatively static. However, breastfeeding prevalence increases as levels of relative deprivation decrease.

**Low birth weight** is strongly associated with increased risk of infant death and poorer outcomes for the health and development of the child. It is influenced by a range of factors including the mother's age and general well-being, ethnicity, smoking, nutrition, socio-economic position. Rates are statistically significantly high in most deprived quintile in Peterborough however there are hotspots across the county.

**Vaccination coverage** is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. This varies across the county and by vaccination type, with potential areas of concern in Cambridge City, where uptake is below 90% for 5 out of the 8 vaccinations reported. Two doses of MMR by 5 years olds are low in Cambridgeshire and Peterborough, but uptake is increasing. There are concerning downward trends in the uptake of most of the vaccinations in Peterborough.

**Obesity** remains one of the biggest public health challenges facing the UK and other developed countries. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Whilst levels of excess weight in reception year are similar to or better than the national averages, the picture across the county is variable. A fifth of children in Peterborough and Fenland enter reception with excess weight and overall the proportion of obese pupils doubles during primary school. Prevalence of overweight in reception is higher in some ethnic groups including, Black African and Bangladeshi children compared to the county as a whole.

**Tooth decay** is one of the most common preventable childhood diseases and can often be arrested and reversed in its early stages. Dental health is generally good in Cambridgeshire and the districts, with the proportion of decay in 3 and 5 year olds being significantly better than England. However, dental decay in 5 year olds is significantly worse in Peterborough, with a 32% of children experiencing decay (England = 23%).

**A & E attendances** in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care. For children aged 0-4 years, attendance are high in Peterborough compared to England, and lower in Cambridgeshire. There is a strong correlation to deprivation with A&E attendances being significantly high from the most deprived areas of Cambridgeshire and Peterborough.

---

<sup>11</sup> Data Source: Best Start in Life Start in Life Data Pack Feb 2019. Helen Whyman, Public Health Directorate

**Hospital admission rates for unintentional and deliberate injuries** in children aged under 5 years are similar to England in Peterborough and better than England in Cambridgeshire, with both areas experiencing downward trends in such admissions. However, within the areas there is a correlation to deprivation, with admission rates higher from the more deprived areas

## Impact 2: Children are safe from harm<sup>12</sup>

**Nationally, Children's Social Care are experiencing unprecedented levels of demand.** Research shows that between 2010-11 and 2017-18, referrals increased by 7% (broadly in line with population growth of 5.2%), while child protection assessments increased by 77%. The most expensive cases, where children are taken into care, have risen by almost triple the rate of population growth (15%) over the same period.

**There are also significant local pressures.** The number of child protection plans per 10,000 children aged under 18 years, between 2012/13 and 2017/18 have decreased in Peterborough (60 to 51) and **increased significantly in Cambridgeshire** (16 to 35). In Cambridgeshire, this represents an increase from 202 plans to 476 (at March 2018).

**The rate of children in care (0-17) has increased in Cambridgeshire between 2011 and 2018**, and has the 10<sup>th</sup> highest rate compared to its 16 statistical neighbours. Whilst the rate remains significantly lower than the national average there has been an increase from 470 to 705 children in care over that time period.

**The rate of children in care (0-17) has decreased slightly in Peterborough, between 2011 and 2018**, and has the 5<sup>th</sup> lowest rate compared to its 16 statistical neighbours. **This remains significantly higher than the national average** and there has been an increase from 310 to 370 children in care over that time period.

In December 2018,

- 901 children (aged 0-5) in Cambridgeshire were known to Children's Social Care. Of which; 60% were subject to child in need plans (CIN), 23% were subject to child protection plans and 17% were in care.
- 541 children (aged 0-5) in Peterborough were known to Children's Social Care. Of which; 70% were subject to child in need plans (CIN), 19% were subject to child protection plans (CP) and 11% were in care.

**There is good evidence that the key causes of child maltreatment relate to the individual or combined effects of parental substance misuse, parental mental health problems and domestic abuse<sup>13</sup>.**

Local analysis suggests that for children aged 0-5 years there are,

- 4,700 living with an adult who has experienced domestic violence and abuse in the last year
- 2,900 living with an adult dependent on alcohol or drugs
- 7,500 living with an adult who has with severe symptoms of mental or psychiatric disorders

---

<sup>12</sup> Data Source: Best Start in Life Start in Life Data Pack Feb 2019. Helen Whyman, Public Health Directorate

<sup>13</sup> Early Intervention Foundation What Works To Enhance The Effectiveness Of The Healthy Child Programme: An Evidence Update Summary. 2018

- 21,000 living in household where an adult has a moderate or severe mental health problem. This represents a third of children aged 0-5.

### Impact 3: Children are confident and resilient with an aptitude and enthusiasm for learning<sup>14</sup>

**School readiness** is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. Children are considered ‘school ready’ if they have reached a good level of development (GLD) at the end of the Early Years Foundation Stage (last term of Reception year, aged 5yrs).

**Children are defined as having a good level of development (GLD)** if they achieved at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development, physical development and communication and language) and in the specific areas of mathematics and literacy.

**In Peterborough** school readiness is worse than England and despite improving slowly is in the lowest 10% of local authorities in England. In 2017/18, 67% of children were school ready.

**In Cambridgeshire** school readiness is the same as England but improving slowly. In 2017/18, 71% of children were school ready.

**For children eligible for free school meals** Cambridgeshire is worse than Peterborough and England and on the decline since 2015/16. In 2017/18, only 47% of these children were school ready.

**Funded Pre-School Entitlement.** Research shows that attending any pre-school, compared to none, is predictive of higher total GCSE scores, higher grades in GCSE English and maths, and the likelihood of achieving 5 or more GCSEs at grade A\*-C.

Funded education uptake in January 2018 is shown in table 1 below. Cambridgeshire and Peterborough have lower proportions of funded early education children recorded as having a special education need compared to England, most notably in Cambridgeshire.

**Table 1. Funded Early Education Uptake, Jan 2018<sup>15</sup>**

	2 year olds	3 year olds	4 year olds	3 and 4 year olds
Cambridgeshire	68%	95%	95%	95%
Peterborough	69%	88%	95%	91%
England	72%	92%	95%	94%

<sup>14</sup> Data Source: Best Start in Life Start in Life Data Pack Feb 2019. Helen Whyman, Public Health Directorate

<sup>15</sup> Source: Provision for children aged under 5 years of age, January 2018, Department of Education. Children benefitting from funded early education in private, voluntary and independent providers, and in maintained nursery, primary, secondary and special schools.

## Evidence Base

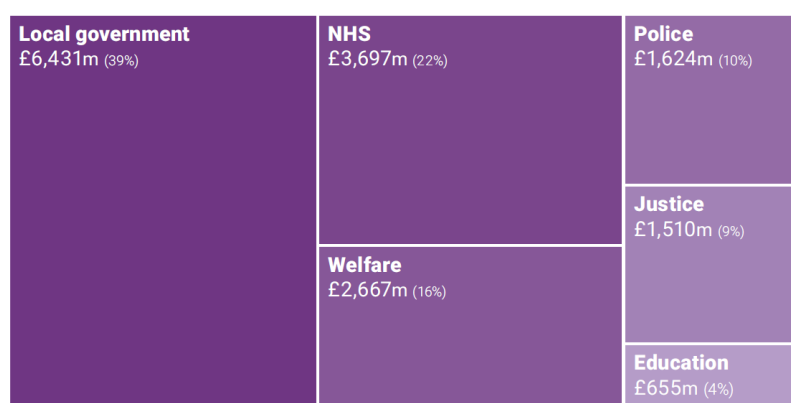
### The Case for Investment

Producing robust estimates of how the costs of intervening compare with the long-term benefits to society is difficult. However, there is a compelling argument that the costs of intervening early are often likely to pay off to society in overall economic terms and that investing earlier rather than later will lead to cumulative benefits i.e. the skills acquired earlier in childhood will lead to greater additional gains as children get older.<sup>16</sup>

For example, it is estimated that failing to deal adequately with peri-natal health problems comes at a cost of £8.1 billion each year. Social Return on Investment Studies showed a returns of between £1.37 and £9.20 for every £1 invested.<sup>17</sup>

EIF has previously estimated that the costs of late intervention for children and young people add up to £17 billion a year across England and Wales (in 2016/17 prices)<sup>18</sup>. See Fig 2.

**Fig 2. EIF estimate of the cost of late intervention**



Source: EIF (2016) *The cost of late intervention: EIF analysis 2016, 2016/17 prices.*

### Early Years Risk Factors

Studies show that early intervention works best when it is made available to children experiencing particular risks.<sup>19</sup> Risk factors exist at different levels and interact in complex ways, which are not fully understood. Some, such as antenatal development, occur at the level of the individual child whilst others work at the family level, community or societal level. Some risk factors are particularly pervasive, such as childhood poverty. See Appendix 2.

These risk factors are not predictive at an individual level but they can help to identify children who are vulnerable and who may need extra support.

Protective factors also operate at each level and can mitigate these risks. In many cases, risk and protective factors are two sides of the same coin. For example, good parental mental health can

<sup>16</sup> Realising the Potential of Early Interventions. EIF 2018.

<sup>17</sup> <https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life>

<sup>18</sup> EIF (2016) *The cost of late intervention: EIF analysis 2016, 2016/17 prices.*

<sup>19</sup> EIF 2018. *Realising the Potential of Early Intervention*

underpin consistent and responsive parenting, but where there are problems it can have a wide-ranging impact on family life and child development.

### Adverse Childhood Experiences (ACE)

ACE are stressful events occurring during childhood that directly affect a child (e.g. child maltreatment) or affect the environment in which they live (e.g. growing up in a house where there is domestic violence)

Research suggests that a high number of ACEs are associated with poorer outcomes in later life.

According to one study<sup>20</sup>, those with 4 or more ACEs are:

- 4 times more likely to have had sex while under 16 years old or to have smoked cannabis
- 4 times more likely to have had or caused an unintended pregnancy
- 8 times more likely to have been a victim of violence (12 months) or incarcerated (lifetime)
- 10 times more likely to have been a perpetrator of violence (12 months)

ACE theory is helpful for understanding importance of early years experiences on child development and providing a common language for early years practitioners, however the evidence is not yet advanced enough to be used for identify those at risk at an individual level or setting thresholds for help.

### Reducing the Risk of Child Maltreatment

Over half of child protection cases involving an unborn child or infant are based on concerns related to child neglect. For a third of children, the initial concern is emotional abuse<sup>21</sup>.

Studies consistently show that children are at a greater risk of maltreatment when<sup>22</sup>;

- one or both parents have a mental health problem
- there is ongoing interparental violence in the home
- one or both parents misuse drugs or alcohol

Other factors known to increase the likelihood of child maltreatment include;

- high levels of economic disadvantage
- a low birthweight or premature birth
- higher numbers of children per household
- low levels of social support or single parenthood
- a history of parental maltreatment in childhood.
- children with special educational needs

---

<sup>20</sup>PHE and Liverpool John Moores University (2016): Adverse childhood experiences (ACE) study in Hertfordshire, Luton and Northamptonshire. <http://www.cph.org.uk/publication/adverse-childhood-experiences-aces-in-hertfordshire-luton-and-northamptonshire/>

<sup>21</sup> Office for National Statistics. <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2017-to-2018>

<sup>22</sup> Early Intervention Foundation What Works To Enhance The Effectiveness Of The Healthy Child Programme: An Evidence Update Summary. 2018

## Reducing Child Obesity

Obesity is a complex problem with many drivers, including: behaviour, environment, genetics and culture. Public Health England recommend a number of ways to reduce obesity in children. These include,

- Decreasing pre-schoolers' screen time
- Decreasing consumption of high fat/calorie drinks/foods
- Increasing physical exercise
- Increasing sleep
- Modifying parental attitudes to feeding
- Promoting authoritative parenting
- Involving whole families (parents and children) in interventions that promote both healthier diet and more exercise

The Change for Life promotional campaign includes advice regarding diet and exercise, aimed at children. This includes, 'Sugar Swaps', 'Me Size Meals', '5 a Day' and 'Up & About'<sup>23</sup>. The Chief Medical Officer recommends that mobile under 5s should be physically active for at least 3 hours per day, spread throughout the day<sup>24</sup>.

There are also a range of approaches that can be used to change the 'food environment' to promote healthier food and drink choices for parents and children. This includes using planning law to restrict the location and concentration of hot food takeaway outlets. Many local authorities are now working with outlets to encourage and incentivise the provision of healthier ingredients, menus and cooking practices<sup>25</sup>.

Schools and early years settings can also play a part in encouraging healthier eating and physical activity.<sup>26</sup>

## Improving School Readiness

In terms of what works to improve school readiness, the Department for Education has identified the following<sup>27</sup>,

- Good maternal mental health
- Learning activities, including speaking to your baby and reading with your child
- Enhancing physical activity
- Parenting support programmes
- High-quality early education

Through its plan for improving social mobility, and closing the 'word gap', the Government has set a number of challenges which include; ensuring more disadvantaged children are able to experience a language rich early environment; improving the availability and take-up of high quality early years

---

<sup>23</sup> <https://www.nhs.uk/change4life>

<sup>24</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213737/dh\\_128142.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213737/dh_128142.pdf)

<sup>25</sup> Healthier Catering Guidance for Different Types of Businesses Tips on providing and promoting healthier food and drink for children and families. Public Health England. March 2017

<sup>26</sup> Strategies for Encouraging Healthier 'Out of Home' Food Provision. A toolkit for local councils working with small food businesses. Public Health England and Local Government Association. March 2017.

<sup>27</sup> Department of Education, Department of Health (2011) Families in the foundation years evidence pack

provision by disadvantaged children and in challenging areas; improving the quality of early years provision in challenging areas by spreading best practice<sup>28</sup>.

### Evidence Based Interventions

Given the finite financial resources and the vast array of interventions available, it is more important than ever to be clear about which approaches have been shown to improve child outcomes and which ones have not.

Our evidence review considered 3 main sources of information;

- Early Intervention Foundation (EIF) – part of the What Works Network. The EIF Guidebook contains information on over 100 early intervention programmes that have been shown to improve outcomes for children and young people.
- Public Health England (PHE)
- National Institute for Health and Care Excellence (NICE)

The EIF adopt a widely used framework for categorising interventions according to need<sup>29</sup>. See table 2 below. Appendix 3 provides a summary of the evidence using this framework.

**Table 2. Levels of Intervention**

Universal	Targeted – selective	Targeted – indicated
Services/interventions which can be made available to all families, including immunisations, developmental reviews and antenatal care	These are offered to children or families based on demographic risks, such as low family income, single parenthood or adolescent parenthood.	Services/interventions for families with a child or parent with a pre-identified issue or diagnosed problem requiring more intensive support.

The evidence base should be considered alongside other factors like cost and existing local resources. Table 3 below shows the 3 interventions for which the EIF have given their highest evidence rating<sup>30</sup>. It clearly show the range of costs involved (5=highest<sup>31</sup>) and the extent to which this is likely to be an important local consideration.

**Table 3. Interventions (0-5yrs) with evidence rating > 4. Source: EIF<sup>32</sup>**

Programme	Age	Targeting	Evidence Rating	Cost Rating
Family Foundations	Peri-natal	Universal	4	1
Family Nurse Partnership (FNP)	Peri-natal	Targeted Selective	4+	5
The Incredible Years (IY) Preschool	Pre-school	Targeted Indicated	4+	2

<sup>32</sup> <https://guidebook.eif.org.uk/>



## Evaluation and Monitoring

It is important to know whether the services or interventions provided are beneficial for the children and families who most need them and evidence about ‘what works’ is available to help guide commissioners and planners.

However, this evidence is usually at an intervention rather ‘system’ level, where a number of agencies, services and interventions are at work. As BSiL has an ambition to create an integrated model for early years it is important to consider how we can generate evidence of impact across the system. This is important for a number of reasons,

- 1) It is helpful to know which approaches are most promising or which features of the integrated system make the most difference
- 2) The BSiL strategy extends beyond traditional service delivery, and includes elements such as community engagement and culture change
- 3) The strategy is committed to building a shared accountability for outcomes across the system

The strategy therefore embeds the principles of evaluation and monitoring at two main levels; System and Service Delivery.

### System Level

A draft BSiL Outcomes Framework is detailed in Table 4.

The ‘building blocks’ of the BSiL strategy includes a commitment to build local accountability through shared outcomes and metrics. As stated previously the strategy aims to explore how measures of impact at system level can be developed.

We aim to measure what is important to citizens and communities. This means thinking beyond traditional measures of user experience for specific services (e.g. children’s centres, parenting groups) and working in collaboration with the public to understand what is important to them during the early years.

### Service Delivery

It is essential to undertake regular service evaluation. Whilst many interventions may be ‘evidence based’, it is important to know whether they are producing the expected outcomes locally. For novel or adapted interventions, it provides an additional assurance that the resources are well used and creates an opportunity to share and extend promising new approaches.

The BSiL strategy is an opportunity to explore new evaluation methodologies such as the ‘Rapid Cycle Adaptation and Testing’<sup>33</sup> or the 10 step framework advocated by the EIF<sup>34</sup>. It is also an opportunity to

---

<sup>29</sup> Hardiker, P., Exton, K., & Barker, M. (1991). The social policy contexts of prevention in child care. *British Journal of Social Work*, 341–359

<sup>30</sup> Level 4 evidence rating = long-term positive impact through multiple rigorous evaluations. At least one of these studies must have evidence of improving a child outcome lasting a year or longer

<sup>31</sup> Level 5 cost rating = indicates that a programme has a high cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of more than £2,000.

<sup>32</sup> <https://guidebook.eif.org.uk/>

<sup>33</sup> <https://dartington.org.uk/responding-to-change-by-changing/>

<sup>34</sup> 10 steps for evaluation success. Early Intervention Foundation. March 2019

consider how involvement in evaluation and research can be extended to parents and professionals who might not normally get involved.

**Table 4. Best Start in Life Start in Life Outcomes Framework - Draft**

<b>Key Impact 1: Children Live Healthy Lives</b>
Smoking at time of delivery
Low birth weight of term babies
Infant mortality
Breastfeeding initiation
Breastfeeding at 6-8 wks
A&E attendances - 0-4 years
Hospital admissions caused by unintentional and deliberate injuries in children - 0-4 yrs
Three and five year old children free from dental decay
Excess weight (overweight and obese) at Reception
Obesity at Reception
Immunisation targets met - 1 year olds (3 immunisations)
Immunisation targets met - 2 year olds (4 immunisations)
Immunisation targets met - 5 year olds (3 immunisations)

<b>Key Impact 2: Children Are Safe From Harm</b>
Rates of looked after children
Rates of child protection plans
Rates of child in need plans
Inappropriate referrals to Children’s Social Care
Hospital admissions caused by unintentional and deliberate injuries in children - 0-4 yrs

<b>Key Impact 3: Children are confident and resilient with an aptitude and enthusiasm for learning</b>
Two year progress check (early education)
2 – 2 ½ year HCP review (ASQ3)
School Readiness: The percentage of children achieving a good level of development at the end of reception
School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception
School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check
School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check
Uptake of funded 2,3,4 year old education entitlement

## National Policy Context

Sir Michael Marmot's review of health inequalities in 2010<sup>35</sup> stressed,

*“what happens in these early years, starting in the womb, has lifelong effects” on a person's health, wellbeing and life chances”*

The importance of focusing on the early years of child's life is reflected in a number of recent Government policy documents and parliamentary publications.

**The Government's Prevention Vision**<sup>36</sup> includes within it an aspiration to give every child the best start in life, including.

- Encouraging healthier pregnancies (reducing smoking before or during pregnancy)
- Working to improve language acquisition and reading skills in the early years, including by supporting parents to help their children's language development at home
- Helping families by taking a whole family approach. This involves coordinating support for those that need it across a range of important areas, including: mental and physical health, housing, debt and employment, reducing parental conflict
- Improving dental health in children
- Protecting and improving children's mental health
- Encouraging healthier food and drink choices

This will be supported by the work of a **new Early Years and Family Support Ministerial Group** announced in July 2018<sup>37</sup>. This was preceded some years previously by the launch of **The 1001 Critical Days Manifesto**<sup>38</sup>, a cross party manifesto setting out a vision for the provision of services in the UK for the early years period.

**The NHS Long Term Plan** includes a focus on providing children with a 'strong start in life', including

- implementing recommendations from the **National Maternity Review: Better Births**, implemented through Local Maternity Systems
- improving access to and quality of perinatal mental health care ( up to 24mths)
- prioritising improvements in childhood immunisation
- reducing unnecessary A&E attendance
- new clinical networks for long-term conditions

The National Maternity Review (2016) in its report - **Better Births**<sup>39</sup> – set out the vision to improve the outcomes of maternity services in England so that they are personal and safe. It included a recommendation to create 'Community Hubs' where maternity services, particularly ante- and postnatally, are provided alongside other family-orientated health and social services

---

<sup>35</sup> Professor Sir Michael Marmot, Fair Society, Healthy Lives. The Marmot Review. 2010.

<sup>36</sup> Prevention is better than cure: Our vision to help you live well for longer. Department of Health and Social Care. November 2018

<sup>37</sup> Office of the Leader of the House of Commons, Cabinet Office and Rt Hon. Andrea Leadsom MP, Leader of the commons to chair ministerial group on family support from conception to the age of two, 27 July 2018

<sup>38</sup> The 1001 Critical Days. The Importance of the Conception to Age Two Period. A cross-party manifesto. Andrea Leadsom, Frank Field, Paul Burstow, Caroline Lucas. 2013.

<sup>39</sup> Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for maternity care. National Maternity Review. NHS England. 2016

provided by statutory and voluntary agencies. They may be located in children's centres, GP surgeries, or midwife-led units.

They have two key purposes:

- To act as "one stop shops" for many services. This means different teams operating out of the same facility
- To provide a fast and effective referral service to the right expert if a woman and her baby need more specialised services.

The recently published **Health and Social Care Committee report, 'First 1000 days of life'** sets out the case for investment in the early years and strong national leadership. It suggests the need for a compelling, long-term strategic vision for giving every child the best start in life nationally as well as locally. In terms of local delivery it advocates 'proportionate universalism'<sup>40</sup>, underpinned by,

- focus on prevention and early intervention
- co-design of services with the local community
- engaging with and supporting marginalised communities
- multi-agency working
- delivering evidence-based interventions

It also makes some recommendations regarding the Healthy Child Programme (including an additional mandated visit at 3-3 ½ years), workforce, funding and information sharing.

The Government's report '**Unlocking Talent, Fulfilling Potential. A plan for improving social mobility through education**'<sup>41</sup> sets out a number of ambitions for children and young people in order to "level up opportunity across the country" and "leave no community behind". This includes,

- Closing the 'word gap' in the early years
- Closing the attainment gap in school while continuing to raise standards for all

**The Healthy Child Programme**<sup>42</sup> for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting. Since 2015 local authorities have been mandated to provide five 'health visitor reviews' to all families within their area, during set periods in a child's development.

**Troubled Families** is a programme of targeted intervention for families with multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse. It began in 2012 and is known locally as the 'Think Family Approach' in Cambridgeshire and 'Connecting Families' in Peterborough.

---

<sup>40</sup> An approach to reducing health inequalities with a balance of universal and targeted services, whereby those services are delivered in proportion to the level of need (Marmot Review 2010)

<sup>41</sup> Unlocking Talent, Fulfilling Potential. A plan for improving social mobility through education. Department for Education. December 2017.

<sup>42</sup> Healthy Child Programme Pregnancy and the first five years of life. Department of Health. 2009

## Local Policy Context

**Think Communities** is Cambridgeshire and Peterborough's approach for creating a shared vision, approach and priorities for building community resilience across the county and reducing demand for statutory services. It is a 'place based' approach which has a strong emphasis on community involvement and creating the right conditions for long term system change i.e. one in which people, communities and services can work together effectively.

The **LGA Early Years Social Mobility Peer Review for Cambridgeshire and Peterborough** last year recommended that the local authorities develop a holistic early years strategy that brings together all the strands of the early years offer so that children across the county have the best start in life and are 'school ready'.

The new **Special Educational Needs and Disabilities (SEND) Strategy 2019-24** sets out the vision, principles and priorities to ensure that we are working together effectively to identify and meet the needs of Cambridgeshire and Peterborough's children and young people with Special Educational Needs and / or Disabilities (SEND) from birth to the age of 25. It has identified 3 priority areas for action.

- 1) **SEND is everybody's business** - embedding the vision of the SEND Strategy into the practice of everyone who works with children and families in ways that strengthen families
- 2) **Identify and respond to needs early** - a holistic and joined up early identification of and graduated response to needs
- 3) **Deliver in the right place at the right time** - improving outcomes for children and young people through making best use of resources, ensuring a graduated response and high quality local support and provision

**The Fenland and East Cambridgeshire Opportunity Area (OA)** was launched by the Government in January 2017 as one of 12 OAs across England. The aim is to raise education standards locally, providing every child and young person in the area with the chance to reach their full potential.

The first of its 4 priorities is to "Accelerate the progress of disadvantaged children and young people in the acquisition and development of communication, language and reading". Activity includes the launch of an Early Years Improvement Fund and a phonics project to upskill school staff.

Cambridgeshire County Council's Communities and Partnership Programme have developed a **strategy for tackling poverty and improving social mobility**. Amongst its 4 priorities are,

- Priority Two: Improving early literacy, education standards and raising skills
- Priority Three: Strengthening families and communities

Peterborough City Council's **Child Poverty Strategy (2016-21)**. It acknowledges the pervasive effect of poverty on children's life chances, the need to close the attainment gap and develop greater resilience within families. Amongst its 5 priorities, it acknowledges the need to address barriers to work through supporting families with complex needs, improving school attainment and aspirations, supporting children with special educational needs and disabilities (SEND).

**Early Help Strategies** for both Cambridgeshire and Peterborough set out how ‘early help’ services are organised across the county. They describe a number of themes, which emerge for the data and provide a focus for how services and interventions are delivered. These include,

- Reducing parental conflict
- Domestic abuse
- Emotional health and well being
- Exploitation
- Challenging / concerning behaviours and parenting support
- Neglect

The current **Healthy Weight Strategies** for Cambridgeshire (2016-19) and Peterborough (2019-2022, draft) emphasise the importance of a joined up ‘whole system approach’, formed of three main components across the life course, namely;

- the physical environment (e.g. minimise local promotion of unhealthy foods)
- work and educational settings (e.g. policies that support healthy eating and physical activity in pre-school settings)
- information and skills (e.g. equipping professionals to help others)

This is tied to the ambitions of the Government’s Childhood Obesity Plan<sup>43</sup>.

---

<sup>43</sup> <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action>

## Current Service Delivery

### The Healthy Child Programme (0-5)

The Healthy Child programme (HCP) follows a ‘progressive universalism’ approach, with all families receiving basic elements of the programme and additional services being provided to those with specific needs and risks. Elements of the service include, screening tests, developmental reviews, and information and guidance to support parenting and healthy choices.

The HCP uses the 4-5-6 model. See Appendix 4. This means,

- **4** – levels: Community, Universal, Universal Plus (single service response) and Universal Partnership Plus (multi-agency response for children with complex needs)
- **5** – universal, mandated checks (after 28 weeks into pregnancy; 1 day to 2 weeks after birth; 6 to 8 weeks after birth; 9 to 15 months after birth; and 2 to 2.5 years after birth)
- **6** – high impact areas (parenthood and early weeks; maternal mental health; breastfeeding; healthy weight; minor illness and accidents; healthy 2 year olds getting ready for school.

The service is primarily delivered by health visitors and nursery nurses employed by Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT).

### The Family Nurse Partnership (FNP)

The FNP is delivered as part of the HCP. It is an in-depth, structured, home visiting programme which aims to improve pregnancy outcomes by supporting mothers-to-be to make informed choices about healthy pregnancy behaviours. This was originally offered to first time parents under the age of 19 at time of conception. However, in 2016, the National FNP Unit introduced the option to modify the eligibility criteria according to local circumstances.

Currently, in Cambridgeshire and Peterborough first time mothers<sup>44</sup> aged 19 years or under who meet the ‘fixed’ or ‘high risk’ criteria<sup>45</sup> are eligible for FNP and assigned a Family Nurse as the core offer, with the aim of enrolling women as early as possible in pregnancy, ideally before 16 weeks and by the 28th week of pregnancy. See Appendix 4 for more detail.

For those teenagers not meeting the criteria for FNP, the local commissioned HCP now includes an [Enhanced Teenage Parent Pathway](#), led by FNP, working with the wider locality teams. This includes additional antenatal visits and at least monthly contact for the baby’s first year of life. One hundred places are available.

### Early Help

Ofsted consider early help to be required for;

*“Those children and young people at risk of harm (but who have not yet reached the “significant harm” threshold and for whom a preventative service would reduce the likelihood of that risk or harm escalating) identified by local authorities youth offending teams, probation trusts, police, adult social*

---

<sup>44</sup> Also available to other mothers who did not receive FNP with their first child.

<sup>45</sup> Fixed criteria include very young women (<16yrs) and children in need. High risk criteria include – mental health problems, ever a child in care, no or low educational qualifications (GCSEs)

*care, schools, primary, mental and acute health services, children's centres and all local safeguarding Children Board partners including the voluntary sector where services are provided or commissioned"*

### Cambridgeshire Early Help Delivery Model

Requests for Early Help are received by the Early Help Hub which forms part of the Integrated Front Door, working alongside Multi-Agency Safeguarding Hub (MASH).

Requests will either be sent direct to the Early Help Hub through an Early Help Assessment<sup>46</sup>, from the MASH or assessment teams if the threshold of Children's Social Care has not been met. The Early Help Assessment is shared when appropriate [and where there is consent] with other professionals who are working in a co-ordinated way to support the family.

### Cambridgeshire Early Help Teams

Early Help teams are multidisciplinary<sup>47</sup> and integrated with Children's Social Care. They support children, young people and families across the 0-19 age range.

They are aligned with District & City Council boundaries. Each team is managed by a District Manager who reports to either the Head of Service North, or Head of Service South.

The 7 teams are:

- East Cambridgeshire
- South Cambridgeshire
- Cambridge City
- March, Chatteris & Whittlesey
- Wisbech
- Huntingdon & St Ives
- Ramsey, Sawtry, Yaxley and St Neots

### Peterborough Early Help Delivery Model

Early Help in Peterborough is based on a commissioning model. The Local Authority Early Help Service supports practitioners and professionals in the field to take on the role of Lead Professional, complete Early Help Assessments and co-ordinate services around the family.

Interventions and services to support families are, in the main, commissioned and delivered by external partners, many of whom are third sector organisations. Examples include, supporting young people not in employment, education or training (NEET), youth workers, Healthy Child Programme, Mind, YMCA, NSPCC, Little Miracles (supporting children with additional needs, disabilities and life limiting conditions), CHUMS (emotional health and well-being), Project for Schools (mental health nurses working in primary schools) and Carers Trust.

---

<sup>46</sup> Early Help Assessment (EHA) as a holistic assessment that captures the family's strengths and unmet needs. They are completed by any professional or partner agency who comes into direct contact with families, and who has identified more than one unmet need that would benefit from a multi-agency support approach.

<sup>47</sup> Early Help Teams - Family workers, Young People's Services, Child and Family Centre delivery, Educational Inclusion Officers, Senior Transition Advisors, transition advisors and Youth Offending Service.



For those children requiring additional, more targeted support, this is accessed through an 'Early Help Panel'. Three outcomes are then available,

- Early Support Pathway (for children with complex health, education, or care needs)
- Multi-Agency Support Group (families requiring more targeted and co-ordinated support)
- Primary Behaviour Panel (for children whose behaviour is putting their school placement at risk)

The Early Help Service maintains a role in monitoring the progress of children through the pathway, at 1 and 6 months.

## Children's Centres

Children's centres form part of the Government's agenda to improve outcomes for children, providing a place where families with children under 5 years can access a range of services. Their function and the responsibilities of local authorities are covered by statutory guidance<sup>48</sup>.

The purpose of children's centre services is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness. This is supported by improving,

- parenting aspirations, self-esteem and parenting skill
- child and family health and life chances

## Child and Family Centres - Cambridgeshire

The provision of children's centres was redesigned in April 2018 following a public and staff consultation in 2017. There are 10 Child and Family Centres (some split over 2 sites) across the five districts, plus additional 'Child and Family Zones' (facilities where there is a shared building use). See Table 5 below.

All are managed 'in house' with the exception of South Fenland (March, Chatteris & Whittlesey) where services are delivered by Ormiston. A memorandum of agreement is in place with two nurseries, at Huntingdon Town and the Fields.

Child and Family Centres offer a range of groups, activities and one to one support delivered by Child and Family Centre Workers and Family Workers. The latter provide specific support to children and families known to Children's Social Care.

Centre activity varies across the area, and is provided based on local needs and available resources. However examples include,

- Parent/carer drop-ins
- 'Stay and play' groups
- Targeted parenting groups, school transitions
- Baby Rhyme Time, Messy Play
- Voluntary led toddler groups
- Creative families – talking together project
- Multi-agency early years conferences and safeguarding meetings

---

<sup>48</sup>Sure Start children's centres statutory guidance. For local authorities, commissioners of local health services and Jobcentre Plus April 2013

The Centres also provide a base for Healthy Child Programme activity (e.g. breastfeeding support, weigh-ins, drop-in clinics, peri-natal mental health support) and midwifery (e.g. antenatal clinics and antenatal classes).

<b>Table 5. Cambridgeshire - Child and Family Centre Offer</b>		
	Child and Family Centres	Child and Family Zones
Fenland	Wisbech (Wisbech Town and Wisbech South)	
	March, Chatteris	Whittlesey
East Cambridgeshire	Ely, Littleport	Soham
Cambridge City	Chesterton/North Cambridge (split Site), Abbey Child and Family Centre (The Fields)	Trumpington, Peacock Centre
South Cambridgeshire	Cambourne	Waterbeach, Sawston, Melbourn, Northstow
Huntingdon	Eaton Socon/Eynesbury (split Site), Huntingdon Nursery/ Huntingdon Youth Centre (split site)	Sawtry, Ramsey, St Ives

### Children’s Centres – Peterborough

There are four children’s centre ‘hubs’ in Peterborough, with a further three linked sites. They are commissioned externally and provided by Barnardos and Spurgeons. See Table 6. The centres provide a range of services and activity, similar to that provided in Cambridgeshire.

<b>Table 6. Peterborough – Children Centres</b>	
Central (Barnardos)	East Children’s Centre – Dogsthorpe
	The Acorn Centre – Welland
	<i>linked sites</i> at Fulbridge School and Gladstone Primary School
North (Spurgeons)	Honeyhill Centre – Paston
	<i>linked site</i> at Watergall School
South (Spurgeons)	Orton Children’s Centre - based at Orton Malbourne, Herlington

### Early Years Services - Education

Local authorities are required to secure sufficient early years education and childcare provision<sup>49</sup>. This includes an entitlement of 570 hours of free early education entitlement per year for eligible 2 year olds to be taken over no fewer than 38 weeks, equating on average to 15 hours/week<sup>50</sup>. This is also available universally to working parents of 3 and 4 year olds. If both parents are working, most<sup>51</sup> are also entitled to an additional 570 hours per year.

The majority of early education and childcare provision is operated by private, voluntary or independent (PVI) groups. The maintained (council run) sector accounts for a small proportion of

<sup>49</sup> Childcare Act 2006

<sup>50</sup> Eligibility criteria include parental receipt of benefits, children with a statement of special educational needs, children with an education, health and care plan, children in receipt of disability living allowance, children looked after by a local authority.

<sup>51</sup> Where both parents earn a weekly minimum equivalent to 16hrs at national minimum wage or national living wage and less than £100,000.

groups based settings in Peterborough and Cambridgeshire. Childminders are also a vital element within the overall childcare mix in the county.

Delivering services to meet the needs of families requires a partnership approach between the Councils and the PVI sector. Direct delivery by the council is only considered where there is no alternative, an approach encouraged by the Government.

The Early Years Services in Cambridgeshire and Peterborough have a role in supporting early years settings and monitoring the quality of their provision. This is achieved through a range of activity, including training and site visits.

The Early Years Services also co-ordinate or contribute to a range of projects and programme across the county which support early education. This includes,

- Speech, language and communication needs (SLCN). 1 year PHE/DfE led training for health visitors in SLCN
- I CAN and EasyPeasy – home learning environment. 1 year programme starting March 2019
- Talking Together in Cambridgeshire –language and literacy project in deprived communities
- East Cambs and Fenland Opportunity Area Phonics Project
- Cambridgeshire Early Years Service on behalf of the East Cambs and Fenland Opportunity Area. Targeted - 60 practitioners developing phonics skills and confidence through champions and cascade training to others. (October 2018 –June 2019)
- Early Talk Boost - targeted intervention for practitioners in Cambridgeshire settings to work with children with language delay.

### Maternity Provision and Better Births

The Better Births agenda is being taken forward locally by Local Maternity System, which brings together the user voice (including Maternity Voice Partnerships and Healthwatch), the voluntary sector, commissioners and providers of statutory maternity services.

Within Cambridgeshire and Peterborough CCG this is overseen by the Senior Responsible Officer and the Maternity Transformation - Better Births Programme Manager.

Through partnership with local authority children's commissioners, three community hub launches have taken place these are based in children's centres. This work stream also includes the development of 'Pathways to Parenting', a universal antenatal parenting programme which is in pilot form and due to roll out geographically across Cambridgeshire and Peterborough.

# Best Start in Life Strategy Proposal

## Five Key Themes

The Best Start in Life Start strategy proposes that 5 key themes provide the framework for a new integrated model for early years. Within each theme, detail is provided regarding the areas of focus. This will be delivered through a mix of universal and targeted approaches, and use a variety of methods (face to face, digital, telephone). Wherever possible, a standardised approach will be used, however it may need to be modified locally to be effective.

### Healthy pregnancy, parents and children

- Healthy weight – diet and physical activity (incl. mother and baby nutrition)
- High quality maternity services – Better Births & maternity community hubs
- Reduce unplanned teenage pregnancies and support teenage parents
- Improve breast feeding rates
- Increase smoking cessation in pregnancy
- Improve oral health and immunisation uptake
- Reduce childhood accidents



### Vulnerable parents will be identified early and supported

- Perinatal mental health support – extended to mild/emerging problems, including infant mental health pathway (identify attachment difficulties early offer support)
- Support parents to reduce use of alcohol, drugs and tobacco
- Support parents to reduce levels of domestic violence/parental conflict



### Well prepared parents

- High quality education on sex and relationships
- Antenatal education programmes and postnatal programmes – universal and targeted (e.g. Pathway to Parenting, Baby Steps, FNP)
- Evidence based parenting programmes – universal and targeted
- Promote awareness of specific risks - safe sleeping and accidents
- Parents with an understanding of; their role in child development and learning; how to access services



### Positive attachment and bonding

- Perinatal mental health support – extended to mild/emerging problems, including infant mental health pathway (identify attachment difficulties early and offer support)
- Promote positive parent- child interaction (e.g. Five to Thrive - Respond · Cuddle · Relax · Play · Talk, Big Little Moments)



### Supporting child development

- Raise awareness of parents about 3 prime areas of development - personal, social and emotional; communication and language; and physical
- Promote early play and communication opportunities
- Promote positive ways to help of help children thrive – through interaction, social contact, first hand experiences e.g. 50 Things to do before you're 5
- Early identification and assessment of need (ASQ, integrated review) - including children with SEND



## Building Blocks

As outlined in *Building Collaborative Places: Infrastructure for System Change*, the move to an integrated approach to supporting children pre-birth to five requires the deliberate creation of shared infrastructure as well as the right conditions to 'connect people and organisations and help align the incentives driving individual organisations, creating a gravitational pull that is towards collaboration for shared outcomes.'<sup>52</sup> This view places public services (including local authorities, health bodies, and police) within a wider local system which includes people, families, communities, local organisations and institutions, the voluntary sector and businesses – clearly indicating that the public sector alone cannot solve complex social problems.

Drawing from systems change research and more mature early years integration efforts, we propose that our work to implement the Best Start in Life Strategy also include the establishment of key 'building blocks' to support system wide collaboration, as articulated by Collaborate CIC and Lankelly Chase in their 2017 report:

- **Place Based Plans:** These plans set out the social and economic vision for place as a shared challenge among local partners and citizens, and core operating principles for local public services. These plans will be co-produced with families and young children, with particular care and attention to reflecting the cultural and linguistic diversity of our communities. In Cambridgeshire and Peterborough, this work should consider and wherever possible, align with other local programmes of place-based change, including Think Communities and the new [primary care networks](#).<sup>53</sup>
- **Leadership and Governance:** In order to deliver the Best Start in Life strategy, a collaborative system leadership forum which includes community representatives as well as public and voluntary sector representatives and share a commitment to create the necessary conditions to enable collaborative problem solving and embed new shared operating principles.
- **Outcomes and accountability:** Identifying shared outcomes to support children's health, safety and school readiness. Outcomes which reflect the social and economic challenges and aspirations of our places and hold the entire system to account. In this context, organisational outcomes are aligned with place-based outcomes, measuring what is important to citizens and communities and avoiding targets which 'miss the point.'
- **Funding and commissioning:** Considering opportunities for collaborative funding arrangements which support achievement of shared outcome and help reduce duplication and waste, developed in collaboration with service users and flexible to accommodate ongoing learning.
- **Culture change and people development:** Culture change and organisational development programmes designed to develop the capacity of our workforce to work across organisational boundaries. The purposeful creation of a shared culture across our early years workforce where individuals can clearly see their role in giving our youngest children a best start in life. The development of shared knowledge and practice tied to the key areas of focus of the Best Start in Life strategy and its underpinning principles.

---

<sup>52</sup> Building Collaborative Places: Infrastructure for System Change. Collaborate and Lankelly Chase February 2017

<sup>53</sup> Primary care networks will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000.

- **Integrated delivery:** Collaborative service models bringing education, early help and community health together in meaningful ways where it makes sense to do so, supporting working relationships built on trust. This will include the iterative design and delivery of interventions, developed with input frontline staff and families and a focus on effective prevention and targeted early intervention. Staff work across organisational boundaries to provide a more coherent approach.
- **Data, evidence and evaluation:** Shared data, both quantitative and qualitative (reflecting the lived experience of children, parents and professionals) used effectively to understand and address root causes of issues and demand. A collaborative 'test and learn' approach that allows for a flexible response to early years interventions.
- **Collaborative digital and physical platforms:** Physical and virtual spaces that bring together people and organisations, enabling them to connect, develop networks and share information. This could include a dedicated website which provides or signposts parents and service providers to trusted information and delivers digital interventions. Enhancing existing public sector co-location, supporting collaboration and the design of joint solutions by cross-sector teams.
- **Communications and engagement:** Clear and consistent information and insight shared fluidly throughout the system: vertically (top-down and bottom-up) and horizontally (across sectors), enabling real-time collaboration and adaptive delivery. Providing families with easy access to reliable, consistent and up-to-date ideas, advice and services. A fundamental commitment to partnership with parents (volunteering, local delivery, service design).

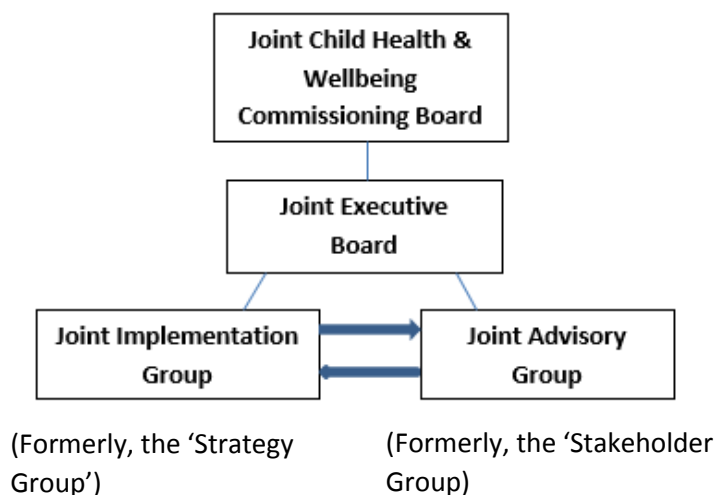
## Next Steps

Phases 2 and 3 of the strategy run from May 2019 to March 2020.

Phase 2 (May to September 2019) will further develop the strategy and identify options for the future integrated delivery model.

Phase 3 (October to March 2020) will focus on arrangements for implementing the new model in April 2020, including development of the 'building blocks' which underpin the strategy.

A new governance structure will be used, with a direct reporting line through to the Joint Child Health and Wellbeing Commissioning Board. The indicative schedule until September 2019 is outlined below.



## Timeline – May – September 2019

May		June		July
w/c 6th	w/c 27th	w/c 10th	w/c 24th	w/c 8th
Understanding system conditions	Evidence about what matters/local priorities  Consolidating insights from families and communities	System/service and asset mapping	System, service and asset mapping  1-day Summit	Opportunities for evidence informed practice, improvement and innovation
July	August		September	
w/c 22th	w/c 5th	w/c 19th	w/c 2nd	w/c 16th
Workforce and System Leadership	Theory of change for Integrated Delivery Model	Local theory of change to reflect geographical prioritisation	1-day summit	Refine integrated delivery model and finalise work plan for Oct 19 – March 20

## Appendix 1 – Best Start in Life Group Membership

### Strategy/Implementation Group

Chair	John Peberdy, Director of Children’s Services, Cambridgeshire Community Services
Public Health Lead/Co-ordinator	Ben Brown, Specialty Registrar Public Health (PCC and CCC)
Transformation Team Lead/Co-ordinator	Gwendolyn Casazza (CCC) Rebecca Pentelow (CCC) Emily Sanderson (CCC)
Early Years leads	Karen Hingston (PCC) Annette Brooker (CCC)
Early Help leads	Lisa Riddle/Sarah Tabbitt (CCC) Karen Moody (PCC)
Health Visiting leads	Andrea Graves/ Verity Trynka-Watson (CCS)
Children’s Commissioning Lead	Pam Setterfield (PCC and CCC)
Commissioning Team Manager- Healthy Child Programme	Helen Freeman, Public Health (PCC and CCC)
Speech and Language Therapy, Nutrition and Dietetics.	Alison Hanson, Cambridgeshire Community Services
Children and Family Centre Providers	Kat Band, Assistant Director of Children Services at Barnardos
LGSS Digital	Kat Sexton
Communications	Jo Dickson (CCC)
Project planning and management	Tess Campbell, Public Health (PCC and CCC) Helen Gregg, Partnership Manager, People & Communities Directorate

### Stakeholder Group

Co-Chairs	Dr Liz Robin, Director of Public Health (PCC and CCC) Wendi Ogle-Welbourn, Executive Director People and Communities (PCC and CCC)
Public Health Consultant	Dr Raj Lakshman, (PCC and CCC)
Public Health Lead/co-ordinator	Ben Brown, Specialty Registrar Public Health (PCC and CCC)
Transformation Team lead/co-ordinator	Gwendolyn Casazza (CCC)
Early Years leads	Karen Hingston (PCC) Annette Brooker (CCC)



Early Years Providers	Jayne Chapman (Harlequin Childcare) Caroline Maryon (PACEY Project Manager)
SEND leads	Marian Cullen and Jo Middleditch (CCC) Sheelagh Sullivan (PCC)
Children's Commissioning Lead	Pam Setterfield (PCC)
Commissioning Team Manager- Healthy Child Programme	Helen Freeman, Public Health (PCC and CCC)
Children's Social Care Assistant Directors	Sarah-Jane Smedmor (CCC) Nicola Curley (PCC)
Education leads	Clare Hawking (Early Years Lead, Virtual School, CCC)
Early Help leads	Lisa Riddle/Sarah Tabbitt (CCC) Karen Moody (PCC)
Children Centre Providers	Kat Band, Barnardos Lynn McNish, Barnardos Amanda Newman, Ormiston Jason Wilson, Spurgeons
Healthy Child Programme	John Peberdy (CCS) Andrea Graves (CCS) Verity Trynka-Watson (CCS)
Speech and Language Therapy, Nutrition and Dietetics	Alison Hanson (CCS)
Primary Care Leads	Dr Becky Jones
Clinical Commissioning Group	Liz Phillips, Better Births Programme Manager (CCG) Ruth Kern - Perinatal Mental Health – (CCG)  Sarah Hamilton, Designated Nurse Safeguarding Children (CCG)  Karlene Allen, Children's Commissioner (CCG)
Support Cambridgeshire	Julie Farrow
Stakeholder group planning	Helen Gregg, Partnership Manager, CCC/PCC

#### Corresponding Stakeholder Group Members

Communications lead	Joanne Dickson, Communications & Marketing Manager, CCC
Finance leads	Martin Wade (CCC) Fiona Chapman (PCC)
Information and intelligence lead	Helen Whyman

## Appendix 2 – Childhood Risk Factors



## Appendix 3 – Summary of Evidence

### Universal

Family support via children’s centres, key workers, outreach to families **(Marmot Review)**

Teenage pregnancy prevention– (prevention, choice, support)

Transition to parenthood – Family Foundations -reduces parental stress & attachment related behaviours when offered to couples expecting their first child **(EIF)**

Universal screening for mental health problems during pregnancy **(EIF,NICE)** and for mothers if combined with treatment **(EIF)**

Healthy Child Programme 0-5 (4-5-6 model) **(PHE)**

Identifying risks @ 5 key HCP contacts **(NICE)**

SIDS advice re sleeping position **(EIF)**

Individual breastfeeding advice – pre/post natal **(EIF)**  
UNICEF Baby Friendly Initiative **(PHE)**  
PHE’s Start4Life campaign **(PHE)**

Home safety equipment schemes – increase parental knowledge **(EIF)**

Oral health promotion -best evidence and fluoridation of public water supplies **(PHE)**

Obesity – multi-component and holistic approach **(PHE)**

Early cognitive and language development (e.g. Let’s play in tandem, Raising early achievement in literacy) **(EIF)**

Speech and language skill assessed @ 2-2 ½ year review **(NICE)**

Pre-school attendance **(DfE)**

### Targeted – selective

Attachment programmes (e.g. FNP, Family Foundations, Infant–Parent Psychotherapy, Child First) **(EIF)**

Pre and post-natal care programmes (e.g. Nurse – Family Partnerships) **(GLA)**

FNP for reducing IPV among first time teenage mothers **(EIF)**

Home safety equipment schemes - increase parents’ knowledge of home safety **(EIF)**

Preventing unintentional injuries in the home – targeting, working in partnership, co-ordinated delivery, assessments and follow-up **(NICE)**

Providing and fitting free or low-cost home safety equipment (incl. thermostatic mixing valves) **(PHE)**

Healthy Start – UK Gov’t voucher scheme **(PHE)**

Oral health – targeted provision of toothbrushes/ toothpaste, supervised tooth brushing in targeted childhood settings, tooth varnishing and healthy food and drink policies in childhood settings **(PHE)**

Take up of funded education/universal entitlement 15hrs @ 2 yrs

Pre-school programmes (e.g. Perry Preschool Programme) **(GLA)**

Home visiting interventions - children’s language development in the early years (FNP, Child First, Parents as First Teachers) **(EIF)**

Transition programmes (home/nursery to school) – (targeted, flexible) **(PHE)**

### Targeted – indicated

Behaviour programmes (e.g. Incredible Years, Triple P) **(EIF)**

Incentive-based programmes to encourage smoking abstinence during pregnancy **(EIF)**

CO monitoring and opt out systems –smoking in pregnancy **(PHE)**

Post-natal treatment for mental health problems **(NICE)**

Methadone treatment for mothers (buprenorphine during pregnancy) **(EIF)**

LBW – (Kangaroo Mother Care, Infant Massage, H-Hope, MITP) **(EIF)**

Sleep advice – infants  $\geq$ 4mths **(EIF)**

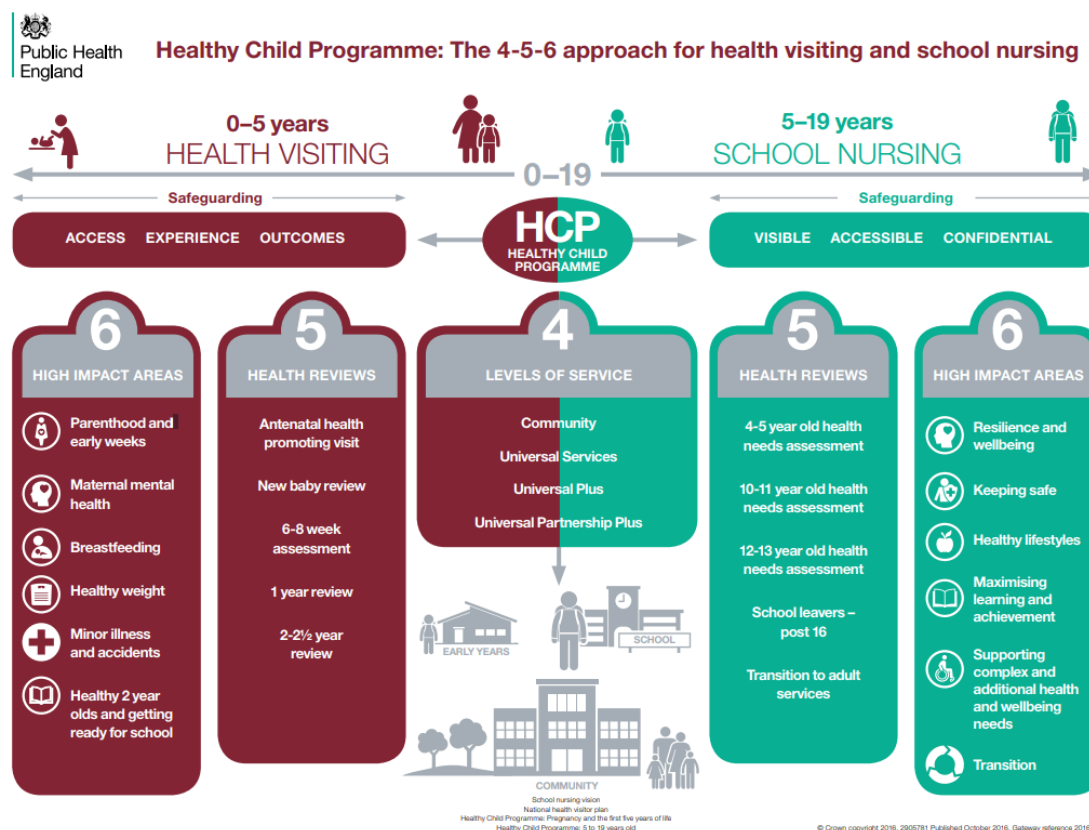
Psychosocial support integrated into routine antenatal care – for reducing revictimisation rates among women reporting IPV Home visiting in highly vulnerable families has the best evidence of reducing child maltreatment during infancy (FNP, Child First, Infant-Parent Psychotherapy) **(EIF)**

Identification, assessment and treatment of attachment difficulties (edge of care, LAC, adopted) **(NICE)**

Joint protocols for parental drug/alcohol use HIPPPY for 3-5yr olds (home instruction or pre-schoolers) **(PHE)**

Families and Schools Together (FAST) for ages 3-11 **(PHE)**

## Appendix 4 – Healthy Child Programme



### Family Nurse Partnership (FNP) and Enhanced Teenage Parents Pathway

#### Fixed criteria (all to receive FNP):

- Very young women – all first time mothers aged 16 years or under
- Currently in the care system as a Child in Care (CIC), Child in Need (CIN), on Child Protection Plan (CPP) or recent care leavers.

#### 'High-risk' criteria (any 4 or more of the following risk factors in first-time teenage mothers)

- Not living with their own mother or baby's father/partner
- No or low educational qualifications, i.e. no GCSEs or equivalent, low grade GCSEs
- Currently not in education, employment or training (NEET)
- Has mental health problems
- Ever a 'child in care' ; or lived apart from parents for more than three months when under the age of 18
- Current smoker (and doesn't plan to give up during pregnancy)
- Living in disadvantaged area
- History/risk of abuse

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 9</b>
<b>18 SEPTEMBER 2019</b>	<b>PUBLIC REPORT</b>

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	
<b>FROM:</b> Director of Law and Governance	<b>Deadline date:</b> N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>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.</li> </ol>	

**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?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
---------------------------------------------	-----------	----------------------------------	-----

### 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 12 March 2018 and 5 November 2018

### 8. **APPENDICES**

- 8.1 Appendix 1 – Monitoring Recommendations

## HEALTH SCRUTINY COMMITTEE

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
12 March 2018	Ian Weller, Head of Urgent and Emergency Care Cambridge and Peterborough CCG	<b>UPDATE ON THE SUCCESSSES AND FAILURES OF INTEGRATED URGENT CARE 1 YEAR ON</b>	The Health Scrutiny Committee noted the report and <b>RECOMMENDED</b> 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.	The following update was provided on 10 September 2019:  The C&P CCG have advised that the NHS 111 option three will go live during the week beginning 16 September. It is currently in the final stages of testing and will be ready to go live during that week. Once live, when people call NHS 111 they will have the option to select option 3 and be put straight through to the local authority Social Care Call Centre. Alongside the normal range of health advice and the mental health advice team on option two, NHS111 will be <b>the</b> number to call for any concerns regarding the health or welfare of an individual.	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	<b>Primary Care Update Peterborough</b>	The Health Scrutiny Committee <b>RESOLVED</b> 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.	<p>The CCG can confirm that some practices advise their patients to call at 08.00 hrs to book a same day appointment. We encourage GP practices to work with their PPGs/patients to find the best ways to meet the patient needs. Practices all work in different ways to meet the access needs of their registered populations and offer a variety of different appointment types. Practices that offer triage prior to booking an appointment may also require their patients to call as early as possible so the patient can be called back in good time and offered appointments as necessary.</p> <p>The CCG encourage practices to monitor their demand and capacity and work with their PPGs/patients to find the</p>	Update report to be provided at the 18 September 2019 meeting.



Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
				<p>best ways to provide patient access, but it is for each individual practice to put in place systems and processes to manage their cohort of patients in line with the requirements of the GP contract.</p> <p>The Committee agreed to continue to monitor this recommendation at its meeting on 18 March 2019 and requested that the CCG further investigate the original recommendation as agreed at the 5 November meeting of the Committee.</p>	
18 March 2019	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group	<b>CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (C&amp;PCCG) COMMISSIONING PLANS INCLUDING RESPONSE TO PWC REVIEW AND REVIEW OF IMPACT OF</b>	<b>RECOMMENDATION</b>  The Health Scrutiny Committee considered the information within the report providing an update on specialist fertility services and <b>RECOMMENDED</b> that the Chief Officer, Cambridgeshire and Peterborough Clinical	Update and response received following the CCG Governing Body meeting held on 6 August 2019.  'The Governing Body Members confirmed their decision from 2017 to cease funding the provision of specialist	Complete

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
		<b>DISCONTINUATION OF IVF PROVISION</b>	<p>Commissioning Group advise the Governing Body at the meeting on 14 May 2019 that the Health Scrutiny Committee <b>does not agree to</b> continuing with the suspension of IVF services and request that the Governing Body reverse the decision made in September 2017 to suspended routine commissioning of any specialist fertility services. They also request that the Governing Body</p> <ol style="list-style-type: none"> <li>1. Reinstate at least one cycle of routine IVF treatment.</li> <li>2. Consider all other alternative areas where savings could be made.</li> </ol>	fertility services. The CCG Governing Body will review the decision again when it has achieved a financial surplus.'	

<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 10
<b>18 SEPTEMBER 2019</b>	<b>PUBLIC REPORT</b>

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

**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?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
---------------------------------------------	-----------	----------------------------------	-----

**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 30 September 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

# **PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS**

PUBLISHED: 30 AUGUST 2019

# 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 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 Seaton; Cllr Walsh; Cllr Allen and Cllr Farooq.

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](mailto:philippa.turvey@peterborough.gov.uk) or by telephone on 01733 452460.

All decisions will be posted on the Council's website: [www.peterborough.gov.uk/executivedeisions](http://www.peterborough.gov.uk/executivedeisions). If you wish to make comments or representations regarding the 'key decisions' outlined in this Plan, please submit them to the Democratic and Constitutional Services Manager using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this Plan.

**PART 1 – FORWARD PLAN OF KEY DECISIONS**

**KEY DECISIONS FROM 30 SEPTEMBER 2019**

<i><b>KEY DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>WARD</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
<p><b>Purchase of Social Housing Development – KEY/30SEP19/01</b>                      Potential purchase of social housing development to acquire freehold social housing.</p>	<p><b>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>October 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>East</p>	<p>Relevant Internal and External Stakeholders</p>	<p>Anthony Smith, Strategic Asset Management Surveyor, anthony.smith@nps.go.uk</p>	<p>Valuation Report, exempt under paragraph 3 of schedule 12A</p>

**PREVIOUSLY ADVERTISED KEY DECISIONS**

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>1. <b>Affordable Warmth Strategy 2019 – 2021 - KEY/17APR17/03</b>                      Recommendation to approve the Affordable Warmth Strategy 2019 – 2021</p> <p>120</p>	<p><b>Councillor Walsh, Cabinet Member for Communities</b></p>	<p><b>September 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p> <p>The draft strategy will be placed on PCC Consultation pages for 3 week consultation period</p>	<p>Sharon Malia, Housing Programmes Manager,                      Tel: 01733 863764                      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> <p>BRE Integrated Dwelling Level Housing Stock Modelling Report July 2016 Housing Renewals Policy 2017 – 2019</p>



<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>
<p>2. <b>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</b>            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><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>September 2019</b></p>	<p>Adults and Communities Scrutiny Committee</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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
3.	<b>ICT Infrastructure works for Fletton Quays – KEY/13NOV17/02</b> To agree to the procurement of ICT infrastructure works for Fletton Quays	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>September 2019</b> Growth, Environment & Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 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).
4.	<b>Expansion and Remodelling of Marshfields School – KEY/11DEC17/03</b> To approve the proposed expansion and remodelling of Marshfields school	<b>Cabinet Member for Children’s Services and Education, Skills and University</b>	<b>September 2019</b> 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

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
5.	<p><b>A605 Whittlesey Access Phase 2 - Stanground Access - KEY/25DEC17/03</b> 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).</p>	<p><b>Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South</p>	<p>Relevant internal and external stakeholders.</p> <p>The scheme is included in the fourth Local Transport Plan. Further consultation will be undertaken during the design process, including ward Councillors.</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>Fourth Local Transport Plan: www.peterborough.gov.uk/ltp National Productivity Investment Fund for the Local Road Network Application Form: <a href="https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/residents/transport-and-streets/A605Application.pdf?inline=true">https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/residents/transport-and-streets/A605Application.pdf?inline=true</a></p>

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
6.	<p><b>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</b></p> <p>Improvement to open spaces in the CAN Do area of the city as part of the capital regeneration programme for the area</p>	<p><b>Councillor Cereste, Cabinet Member for Waste, Street Scene and Environment</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North &amp; Park wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Community engagement with local residents, businesses &amp; partner organisations</p>	<p>Charlotte Palmer, Group Manager – Transport and Environment, 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>Budget allocation in MTFP 2017/18</p>
7.	<p><b>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</b></p> <p>Community facility improvements in the CAN Do area of the city as part of the capital Regeneration Programme for the area</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North &amp; 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. 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 of £4m in MTFP 2017/8</p>

<i><b>DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>WARD</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
<p><b>8. 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</b> public realm improvements within the CAN Do area</p>	<p><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North &amp; Park wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Community engagement with local residents, groups, businesses and partner agencies</p>	<p>Charlotte Palmer, Group Manager – Transport and Environment, 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>Budget allocation £3m in MTFP 2017/18</p>
<p><b>9. Extension to the Section 75 Agreement for Learning Disabilities Services - KEY/30APR18/01</b> Extension of the existing staff and commissioned arrangements for a period of 12 months</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>September 2019</b></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>

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>10. <b>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</b>            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><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2019</b></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>

<i><b>DECISION REQUIRED</b></i>		<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>WARD</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
127	<p><b>11. Disposal of freehold in Centre of the City - KEY/12JUN18/01</b> To delegate authority to the Corporate Director of Growth and Regeneration to sell the property</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 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.</p> <p><b>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</b></p>

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>12. <b>To approve the awarding of contracts to external providers following a competitive tender exercise led by Cambridgeshire County Council. - KEY/25JUNE18/02</b>            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><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>September 2019</b></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>



<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
13. 129	<p><b>University Delivery Vehicle – KEY/3SEP18/02</b> Approval and setting up of an appropriate delivery vehicle with University project partners to move council assets to enable the delivery of the university.</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and the University</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 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.</p> <p><b>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</b></p>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>14. <b>Adoption of the “Dynamic Purchasing System” (DPS) procedure for Public Health contracts with Primary Care providers – KEY/10DEC18/01</b>            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><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>September 2019</b></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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>15. <b>Authority to spot-purchase externally commissioned placement services for looked after children until the mobilization of the new Dynamic Purchasing System – KEY/24DEC18/06</b>            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><b>Councillor Ayres, Cabinet Member for Children’s Services and Education, Skills and the University</b></p>	<p><b>September 2019</b></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 &amp; 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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>16. <b>Approval of funding for the provision of accommodation to reduce homelessness - KEY/07JAN19/02</b> 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><b>Cabinet</b></p>	<p><b>23 September 2019</b></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: <a href="mailto:adrian.chapman@peterborough.gov.uk">adrian.chapman@peterborough.gov.uk</a></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><b>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</b></p>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>17. <b>Clinical Waste Collections - KEY/18FEB19/01</b> Decision required to approve the new collection method for domestic sharps disposal.</p>	<p><b>Councillor Cereste, Cabinet Member for Waste, Street Scene and Environment</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Amy Nebel, Senior Waste and Recycling Officer amy.nebel@peterborough.gov.uk 01733 864727</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>18. <b>Recommissioning of the Unpaid Carers Contract – KEY/01APR19/01</b> The procurement of the unpaid carers service in collaboration with Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) for the unpaid carers service across Cambridgeshire and Peterborough.</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>November 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Lee McManus, Commissioner, Cambridgeshire County Council &amp; Peterborough City Council. Tel: 07785 721092. Email: lee.mcmanus@cambridgeshire.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 1, Information relating to any individual</p>

<b>KEY DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</b>
19.	<p><b>Vehicle removal for Parking contravention – KEY/15APR19/02</b> To ask the Cabinet Member to approve the policy to implement a scheme to remove vehicles of persistent offenders in breach of parking restrictions in the City and to appoint the Local Authority Trading Company to act as the authorised agent of the policy.</p>	<b>Councillor Walsh, Cabinet Member for Communities</b>	<b>September 2019</b>	Growth, Environment and Resources Scrutiny Committee	All Wards	<p>Details of any consultation to be decided.</p> <p>Relevant internal and external stakeholders.</p>	Adam Payton, PES Senior Officer, Parking Lead, 01733 452314 adam.payton@peterborough.gov.uk	Prevention and Enforcement Service Vehicle Removal For Parking Contraventions Policy and Guidance
20.	<p><b>Award of contract for the refurbishment of the Town Hall North - KEY/29APR19/04</b> - Award of construction design and build contract with regard to the refurbishment of the Peterborough Town Hall North</p>	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>September 2019</b>	Growth, Environment and Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders.	Stuart Macdonald. Head of Property. Email: stuart.macdonald@peterborough.gov.uk Tel: 07715802489.	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>21. <b>Approval for contract to be awarded to Skanska to deliver design of Eastern Industries Access Phase 1 scheme - KEY/10JUN19/01</b>            Approval for contract to be awarded to Skanska to deliver design of Eastern Industries Access Phase 1 scheme. The council has received funding (£550k) from the Cambridgeshire and Peterborough Combined Authority to deliver the scheme.</p>	<p><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>East Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>Consultation will take place with residents and key stakeholders at the relevant stage of the scheme.</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer, 01733 317465, lewis.banks@peterborough.gov.uk</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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>22. <b>Approval for contract to be awarded to Skanska to deliver design of A1260 Nene Parkway Junction 15 Improvement scheme – KEY/10JUN19/02</b>            Approval for contract to be awarded to Skanska to deliver design of A1260 Nene Parkway Junction 15 Improvement scheme. The council has received funding (£500k) from the Cambridgeshire and Peterborough Combined Authority to deliver the scheme.</p>	<p><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>West Ward</p>	<p>Relevant internal and external stakeholders</p> <p>Consultation will take place with residents and key stakeholders at the relevant stage of the scheme.</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer, 01733 317465, lewis.banks@peterborough.gov.uk</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>



<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>23. <b>Disposal of Freehold Large Leisure Facility – KEY/24JUN19/01</b> – Delegate the Authority to the Corporate Director of Growth and Regeneration to sell the property.</p> <p style="text-align: right;">137</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>Fletton and Stanground</p>	<p>Relevant internal and external stakeholders.</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>24. <b>Clare Lodge refurbishment (Phase 7) - KEY/24JUN19/02</b> Refurbishment of 16 bedrooms, 4 lounges and gymnasium</p> <p>138</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</b></p>	<p><b>September 2019</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>Glington &amp; Castor</p>	<p>Relevant internal and external stakeholders.</p> <p>Grant submitted to and approved by Department for Education</p>	<p>Steve McFaden, Business Manager Clare Lodge, steve.mcfaden@peterborough.gov.uk Tel no:01733 253246 Direct no. 01733 254009</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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>25.   Recommissioning of Integrated Contraception and Sexual Health Services - KEY/24JUN19/03</b> Seeks approval to undertake a competitive procurement process to re commission sexual health services as one contract across Peterborough City Council and Cambridgeshire County Council.</p> <p>139</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>September 2019</b></p>	<p>Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>The procurement process will involve consultation current service users, partner organisations and other stakeholders and a general public online request.</p>	<p>Val Thomas, Consultant in Public Health Email: Val.Thomas@cambridgeshire.gov.uk Tel: 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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>26. <b>Recommissioning Integrated Lifestyle Services - KEY/24JUN19/04</b> To undertake competitive procurement for the recommission of Integrated lifestyles services</p> <p>140</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>September 2019</b></p>	<p>Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>The procurement process will involve consultation current service users, partner organisations and other stakeholders and a general public online request</p>	<p>Val Thomas, Consultant in Public Health Email: Val.Thomas@cambridgeshire.gov.uk Tel: 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>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>27.</b> <b>Sign-off on Pseudo Framework - KEY/22JUL19/02</b> - It is required for the Cabinet member to sign off tender documents prior to Invitation To Tender being published (ITT). The ITT is for Better Care Fund and Hancock-funded services for better integration of health and social care, winter pressures and Prevention services.</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</b></p>	<p><b>November 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.  Equality Impact Assessment</p>	<p>Graeme Hodgson, Commissioner. Tel. 07448 379944 Email: graeme.hodgson@cambridgeshire.gov.uk"</p>	<p>Service Specifications, Terms and Conditions of Pseudo Framework ITT.</p>
<p><b>28.</b> <b>Approval of invest to save expenditure - KEY/22JUL19/03</b> - The decision required will enable the Council to purchase suitable homes within the local housing market for use as temporary accommodation for households at risk of homelessness. This proposal is predicated on an invest to save proposition based upon an attached business case.</p>	<p><b>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</b></p>	<p><b>September 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders and Ministry of Housing Communities and Local Government</p>	<p>David Anderson Interim Development Director Tel: 01733 452468 Email: Dave.Anderson@eterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>29. To approve the Sexual and Reproductive Health Prevention retender – KEY/5AUG19/02 –</b> Approval is sought for the recommission of the prevention of sexual ill health services as one contract across Peterborough and Cambridgeshire County Council which will include universal and targeted interventions for high need groups</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Public Health</b></p>	<p><b>September 2019</b></p>	<p>Health Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Consultation will be made with current service users, high need groups and partner agencies</p>	<p>Charlene Elliott, Sexual Health Commissioner, 01733863603, 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>

<b>KEY DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
143	<p><b>30. Proceed with the purchase of a commercial property investment and associated professional costs - KEY/19AUG19/01 - Purchase of a commercial property investment</b></p>	<p><b>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 19</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p> <p>The investment is to be made with reference to Peterborough City Council's Investment Strategy and Asset Management Plan which were approved by Cabinet earlier in the year.</p>	<p>Tristram Hill, Strategic Asset Manager; Tel:07849 079787 Email: tristram.hill@peterborough.gov.uk</p>	<p>Investment acquisition business case. Investment strategy.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

<b>KEY DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
31.	<p><b>Award of 9 Large Tail lift school transport routes to Aragon Direct Services - KEY/19AUG19/02 -</b></p> <p>Replacement routes due to current operator terminating contract to transport pupils with complex needs to Phoenix, Heltwate and Marshfields School</p>	Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University	September 2019	Children and Education Scrutiny Committee	All Wards	<p>Relevant internal and external stakeholders.</p> <p>Parents of those currently receiving transport advised there will be a change of operator due to current operator terminating routes.</p>	<p>Bryony Wolstenholme - Team Manager, Passenger Transport Operations, Tel: 01733 317453, Email: bryony.wolstenholme@peterborough.gov.uk</p>	<p>Other documentation to follow once final costs confirmed and decision made on external testing of market</p>



<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>32. Consultancy support to ensure delivery of the 2020/21 Medium Term Financial Strategy - KEY/19AUG19/03 -</b>            In order to deliver the 2020/21 budget within the required timescales specialist expertise is required to supplement work being undertaken by Council officers and add expertise in following areas: 1) Detailed data and benchmarking information to check that all services being provided are value for money, 2) complex contractual negotiations, 3) technical accountancy and commercial skills, 4) business case development</p>	<p>Councillor David Seaton, Cabinet Member for Finance</p>	<p>September 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.             Consultation will form part of the 2020/21 Medium Term Financial Plan process</p>	<p>Pete Carpenter, Acting Corporate Director Resources,            Email: peter.carpenter@peterborough.gov.uk            Tel: 01733 452520</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>33. <b>Decision to delegate responsibility of the commissioning of the National Child Measurement Programme (NCMP) from Peterborough City Council to Cambridgeshire County Council - KEY/2SEP19/01</b> Approval is being sought to a) award the contract for the delivery of the National Child Measurement Programme (NCMP) to the Integrated Lifestyle Service provider Everyone Health, the Public Health arm of Sports and Leisure Ltd.</p> <p>A decision is also being sought to delegate responsibility of the commissioning of this function from Peterborough City Council (PCC) to Cambridgeshire County Council (CCC), from September 1st 2019 until May 31st 2020.</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</b></p>	<p><b>September 2019</b></p>	<p>Health Scrutiny Committee</p>	<p>All wards.</p>	<p>Relevant internal and external stakeholders.</p> <p>Consultation has taken place with staff affected by TUPE. The PCC commissioned NCMP will then form part of the current re-commissioning of lifestyle services across Peterborough and Cambridgeshire as one service, which will commence in June 2020. The NCMP will be included in the wider consultation for this reprocurement.</p>	<p>Amy Hall, Childrens Public Health Commissioning Manager, amy.hall@peterborough.gov.uk, 01733 863687</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>34.</b> <b>Contract for remedial works by PCC to the Stanground Bypass – KEY/2SEP19/02</b> To approve works to the Stanground bypass 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).</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>September 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South and Hargate and Hempsted</p>	<p>Relevant internal and external stakeholders</p> <p>Standard consultation for highway schemes.</p>	<p>Charlotte Palmer, Group Manager – Transport and Environment, charlotte.palmer@peterborough.gov.uk</p>	<p>To be determined.</p>
<p><b>35.</b> <b>Uncollectable Debts in Excess of £10,000 – KEY/16SEPT19/01</b> To authorise the write-off of uncollectable debts shown as outstanding in respect of non-domestic rates, council tax, housing benefit overpayments and accounts receivable (sundry debt) accounts. All cases requested for write-off follow a lengthy process to recover the outstanding money, sometimes dating back many years. Only once all avenues have been exhausted will the council consider writing off debt.</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>November 2019</b></p>	<p>Growth, Environment, &amp; Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Peter Carpenter, Acting Corporate Director Of Resources, Tel: 01733 452520, 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.</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>
<p><b>Amendments to arrangements with Empower - KEY/29APR19/02</b> - A loan facility previously approved by Cabinet requires approval of an amendment to that arrangement.</p> <p>148</p>	<b>Cabinet</b>	<b>23 September 2019</b>	Growth, Environment and Resources Scrutiny Committee	All Wards	<p>Relevant internal and external stakeholders.</p> <p>Detailed consultation was undertaken in the original decision to offer the loan facility.</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 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.</p> <p><b>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</b></p>

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

**NON-KEY DECISIONS**

<i><b>DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>WARD</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
No new items.							

**PREVIOUSLY ADVERTISED DECISIONS**

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
150	<p><b>1. A Lengthmans to be deployed on Lincoln Road Millfield -</b> 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><b>Councillor Cereste, Cabinet Member for Waste, Street Scene and Environment</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>Central Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>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>
	<p><b>2. 2017/18 VCS grant funding -</b> Award of grant to VCS organisations to provide Information, Advice and Guidance services</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>September 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Ian Phillips, Senior Policy Manager Tel: 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>

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>3.</b> <b>Inclusion of Investment Acquisition Strategy in the Council's Medium Term Financial Strategy (MTFS) -</b> 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</p> <p>151</p>	<b>Cabinet</b>	<b>23 September 2019</b>	Growth, Environment and Resources	N/A	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 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.
<p><b>4.</b> <b>Grant funding for voluntary organisations –</b> 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.</p>	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>September 2019</b>	Adults and Communities Scrutiny Committee	N/A	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.

<i><b>DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>WARD</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
5. <b>Approval of Additional Powers to the Combined Authority (Transfer of Powers)</b> - Approve additional powers for the Combined Authority via a Statutory Instrument for Adult Skills Commissioning.	<b>Councillor Holdich, Leader of the Council and Deputy Mayor of the Cambridgeshire and Peterborough Combined Authority</b>	<b>September 2019</b>	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: 07920160122 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



<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>6. <b>To agree the process of awarding community grants through the Integrated Communities Programme –</b>  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><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>September 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Ian Phillips  Senior Policy Manager  –  Tel: 01733 863849  Email:  ian.phillips@pet-erborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
7.  154	<b>Disposal of former Barnack Primary School caretaker house -</b> Delegate authority to the Corporate Director of Growth and Regeneration to dispose of the property.	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>September 2019</b>  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.  <b>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</b>

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>	
155	8.	<b>Approval to dispose of a property on Cromwell Road at a minimum of £375,000 and a maximum of £475,000</b> - This property was most recently used by Youth Services but has now become surplus to requirements. It has been marked for disposal by the council in order to generate a capital receipt.	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>September 2019</b>	Growth, Environment and Resources Scrutiny Committee	Central Ward	Relevant internal and external stakeholders.  Authority has been provided by the acting head of resources to dispose of this property. A Cabinet Member Decision Notice will need to be produced once heads of terms have been agreed with a purchaser.	Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: <a href="mailto:tristram.hill@nps.co.uk">tristram.hill@nps.co.uk</a>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
	9.	<b>Funding for voluntary sector 2019/20</b> - To provide funding to a number of voluntary sector organisations to provide essential support to vulnerable clients	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>September 2019</b>	Adults and Communities Scrutiny Committee	N/A	Relevant internal and external stakeholders.	Ian Phillips Senior Policy Manager Tel: 01733 863849 Email: <a href="mailto:ian.phillips@peterborough.gov.uk">ian.phillips@peterborough.gov.uk</a>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<b>10.</b>	<b>Asset Transfer of Gladstone Park Community Centre</b> - The proposed long term lease of Gladstone Park Community Centre to The Thomas Deacon Academy Trust	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>September 2019</b>	Growth, Environment and Resources Scrutiny Committee	North	Relevant internal and external stakeholders.  Ward Councillors for Central, Park and North have been advised of the decision to transfer of the Community Centre	Caroline Rowan, Urban Regeneration Project Manager, Tel: 01733 864095 Email:caroline.rowan@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>11.</b>	<b>To purchase the offices at 16-20 Lincoln Road, Peterborough PE1 2RL at a cost set out in the annex –</b> The above property is being purchased for its strategic position in the city centre (which is important for future redevelopment) and will in the short term provide rental income to PCC.	<b>Cabinet Seaton, Cabinet Member for Finance</b>	<b>September 2019</b>	<b>Growth, Environment and Resources Scrutiny Committee</b>	Central	Relevant internal and external stakeholders.  NPS are acting for PCC in the acquisition of this commercial property. All the relevant internal stakeholders for example in democratic services, legal, finance and property will be consulted in this process.	Tristram Hill, Strategic Asset Manager, NPS, Email: tristram.hill@peterborough.gov.uk Tel: 07849 079787	Heads of terms for the purchase of 16-20 Lincoln Road, Peterborough. Details of the purchase, the price and associated costs should not be made public whilst commercial negotiations and associated legal work are progressing.

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
12.	<b>Food and Feed Service Plan 2019/20</b> - Decision required to approve Food and Feed Service Plan 2019/20 in line with Government guidance	<b>Councillor Walsh, Cabinet Member for Communities</b>	<b>September 2019</b>	<b>Growth, Environment and Resources Scrutiny Committee</b>	N/A	Relevant internal and external stakeholders.	Stuart Brough, Business Compliance Manager, Tel: 07989 432151 Email: stuart.brough@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
13.	<b>Approval of the Corporate Energy Strategy –</b> The Corporate Energy Strategy has been jointly drafted with Cambridgeshire County Council and approved at Joint SMT.	<b>Councillor Cereste, Cabinet Member for Waste, Street Scene and Environment</b>	<b>September 2019</b>	<b>Growth, Environment and Resources Scrutiny Committee</b>	N/A	Relevant internal and external stakeholders  Predominantly internal consultation. As a Strategy, it is intended to show a direction and not specific projects at this stage, which would impact and require wider consultation.	Elliot Smith, Commercial Manager; Smart 7Energy, Infrastructure and Regeneration, elliot.smith@peterborough.gov.uk	The Corporate Energy Strategy.

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
14.	<p><b>Approval of the Proposed Submission version of the Cambridgeshire and Peterborough Minerals and Waste Local Plan for public consultation and subsequent submission to the Secretary of State for independent examination</b> - For Cabinet to recommend to Full Council for approval of the Proposed Submission version of the Cambridgeshire and Peterborough Minerals and Waste Local Plan for public consultation and subsequent submission to the Secretary of State for the purposes of independent examination</p>	Cabinet	<b>Cabinet on 23rd September and then Full Council on 16th October</b>	Growth, Environment and Resources Scrutiny Committee	All	<p>Relevant internal and external stakeholders</p> <p>Planning Committee on 3rd September; Scrutiny briefing note to be submitted to the committee on 4th September.</p>	<p>Richard Kay, Head of Sustainable Growth Strategy, Tel: 863795 Email: richard.kay@peterborough.gov.uk</p> <p>and Chris Stanek, Senior Strategic Planning Officer, Tel 863883 Email: chris.stanek@peterborough.gov.uk</p>	<p>Cambridgeshire and Peterborough Minerals and Waste Local Plan</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
159	<p><b>15. To seek approval to implement a refreshed Prevent Strategy, bringing together the PCC and CCC processes</b></p> <p>- To provide cabinet with an explanation of the proposed shared Prevent Strategy, and seek approval to implement</p>	<b>Cabinet</b>	<b>Sept 2019</b>	Adults and Communities Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Rob Hill – Assistant Director Public Protection Tel: 01733 864715 Email: rob.hill@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
16.	<p><b>Amendment to Environmental Enforcement Contract -</b></p> <p>Amendment is required to the current environmental enforcement contract</p>	<b>Councillor Irene Walsh, Cabinet Member for Communities</b>	<b>September 2019</b>	Adults and Communities Scrutiny Committee	N/A	Relevant internal and external stakeholders	Clair George Acting Head of Service - Prevention and Enforcement Service Tel: 01733 453576 Email: clair.georgepes@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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

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><b>The Future of the Northminster (Market) Multi-Storey Car Park (MSCP) - AUG19/CMDN/29</b></p> <p>The Cabinet Member, in consultation with the Leader of this Council:</p> <ol style="list-style-type: none"> <li>1. Authorised the council to demolish the Northminster multi-storey car park at the earliest opportunity.</li> <li>2. Authorised the council to make the budget available to cover the anticipated costs of demolition and the costs associated with making safe and vacating of between £1m and £2.75m (capital and revenue).</li> <li>3. Authorised the Director for Legal and Governance, or delegated officers, to enter into any other legal documentation on behalf of the council in relation to this matter.</li> </ol>	<p><b>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>21 August 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders.</p> <p>The Council has engaged shop tenants, market traders and internal stakeholders over the options open to the Council.</p>	<p>Stuart Macdonald. Head of Property. Tel: 07715 802 489. Email: stuart.macdonald@peterborough.gov.uk</p>	<p>Rolton Engineer Group Report. SKANSKA Engineer Report</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>



<b>DECISION TAKEN:</b>	<b>DECISION MAKER</b>	<b>DATE DECISION TAKEN</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>Award the new contract for Multi Functional Devices as well as Print equipment across variety of Council's sites – AUG19/CMDN/31</b></p> <p>With the approval of the Chairman of Growth, Environment, and Resources Committee, the special urgency procedure has been invoked to suspend the requirement to publish the decision for five days. This procedure has been invoked to ensure that the project can be implemented within very challenging timescales. The new contract commencement is 1st of November which leaves only 2 months (September and October) to finalize the size of the fleet, arrange relevant IT resources and infrastructure, implement, manage change across the organisation and assure smooth exit/entry of the contract with the incumbent supplier. The decision to progress with this project was delayed due to the detailed negotiations with the supplier on: contract (lease and usage) charge, contract term, contract flexibility, other value added services provided to the Council free of charge. Furthermore the incumbent supplier (Konica Minolta East Solutions Ltd) provided the quote for the available 1 year extension which had to be explored and considered. This option was discarded due to the fact that reduced quarterly charge was offered based on 60% fleet reduction rather than lease charge reduction.</p> <p>The Cabinet Member awarded a contract to Specialist Computer Centre Ltd for the Managed Print Services Provision (Multi - Functional Devices (MFD's) for a period of up to five years for a sum of £86,912 per annum for machines lease and approx £72,000 per annum for usage (based on the 2018/2019 volumes and click charge of: £0.0022 mono and £0.022 colour).</p>	<p><b>Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation</b></p>	<p><b>28 August 2019</b></p>	<p><b>Growth, Environment and Resources Scrutiny Committee</b></p>	<p>N/A</p>	<p>Consultation was undertaken with Director of Resources, Director of Customer and Digital, Heads of Service and other members of staff. The communication was issued on Insite as well as Change Champion Network was used to approach various service areas..</p>	<p>Ewa Klimek Senior Category Manager, ewa.klimek@peterborough.gov.uk</p> <p>Report completed on behalf of Colin Arnold- ICT Manager.</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)

Corporate Property

### **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)

### **PLACE AND ECONOMY 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)

### **PUBLIC HEALTH DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY**

Health Protection, Health Improvements, Healthcare Public Health.

THIS PAGE IS LEFT INTENTIONALLY BLANK

This page is intentionally left blank

Updated: 10 SEPTEMBER 2019

Meeting Date	Item	Indicative Timings	Comments
<b>9 JULY 2019</b> <i>Draft Report 14 June</i> <i>Final Report 27 June</i>	<b>Co-opted Member Report</b> To agree to the appointment of co-opted members to the committee for the municipal year 2019/2020.  <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		
	<b>NHS England Response To The Healthwatch Report 'Finding An NHS Dentist In Peterborough And Wisbech'</b>  <b>Contact Officer: David Barter / Tom Norfolk</b>		
	<b>Recommissioning Contraception And Sexual Health Services</b>  <b>Contact Officer: Val Thomas / Peter Taylor</b>		
	<b>Communications and Engagement Approach To Delivering The CCG Financial Plan 'The Big Conversation' - Using Our NHS Resources Wisely</b>  <b>Contact Officer: Jessica Bawden</b>		
	<b>Review Of 2018/2019 And Work Programme For 2019/2020</b> To review the work undertaken during 2018/19 and to consider the work programme of the Committee for 2019/2020		

	<p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>Monitoring Scrutiny Recommendations</b> To monitor progress made on recommendations made at the previous meeting.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>Forward Plan of Executive Decisions</b> That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
<p><b>18 SEPTEMBER 2019</b> <i>Draft Report 23 August</i> <i>Final Report 6 September</i></p>	<p><b>Integrated Lifestyle Service Procurement</b></p> <p><b>Contact Officer: Val Thomas / Amy Hawkins</b></p>		
	<p><b>Communications And Engagement Approach To Delivering The CCG Financial Plan ‘The Big Conversation’ – Using Our NHS Resources Wisely</b></p> <p><b>Contact Officer: Jessica Bawden</b></p>		
	<p><b>Update On Changes In Primary Care Landscape In Peterborough</b></p> <p><b>Contact Officer: Jessica Bawden</b></p>		
	<p><b>Best Start In Life Strategy And Children’s Public Health Services</b></p>		

	<b>Contact Officer: Dr Robin</b>		
	<b>Monitoring Scrutiny Recommendations</b> To monitor progress made on recommendations made at the previous meeting.  <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		
	<b>Forward Plan of Executive Decisions</b> That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.  <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		
	<b>Work Programme 2019/2020</b> To consider the Work Programme for 2019/2020  <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		
<b>19 NOVEMBER 2019</b> <i>Draft Report 25 October</i> <i>Final Report 7 November</i>	<b>Health Scrutiny Committee Meeting Start Time 2020-2021</b>  <b>Contact Officer: Paulina Ford</b>		
	<b>East of England Ambulance NHS Trust Service update</b>  <b>Contact Officer: Dorothy Hosein, Interim Chief Executive / Dave Fountain, Deputy Director</b>		

	<p><b>North West Anglia NHS Foundation Trust - Preparations for winter 2019/20 including plans for flu vaccines</b></p> <p><b>Contact Officer: Caroline Walker / Taff Gidi</b></p>		
	<p><b>North West Anglia NHS Foundation Trust - Financial Update, to include any changes in management and vision for the hospital.</b></p> <p><b>Contact Officer: Caroline Walker / Taff Gidi</b></p>		
	<p><b>Local Response to the NHS Long Term Plan (LTP)</b></p> <p><b>Contact Officer: Aidan Fallon</b></p>		Item requested by Aidan Fallon on 30 August 2019.
	<p><b>Monitoring Scrutiny Recommendations</b> To monitor progress made on recommendations made at the previous meeting.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>Forward Plan of Executive Decisions</b> That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>Work Programme 2019/2020</b> To consider the Work Programme for 2019/2020</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		



<b>27 NOVEMBER 2019</b> Joint Scrutiny of the Budget Meeting	<b>Medium Term Financial Strategy 2020/21 to 2022/23</b>  <b>Contact Officer: Peter Carpenter</b>		
<b>7 JANUARY 2020</b> <i>Draft Report 5 December</i> <i>Final Report 18 December</i>	<b>Update on Heart Disease Mortality - prevention</b>  <b>Contact Officer: Jessica Bawden / Dr Liz Robin</b>		
	<b>NHS England Response To The Healthwatch Report 'Finding An NHS Dentist In Peterborough And Wisbech' – Update Report</b>  <b>Contact Officer: David Barter / Tom Norfolk</b>		
	<b>Portfolio Progress Report the Cabinet Member or Adult Social Care, Health and Public Health</b>  <b>Contact Officer: Dr Liz Robin</b>		
	<b>Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough</b>  <b>Contact Officer: Dr Liz Robin</b>		
	<b>Monitoring Scrutiny Recommendations</b> To monitor progress made on recommendations made at the previous meeting.  <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		

	<p><b>Forward Plan of Executive Decisions</b> That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>Work Programme 2019/2020</b> To consider the Work Programme for 2019/2020 <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
<p><b>12 FEBRUARY 2020</b> Joint Scrutiny of the Budget Meeting</p>	<p><b>Medium Term Financial Strategy 2020/21 to 2022/23 -</b>  <b>Contact Officer: Peter Carpenter</b></p>		
<p><b>9 MARCH 2020</b> <i>Draft Report 13 February</i> <i>Final Report 26 February</i></p>			
	<p><b>Monitoring Scrutiny Recommendations</b> To monitor progress made on recommendations made at the previous meeting.</p>		

	<b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		
	<b>Forward Plan of Executive Decisions</b> That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.  <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		

This page is intentionally left blank