

ADULTS AND HEALTH SCRUTINY COMMITTEE

TUESDAY 15 MARCH 2022

7.00 PM

Venue: Sand Martin House, Bittern Way, Peterborough, PE2 8TY

Contact:: Paulina Ford, Senior Democratic Services Officer at paulina.ford@peterborough.gov.uk, or 01733 452508

AGENDA

Page No

- 1. Apologies for Absence**
- 2. Declaration 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 Adults and Health Scrutiny Committee Meeting held on 11 January 2022** **3 - 14**
- 4. Call in of any Cabinet, Cabinet Member or Key Officer Decision**

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 three Members of a 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. Report On The Urgent Treatment Centre And GP Out Of Hours Services In Peterborough City Hospital, Post Relocation From Peterborough City Care Centre** **15 - 62**
- 6. Mental Health Section 75 Partnership Agreement: Annual Report** **63 - 70**
- 7. Adult Social Care Annual Complaints Report 2020-21** **71 - 82**
- 8. Forward Plan of Executive Decisions** **83 - 124**

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Committee Members:

Councillors: Elsey (Chair), Ansar Ali, S Barkham, C Burbage, S Farooq, C Harper, S Hemraj, S Qayyum, B Rush (Vice Chair), B Tyler

Substitutes: Councillors: C Fenner, A Iqbal, N Sandford and H Skibsted

Non Statutory Co-Opted Members

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

Parish Councillor Neil Boyce, Independent Co-opted Member (Non-voting)

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

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
TUESDAY 11 JANUARY 2022
VENUE: SAND MARTIN HOUSE, BITTERN WAY, PETERBOROUGH**

Committee Members Present: Councillors G Elsey (Chair), A. Ali, S Barkham, C Burbage, S Hemraj, I Hussain, S. Farooq, H. Skibsted, S. Qayyum, B. Tyler, S. Warren and Co-opted Members Parish Councillor June Bull

Officers Present

Jyoti Atri, Director of Public Health
Charlotte Black, Director of Adult Social Care (DASS)
Debbie McQuade, Service Director Adults and Safeguarding
Val Thomas, Deputy Director of Public Health
Tina Hornsby, Head of Adults Performance and Strategic Development
Paulina Ford, Senior, Democratic Services Officer

Also Present:

Cllr Walsh, Cabinet Member for Adult Social Care, Health and Public Health
Matthew Smith, Senior Responsible Officer, Urgent and Emergency Care, CCG
Tracey Cooper, Service Director Ambulatory Care, Cambridgeshire Community Services NHS Trust
Bruce Luter, Assistant Director of Business Development and Strategy, Cambridgeshire Community Services NHS Trust
Russell Wate, Independent Scrutineer – Virtual attendance

34. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Rush and Councillor Fenner was in attendance as his substitute.

Apologies were also received from Parish Councillor Neil Boyce

35. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

There were no declarations of interest or whipping declarations.

36. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 9 NOVEMBER 2021

The minutes of the Adults and Health Scrutiny Committee meeting held on 9 November 2021 were agreed as a true and accurate record.

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

There were no call-ins received at this meeting.

38. NEUROLOGICAL PSYCHICAL REHABILITATION CONSULTATION

The Chair commented that the Committee had only received the report late in the afternoon and therefore had not had time to consider the contents. The Chair therefore requested that officers present provide a detailed introduction. The report was introduced by the Senior Responsible Officer, Urgent and Emergency Care, for the CCG accompanied by the Service Director Ambulatory Care, Cambridgeshire Community Services NHS Trust and the Assistant Director of Business Development and Strategy, Cambridgeshire Community Services NHS Trust. The report provided the committee with details of a proposal to stop commissioning the neuro-psychological rehabilitation service offered at the Oliver Zangwill Centre, following a period of public consultation. The Committee were invited to provide views on the proposals outlined in the Neuro-rehabilitation consultation document. The Senior Responsible Officer provided a detailed overview of the review and basis of the decision to cease provision of Neuro-Psychological Rehabilitation at the Oliver Zangwill Centre, alternative provision was also highlighted. Due to dwindling referrals, the challenging financial context and the fact that alternative provision for treatment could be provided elsewhere the proposal was to stop commissioning treatment at the Oliver Zangwill Centre.

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

- Members sought further clarification with regard to dwindling numbers and what the numbers were. Members were referred to Table 1, page 3 of the consultation document which provided assessments and referrals into the Oliver Zangwill Centre over a period of five years from 2017/18 to date. This had shown new referrals coming through in 2017/18 as 25 and reducing year on year to just 6 referrals in 2021/22.
- Members sought further clarification as to why referrals to the centre had reduced. Members were informed that there were a range of alternative services that patients could be referred to. The Cambridgeshire and Peterborough Foundation Trust Rehabilitation Team took a large number of referrals of which 2000 were taken in the most recent six-month period. The service provided at the Oliver Zangwill Centre had a strong international and national reputation but in recent years a number of other private organisations had provided similar services and the insurance market who had in the past made referrals to the centre were now referring to those other organisations and also in house private providers.
- In advance of the decision, other avenues to increase referrals were explored, including out of area referrals and insurance funded patients, but despite best efforts the service had continued to see a drop in referrals indicating the service was no longer receiving sufficient referrals to remain viable.
- Members were concerned that NHS services were being outsourced and privatised and felt that NHS services should be competitive enough for the insurance companies to use rather than private companies. Members were informed that the Clinical Commissioning (CCG) Group that were responsible for buying the services for the local population had to look at the whole range of services available to patients, the choices that insurance companies made were outside of the CCG's remit.
- Members commented that insurance companies would look at the market place and would have assessors to assess a number of services for the clients that they represented and would inspect the facilities prior to making a recommendation to the insurance company. They would not have a bias towards a particular provider.

- Members noted that the impact of the pandemic had not been addressed in the proposals and wanted to know how certain that ceasing provision at the Oliver Zangwill Centre was the correct decision. Members were informed that the review of the service had started in 2019 prior to the pandemic which had identified that it was a relatively high cost and unique service which other CCG's did not commission. Taking into account the overall financial context it had been difficult to justify continuing the service. The pandemic may have had an impact but it would not have altered the original rationale behind the decision.
- Members noted that six patients who had been identified for the rehabilitation programme had chosen to postpone their treatment and sought clarification as to why they had done this. Members were informed that there were three themes as to why they had postponed treatment which were, having Covid, fear of catching Covid during treatment or personal circumstances.
- Members sought confirmation that the existing patients' needs would be met by the alternative services. Members were advised that having reviewed and looked at all the services that the patients' needs would reasonably be met through alternative services. The alternative services may not however provide the same method of delivery as those that were provided at the Oliver Zangwill Centre.
- Members were concerned about the complex needs of some patients and did not feel that the Cambridgeshire and Peterborough Foundation Trust would be a suitable alternative provider in terms of psychological needs compared to the Oliver Zangwill Centre. Members also sought assurance that patients would be referred in a timely manner so that they would not suffer even more if their psychological needs were not being met. Members were informed that CPFT did offer a specialist service for those types of patients which included psychological input. Members felt that the burden would be borne by Primary Care who were already struggling to assist these types of patients. Members therefore wished this to be noted as a point of concern.
- Members commented that the proposal seemed to be a quick fiscal savings exercise.
- Members commented that the cost of treatment was relatively low and therefore could not understand why there were so few referrals. Members were informed that the service was not an inpatient service or provision of 24hr care and did not provide beds. The service could not be benchmarked. It was a therapy type day patient care service. The important thing to note was that patients were not being referred to the service, but the fixed cost for the service would still be £800,000.
- Members wanted to know if any feedback from the survey had been received and how many people had completed the survey. Members were informed that the consultation had only been approved earlier in the day, so it had only just commenced and therefore no feedback had been received yet.
- Members sought clarification on how easy it had been for Primary Care to refer patients to the service, or had it been so difficult that Primary Care had not been referring patients. Members were informed that it was a routine type of referral into the service and were not aware of any issues regarding referrals from GP's.
- Members wanted to know if consideration had been given to other money saving ideas rather than cutting services to patients. Members were advised that savings were also being made in non-patient areas including reducing premises owned by the CCG to reduce costs; however, the scale of the financial problem was significant.
- The Healthwatch representative in attendance advised that Healthwatch systematically collected data and feedback from the Cambridgeshire community and would find out after the meeting if any data had been collected with regard to the Neuro-Psychological Rehabilitation service at the Oliver Zangwill Centre.
- Members sought clarification on the average time from referral to initial assessment of a patient and if those times had ever been breached. Members were informed that

the response time to patients was quite fast due to the lack of patients being referred. There had been a period during the pandemic in 2020 when some services were closed and unable to treat patients.

- Members were concerned that the reasons as to why people had chosen not to take up the service were not clear.
- Members sought clarification as to what the threshold would be before a brain injury patient could be referred to the Oliver Zangwill Centre for treatment. Members were informed that it was a very specialist type of approach to treatment and patients would not be referred until at least twelve or more months after the brain injury. The patient would normally be someone with complex needs.
- Members commented that it would appear that if the service closed that people with brain injuries and complex needs would therefore no longer get the support they needed. If the service was as successful as had been stated, then why were people not being referred to it and suggested that there might be something wrong with the referral system. Members were informed that there were a range of alternative services for Cambridgeshire and Peterborough patients that met the needs of neuro-psychological rehabilitation.
- Members sought confirmation that there were no alternative NHS services that could fully provide the same service as that provided by the Oliver Zangwill Centre. Members were informed that it was a unique service which other CCG's did not commission which had been shown when the clinically led pathway review of Community Services took place in 2019. The review identified that further analysis of the whole neuro-rehabilitation pathway, including the Oliver Zangwill Centre (OZC) was needed. This then resulted in a number of improvements around the pathway for this particular group of patients.

The Chair thanked officers for attending and responding to questions.

AGREED ACTIONS

1. The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to comment on the public consultation following the neuro-rehabilitation review at their meeting on 11 January 2022 and the consultation proposal to cease provision of Neuro-Psychological Rehabilitation at the Oliver Zangwill Centre.
2. The Committee requested that all comments made during the meeting should be taken into consideration as part of the consultation process and in particular their concerns as to the reasons why so few patients were being referred to this specialist service.

39. CAMBRIDGESHIRE AND PETERBOROUGH SAFEGUARDING ADULT BOARD ANNUAL REPORT 2020/2021

The previous Chair of the Cambridgeshire and Peterborough Safeguarding Adult Board Russell Wate who was now an independent scrutineer for the Board introduced the report, accompanied by the Director of Adult Social Care who was also the current Chair of the Cambridgeshire and Peterborough Safeguarding Adult Board.

Members were informed that there was a statutory requirement under the Care Act 2014 that the Safeguarding Adult Board publish an annual report detailing the work of the Board. The purpose of the report being brought to the Adults and Health Scrutiny Committee was to ensure that Members were fully aware of the work and progress of the Board. The report covered the period from April 2020 to March 2021 and was published in December 2021.

The report had been written during the pandemic and practitioners had continued to conduct safeguarding reviews throughout the pandemic either in person or virtually. The main priority that the Board had was to make safeguarding personal and offer help, protection and provide care to those in need of safeguarding.

The Board had three core duties which were to; develop and publish a strategic plan setting out how it would meet its objectives and how its member and partner agencies would contribute; publish an annual report detailing how effective its work had been and commission Safeguarding Adults Reviews (SARs) for any cases which met the criteria for these.

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

- Members commented that they had read with interest the various case studies within the report. Members commented that in terms of the Multi Agency Hub there needed to be a lot more communication, and more timely notifications to safeguarding leads to attend review meetings.
- Members also commented that there was currently no women's refuge available in the day in Peterborough, and it was therefore difficult to place women who were in danger in a place of safety.
- Members commented that there was nothing in the report that reflected the diversity of Peterborough and noted that there had been two eastern European women killed in the last two years and wanted to know what services were in place for this community. Members were informed that the cases of the two Lithuanian women referred to were not safeguarding adult reviews. The cases referred to were domestic homicide reviews which were managed by the Safer Peterborough Partnership. There had however been a good level of learning from those cases. The Independent Scrutineer agreed that more could be learnt from joining up the learning of adult safeguarding reviews and domestic homicide reviews.
- The Director of Adults and Safeguarding agreed that the report could better reflect the services on offer in Peterborough and the diversity of Peterborough and noted this for the next report.
- Members sought clarification on how lessons that had been learnt from the case studies of those listed in the report were actually being put into practice. Members were informed that the online training had been delivered continually throughout the pandemic via software called Sway. The training consisted of virtual briefings where there was a presentation, but each slide had an audio with it that discussed the content of the slide. Approximately 2000 people had accessed the training and it had gone out to the voluntary sector as well as the statutory organisations. Policy guidance and culture changes has also been brought about following the case reviews. It had been noted through independent review that changes in practice had taken place. The voice of the adult was important, and a lot of work had been done around listening to the adult and the voice of the adult and the learning from this was beginning to show through in recent case reviews.
- The Director of Adults and Safeguarding agreed that it was very important to have a very clear action plan in place following every case review to ensure that the service was held to account. The Service Director Adults and Safeguarding who was also in attendance added that as well as the work of the Adults Safeguarding Board and subgroups each of the partners had a responsibility. For example, social care would have to look at the recommendations from the case review and also develop an action plan which would be looked at by the Practice Governance Board which was chaired by the Assistant Director for Adults and Safeguarding. This work would be reviewed on a monthly basis to ensure that it had been implemented. Audits would also be

undertaken on the frontline practitioners to ensure the actions had been implemented and embedded.

- Members referred to the case study of 'Clare' and noted that the case was from 2017 and wanted to know why lessons had not been learnt before now and what was being done to ensure that it did not happen again. Had Trauma Therapy been offered to this person. Members were advised that there was only a brief summary of the case in the report, and it had been a very complex case. The focus had not been on 'Clare's' mental health and Clare had presented as well. The review had highlighted a lack of communication between agencies and opportunities missed. It was a very sad situation and lessons had been learnt. The purpose of each case review was to generate questions and lessons learnt.
- Members commented that often GPs were unable to access services for those patients with complex mental needs and patients were passed from 'pillar to post' and often ended up in accident and emergency or babysat by the police and other agencies such as primary care. Valuable time was therefore lost in providing the correct treatment and support for these patients. Members wanted the Board to note the accessibility difficulties in assessing and accessing services for complex mental health patients. The Director of Adult Social Care noted the comments and advised that they would be fed back to the Board.
- Members sought clarification as to what was happening with regard to managing allegations against people in positions of trust where you had adults moving across local authority boundaries and keeping multi agencies informed in a timely manner. Members were informed that there were internal policies and processes in place for people in positions of trust. The wider question sat with the Safeguarding Board and the officer advised that she could not answer on behalf of the other partners and agencies. The officer advised that she would refer to the Safeguarding Board for a response.
- Members referred to the Learning Disabilities Mortality Review (Leder) Programme which looked into why people with learning disabilities died earlier than the general population. It was noted that the table in the report which showed thirty completed reviews also indicated that approximately 45% of those reviews fell short of the required care and expected good practice. Five of the reviews also stated that the care fell short of expected good practice and this had contributed to the cause of death. Members sought clarification as to what the Leder programme was doing to prevent these shortfalls in care happening again. Members were informed that one of the problems that had been identified was that the learning disability mortality reviews had not been taking place as they should have been. Over the last eighteen months they had been taking place but had been playing catch up, so the Board were now in a position to drive forward lessons learnt and changes. The CCG who led on responsibility in this area had driven the process to make sure the reviews were now being done. A recent summit has also been held to review all the services supporting those people with disabilities and in particular how they were being treated when in hospital. There was now a greater awareness and willingness to learn and improve support.
- The Chair commented that over the last ten years in his experience safeguarding had improved considerably.

AGREED ACTION

1. The Adults and Health Scrutiny Committee **RESOLVED** to note the content of the annual report and requested that the Director of Adult Social Care:

- Feed back to the Board all comments on the Annual Report from the Committee and those concerning GP accessibility to services for those patients with complex mental health needs, and
- Contact the Safeguarding Board to find out what was happening with regard to managing allegations against people in positions of trust where you had adults moving across local authority boundaries and keeping multi agencies informed in a timely manner.

40. PORTFOLIO PROGRESS REPORT FROM THE CABINET MEMBER FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC HEALTH INCLUDING THE ADULT SERVICES SELF-ASSESSMENT

The report was introduced by the Cabinet Member for Adult Social Care, Health and Public Health accompanied by the Deputy Director of Public Health and the Head of Adults Performance and Strategic Development. The purpose of the report was to provide the committee with an update on the progress of the Cabinet Members portfolio for Adult Social Care, Health and Public Health.

The Director of Public Health who was also in attendance provided the committee with the latest Covid data which had since superseded the data in the report. Covid rates were rising dramatically due to behavioural change and variation in testing uptake over the Christmas holidays and children returning to school. Nationally there had been an increase in deaths by 30% and hospital admissions had increased by 57% nationally. Rates in Peterborough were below the East of England average and below the England average but were rising for all ages and for the over 60's. The current rate for cases were the highest seen at 1749 per 100,000 for all ages and for over 60's the rate was 917 per 100,000 and hospitalisations were also rising.

The uptake of vaccinations continued to rise and there had been an increase in booster vaccinations.

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

- Members referred to the Drug and Alcohol Treatment Services and were concerned to note that during COVID the number of clients presenting to the service had fallen. Members sought clarification as to what was being done to promote the service. Members were informed that the 12 to 18 year olds had been affected by Covid as there would normally have been referrals from schools. There was a lot of outreach work being undertaken with young people to try and address this and in reach work was also continuing in schools. The adult clients were much more complicated as many more people were presenting with quite complex cases including mental health conditions. The recovery service had been strengthened to give additional support. Additional funding had been secured this year from Public Health England and MHCLG to support and increase interventions targeting drug and alcohol users who were rough sleepers and those leaving prison who required additional support. The Rough Sleeper Team was now up and running and delivering regular outreach on the streets to identify people who needed additional support.
- Members sought clarification as to whether Covid cases were rising due to children going back to school or whether it was too early to say. Members were informed that before Christmas rates were particularly high in the school age population and that was driven by the Delta variant not Omicron. This then dropped over the Christmas period due to the children being at home but in the meantime, Omicron had risen in the 20 to 39 working age population over the Christmas period. There had been an

increase in Covid in the 10 to 19 age group since the return to school and Omicron was now the dominant variant.

- Members wanted to know if the Director for Public Health had any current data for those who had been hospitalised particularly the more serious cases and how many of those had been vaccinated. The Director for Public Health did not have the data to hand but said that it was likely that more people entering hospital now would have been vaccinated which was not an indication of vaccine failure but was entirely to be expected especially in the over 60's who were more vulnerable. People entering hospital for whatever reason would be tested for Covid and if positive would be counted as a Covid hospital admission. Some people were also catching Covid in hospital. It was not possible at the moment to provide data on those Covid cases that were community acquired and those cases that were hospital acquired. The Director for Public Health advised that she would see if she could obtain the information from the health service.
- The enhanced status for Peterborough ended on 24 December and all the measures that had been put in place were now part of the National Plan B.
- Members sought clarification on how many deaths in the last year had been attributed to flu. Members were informed that transmission of flu had been low this year partially due to people still socially distancing and working from home.
- Members were informed that the national reporting of deaths within 28 days of a positive Covid test may not mean that the death had been caused by Covid and could have been caused by another reason.
- Members referred to the financial implications section of the report and wanted to know if the monies received from government to fund the initial costs of outbreak management would have to be returned if not spent. Members were informed that confirmation had been received that the Covid Outbreak Management Fund could be carried forward until next year, however it was unknown if it would be clawed back after that date if not spent.
- Members referred to engagement and key issues which had been identified within the report and wanted to know if the key issues were now under control. Members were informed that the council had been working closely with Healthwatch and partners to develop some really good leaflets and information for Cambridgeshire and Peterborough and the issues had been addressed.
- Members referred to the Adult Social Care Framework, indicators where it was noted that Peterborough was worse than the regional average and wanted to know what was happening to resolve those issues. Members were informed that the service users survey had not gone out for two years due to Covid but a survey would go out to the long term service users in January and the results may therefore be different. The officer provided further context and information around what had been done to resolve the issues.
- Members sought clarification as to how many people were surveyed by Healthwatch during the survey of people who left hospital between June and August 2020 (during the COVID-19 pandemic). Members referred to paragraph 4.6.8 and noted that a significant number of people reported lack of communication during discharge and sought clarification as to what a significant number was. Members were informed that the survey was commissioned on the basis of the Healthwatch national survey and it was a very small survey of between 40 and 50. Each person had been contacted directly rather than sending out a general survey.
- Members referred to areas for focus in 2021/22 and noted that under Market sustainability and market management the better use of the regional Provider Assessment and Market Management Solution (PAMMS) was being looked at. Members wanted to know if this would affect spot purchase and impact on overall

pricing in term of bed placements. Members were advised that in terms of using PAMMS whether it was a spot purchase or contract purchase with a provider the contracts team would use PAMMS. In terms of price the two did not necessarily align and during the pandemic the cost of placement had increased. The market was dealing with people with more complex needs. The priority was always to support people in their own home. There was some regional work being conducted with the LGA to understand the real cost of home care. Engaging with regional colleagues helped to maximise expertise and knowledge.

- Members noted that in terms of equality outcomes from Covid-19 it had been shown to be worse for older people, men, people with a range of long term health conditions, black and ethnic minority communities, and people living in areas of deprivation. Peterborough had a diverse population and wanted to know how challenging this was and if some communities were overrepresented in terms of deaths and were they getting vaccinated. Members were informed that there was a variation in deaths which was due to a number of reasons such as pre-existing structural inequalities for example living in more densely populated areas. BAME communities and poorer communities tended to live in more densely populated areas which increased their risk of catching Covid. They also tended to have to go out to work which also increased their risk of catching Covid and were also more likely to have more underlying health conditions. The Director confirmed that there had been an enormous effort into increasing vaccination uptake in the BAME and more deprived populations which included knocking on people's doors, the impact of which was that vaccination rates were rising.
- Members sought clarification as to whether if vaccinations were left over at the end of the day they could be offered to other people and in particular those that were within their 12 week gap before the next vaccination or were waiting for their booster. Members were informed that the 12 week gap between vaccinations was still in place and had been appointment only to try and maximise getting as many people vaccinated as possible, however there was now a move to go back to walk in's as not as many people were going for vaccinations. The outreach vaccination bus was also being brought back into service at the end of January.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to:

- Note and comment on the Portfolio Holder Progress report for Public Health including updates on managing Covid-19 and Public Health Programme Delivery during 2021/22 – Prevention and Health Improvement
- Note and comment on the summary of findings from the adult social care self-assessment and approve the public facing Local Account for publication.
- Note the updates from Adult Social Care, including the process for allocating the Covid-19 specific grants.

The Committee requested that the Director for Public Health try to ascertain whether data was available on those Covid cases that were community acquired and those cases that were hospital acquired.

41. ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING START TIME 2022 - 2023

The Chair introduced the report and sought the committees' views on what start time they would like going forward for the new municipal year 2022/2023.

Members of the committee unanimously agreed that the start time should remain at 7.00pm for the municipal year 2022/2023.

AGREED ACTION

The Adults and Health Scrutiny Committee **RESOLVED** to keep the start time for all Adults and Health Scrutiny Committee meetings for the Municipal Year 2022-23 at 7.00pm.

42. MONITORING OF SCRUTINY RECOMMENDATIONS

The Chair introduced the report which enabled the committee to monitor and track the progress of recommendations made to the Executive or Officers at previous meetings.

The Chair referred to the outstanding recommendation from the 13 July 2021 meeting which had recommended that the Chair write to the local MP's requesting that they lobby central Government to push for greater devolved powers and funding for Peterborough. The Chair advised that officers had advised that this work was already being done and they were speaking to The Department for Levelling Up, Housing and Communities on a regular basis. The Chair therefore proposed that this recommendation be closed of which the Committee unanimously agreed.

AGREED ACTION

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to close the outstanding recommendation in Appendix 1 of the report.

43. FORWARD PLAN OF EXECUTIVE DECISIONS

The Chair introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during 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.

No items were identified for further information.

AGREED ACTION

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

44. WORK PROGRAMME 2021-22

The Democratic Services Officer introduced the item which gave members the opportunity to consider the Committee's Work Programme for 2021/22 and discuss possible items for inclusion.

No further items were put forward at the meeting for inclusion.

AGREED ACTION

The Adults and Health Scrutiny Committee **RESOLVED** to note the work programme for 2021/22.

45. DATE OF NEXT MEETING

9 February 2022 – Joint Scrutiny Meeting - Budget
15 March 2022 – Adults and Health Scrutiny Committee

7.00PM - 20:58

CHAIR

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
15 MARCH 2022	PUBLIC REPORT

Report of: Phil Walmsley Caroline Walker	Chief Operating Officer, North West Anglia NHS Foundation Trust Chief Executive Officer, North West Anglia NHS Foundation Trust
Contact Officer(s):	Taff Gidi, Company Secretary & Head of Corporate Affairs taff.gidi@nhs.net

REPORT ON THE URGENT TREATMENT CENTRE AND GP OUT OF HOURS SERVICES IN PETERBOROUGH CITY HOSPITAL, POST RELOCATION FROM PETERBOROUGH CITY CARE CENTRE

RECOMMENDATIONS
It is recommended that the Adults and Health Scrutiny Committee notes the Urgent Treatment Centre and GP Out of Hours services' position post relocation from Peterborough City Care Centre on 1 st of July 2021.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee at the request of the members and Chair of the committee.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide information and updates on the Urgent Treatment Centre and GP Out of Hours services' position post relocation from Peterborough City Care Centre on the 1 July 2021.

2.2 This report is for the Adults and 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:

3. Scrutiny of the NHS and NHS providers.

2.3 The Trust remains open to arranging a visit to the new Urgent Treatment Centre for members of the Adults and Health Scrutiny Committee at an appropriate time so that members have the opportunity to see the reconfigured estate as well as the Urgent Treatment Centre and Emergency Department in operation.

4. BACKGROUND AND KEY ISSUES

4.1 The NHS Long Term Plan published on 7 January 2019, talked about five major changes to the NHS. Chapter 2 of this plan is clear that local NHS organisations need to *“redesign and reduce pressure on emergency hospital services”*.

To start meeting both objectives effectively, Cambs & Pet PCCG launched a public consultation on 5 August for 8 weeks until 30 September 2020 on the proposal to move the Urgent Treatment Centre and the GP Out of Hours (OOHs) Services from the City Care Centre in Thorpe Road

Peterborough to the Peterborough City Hospital (PCH) site to be located alongside the Emergency Department.

The consultation was completed and in order to meet the national UTC standards, the Peterborough and Cambridge CCG Governing Body agreed to proposals to relocate the UTC and the GP Out of Hours services from the City Care Centre on Thorpe Road to the Peterborough City Hospital site in Bretton, Peterborough to create a single point of access for urgent and emergency care service for the people of Peterborough. North West Anglia NHS Foundation Trust was awarded a contract to manage the Urgent Care Treatment service once relocated and until 31 March 2022.

A significant amount of work and planning went in to ensuring the smooth transition of these services; the key work streams included Estates Transformation, Transfer of UTC Service, Staff Transfer, New Clinical Model and GP Out of Hours relocation. Both services have been successfully relocated to the Peterborough City Hospital effective from 1st July 2021.

In September 2021, within the UEC 10 Point Action Recovery Plan systems were further asked to continue *“expanding urgent treatment centre (UTC) provision and increasingly moving to a model where UTCs act as the front door of ED, to enable emergency medicine specialists to focus on higher acuity need within ED”* and therefore the North West Anglia NHS Foundation Trust focus remains on the delivery various improvements that involves the development of the UTC service and its processes and pathways.

5. UTC AND GP OUT OF HOURS SERVICES POST RELOCATION

5.1 Estates reconfiguration

To enable the Urgent Treatment Centre Service and the GP Out of Hours Service to relocate, North West Anglia NHS Foundation Trust delivered estates reconfigurations across all Urgent and Emergency Care (UEC) services at Peterborough City Hospital, including a brand new modular building adjacent to the PCH Emergency Department to accommodate both relocating services.

The new modular unit, as well as reconfiguration of the Emergency Department (ED) estate, including clinic rooms and waiting areas, created a new bespoke space for UTC which now comprises of:

- 10 Consultation rooms
- 7 Trolley spaces
- 2 Treatment room
- 1 Assessment room
- 1 Eye assessment room
- Clean and dirty utility rooms
- Waiting area for 38 patients - (*the number of waiting room spaces would have been impacted by the 2m social distancing measures during the pandemic, now reduced to 1m)

The reconfiguration works also included a complete modernisation of the Reception area and various changes to the North West Anglia NHS Foundation Trust patient electronic system (Symphony), including an introduction of the new electronic NHS 111 appointments (booked directly in Symphony for the UTC and ED) and new walk-in appointments for patients who are able to return at a later time.

The Adult and Health Scrutiny Committee are invited to visit the UTC service when the winter and pandemic related pressures start to ease.

5.2 Service Model

Urgent Treatment Centre (UTC) at Peterborough City Hospital is a GP led service commissioned by CPCCG for 12 hours a day (08.00-20.00), every day, offering appointments that can be booked through 111, GP referral or walk in, and is equipped to diagnose and deal with many of the most common ailments.

Since the relocation of the services the following has been achieved:

- A single front door to all the urgent and emergency care services at Peterborough City Hospital.
- Resilience through better service efficiency and reduced duplication of provision between UTC and Emergency Department, by fully integrating all Type 3 activity
- A service covering the full range of injuries and illnesses with access to diagnostics, such as x-rays and scans, as well as specialist opinions, should they be needed. The services are available to adults and children of any age with a combination of pre-booked appointments and walk-in access.
- Patients only have to travel to one location for all of their urgent and emergency health needs and no longer have to work out which service is the most appropriate for them.
- Trained healthcare professionals at the front door ensure patients get the right care at the right service by providing a comprehensive Initial Assessment that includes Navigation and Redirection to alternative services within the Trust or back in the community e.g. GP practices, Pharmacy. They take a brief history and perform basic observations before directing patients to the most appropriate service depending on their injuries or illness.
- An ability to take 999 ambulances that arrive directly at the ED or can bring the UTC suitable patients directly to the service bypassing the ED Ambulance Offloading bay and reducing the ambulance offloading delays
- The continuance of the GP Out of Hours Service as required, which are booked through NHS 111 if clinically required. This has not changed.

Service Delivery and Impact on patient access and patient experience

The UTC performance, since the service relocation in July 2021, has improved by 2.4% from Quarter 2 to Quarter 3 and sat at 86.1% in January 2022 despite significant staffing challenges that came about due to the latest Covid-19 surge. Another aspect of the Covid-19 surge which had impacted on the UTC performance during Quarter 3 is related to the Covid-19 surge escalation procedures which resulted in Majors activity 'over spilling' into the UTC trolley cubicles on a daily basis to support more timely ambulance offloads during the recent months. This in essence impacted on the physical space available in UTC to see the Type 3 activity.

An internal service review was completed in October 2021 to review the UTC service against the national clinical indicators and to assess in more detail the staffing model against recent patient demand and in order to agree further actions to improve the UTC performance, patient access and experience.

Initially a 'lift and shift' model was used to relocate the UTC workforce to Peterborough City Hospital which meant no changes to the service opening hours and no changes to the staff shift patterns at the time of service relocation. This model however has not met the service needs since relocating to PCH and as a consequence patients were experiencing long waits at the Initial Assessment and long waits to be seen, in particular during the evening activity surges.

An initial service review has identified a misalignment of our Emergency Practitioner (EP) resource. The review has subsequently resulted in a successful staff consultation process conducted between November 2021 and January 2022 to adjust the staff shift patterns. The review of the demand and capacity also resulted in North West Anglia NHS Foundation Trust agreeing to an additional investment into the Emergency Practitioner establishment within UTC, to support the management of Minor Injuries case mix. The additional posts are currently being recruited to.

The recruitment process to the General Practitioner posts within UTC has proven challenging. Although North West Anglia NHS Foundation Trust have secured 1.2WTE GP's to support the running of UTC (against the establishment of 2.85WTE), their start dates have been delayed by their notice periods and other circumstances beyond the Trust's control. One General Practitioner is already in post and one is due to start at the beginning of May 2022.

The GP gaps have been mitigated to date by the locum Emergency Medicine (EM) Consultant appointment who supported a 'hybrid' medical model. The hybrid model, both General Practitioners and EM Consultants covering the Medical shifts, has proven successful and it is a model that North West Anglia NHS Foundation Trust will want to continue with to drive an integrated workforce approach to optimise the UTC service performance.

With the ongoing recruitment into the new Emergency Practitioner posts, robust plans to develop the medical 'hybrid' workforce model, ongoing work to strengthen the available practitioner skill mix, changes to the shift patterns coming to effect in March 2022 and the staff absence levels reducing post the latest surge of Covid-19, North West Anglia NHS Foundation Trust are confident in delivering further improvements to the UTC service performance, patients access and experience.

6. PARKING AND PUBLIC TRANSPORT

6.1 Background

We know from the previous analysis that the primary mode of transport to the UTC is by car and only a small number of patients walked or used public transport including taxis. We continue to monitor the parking and transport needs of patients attending of patients attending the UTC and ED so that we are able to respond to any shifting needs.

Pre-pandemic there were 684 car parking spaces at PCH. An additional 112 car parking spaces were created at PCH during early 2020 providing a total of 796 parking spaces and 101 disabled parking spaces allocated for patient and visitor parking. This represents a 16% uplift on pre-pandemic levels.

Peak car parking times at PCH are from 9am to approx. 1pm and 1.45pm – 6pm Monday to Friday. Our peak usage times analysis shows that the busiest times for the UTC are mostly outside of these times. The GP Out of Hours service operates only outside of these peak times for the Peterborough City Hospital car park.

A number of Stagecoach buses run between Peterborough City Centre bus station and the Peterborough City Hospital site. On Monday 1 March 2021, a new orbital bus route began operating. This route runs from Serpentine Green shopping centre in Hampton to Peterborough City Hospital with stops in Hampton and the Ortons. This route operates from Monday to Saturday between 9am and 3pm with hourly services. This was a trial route for 12 months, if successful more orbital routes could be considered.

The Trust recently approved its Green Plan in line with the 'Delivering a Net Zero Health Service' report which includes a section on Travel and Transport as a part of this overarching plan. See [Appendix 2 Attached](#) for the Green Plan 2022.

6.2 Impact of the relocation of the UTC on Parking and Transport

The relocation of the UTC at this current time has not impacted on car parking primarily due to many outpatient appointments continuing as virtual appointments. No issues or concerns regarding access to site for both staff and patients have been raised. This will be closely monitored as the Trust return to pre-covid outpatient arrangements for appointments.

It is worth noting that since the COVID pandemic, the Trust (North West Anglia NHS Foundation Trust) is now operating a significant proportion of outpatient appointments virtually and intends to retain this new way of working. The % of virtual outpatient appointments using telephone or video has increased from prior to the pandemic.

Local communities had expressed concern to councillors that our staff were parking in areas neighbouring PCH due to lack of parking on site. No further issues or concerns have been raised by local residents or councillors. We recognise that this would be a concern for local residents, and we remind staff regularly to park appropriately. Additionally, the Trust has made it far easier for staff to park on site by making car parking for staff free.

7. REASON FOR THE RECOMMENDATION

- 7.1 It is recommended that the Adults and Health Scrutiny Committee notes and comments on the update on the relocation of the Urgent Treatment Centre and GP Out of Hours Services from the City Care Centre Thorpe Road to the Peterborough City Hospital site including the impact on transport and parking.

8. APPENDICES

- 8.1 Appendix 1– UTC Performance 2021/22
Appendix 2 – Green Plan 2022

Appendix 1 – UTC Performance 2021/22

Site	Measure	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Peterborough														
	A&E Attendances - Type 3	71	117	217	4801	4313	4610	4231	4053	3503	3505			29421
	A&E Breaches - Type 3	1	1	14	661	798	797	493	531	620	523			4439
	Performance	98.6%	99.1%	93.5%	86.2%	81.5%	82.7%	88.3%	86.9%	82.3%	85.1%			84.9%
	Booked appointments at Other departments				361	290	254	241	311	345	369			2171
	4 hour breaches in booked appointments at other departments				11	6	15	5	6	21	15			79
	Performance				97.0%	97.9%	94.1%	97.9%	98.1%	93.9%	95.9%			96.4%
	Type 3 Total	71	117	217	5162	4603	4864	4472	4364	3848	3874			31592
	Type 3 Breaches	1	1	14	672	804	812	498	537	641	538			4518
	Performance	98.6%	99.1%	93.5%	87.0%	82.5%	83.3%	88.9%	87.7%	83.3%	86.1%			85.7%

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North West Anglia
NHS Foundation Trust
Green Plan 2022



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Introduction

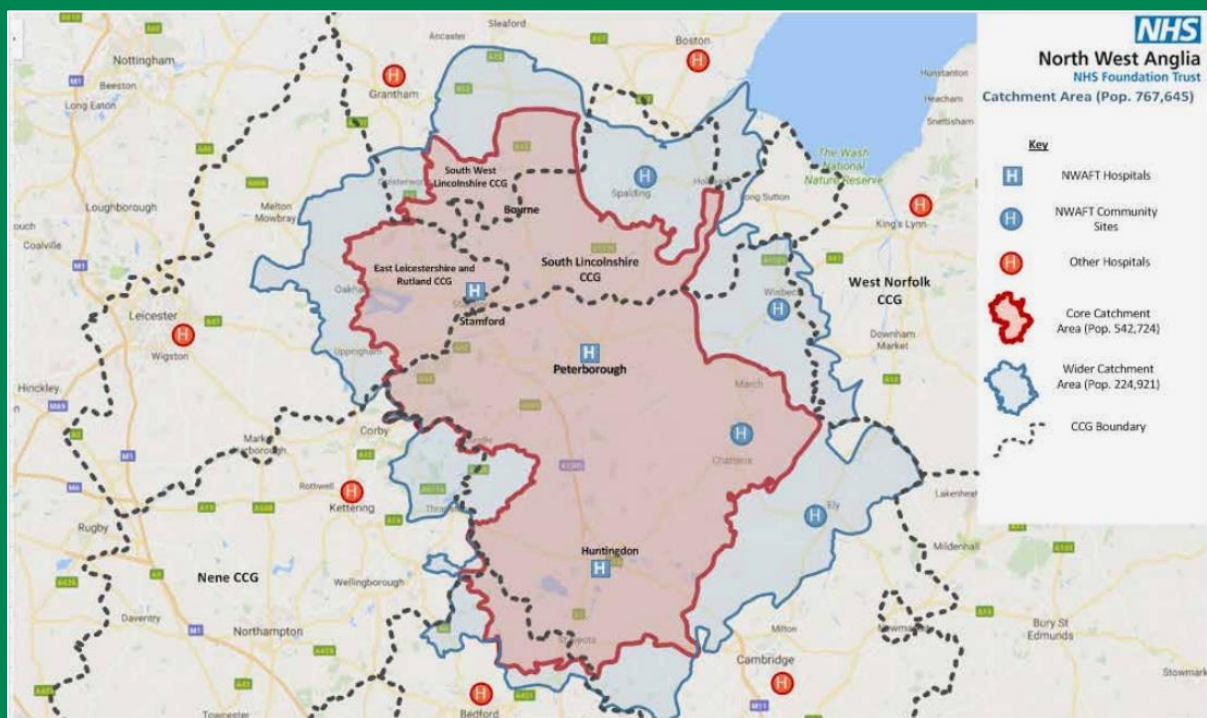
This document sets out our vision for becoming a ‘sustainable’ trust – in a wide-reaching definition of the term, and to deliver on the NHS Net Zero carbon reduction targets.

About NWAFT

North West Anglia NHS Foundation Trust (NWAFT) was formed in April 2017 from the amalgamation of Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Healthcare NHS Trust. NWAFT provides a wide variety of acute services to a population of around 770,000 people living in Cambridgeshire, South Lincolnshire and the neighbouring counties. We employ ~7,000 staff, supported by an army of ~500 volunteers.

We have three hospital sites at:

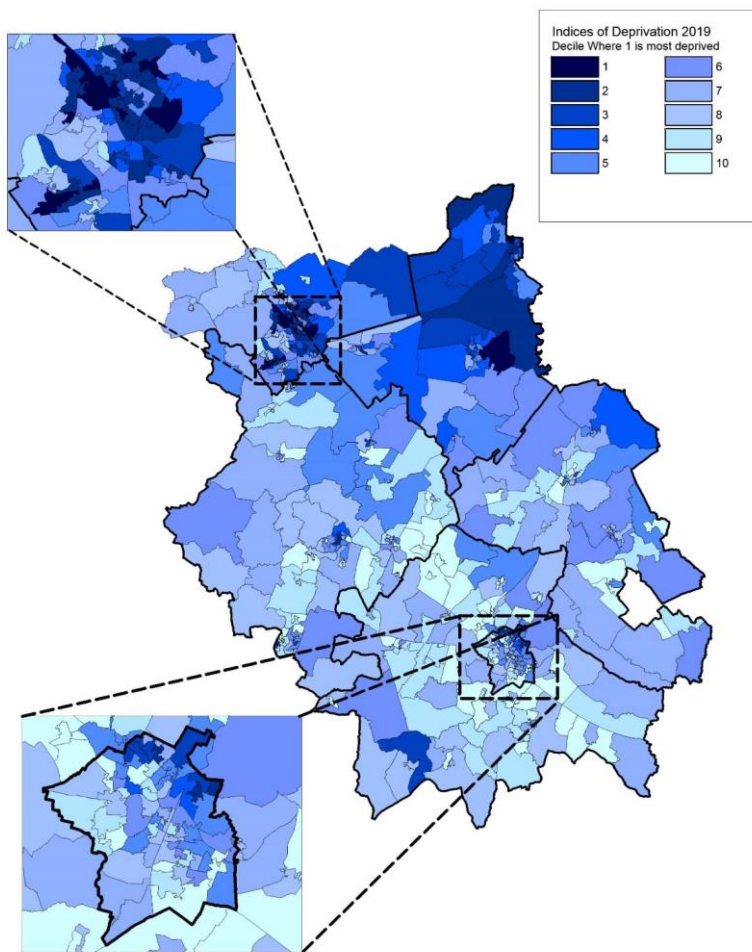
- Peterborough City Hospital
- Hinchingbrooke Hospital
- Stamford and Rutland Hospital



In addition to the three main Hospital sites the Trust operates outreach services via Community Clinics at the following locations:

- Princess of Wales Hospital, Ely
- Doddington Community Hospital, March
- Johnson Community Hospital, Spalding
- North Cambridgeshire Hospital, Wisbech
- City Care Centre, Peterborough

Health inequalities are a core issue for the NHS in general and for our Trust. Across our region there is a significant gap between our most and least deprived areas, with Peterborough and Fenland having highest deprivation levels. There is a 10-year life expectancy gap between men living in the poorest areas of Peterborough compared to the richest areas of Cambridge. The gap



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in life expectancy is driven by early deaths due to cardiovascular disease, cancer and respiratory conditions. Inequalities do not just cross rich and poor areas, but also in disadvantaged communities (e.g., minority ethnic communities). Our green plan takes a broad view of sustainability, beyond carbon emissions, to consider the broader social impacts of our work.

This Green Plan sets out where we aim to be as a sustainable organisation by the end of 2024 and what we need to do to get there, in an increasingly changing world and NHS environment. During the short to medium-term we will be working hard to improve the CQC ratings of our services, whilst also delivering our key strategic transformation projects.

What is a Green Plan?

In October 2020 the NHS declared its aim to become the “Worlds First ‘Net Zero’ Health Service”, setting targets for the NHS to reach net zero:

- For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

To support this, the 2021-22 NHS Standard contract set out the requirements for trusts to develop a Green Plan to detail their approaches to reducing emissions alongside a number of additional stipulations related to improving the sustainability of the NHS.

This Green Plan is a Board-approved strategic document, which sets out the Trust’s commitment and approach to achieving net zero and to improving the sustainability of the Healthcare Services we provide. It includes how the Trust plans to achieve several priority objectives to reduce carbon emissions and implement enabling actions to support the reduction in carbon emissions and other sustainability impacts.

Why a Green Plan?

Human activities, primarily the burning of fossil fuels have increased the concentration of greenhouse gases in Earth’s atmosphere, warming the planet, which in turn is leading to a change in climate.

The strategy, ‘Delivering a net Zero National Health Service’, released in October 2020, highlighted that as global temperatures increase, damaging changes to the natural environment will transform humans’ way of life, disrupt healthcare and cause a worsening of major diseases, including cardiac problems, asthma, and cancer.

As an organisation the NHS is responsible for approximately 4% of the country’s carbon emissions and over 7% of the economy, as such the NHS contributes significantly to the causes of climate change and the associated health impacts. This conflicts with the principle First Do No Harm and our staff support our desire to respond to limit our impact and contribution to climate change.

Carbon and the Context of the NHS

Since the 2008 Climate Change Act set national targets for the reduction of carbon emissions in England, the NHS has been working to reduce its carbon footprint and has been monitoring its progress against a 1990 baseline of carbon emissions.

However, the 1990 targets and emissions calculations do not cover the full scope of emissions from the NHS. To remedy this, the strategic report 'Delivering a Net Zero National Health Service', aligned the scope of the carbon emissions reporting with the internationally recognised Greenhouse Gas Protocol (GHGP).

In addition, the report defined the emissions sources, against which the NHS would be required to achieve the net zero targets, the 'NHS Carbon Footprint', for the emissions we can control directly and the NHS Carbon Footprint *Plus* for emissions we can only influence – see Figure 1.

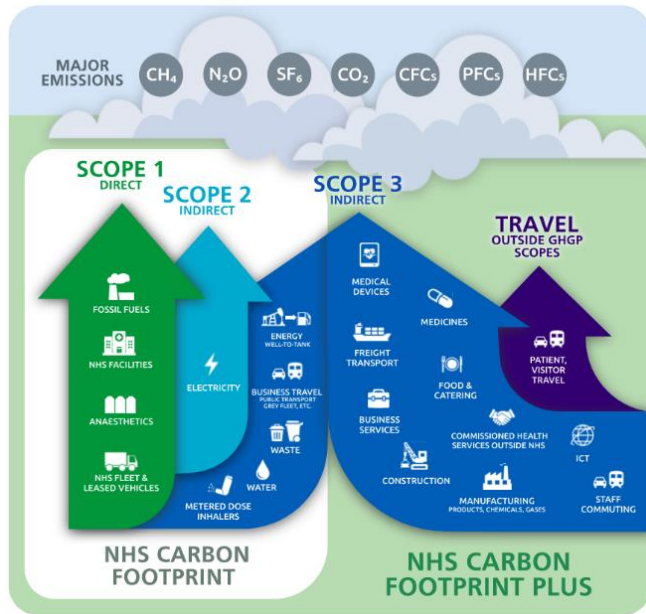


Figure 1: GHGP scopes in the context of the NHS

We have aligned our future carbon calculation and reporting with these scope categories and have publicised our 'NHS Carbon Footprint' in this Green Plan. We intend to explore our broader 'Footprint Plus' emissions in coming years to find ways to drive reductions.

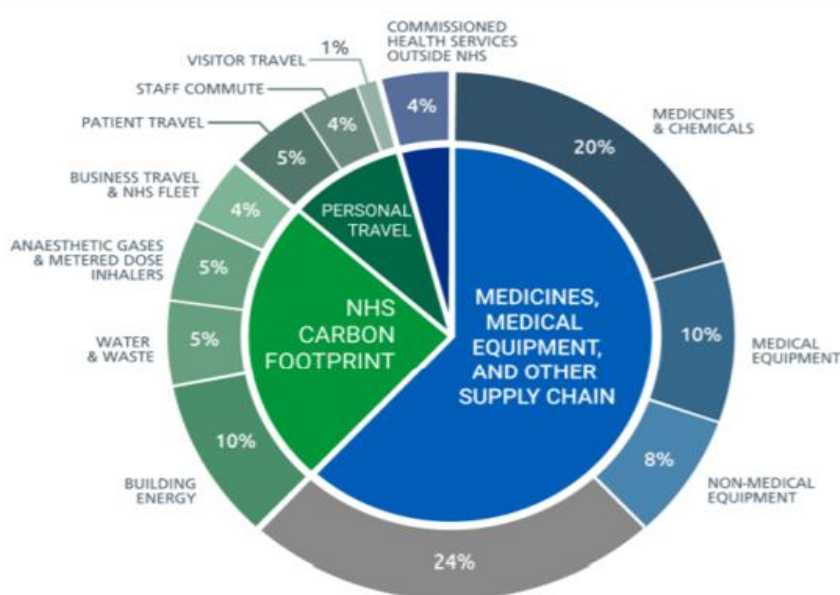


Figure 2: Sources of carbon emissions by proportion of the NHS Carbon Footprint (in shades of green) and Footprint Plus (in shades of blue)

Carbon in the Context of NWAFT

As part of preparing this Green Plan we have calculated our NHS Carbon Footprint for two years, 2015/16 and 2020/21. We will now continue to calculate this annually and report our progress.

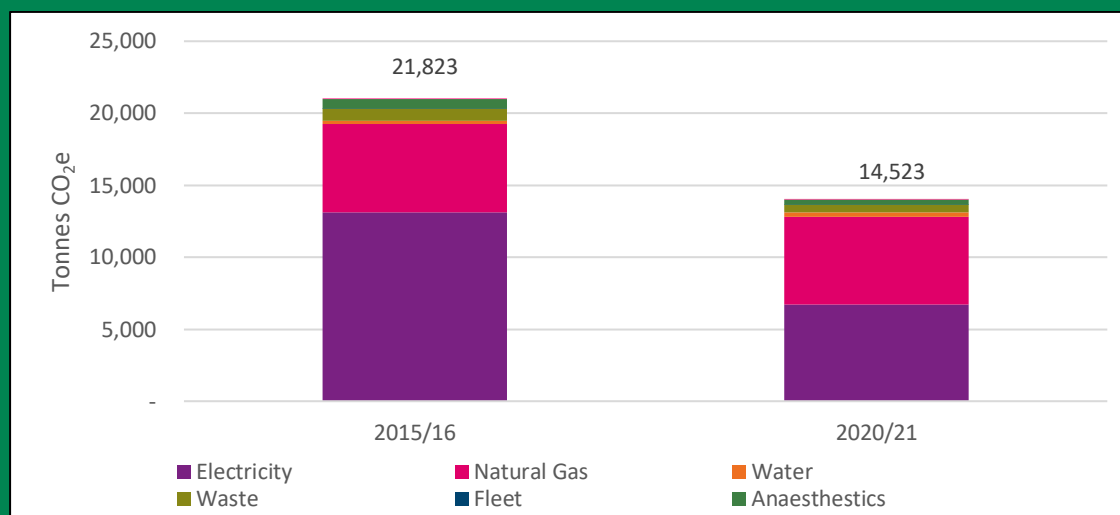


Figure 3: NWAFT Carbon Footprint

Our carbon footprint analysis above shows we have reduced carbon emissions by 33% since 2015/16. Reductions have been achieved across all emissions sources, with the exception of Natural Gas, which has increased by 0.2% and emissions from consumption and treatment of water, which have increased by 22%.

	tCO ₂ e	2015/16	2020/21	% Change
Grid Electricity		13,124	6,697	-49%
Natural Gas		6,110	6,124	+<1%
Gas Oil		26	1	-95%
Water		242	296	+22%
Waste		854	532	-38%
Fleet		<1	<1	-8%
Total		20,357	13,650	-33%

Various factors will have affected our carbon figures, such as Covid, but the largest single effect is the 49% reduction in the carbon intensity of UK grid electricity. Our electricity *consumption* has remained level across the period (an 0.8% increase), but the decarbonisation of the UK electricity grid has resulted in a significant drop in emissions.

Our proportions are shown below in the NHS Carbon Footprint format.

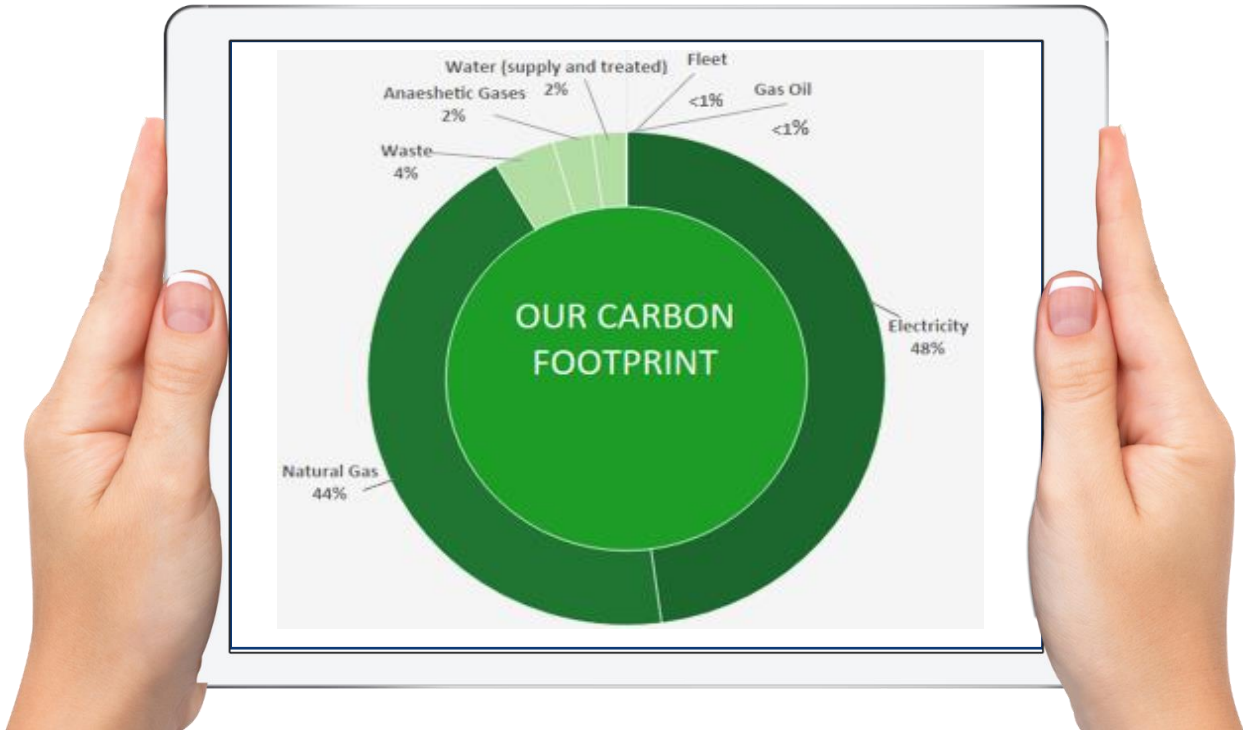


Figure 4: NWAFT's 2020/21 'NHS Carbon Footprint'

To ensure that the Trust is monitoring its progress in reducing carbon emissions, we will calculate our footprint annually and report this to the Board which will be a part of our Annual Report which we share with staff, patients, visitors, the local community, and other stakeholders.

Our Vision

Our trust vision is:

“Working together to provide outstanding care for our local communities

In order to provide outstanding care to our local communities, we must protect them from the harm of climate change and so sustainability is a core part of this wider vision.”

“Sustainability

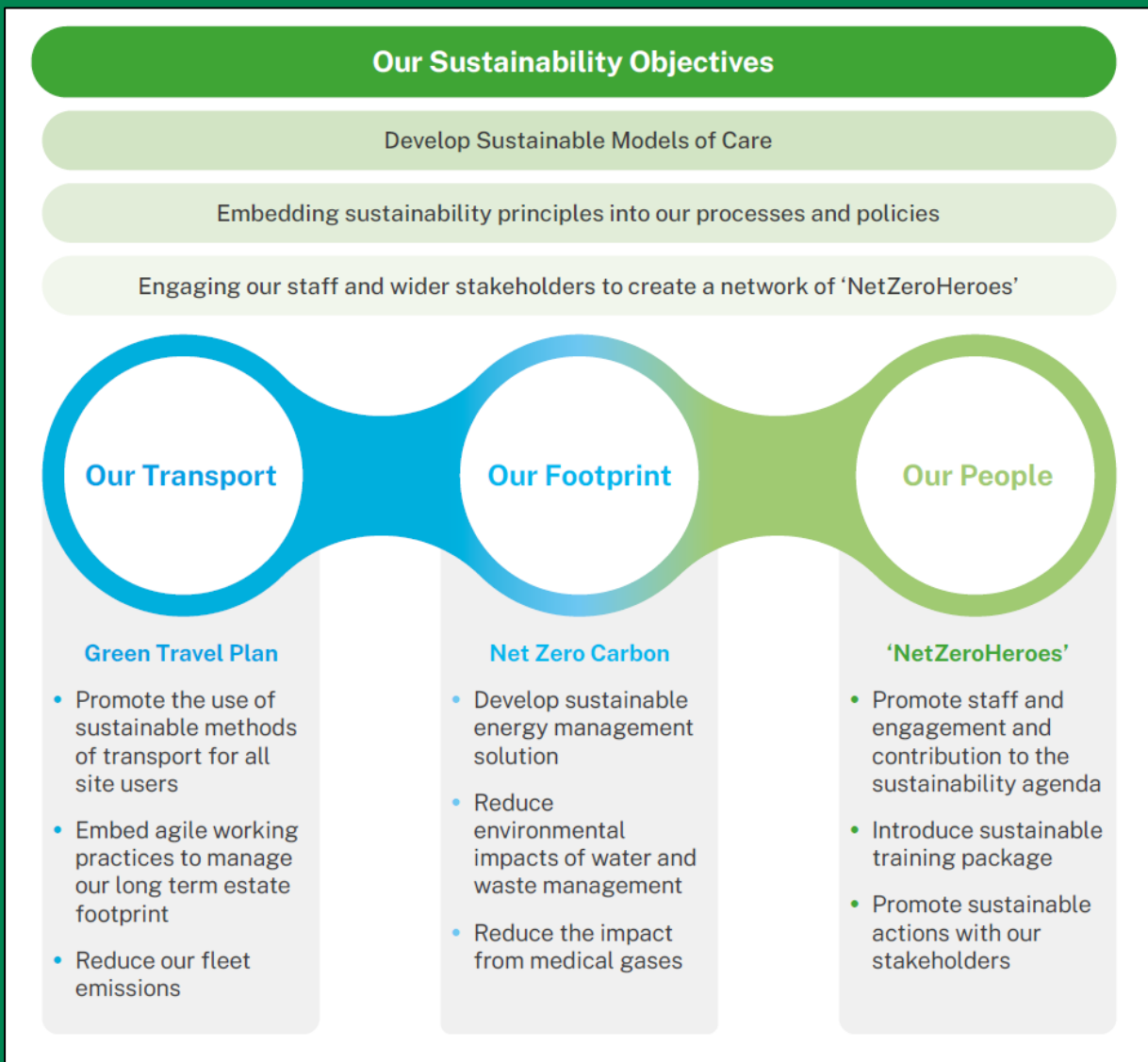
Protecting our fragile planet and the environment around us is no longer optional. We will take a bigger role in delivering sustainable healthcare to protect the wellbeing of our local communities for generations to come. We will take giant strides, not steps, to reduce the environmental damage.”

Our Aims

‘Delivering long term sustainability’ Is one of our five Trust Strategic Goals, both Environmental and Financial.

“Environmental sustainability”

We play a major environmental role in our local community affecting not only the air and water quality for those living close to our sites but also the wider environment through the choices we make to limit the damage caused to the climate. We will set ambitious targets and monitor our performance recognising that an environmental sustainability strategy will bring many social benefits too.



Our Priorities

Our immediate priorities are aligned with our objectives above and other items detailed within this plan:

Workforce and System Leadership	✓ We will create an Action Plan from our Green Plan and create working groups to hold responsibility for the delivery of our immediate aims
	✓ We will write and publish a Talent Management Strategy
	✓ We will finalise our Social Responsibility Policy
	✓ We will add sustainability training to our induction program
	✓ We will introduce climate change awareness training for staff
Sustainable Models of Care	✓ We aim to continue to deliver 40% of consultations virtually on an ongoing basis, above the NHS target of 25%
	✓ Initially we are focussing on providing Diagnostic Hubs in areas with higher deprivation to improve equality
Digital Transformation	✓ We are currently working on a new Digital Strategy; we are engaging with our patients on their needs currently as part of the patient engagement forum
	✓ We will promote further reductions in paper usage by removing photocopiers where not needed
Travel and transport	✓ We intend to hire a Travel Co-Ordinator who will act as the cycle to work champion as well as leading on car free agenda, and will report into our new Environment and Sustainability Manager
Estates & Facilities	✓ We are hiring an Environment and Sustainability Manager, who will cover utilities, waste and water from a strategic perspective and ensure we reach the NHS Carbon Footprint Net Zero targets.
	✓ We will put in place a regime of usage-reduction projects in line with the Step 1 suggestions within the Estates 'Net Zero' Carbon Delivery Plan to make every kWh count.
	✓ Develop phased plans to replace lighting with LED lights over a three year period
Medicines	✓ We will reduce the proportion of Desflurane to Sevoflurane to 10%
	✓ We will monitor NOx emissions going forwards and target to reduce
	✓ We will monitor the proportions of low emission inhalers prescribed
Supply Chain and Procurement	✓ We will publicise our Green Plan to our existing Supply Chain
	✓ We will adopt the new NHS Evergreen Supplier Framework
	✓ We will identify our suppliers who are SME and quantify our spend with SMEs going forwards
	✓ We will develop projects to reduce the use of single use plastics
Food and Nutrition	✓ We will create a formal Food and Drink Strategy to capture our existing and future plans in this area. This will include a meat free day each week.
Adaptation	✓ We will create a Climate Change Risk Assessment. This will allow us to then aim to create an Adaptation Plan.
	✓ We will ensure that projected climate change scenarios are considered during building design.

Reducing our Carbon Impacts

Figure 5 below shows our *estimated* carbon emissions from 1990/91 to 2014/15. In the absence of actual data, we have assumed that the Trust made equivalent reductions to the NHS as a whole (54% reduction from 1990 to 2015).

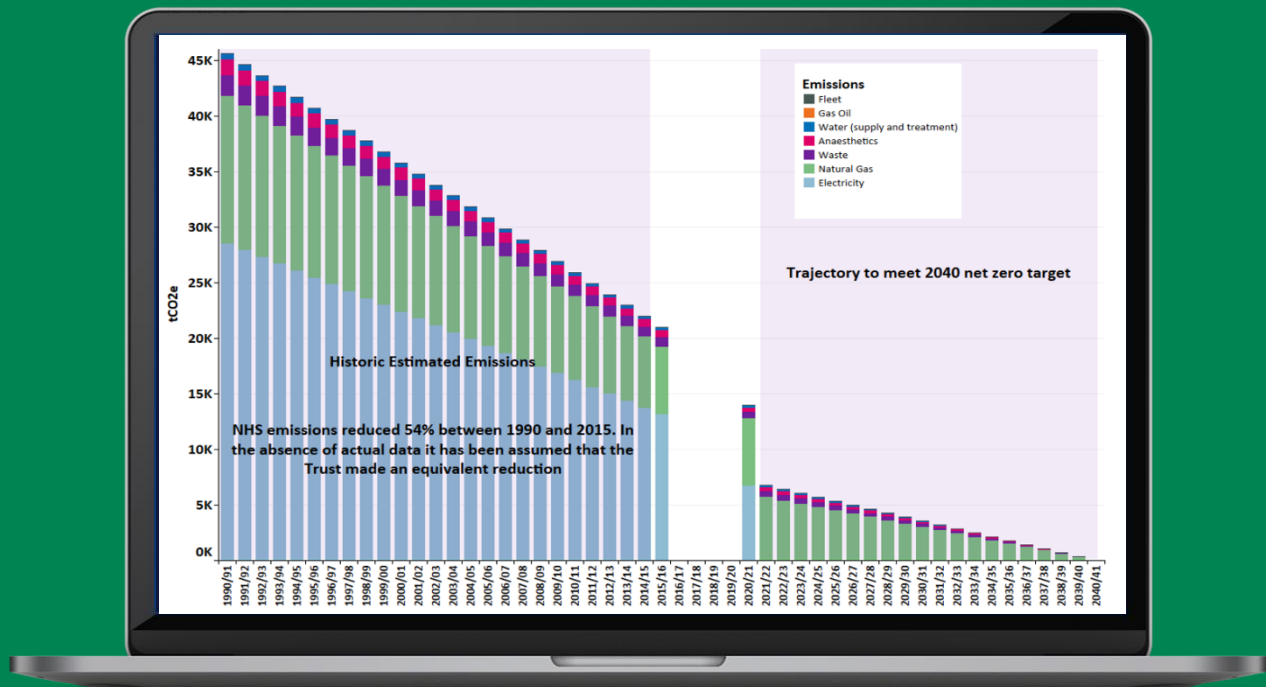


Figure 5: our carbon footprint trajectory and net zero targets. Note that the only years of actual data are 2015/16 and 2020/21.

NWAFT have invested in a low-carbon electricity tariff from April 2021. We do not have our 2021/22 figures at the time of writing, but our REGO-backed tariff will remove electricity from our carbon footprint from 2021/22 onwards, as can be seen in the large step down from 2020/21 to 2021/22 in Figure 5 above. NHS targets are to reach net zero emissions by 2040, with an interim target of an 80% reduction (against a 1990 baseline) by 2028-32. We are pleased to report that our investment in a low-carbon electricity tariff, combined with our broader efficiency measures, mean that we have already hit the interim target. This places us in a good position, but the incremental effort required to reduce each additional tonne of Carbon equivalent increases significantly, so we cannot be complacent.

We recognise however that a REGO-backed tariff does not completely remove our emissions from electricity and BEIS best practice is to also state emissions were the tariff not purchased. The Grid Equivalent will be used internally within business cases to drive consumption reductions on electricity and ensure focus is not lost.

We also note that there are within our NHS Footprint Plus Transmission and Distribution losses from Electricity which are not captured here.

We will aim to reduce further than this trajectory requires and by the end of this Green Plan we will have a firm idea of what is achievable by 2028 and will set ourselves an ambitious target to ensure we continue to overachieve.

Workforce and System Leadership

This document has been created with support from our board leads and stakeholders across the organisation to ensure it reflects the current aspirations of the teams who can impact its delivery. It has also been board approved prior to issue to ensure accountability and engagement at all levels.

Governance

We have nominated three board leads for various facets of sustainability and are creating a board sustainability governance policy which will include the structure of our various workstreams to support delivery of this Green Plan.



We will create an Action Plan from our Green Plan and create working groups to hold responsibility for the delivery of our immediate aims. Our intent is for our working groups to fall into the above three workstreams; Travel, Net Zero Carbon & 'My Green Pledge'. We hope by taking this approach to ensure that each area has suitable focus and accountability.

One of our key actions will be to undertake an in-depth Mid-Point Review utilising all new guidance and tools issued by NHSi over the coming year to support our development of more in-depth actions.

Workforce

Health and Wellbeing of our staff is hugely important to us, and to the sustainability of the Trust. We have appointed an Executive Lead for Health and Wellbeing and have begun to make excellent progress in this respect.

Agile Working

We moved to agile working as a Trust during the pandemic but this was done reactively, not aligned to the Trust Strategy, People Plan or Talent Management. We are now reviewing this in line with the new policies being written and including our digital team in the design to ensure it is sustainable technologically.

Emotional Wellbeing

During 2020 we rolled out designated rooms/areas as emotional wellbeing spaces for our staff where they can drop in for a few minutes to share their worries or if they are having a 'wobble' and just need to say it out loud, cry a little or just sit quietly. This went along with a bespoke Wellbeing Wheel, training and toolkit that we developed for line managers to use to talk about wellbeing with their staff. We encouraged every member of staff to have a wellbeing conversation with their teams and held "Awesome August" Health and Wellbeing Week and Winter Well-Being week in December. We are tracking uptake of Health and Wellbeing conversations from next year and strengthening our well-being support with psychological and other services and support.

Staff Retention

We track the Health and Wellbeing of our workforce daily with our sickness/absence information and weekly with occupational health information. We hypothesised that we were seeing a large absence due to stress during the pandemic, however whilst we saw a slight increase it was not to the extent we expected to see. We have seen some increase in stress/anxiety/depression absence, but the impact was felt more due to pandemic resourcing issues due to other sickness. We have created a very supportive "Absence Policy", with an early intervention approach with fast-track to mental health services and psychologists provided on-site for support.

Talent Management & Scope for Growth

We will write and publish a Talent Management Strategy over the next year which will be based on the People Plan and will help us to begin to put in place training regimes for our staff. We have been inducted onto the new "Scope for Growth" framework which will support us to structure career conversations with our staff. It views everyone as talent and puts our NHS workforce at its centre so we can best understand them and their aspirations. Our Ambition for

Talent is that it mobilises the many, rather than a special few at the Trust, and therefore unleashes potential across the whole workforce driving greater retention, skill development, mobility and pipelines to critical roles within the Trust and across the ICS enabling and supporting both internal and system wide talent management.

The “Scope for Growth” framework covers 3 key areas:

- Health and well-being, motivations, values, traits, behaviour, and performance
- Career history as a whole and levels of fulfilment
- Current role and future career aspirations

Our focus for the launch of Scope for Growth is on Operations and General Management, with a clear priority around Diversity & Inclusion as we struggle to ensure we are equitably represented in these roles and in growing our own or recruiting externally into these posts.

Volunteers

We were awarded a two-year grant by the Pears Foundation to implement a young volunteers programme which has allowed us to recruit and employ a full time Volunteer Co-ordinator.



Our first cohort of 16–19-year-olds started with us in January 2020 for a 6-week program to support our Elderly wards and Discharge Lounge. Three quarters of those who started the program want to continue to volunteer with us in some way. These young people could be our future workforce.

'We get to learn many things not taught in schools': Young volunteer Aditi from North West Anglia NHS Foundation Trust

Our partnership with Switch Now is a long-term success story for the Trust. Switch Now provides anyone (18-30 years old) with learning difficulties and disabilities supported training to develop employment skills, with the objective to be 'work ready'.



In 2016 we welcomed our first volunteer Chris, in 2019 we welcomed 6 more volunteers into Hinchingsbrooke Hospital and Chris has become an immensely proud volunteer at the hospital, so much so he is now a buddy to one of Switch Now's newer co-workers volunteering at the hospital. Since Switch Now volunteers have been working with us, we have seen their confidence, self-esteem levels and employability skills vastly improved, along with their mental health and well-being, which should improve their long-term health outcomes.

We will finalise our Social Responsibility Policy to enable our staff to volunteer easily outside of the Trust.

Menopause Monday

Our Menopause Policy launched on Menopause Monday with over 200 attendees for our speaker session. As a Trust with significantly more female staff than male this is a crucial area for us to educate our managers on, to ensure staff feel supported and we are retaining staff who may well otherwise feel unable to continue their role or career in the NHS.

Leveraging our Workforce

Our workforce are our talent and will drive us forwards if given the right support. We will add sustainability training to our induction program and intend to offer CPD learning on sustainability. As part of this goal we will continue to track progress in improving the standard NHS tools for learning management to encompass the wider training needs of our workforce.

Sustainable Models of Care

The term Sustainable Models of Care refers to the principle of delivering Care Pathways with reduced carbon impacts, as well as activities and interventions that reduce patient demand on the Healthcare system by negating the need for Healthcare Interventions. This includes reducing unwarranted variations in care delivery.

One of the core reasons for the merger which created North West Anglia NHS Foundation Trust was to remove variations in quality of care across the sites. Our Clinical Strategy clearly mirrors the goals of sustainable care:

“We will move beyond our traditional role of District General Hospital (DGH) to be a co-provider of integrated secondary, primary and community services for our local population. We will keep our population healthy and reduce admissions to hospital through increased ambulatory care, providing specialised care locally in partnership with specialist providers, and give more advice and guidance to primary care physicians”

This is an area where we have made great progress already and need now to improve quantitative assessment of the co-benefits of our newer approaches.

Remote Consultations

During the Covid pandemic 70% of consultations were delivered remotely. We aim to continue to deliver 40% of consultations virtually on an ongoing basis, above the NHS target of 25%.

Virtual Wards & Drive-Through Clinic

Our award-winning Diabetes team have established a virtual ward system to enable discharge of patients who would otherwise need to remain in hospital for monitoring to instead be provided with care at home. Peterborough City and Hinchingsbrooke Hospitals both put in place drive-through clinics for spirometer monitoring of lung function whilst reducing the risk of Covid-19 to patients and staff and improving waiting times.

Diagnostic Hubs

Our community hospitals are being used more for diagnostic services, referring patients to the nearest clinic, which may be a partner site, where they receive the right level of care closer to home and with the opportunity for joint engagement with GPs and community carers. This integrated approach will be more sustainable and help alleviate capacity issues on Trust sites which can impact on quality of care. Initially we are focussing on providing this in areas with higher deprivation to improve equality.

See and Treat

For some of our specialities, patients are offered the option of treatment at their first outpatient appointment to reduce time cost to the patient and transport requirements to site for a follow-up appointment. We hope to quantify the impact of these changes as we roll them out to other specialities.

Designated Hospital Status Reduces Transportation Out of Area

Cancer patients in Huntingdon aged between 19-24 years no longer need to be transferred to CUHFT for their care as the Trust has designated Hospital status for the care of Teenagers and Young Adults with cancer.

Digital Transformation

Innovation and Digital technology play a significant part in our everyday lives and have improved the way we socialise, shop and work. The potential for innovation and technological advances to continue to deliver improvements is significant and healthcare is no exception and whilst this is a relatively new area of focus, it is likely to provide critical sustainability improvements.

Our Trust adapted rapidly to the changes needed during the pandemic, with approximately 1/3 of our staff switching to remote working and “attend anywhere” remote consultations being set up.

Staff

Across the NHS there is an urgent need to address current and future capability and capacity challenges and to build a future workforce with the right skills and shape, but nowhere is this more significant than within technology. We are keen to develop graduates and apprentices and are involved in the Graduate Digital, Data and Technology Programme (DDaT).

Apps

As a Trust we embrace the use of apps to improve our care models. We have a forum to agree which apps we will use within a department based on our consultants’ recommendations and have seen positive uptake in certain areas such as Urology treatment for teenagers.



In 2019 we worked with the Cambridge Deaf Association to implement “Sign Live” live video interpreting, an innovative application where translation for deaf patients can be accessed quickly and simply remotely.

All translators on the App are highly qualified, have at least five years’ interpreting experience, are NRCPD-registered and DBS/PVG licenced. This has improved the accessibility of our services and we hope will improve health outcomes for our local deaf community.

We aim to have a Trust app in future and will understand our route to achieving this within the term of this green plan.

Digital Aspirant

The Digital Aspirant programme helps NHS trusts raise their digital maturity by supporting organisations to deliver a set of core capabilities, reducing the gap between the levels of digitisation across the NHS.

We are thrilled to have been selected for the Digital Aspirants wave two seed funding to receive £250,000 to develop our digital strategy and business case.

As we are currently working on a new Digital Strategy, we are engaging with our patients on their needs currently as part of the patient engagement forum. We expect the new strategy to include a pathway to remove data centres from our sites and it will consider enabling actions to assist other areas of the Trust on our sustainability journey.

Travel and Transport

The NHS Standard T&Cs 21/22 make it incredibly clear how much of a priority reducing emissions from Transport and Travel are for the NHS from an air pollution perspective:

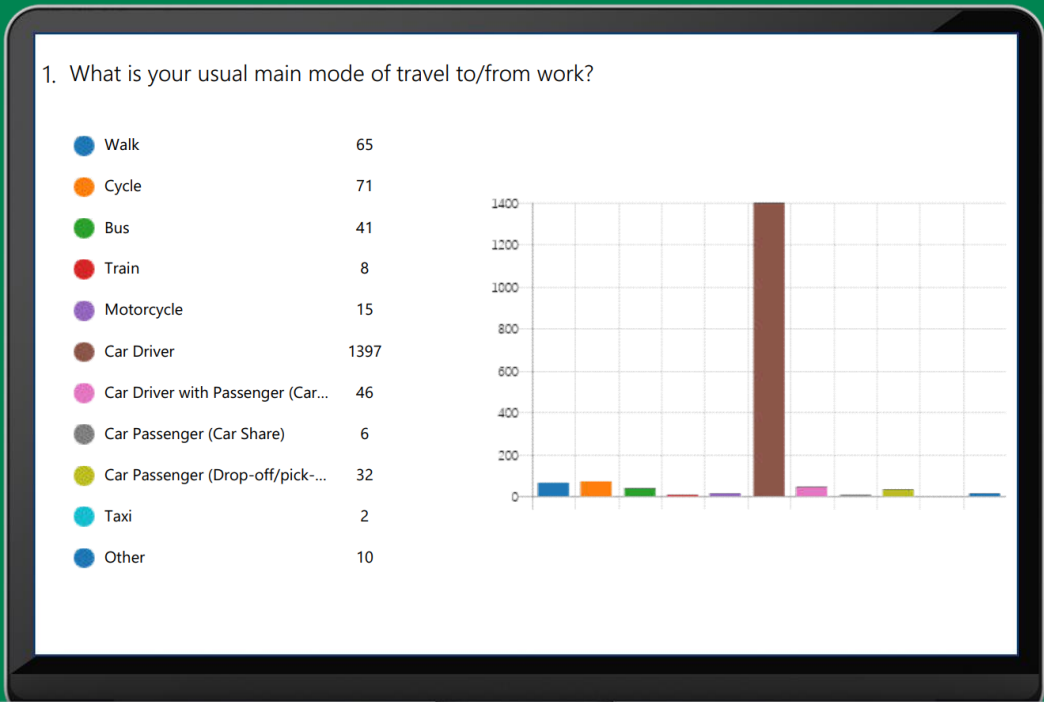
“18.4.1 air pollution, and specifically how it will, by no later than 31 March 2022:
18.4.1.1 take action to reduce air pollution from fleet vehicles, transitioning as quickly as reasonably practicable to the exclusive use of low and ultra-low emission vehicles; ...
18.4.1.3 develop and operate expenses policies for Staff which promote sustainable travel choices; and 18.4.1.4 ensure that any car leasing schemes restrict high emission vehicles and promote ultra-low emission vehicles;”

Our Trust Travel Plan encompasses the full range of travel and transport impacts across staff, and patients. It includes a consultation with the workforce around travel preferences including questions on how more active travel could be encouraged.

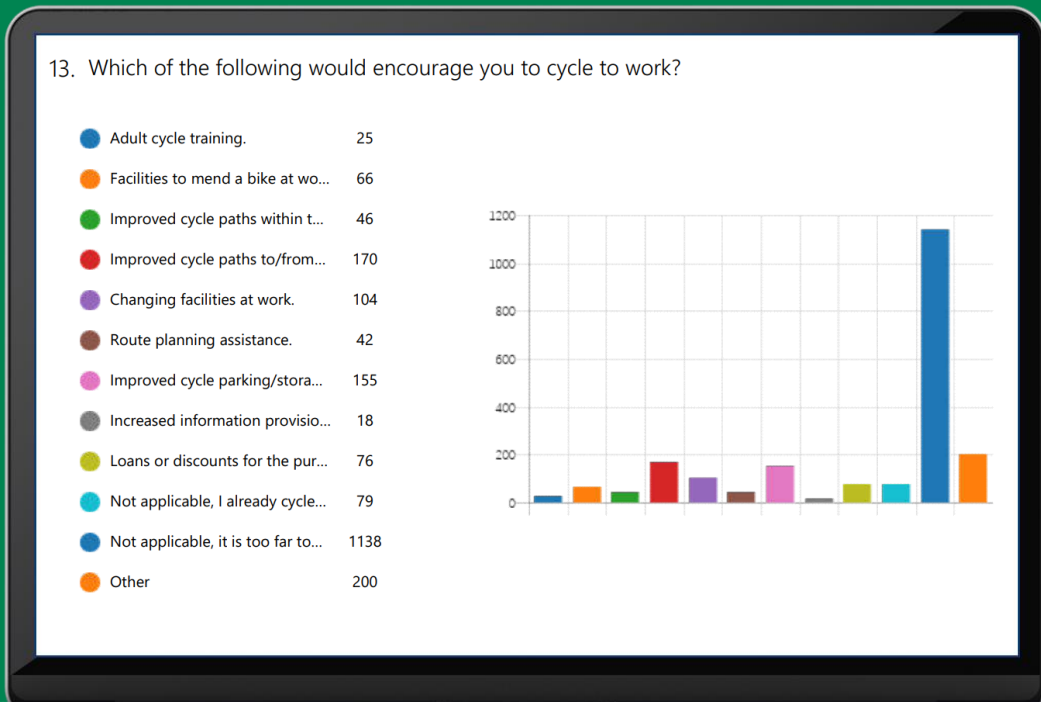
Our objectives are clear:

Objective Number	Objective Description
1	To ensure that staff can adequately access the Trust's sites (Peterborough City Hospital, Hinchingbrooke Hospital, and Stamford and Rutland Hospital) by non-car modes.
2	To manage the parking supply in a fair and equitable manner. ²⁷
3	To reduce the Trust's transport carbon footprint in line with NHS carbon reduction targets.
4	To provide safe and efficient management of traffic and travel within and around Hospital sites.

The majority of our staff self-report that they drive to work, without passengers or car sharing. Only a very small quantity currently uses public transport. If we can work with our local councils to improve on services for our staff, we may be able to significantly reduce emissions from staff owned vehicles.

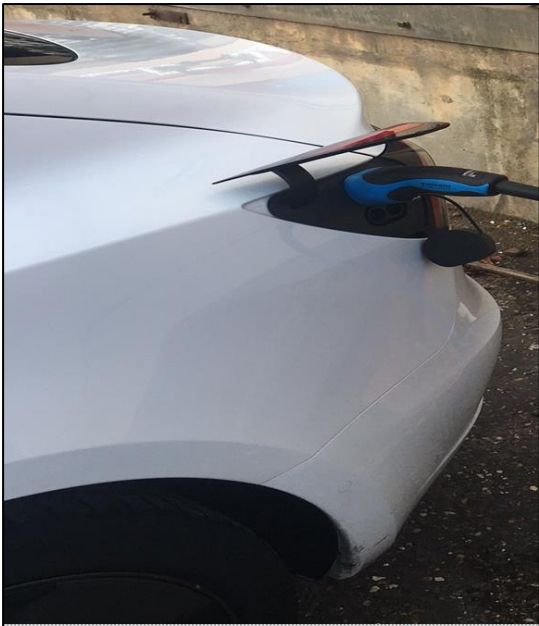


It is clear that whilst a significant portion of our staff feel their commute is too long to consider cycling to work there are actions which we can take to improve our facilities or work with local partners on cycle routes to increase the proportion of our staff who are traveling actively to work significantly.



Electric vehicles

We initially installed some EV charging for our own Estates Vehicles and our soft FM provider to utilise to reduce our fleet emissions ahead of a strategy for staff and patient charging. We are establishing an EV rollout plan and initially whilst this is created are targeting ten new charge points per site.



Alongside our Green Travel Plan we have developed a Car Parking Management Plan which supports more usage of public transport, active travel alternatives and car sharing.

We intend to hire a Travel Co-ordinator who will report into our new Sustainability Manager once in post and will begin to refine and own the Action Plan outlined within the document to meet the objectives of our Travel Plan.

Estates and Facilities

The Trust has a disparate Estate ranging from state-of-the-art facilities to heritage buildings. Clinical Strategy has traditionally driven our estate strategizing and will continue to do so, however Sustainability must also be considered beyond the financial going forwards.

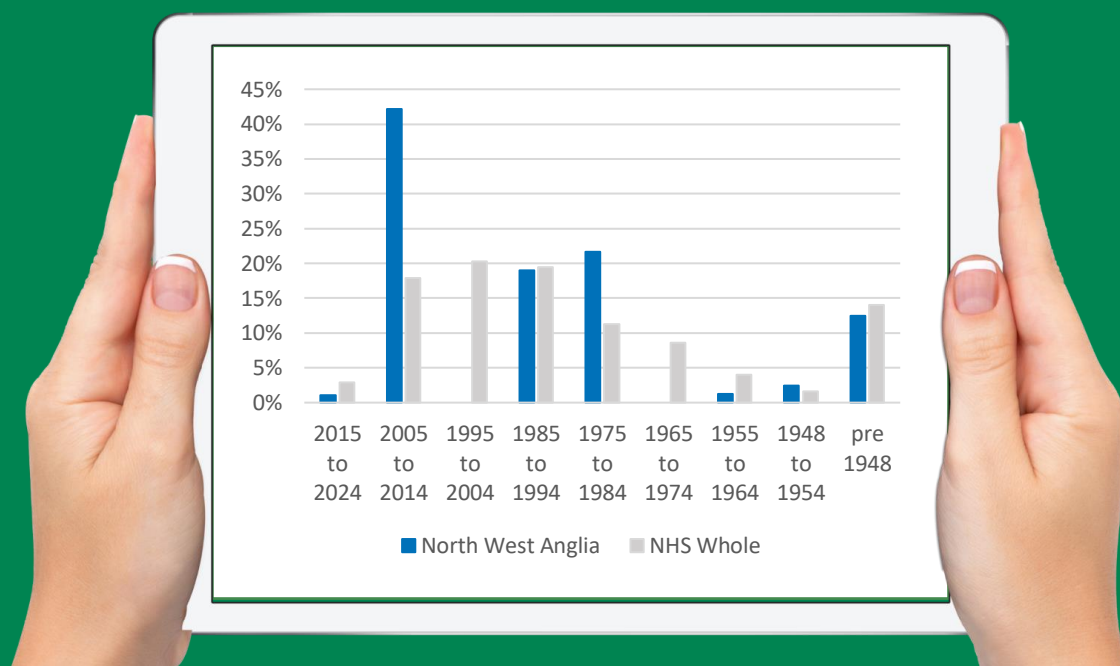


Figure 6: the age of the buildings in our estate compared to those of the NHS as a whole

We have a significant challenge in decarbonising our estate, similar to the NHS as a whole, with over 10% of our buildings constructed pre 1948 and a further 40% built around 40 years ago. This means that the thermal performance of our buildings is significantly worse than more modern estates and deep refurbishments will be needed to maximise efficiency.

We also face a significant challenge with a portion of our estate under PFI agreements where considerable investment will be needed by all parties in order to meet Net Carbon Zero targets, we will work with our partners to gain their commitments to the aspirations of our Green Plan.

We are working to ensure we improve on our estate whenever possible and target BREEAM Excellent as minimum criteria on our designs. Our Hinchingsbrooke New Theatre Block project design stage meets this, but in the long term the Hinchingsbrooke site requires significant redevelopment and we have also invested £2.6m of our own resources to developing a SOC for full redevelopment to Net Zero as part of a possible New Hospital program.

In all our sites we are upgrading to LED lighting and our HH treatment centre is already at almost 100% LED, which has delivered carbon and cost savings. This programme will be rolled out in PCH and SRH as an on-going commitment to invest in sustainability.

Case study: Captain Sir Thomas Moore House



During the pandemic we were required to innovate quickly and chose to do so in a way which prioritised sustainability. We needed to deliver urgent new accommodation within close proximity to our Hinchingsbrooke Hospital for ten clinical staff, and within 13 weeks 'Zed Pods' were installed on site.

These homes were built with SAP-A rated energy-efficient performance standards that exceed the building regulations and offers an example of scalable, high-quality, zero-carbon, modular homes.



Gas and electricity consumption

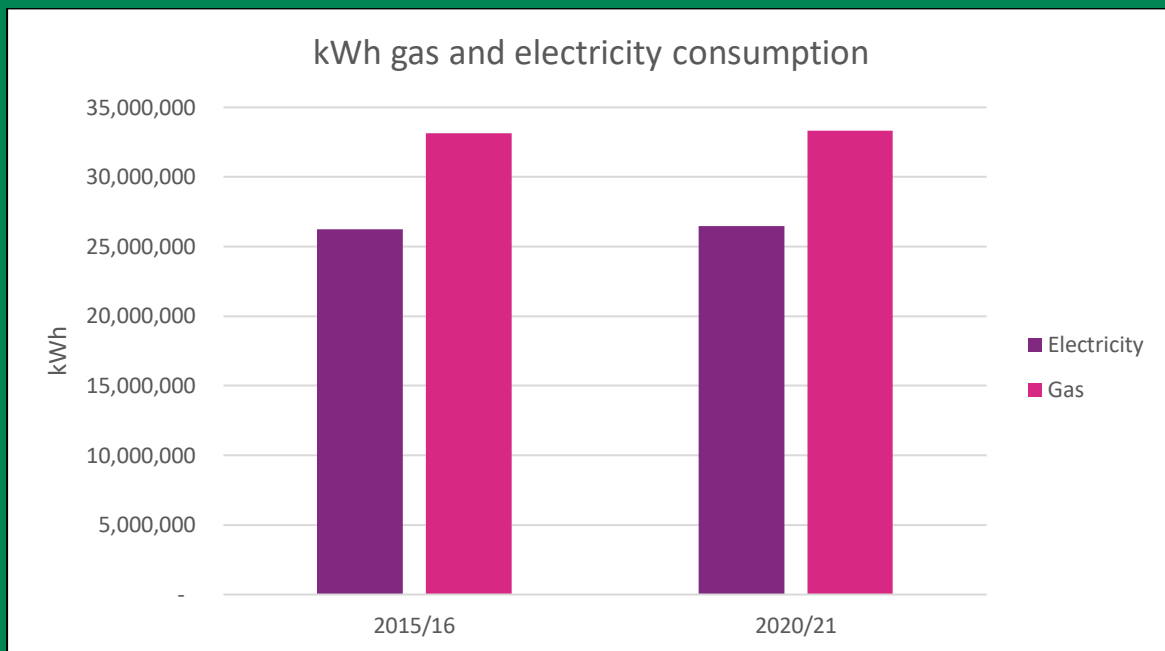


Figure 2: gas and electricity consumptions

Our gas and electricity usage have not shown any significant trend of decrease since 2015, which means our reductions in footprint have been driven elsewhere in the trust and in grid decarbonisation. We will put in place a regime of usage-reduction projects in line with the Step 1 suggestions within the Estates 'Net Zero' Carbon Delivery Plan to make every kWh count.

We have also invested in a zero-carbon electricity tariff from April 2021, which will significantly reduce our carbon footprint.

We are hiring a Sustainability team over the next 6 months to support us through this journey and take responsibility for utilities, waste and water from a strategic perspective. They will also help to develop plans for optimising our existing estate further to ensure we reach the NHS Carbon Footprint Net Zero targets.

Case-study: innovative UPS System

Powerstar is providing an innovative Uninterruptible Power Supply (UPS) and power management system for our Peterborough City Hospital site to accelerate our transition to net zero. With a total of 1.5MWh of battery storage built in, the cheapest, greenest electricity can be purchased from the grid, or sold back when not required.

This is the only battery storage system with integrated Voltage Regulation, which directly saves 7.5% of electricity, alongside HTM-06 compliant UPS.



Consuming a fraction of the energy of a traditional UPS system and lasting twice as long, the total installations will save the trust over £250,000 per year, reduce our electricity usage, and correspondingly reduce our CO₂ grid equivalent emissions from electricity.

Water and waste

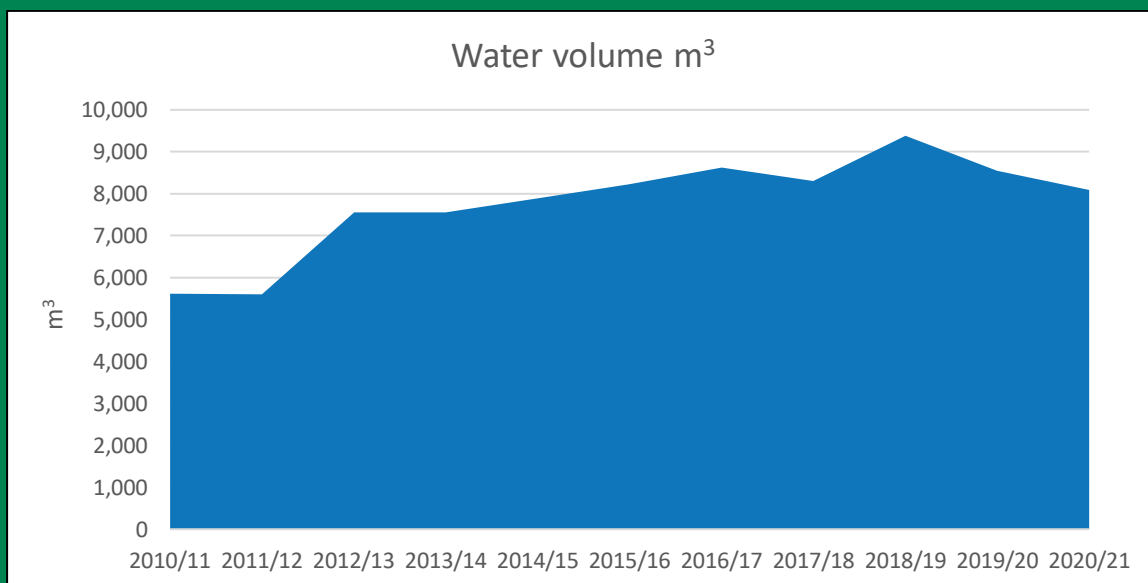


Figure 3: water consumption since 2010/11

Our water consumption was on a general increasing trend from 2010/11 to 2018/19, but we are pleased to have reversed this trend since then. We continue to monitor this data to better understand the trends and to drive further improvements in water efficiency.

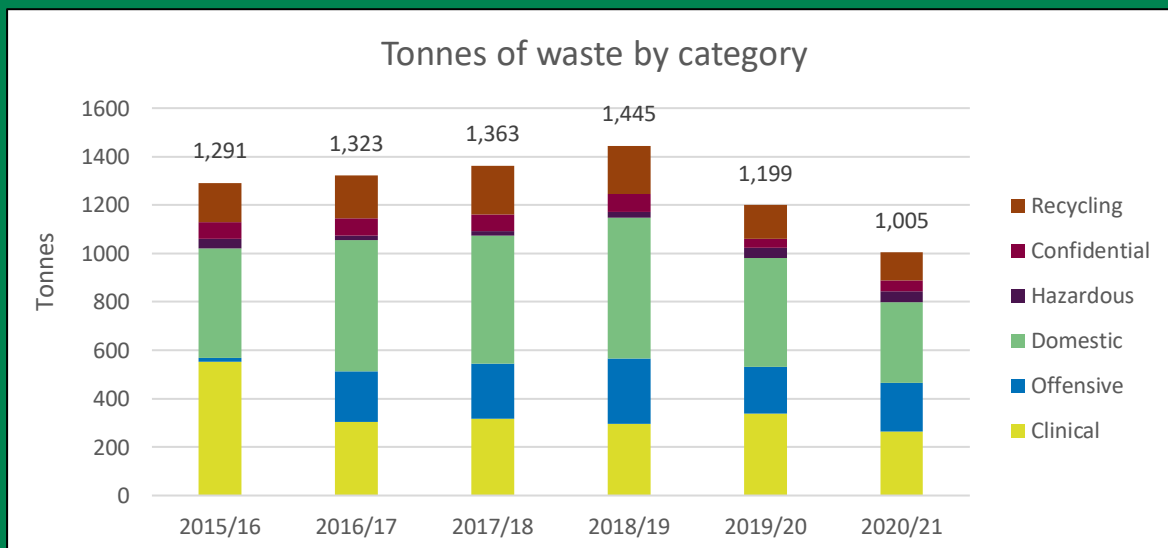


Figure 4: waste arisings by category since 2015/16

A visible impact in the above is additional segregation moving more waste previously designated as “Clinical” to more correctly be processed as “Offensive”. This significantly reduced our Clinical waste impact.

Other waste streams have remained predominantly static, other than Domestic which has seen sustained reductions since 2018/19. As discussed in our Supply Chain and Procurement area of focus, we have recently tendered waste services with a focus on sustainability.

Our Trust Waste Policy includes the objectives to “Explore ways to minimise waste through responsible purchasing, waste minimisation and increased recycling” and to “Ensure waste is managed effectively to minimise impact on the environment”. We are working to move our waste management processes up the waste hierarchy and recognise there are improvements to be made here in reuse and recycling. We collect used walking aids from patients, and if in good condition and therefore safe, we clean and recycle for patient use.

Case study: upcycling curtains



In a dual sustainability win, this year one of our staff champions identified fire retardant curtains which were to be thrown away and decided to repurpose instead, solving an issue costing resources on laundry and reducing our waste.

Our champion identified that the curtains could be sewn into bed covers for beds stored in corridors to ensure they remain clean and ready for use.

Biodiversity & Green Space

Green space can be incredibly important in-patient experience and improving the wellbeing of our staff.

The Malcolm Whales Foundation, which raises money to support younger people who have received a cancer diagnosis, generously pledged ten thousand pounds to regenerate the garden area at our Hinchbrook Hospital Woodlands site, which is located next to the waiting room for cancer patients.



Our support volunteer team now ensure this space is kept beautiful and feedback from our patients is highly positive about how it has improved their experience.

We intend to look for additional opportunities to roll out similar projects across the estate.

Case study: robotic scrubber-dryer

We have embraced innovative approaches to managing our estate day-to-day and in partnership with Mitie introduced a state-of-the-art cleaning system to our Hinchingsbrooke site in 2017, named 'Moptimus Prime' by the public.

The robotic scrubber-dryer uses ultraviolet technology to eliminate 99.9 per cent of viruses and bacteria, and its advanced purification and recycling system can save up to 26,000 litres of water and chemicals associated with manually operated auto-scrubbers. As part of our efforts to reduce the impact on the environment, we will also use only using cleaning products in pre-dosed sachets to limit the amount of chemicals used. The sachets are made of 100 per cent recyclable material to help reduce waste from packaging.



Medicines

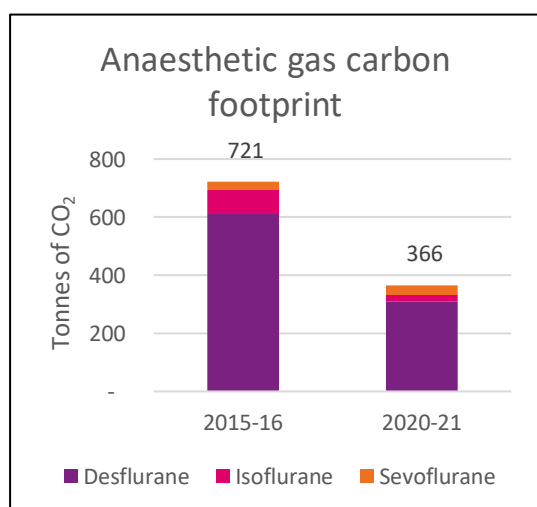
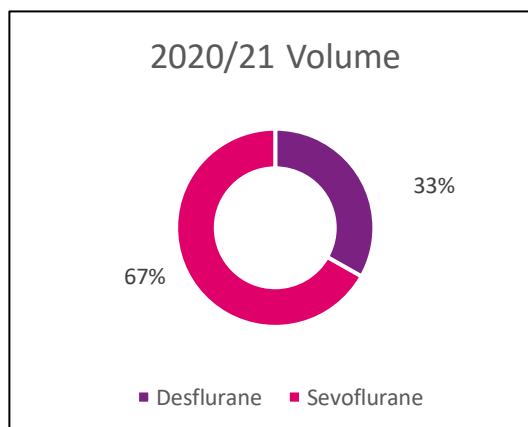
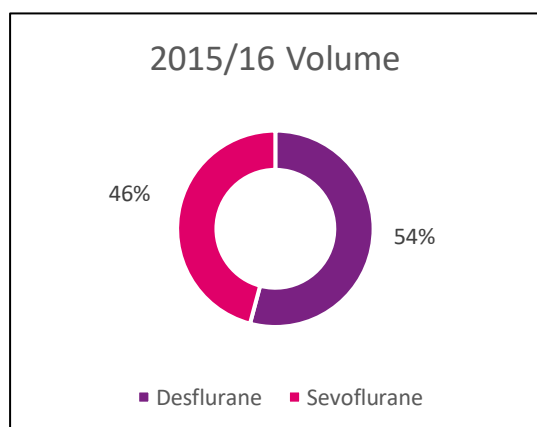
Medicines and associated medical equipment is a significant portion of our Trust footprint. We need to identify clinically appropriate ways to reduce carbon emissions from medicines and their use.

Anaesthetic gases account for 2% of all NHS emissions. Desflurane has 60 times the environmental impact of less harmful alternatives, for the same clinical outcome. Using a single bottle of Desflurane has the same global warming effect as burning 440kg of coal.

The NHS Standard Contract 21/22 states:

18.4.2 climate change, and specifically how it will, by no later than 31 March 2022, take action: ... 18.4.2.2 in accordance with Good Practice, to reduce the carbon impacts from the use, or atmospheric release, of environmentally damaging gases such as nitrous oxide and fluorinated gases used as anaesthetic agents and as propellants in inhalers, including by appropriately reducing the proportion of desflurane to sevoflurane used in surgery to less than 10% by volume, through clinically appropriate prescribing of lower greenhouse gas emitting inhalers, by encouraging Service Users to return their inhalers to pharmacies for appropriate disposal.

The Trust has reduced the use of desflurane from 54% in 2015/16 to 33% in 2020/21. We need to reduce this to 10% by April 2022 and last quarter was 13%.



We have already reduced our Carbon Footprint from Fluorine gasses by 49% and expect to be below 200 in 2021-22.

Our Head Anaesthetist is establishing a very limited criteria for clinically appropriate use of Desflurane and the Trust will consult the science, aiming to remove all usage.

We already encourage Total intravenous anaesthetic (TIVA) to reduce quantitative usage and will write an Anaesthetics Policy to formalise this and the criteria.

We are gathering data on NOX for future targeting.

Another significant source of emissions is from propellant gases in meter dosed inhalers (MDIs), we need to prescribe options with lower global warming potential, for example Dry Powder Inhalers (DPIs).

CONSIDER GOING GREEN

Dry powder inhalers (DPIs) have a lower carbon footprint than metered dose inhalers: consider going GREEN (1st line). ***Please note that DPIs may not be suitable for all adults.*** Always check technique.

Optimising therapy to the lowest number of doses per day is GREENER.

Our new ICS care pathway for Pharmacological treatment of chronic asthma in adults aged 17 and over includes an explicit encouragement to use DPIs where suitable.

We will monitor the proportions of each prescribed and create a Trust target to reduce the proportion of MDIs and the overall quantity.

Supply Chain and Procurement

Sustainable procurement is the process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis. This means generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment.

Within the NHS it also means that we should use our purchasing power to influence the sustainability of our supply chain; it expands the concept of best value to include qualitative measures such as social impact and additional quantitative measures such as emissions and biodiversity impact.

The NHS uses products from more than 80,000 suppliers for items such as medicines, medical equipment, food, business and office goods. It is calculated the non-medicines supply chain produces 42% of the NHS Carbon Footprint Plus. Although we have no direct control over these emissions, we can use our purchasing power to influence and promote change.

We are directly targeted to take actions via the NHS Standard T&Cs:

“18.4.3 single use plastic products and waste, and specifically how it will, no later than 31 March 2022 take action:

18.4.3.1 to reduce waste and water usage through best practice efficiency standards and adoption of new innovations;

18.4.3.2 to reduce avoidable use of single use plastic products, including by signing up to and observing the Plastics Pledge;

18.4.3.3 so far as clinically appropriate, to cease use at the Provider’s Premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo degradable plastics;

18.4.3.4 to reduce the use at the Provider’s Premises of single use plastic food and beverage containers, cups, covers and lids; and

18.4.3.5 to make provision with a view to maximising the rate of return of walking aids for re-use or recycling and must implement those plans diligently.”

Upcycling, recycling, and re-using

Wherever we can we try to avoid the need for new products to be manufactured. We have been using recycled paper as standard for many years now. We are proud of our scheme to collect used walking aids from patients and provide them onwards for new patients, and of our upcycling efforts to make bed covers out of unwanted fire-retardant curtains.

Social value

From April 2022 the NHS as a whole will adopt PPN06/20 which will mean that in all of our tenders there will be a minimum 10% weighting of the total score for social value. This will continue our journey with our supply chain towards the requirement for Carbon Reduction Plans aligned to the NHS Net Zero targets by 2024. We have already begun introducing these requirements into our tenders, including the recent publication of a construction tender with PPN06/20 requirements included. By April 2030 all suppliers to the NHS will be required to demonstrate their progress towards the NHS Net Zero targets and the NHS will no longer purchase from suppliers that do not meet or exceed our commitment to net zero targets.

The ICS Procurement Action Plan will support us to adopt a national approach to incorporating environmental and social value in procurements at ICS level, and to develop a robust process for managing net zero commitments. We will also adopt the new NHS Evergreen Supplier Framework – a mechanism to benchmark suppliers and shift to those that actively support NHS sustainability principles.

In line with the government's commitment that £1 in every £3 be spent with small businesses, we encourage SMEs to tender when we undertake a procurement exercise for an appropriate service or product. We don't currently record well which of our suppliers are SMEs but we are investigating ways to enable us to baseline and increase our spend with SMEs going forward.

Carbon-reducing tender specifications

The dramatic reduction to our carbon footprint brought about by our recent move to a low-carbon electricity tariff is an example of the power of procurement decisions to help us on our sustainability journey.

We recently tendered for transportation services alongside the community and mental health trusts, in which we applied pressure on the successful supplier to rationalise the frequency of transport between the trust sites. We intend to include a requirement to present data on vehicle-movement reduction in future tenders.

Our recent tender for waste management services required the successful bidder to propose their approach to delivering the service in a sustainable and environmentally friendly manner, and to demonstrate how their proposal adheres to environmental management standards and policies.

The procurement of a new building is a crucial sustainability intervention point, with long-lasting effects on a range of physical and social impacts. To this end, we target a minimum BREEAM rating of 'Excellent' for all our new builds. This ensures that our buildings will make strong positive contributions to a broad range of areas, from the health and wellbeing of our staff to the biodiversity of our estate and the lifecycle costs of our buildings.

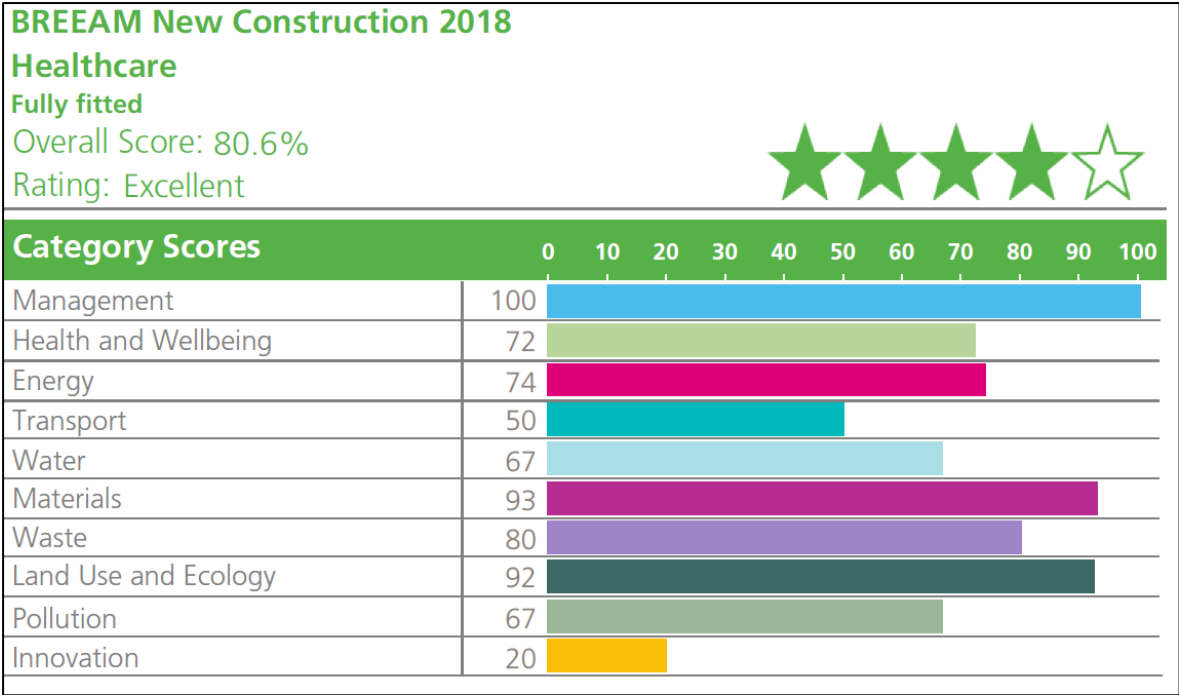


Figure 7: Extract from the design stage BREEAM certificate for Hinchingsbrooke New Theatre Block issued in July 2021, targeting an 'Excellent' rating.

We will consider higher standards and are committed to amalgamating new design ideas to target net zero as a goal in future.

Our initial key action here will be to publicise our Green Plan to our existing Supply Chain and educate them on the journey the Trust will be taking over the coming three years so that they can begin to work with us.

Food and Nutrition

A well balanced, nutritional diet is fundamental for health and well-being. Two-thirds of the British adult population are overweight, and 27% are living with obesity. Overweight and obesity is the third largest contributor to ill health and early death (behind smoking and poor diet).

Transportation of food is also a major source of carbon emissions – sourcing locally can ensure that these emissions are minimised, whilst maximising the benefit to our local community.

“Fresh Cook” Our award-winning catering service

A chef from our Hinchingbrooke Hospital was named Public Sector Chef of the Year in 2018 by the Craft Guild of Chefs. Our amazing Head Chef, Lisa Normanton was the first NHS chef to be presented with the award since it was introduced in 1993.

The catering team produce over 750 meals a day for patients on the wards, as well as other food outlets. All of the team’s meals are cooked from fresh on-site using ingredients that are sourced locally with high levels of nutrition and very little or no salt.

The team were further recognised by Health Business Award for Hospital Catering in a second award their fresh cooked meals with locally sourced ingredients.

All our sites receive high scores in Patient-Led Assessments of the Care Environment, with our PCH hospital offering 26 different choices of meals per day.



Supporting staff, patients, and visitors to source healthy food locally

We are proud of our efforts to support staff, patients and visitors to eat healthy locally sourced food. We have a bustling fruit and veg stall in the car park of our Peterborough City Hospital. We also provide free reception desk fruit and veg for our staff and our vending machines offer only healthy food and drinks, with no full-fat versions so staff and patients can access healthy food 24/7. Our popular Christmas Markets also allow staff, patients and visitors the opportunity to find locally produced craft products, supporting the local economy.

We will create a formal Food and Drink Strategy across our three sites to capture our future plans in this area. This will include a meat free day each week.

Adaptation

We must ensure that our Trust is prepared for the effects of climate in the future, including the effects on the health of our community and the operation and accessibility to our hospitals for staff, patients, and visitors.

Resilience

Our Chief Medical Officer attends our Local Resilience Forum with the CCG, Emergency services, Local Authorities, and the Environment Agency who meet regularly to discuss risks around the community and hold the County Risk Register. We understand our roles to mitigate community risks. Our health sub-group assesses risks such as flood risk from local rivers and ensures that infrastructure is in place to support in the event of an incident, the risks from weather and climate are assessed as part of this.

We do regular Emergency/Resilience Test Exercises with local emergency services and local agency partners in line with our responsibilities under the Civil Contingencies Act. Frequency of exercises was impacted by COVID, but we prioritised this action to continue as we recognise its value. Our most recent multi-agency practice was in September 2020 as a multi-service table-top and the learning points from this are now embedded into our Major Incident Planning

Our extreme weather event planning is in place for both cold and heatwave conditions, including providing cool areas for vulnerable patients, monitoring their hydration, and switching off heat emitting equipment where possible. One of our sites is a known challenge in regard to overheating and we actively mitigate this risk in the summer; switching off lighting, ensuring staff clothing is lightweight, supplying additional liquids and increasing air changes.

We have business continuity for water/power shortages and every area's Business Continuity Plan tells them what to do if water or power supply fails. This year we are increasing our power outage testing and black start testing.

Pandemics have been on our risk register for some time, with Disease 'X' always in consideration and we keep a very active view of community prevalence of disease via modelling both external and internal.

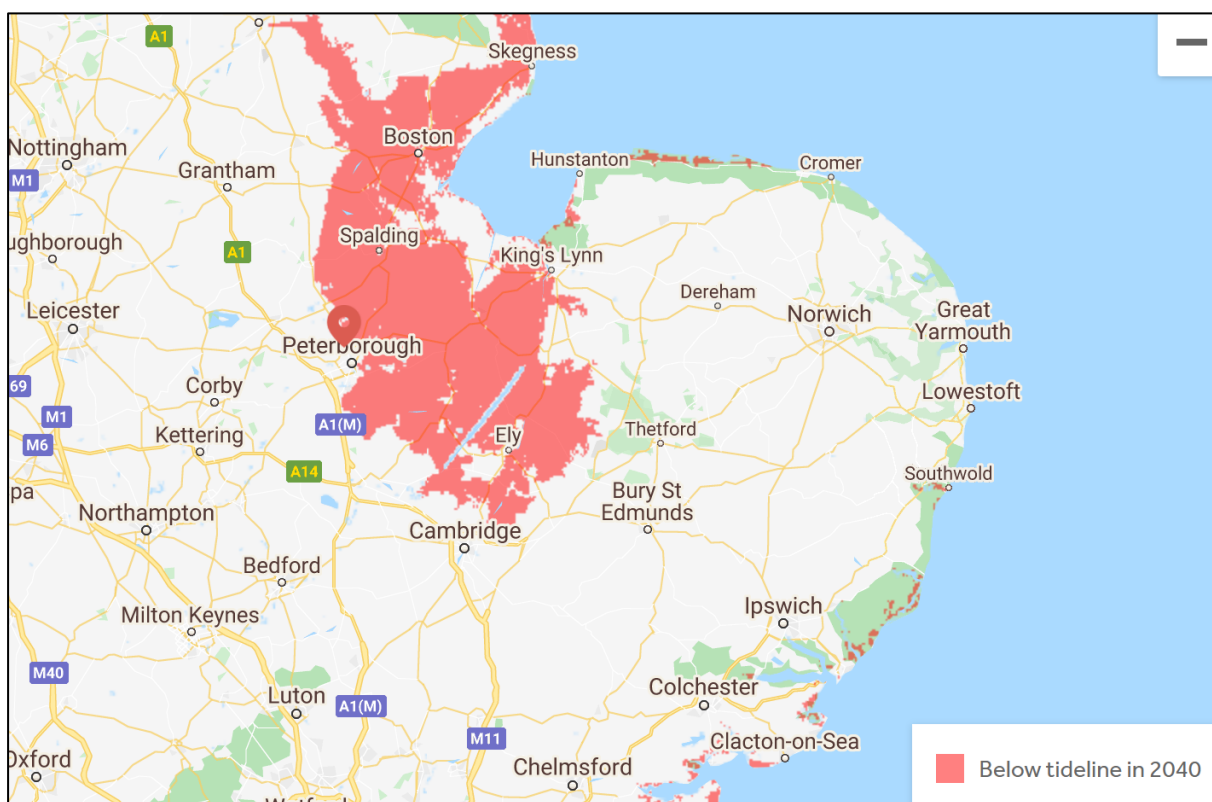
As an organisation we ensure we can maintain Business as Usual services to the last possible moment to maximise service delivery despite external threat.

Climate Change Risk Assessment

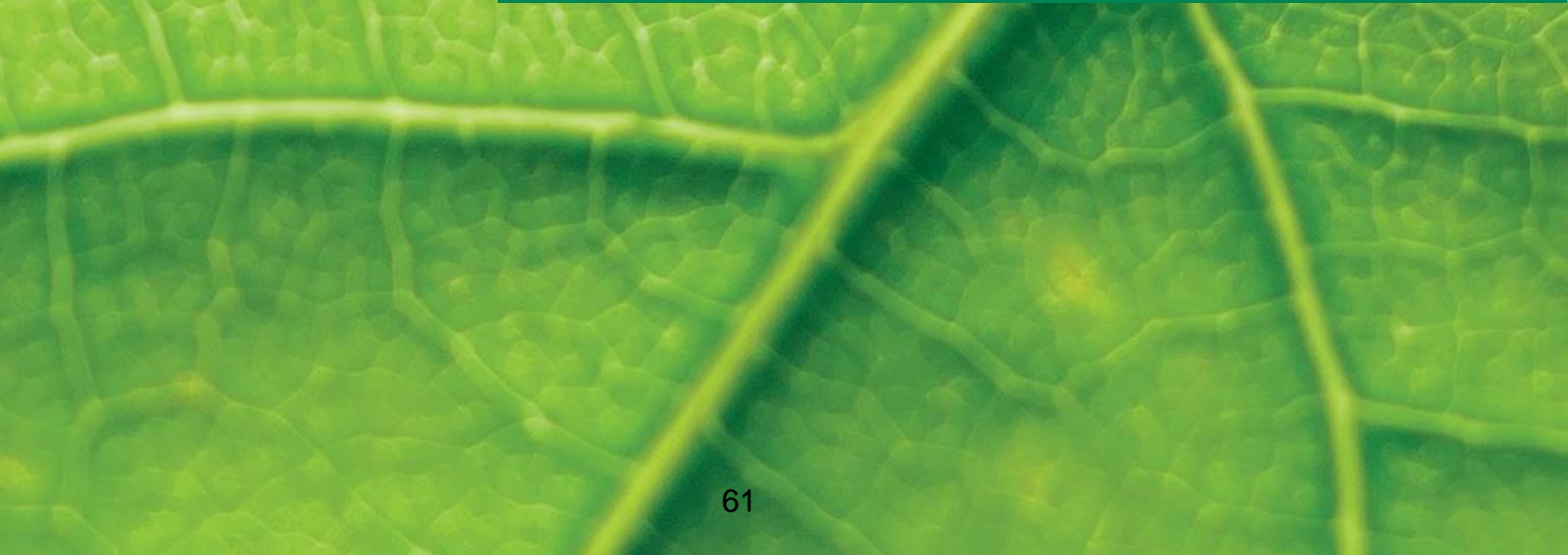
We will create a Climate Change Risk Assessment which will identify how the models for climate change prediction will affect our current estate and services from extreme weather conditions and other risks, such as flooding, loss of utilities and the spread of diseases amongst the community. This will allow us to then aim to create an Adaptation Plan.

To date we have received these climate change risk assessments from our PFI providers and these will be rolled out over the coming months

This is a crucial piece of work given our geographical location, as under a 2°C temperature increase much of our catchment area will be below the tideline by 2040. This will have implications for our investment choices in our estate and our Major Incident Plans.



As part of the design process for our estate new builds or refurbishments, we will ensure that projected climate change scenarios are considered during the design, ensuring our hospital buildings and spaces are fit for the future, including considerations of location in a changing landscape.



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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
15 MARCH 2022	PUBLIC REPORT

Report of:	Debbie McQuade – Service Director, Adults and Safeguarding	
Cabinet Member(s) responsible:	Councillor Walsh, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Lisa Sparks – Senior Commissioner, Early Intervention and Prevention and Mental Health	Tel. 07900163590

MENTAL HEALTH SECTION 75 PARTNERSHIP AGREEMENT: ANNUAL REPORT
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RECOMMENDATIONS	
FROM: Debbie McQuade – Service Director, Adults and Safeguarding	Deadline date: N/A
<p>It is recommended that Adults and Health Scrutiny Committee endorses the report as a full account of service and financial performance, activity, and outcomes under the Section 75 Partnership Agreement.</p>	

1. ORIGIN OF REPORT

- 1.1 This report presents an update on the discharge of responsibilities for mental health delegated to Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through the Mental Health Section 75 Partnership Agreement for 2021-22.

2. PURPOSE AND REASON FOR REPORT

- 2.1 This report updates the Committee on service and financial performance, activity and outcomes under the Mental Health (MH) Section 75 Partnership Agreement within the current year (2021-22).

- 2.2 This report is for the Adults and 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 -

- 1.Public Health;
- 2.The Health and Wellbeing
- 4.Adult Social Care;
- 5. Safeguarding Adults.

- 2.3 The mental health services delivered under the duties delegated to CPFT through the Mental Health Section 75 Partnership Agreement support delivery of the Council's corporate objective to *'improve the quality of life of all its people and communities and ensures that all communities benefit from growth and the opportunities it brings'*. The services delivered through the Section 75 Partnership Agreement provide good quality, specialist assessment, treatment and support for adults living with mental health problems in Peterborough.

In particular it supports achievement of the following strategic objectives:

- Keep all our communities safe, cohesive and healthy

- Achieve the best health and wellbeing for the city
- Safeguarding vulnerable children and adults

3. **TIMESCALES**

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

- 4.1 Peterborough City Council (PCC) has delegated the delivery of mental health services and specified statutory duties for people with mental health needs aged 18 years and over to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through a Partnership Agreement under Section 75 of the National Health Service Act 2006.

The intention is to enable delivery of health and social care functions within a mental health trust so that service users and carers receive the best possible service addressing both clinical and social needs without the need for them to re-tell their story or receive multiple assessments.

The current Section 75 Agreement for Mental Health is managed through the Section 75 Governance Board which oversees and monitors performance against the agreement and annual work plan. Commissioners have reviewed the existing agreement and an updated version will be implemented from April 2022.

This report covers the following areas:

- Financial investment and performance
- Service performance, activity and outcomes
- Quality and Feedback
- Impact of Coronavirus
- Future Priorities

4.2 **Annual Investment 2021/22 & 2022/23**

The investment in the Section 75 Agreement for Mental Health for 2021/22 was £1,408,828.

Funding for 2022/23 will continue at the same level.

4.3 **Key Performance Indicators**

As at December 2021 CPFT performance against reported key performance indicators was as follows;

- The proportion of adults aged 18-69 in contact with secondary mental health services in paid employment – 12.5% against a target of 12.5%
- The proportion of adults (aged 18-69) in contact with secondary mental health services living independently, with or without support – 82.7% against a target of 75%
- Delayed Transfer of Care (DTC) – the collection and publication of this data has been suspended nationally to release NHS capacity to support the response to coronavirus (COVID-19). Local reporting will be resumed once the national collection and publication process is resumed.

The Council's Business Intelligence service has worked closely with Mental Health Commissioners and CPFT Operational Leads to develop and implement a new reporting framework based on data recorded in the Mosaic case management system. This new approach has given mental health managers access to a range of self-service performance and management information reports to support operational decision-making and performance monitoring. Within this first year the focus has been on ensuring accuracy of data to enable full confidence in reporting from April 2022.

4.4 Staffing

Vacancy levels for Mental Health Social Workers and staffing under the Section 75 Agreement have continued to be challenging. To address this the service is exploring alternative ways to reconfigure some posts and teams in order to both attract new employees and better align resources within teams. Discussions around potential changes are ongoing.

The total number of vacancies under the Section 75 Agreement has remained fairly static during 2021/2022 at 4.0 posts. The current vacancies include support staff, and Social Workers. CPFT are continuing to make every effort to fill these posts but have not yet been successful. The recruitment of social workers is not just a challenge for CPFT, the County and other partners are experiencing similar challenges in appointing to vacancies.

4.5 Care Packages and Financial Performance Summary

The unique number of individuals accessing Adult Mental Health and Older People Mental Health services during Quarter 1 to 3 of 2021/22 has remained relatively static.

Service User Numbers Performance 2021/22

Adult Mental Health	Start	Q1	Q2	Q3	Movement
Nursing	4	4	5	5	1
Residential	7	8	8	8	1
Direct Payments	1	2	2	2	1
Homecare	25	25	30	30	5
Daycare	0	1	0	1	1
Assistive Technology	0	0	1	1	1
	37	43	46	47	10

Older People Mental Health	Start	Q1	Q2	Q3	Movement
Nursing	1	1	1	1	0
Residential	8	9	9	10	2
Direct Payments	29	29	32	34	5
Homecare	25	28	30	30	5
Daycare	1	1	1	0	-1
Supported Living	9	9	9	9	0
	80	81	84	88	8

In relation to the cost of care for mental health service users, detailed information for 2021/22 can be found in the tables in 4.5.1 (Adult Mental Health) and 4.5.2 (Older People Mental Health).

Financial Performance 2021/22	Start	Q1	Q2	Q3	Movement
Adult Mental Health - £000	834	881	842	813	-21
Older People Mental Health - £000	523	591	548	459	-64

Although service user numbers have remained relatively static in 2021/22 to date, overall we are projecting a reduction in the cost of care. The final position will not be available until after March, but it is anticipated that unless we see a significant increase in new care packages in this last quarter, then an underspend will be generated for the current financial year.

4.5.1 Adult Mental Health – Detailed Financial Breakdown 2021/22

To date there has been an overall movement of £21k against an opening commitment of £834k in 2020/21. The overall movement is mainly being driven by an increase in direct payments reducing the commitment for homecare in year.

Adult Mental Health - £000	Start	Q1	Q2	Q3	Movement
Nursing	54	54	54	54	0
Residential	312	403	363	399	86
Direct Payments	238	236	292	282	44
Homecare	352	357	321	231	-120
Daycare	2	2	2	0	-2
Supported Living	90	85	77	72	-18
	1,069	1,138	1,067	1,058	-42
Client Income	-41	-41	-43	-42	-1
Health/ Other Income	-173	-216	-225	-183	-10
	-214	-257	-268	-225	-11
	834	881	842	813	-21

4.5.2 Older People Mental Health - Detailed Financial Breakdown 2021/22

To date for Older People Mental Health there has been an overall movement of £64k against a commitment of £523K in 2020/21. We are seeing a significant movement on commitments for Direct Payments in the year but this is being offset by reductions across all other care types. There is some variance showing for expected Health/other income, but this is being offset against higher levels of client income.

Older People Mental Health - £000	Start	Q1	Q2	Q3	Movement
Nursing	170	143	143	143	-45
Residential	263	286	294	197	-66
Direct Payments	18	143	143	143	125
Homecare	275	222	237	232	-43

Day Care	0	6	0	3	3
	577	542	499	599	2
Client Income	-33	-35	-109	-107	-74
Health/ Other Income	-188	-174	-160	-153	35
	-221	-210	-269	-259	-38
	523	591	548	459	-64

4.6 Impact of Covid-19

The PCC Adult Social Care Social Work services based within CPFT under the S75 Partnership Agreement have continued to maintain full operational activity throughout the COVID-19 pandemic. The impacts of the virus have necessitated a reduction in “face to face” meetings for all Social Work staff, with an emphasis upon working from home wherever possible. The “Attend Anywhere” secure virtual platform has been utilised by Social Work staff when appropriate – this continues to be an available option if required.

All direct contacts follow COVID-19 Infection Prevention and Control (IPC) measures, this continues to include the use of Personal Protective Equipment (PPE) and completion of risk assessments. The Social Work teams have been required to respond to rapid changes in usual practice and have continued to show dedication and commitment during continued challenging times.

In order to support and ensure the effective and safe operation of the Social Work services in PCC, the programme of daily staff monitoring and reporting has continued. This arrangement enables all services to operate safely, including the Approved Mental Health Professional (AMHP) service; during 2021/2022 this has been supported by a Locum AMHP funded by CPFT.

4.6 Annual Work Plan 2021/22

The S75 Partnership Agreement includes an Annual Work Plan to ensure the ongoing improvement in outcomes for people with mental health problems and their families/ carers, the discharge of delegated responsibilities and the effective use of the Council’s investment.

Key activity during the 2021/2022 period includes:

- The day-time Approved Mental Health Professionals (AMHP) service: Staff within this service are responsible for coordinating assessments of individuals and also admission to hospital for anyone who is sectioned. A total of 13 AMHP candidates (across both PCC & CCC areas) have been supported to commence professional training. This cohort includes colleagues from the Local Authorities Social Care Services, and health care professionals. Access to both full-time and part-time courses has been arranged in order to most effectively support both the operational service and staff members. This focus will continue through the 2022/2023 period.
- Safeguarding Adults: Responsibility for the receipt and triage of Safeguarding Adults Concerns transferred fully to the combined PCC & CCC Multi Agency Safeguarding Hub (MASH) from September 2021. A draft Quality Assurance Tool has been developed for use by CPFT "Think Family" Safeguarding Service for use in making enquiries regarding suspected abuse. Arrangements are in place for continued communication and support between the PCC & CCC MASH & CPFT "Think Family" service. A jointly developed pilot of Learning & Development modules covering Safeguarding is currently being trialled with Mental Health Social Work staff and MASH Practitioners – early indications are that this is well received.
- EXEMPLAR: primary care early implementer pilot. Work undertaken includes significant activity which align to the "Prevent, Reduce, Delay" principles; making community connections and support to access local resources. The Exemplar project successfully recruited 2 PCC employed Social Workers. These posts are aligned to the North & South areas of the city and has now been adopted as mainstream activity within the current service.

- Transitions between Children’s and Adults Social Care: The Head of Social Work – Adults attends the PCC/CCC “0-25 Children and Young People with Complex Needs” Group and this has enabled a proactive approach to planning to be more robustly adopted. This proactive approach is supported by a Transitions Pathway that has been agreed and implemented via the PCC/CCC Practice Governance Board, during 2021/2022, as a supportive resource for practitioners.
- Mental Health Act (1983 and subsequent revisions) Section 117: Section 117 makes provision for appropriate after care to be provided for people who have been detained in hospital under particular sections of the Mental health Act. To ensure that there is consistent, regular and robust application of the locally agreed Joint Commissioning Tool (JCT), work has continued with PCC/CCC colleagues throughout 2021/2022 to support the clear and consistent decision making and approval of health and social care costs. This has also included the development and agreement of a “Brokerage Work Flow” that enables a more consistent approach to identifying care and support to meet the needs of individuals. It also enables the Council to maintain more robust oversight of high cost packages. These priorities will continue through to 2022/2023 in order that this process be fully implemented, monitored and embedded within social work practice.

4.7 Quality and Feedback

Mental Health services are committed to enabling people to have control over their lives and illness, to work in a strength-based approach to enable people, utilising the philosophy and the model of recovery. The co-location and close partnership working between social work and health care services provides a holistic response for the people of Peterborough and their carers to enable people to live healthy and independent lives.

Included below are short examples of the positive Social Work that has been achieved throughout the period of the continued pandemic. These are testaments to the professionalism and dedication of the Social Work services based within CPFT as part of the S75 Partnership Agreement.

PCC Social Worker/AMHP Adult Mental Health: received from a person who uses the service: “Thank you for all the support and care you have given to me through the years.”

PCC Social Worker: received from a Recovery Ward Consultant Psychiatrist: “I’m writing to you to express my gratitude towards you for how flexible you’ve been recently with several of our service users and how we approach their care. You’ve shown great willingness to think creatively considering each individual’s needs and have shown initiative and great approachability with how you conduct yourself in MDT meetings. I have found your input very helpful and noted you to not shy away from work, taking on additional tasks if it was the right thing for the service user. I know not everyone works in this way but just wanted to say how impressed I am that you clearly do. I don’t know who your manager is but would be keen for them to see this, so please kindly forward this email to them, as they’ll be pleased to know what a gem they have in their team!”

Feedback from Consultant Psychiatrist to the AMHP service (received May 2021):

“The last 2 weeks have been the busiest I can remember from a point of view of demand on the acute MH system and esp MHA assessments. I just really wanted to thank all my AMHP colleagues who have really been amazing: I have made so many referrals in the past 2 weeks and each time they have been responded to with concern and professionalism. Despite the huge demands on the AMHPs they all maintained such good humour and were lovely to work with and to learn from. They went above and beyond to make sure some really sick people got safely into hospital. I have a lot of respect for you all, you do probably the most difficult job in the trust and the whole team worked so well together in this difficult time. Thank you so much!”

There have been no formal complaints received regarding either the Adults or Older Peoples Social Work services during the 2021/2022 period to date

4.8 Priorities for 2022/23

There are a number of priorities which will form part of the ongoing development of the functions performed by the Section 75 Agreement and will aim to ensure the arrangement continues to effectively deliver the delegated duties for Peterborough City Council:

- Review the operational delivery model in relation to unqualified staff, including peer support workers. Expected Outcome: Care Act requirements and responsibilities are understood by practitioners and met on a consistent basis
- The AMHP service: Create a workforce strategy framework that meets key requirements. Expected Outcome: The AMHP service is operational with appropriately qualified staff, and promotes sustainability
- Streamlined and responsive brokerage processes. Expected Outcome: The Local Authority Brokerage Team provides effective support to Mental Health Social Work Services to achieve best practice care and support provision that meets identified need.
- Review the Business Support and Administration service for Mental Health Social Work. Expected Outcome: Responsive and effective administrative support to Mental Health Social Work Teams across Cambridgeshire County and Peterborough City Council areas.

There remains a strong focus on the delivery of the Annual Workplan priorities alongside the delegated functions within the Section 75 Agreement. Any risks associated with delivering against these priorities are managed as part of the governance process to ensure that mitigations are put in place and escalated where appropriate.

4.9 Integrated Care Systems (ICS)

From July 2022 Clinical Commissioning Groups (CCG's) will move over to Integrated Care Systems, which will create new partnership arrangements between organisation that meet health and care needs across an area.

Cambridgeshire & Peterborough CCG are in the process of determining how this will operate locally. The proposed structure will include several Provider Collaboratives, one of which will be specifically focussed on Mental Health and Learning Disability.

At present only limited detail is available, but as we transition to the new system, discussions will need to take place about the alignment of MH Section 75 arrangements with this new delivery model.

5. CONSULTATION

5.1 None required

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Endorsement of the report will validate financial and service activity and performance 2021-22 and demonstrate the Committee's support for continued delegation of the Council's responsibilities for mental health as established under the Mental Health Section 75 Partnership Agreement in 2014 and in line with revised activity, performance and financial targets.

7. REASON FOR THE RECOMMENDATION

7.1 This report delivers the account of activity, outcomes and performance required under the Mental Health Section 75 Partnership Agreement and seeks endorsement to continue with the delegation of responsibilities to the Cambridgeshire and Peterborough NHS Foundation Trust.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The option of bringing the Mental Health Social Work service back into the Council was considered. However, the delegation of responsibilities to the Trust contributes to a more

seamless experience and improved outcomes for people who require specialist mental health care and support. In addition, there would be significant implications and therefore disruption for staff and service users in the short term if there were to be a change.

9. IMPLICATIONS

Financial Implications

- 9.1 Total investment in the Mental Health Section 75 Partnership Agreement was £1,408,828 for 2021/22. This figure will remain unchanged for 2022/23.

Legal Implications

- 9.2 There are no legal implications arising from the activity and decisions reported other than to recommend continuation of the arrangements established under the 2006 NHS Act of which, Section 75 allows delegation of responsibilities to an NHS body.

Equalities Implications

- 9.3 No significant implications arising from the report. However, CPFT always strives to ensure dignity and respect in all its interactions and interventions with service users and the public and to address discrimination and to respect the diversity of individuals whatever their origin or beliefs.

Rural Implications

- 9.4 No significant implications arising from the report.

Carbon Impact Assessment

- 9.5 This is an update report covering delivery of the Mental Health Section 75 Delivery 2021/22

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 None

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
15 MARCH 2022	PUBLIC REPORT

Report of:	<u>Debbie McQuade</u> , Service Director, Adults and Safeguarding	
Cabinet Member(s) responsible:	Councillor Irene Walsh, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Belinda Evans, Complaint Manager	Tel: 01733 296331

ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT 2020-21

RECOMMENDATIONS	
FROM: Debbie McQuade, Service Director, Adults and Safeguarding	Deadline date: N/A
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> Note the summary of Adult Social Care statutory complaints and compliments received between 1 April 2020 and 31 March 2021 and the learning and actions taken as a result. 	

1. ORIGIN OF REPORT

1.1 This report is a statutory requirement under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

2. PURPOSE AND REASON FOR REPORT

2.1 Complaints received by Peterborough City Council Adults and Safeguarding are managed under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Since January 2013, complaints have been managed by the Peterborough City Council Central Complaints Office, which is run by Serco for the council. The report summarises the Adult Social Care complaints and compliments received between 1 April 2020 and 31 March 2021.

2.2 This report is for the Adults and 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:

- Adult Social Care
- Safeguarding Adults.

2.3 This report links to the following Corporate Priorities:

- Safeguard vulnerable children and adults
- Keep all our communities safe, cohesive, and healthy
- Achieve the best health and wellbeing for the City

The report summarises the compliments and complaints received in relation to the Council's delivery and commissioning of adult social care.

3. TIMESCALES

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

4.1 Compliments Received

During 2020/21 a total of 76 compliments were recorded for Adult Social Care Services, 19 for individual Adult Social Care teams and 57 for the Council's Care and Repair services, which is also delivered within the Adults and Safeguarding Directorate. This is a decrease from the previous year and may reflect support being provided by family/friends and/or reduced contact with service users due to Covid restrictions. Outside of the Care and Repair service the majority of compliments were for the Long-Term teams (9) or the 0-25 service. (6).

4.2 Examples of compliments received are:

Care & Repair

Client is really pleased; the family are very happy indeed with the overall service and she wanted to pass on the feedback of what a great job we have done, and they are glad they asked us to project manage it for her.

Reablement Team

I want to start by saying thank you to you and the reablement team. The care that our mum has received by reablement has been second to none. The carers took a great interest in mum, knew our names etc and she really enjoyed seeing them every day. She has told you herself that her favourite was the gentleman who encouraged her to dance and sing! It made her week. I think it speaks volumes that she remembers the reablement team, even their names! Please do pass on our thanks to your team. The change we saw in mum following your involvement was wonderful

Therapy Services

Client expressed how thankful she was to someone on the team as they were a great support to her when she lost her sight. She had been struggling for about a year prior to seeking support and was very happy with the support she was given from the service.

Therapy Services

Text from client's wife "Just to say a huge thank you in a difficult year for the care and attention you gave us. You sourced solutions to a number of challenges my husband faced which allowed him to prolong some independence. I'm forever grateful."

Care & Repair

Client very happy with his heating grant and advised the contractor did a wonderful job and left everywhere lovely and tidy - client happy and has noticed his arthritis is better now they have heating.

0-25 service

*Absolutely over the moon and delighted over the fantastic news!
So relieved, happy, and grateful for all the interventions and efforts by yourself and your team.
Please pass on my gratitude to all the colleagues and professionals who are involved*

Long term Team

Can I just say you are a breath of fresh air, THANK YOU..... since shared lives closed, I have not had such support as you are giving us now, I am hugely thankful not only for the guys but for me also.

Long Term Team

From the moment I first spoke to you I felt you were empathetic and had compassion and doing the job because you really cared and wanted to make a difference to the quality of lives for older people and you really did by your chasing things up, tacking outstanding issues with the provider as well as contacting me to offer support and reassurance.

0-25 service

The carers have said they are so grateful of the support they have received, especially during the lock down period. They praise that professionals have all worked well together to ensure the best outcomes for xx.

Long Term Team

xx wanted to let us know that she thought xx has been excellent when assessing her husband and how professional he had been, she said she was very impressed with ASC .

Long Term Team

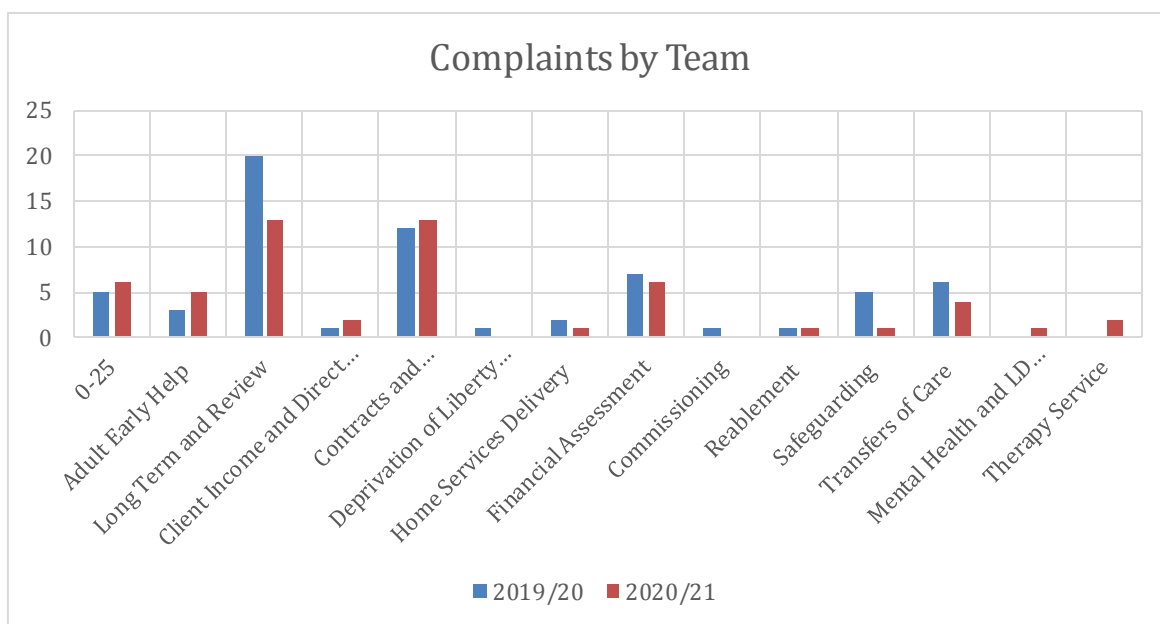
*Thank you sincerely for helping xx find xx and her team
I'm always sad letting you go but I know you will Bless the lives of many many more
Keep going you do an amazing job
Not always appreciated by those who should but know that you have made ALL THE DIFFERENCE TO US
So much respect!*

4.3 Complaints Received

4.3.1 The complaints team handle all complaints about Council services and determine the correct process for each complaint received. A small number of complaints received about the Adult Social Care department must follow alternative processes such as the Children’s Social care statutory complaints process or the Corporate complaints process. These complaints are not included in this report as they are included in annual reports for those processes.

During 2020/21 a total of **54** formal complaints were logged through the Adults statutory process about Adults Social Care services. Five of these complaints were subsequently withdrawn. This is a reduction in the complaints received in 2019/20 when **64** formal complaints were registered.

4.3.2 Complaints Received by Team



The highest number of complaints registered was for the Contracts team and Independent Providers followed by the Long Term and Review Team (who saw a significant drop in complaints). These teams also received the most complaints in the previous year, and it is commensurate with the number of people receiving support and the complexity levels in these areas. During the year April 2020-March 2021, to which this report relates, a total of 2852 people were supported in long term care.

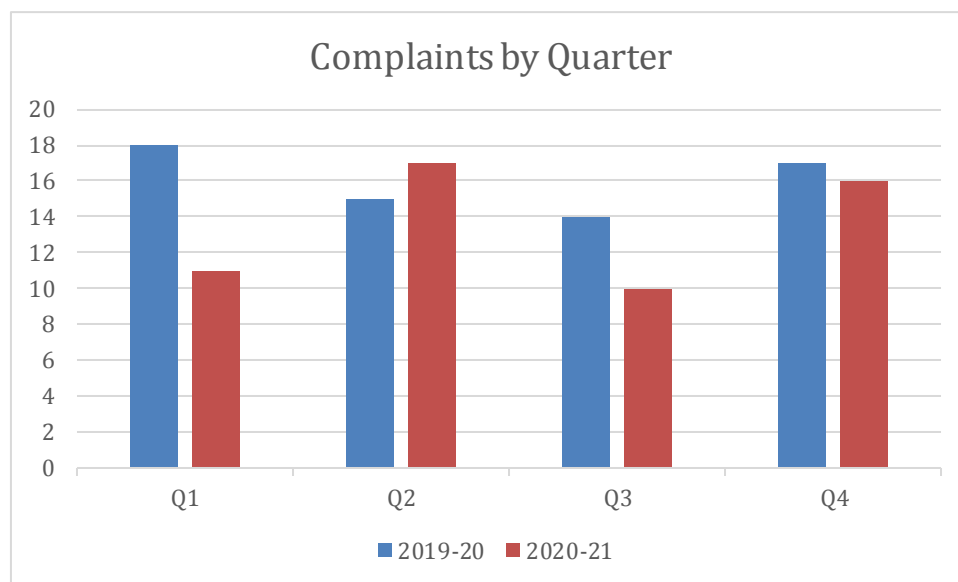
There was only 1 complaint relating to safeguarding in 2020/21, compared to 5 the previous year. A complaint should only be registered for Safeguarding if the complaint is about the actions of the Safeguarding team in relation to how they have conducted a safeguarding enquiry. This cannot be used to challenge the outcome enquiry but if there are issues with the process or how the service user or family member is kept informed this will be investigated.

Of the 13 complaints about Providers, 4 were in relation to Care Homes and 9 in relation to Home Care by various agencies. In these cases, the complaint is brought to the attention of the council who liaise with the provider to ensure the provider improves practice where faults are found. If no fault is found the council do not Uphold the complaint. In 8 of these complaints fault was found, the remaining were Not Upheld.

The Long-Term Teams and Review Team had a significant drop in complaints down to 13 from 20 the year before. 5 of these were fully Upheld, 6 had some merits so were Partially Upheld and the remaining were not Upheld or Withdrawn.

4.3.3 Complaints Received by Quarter

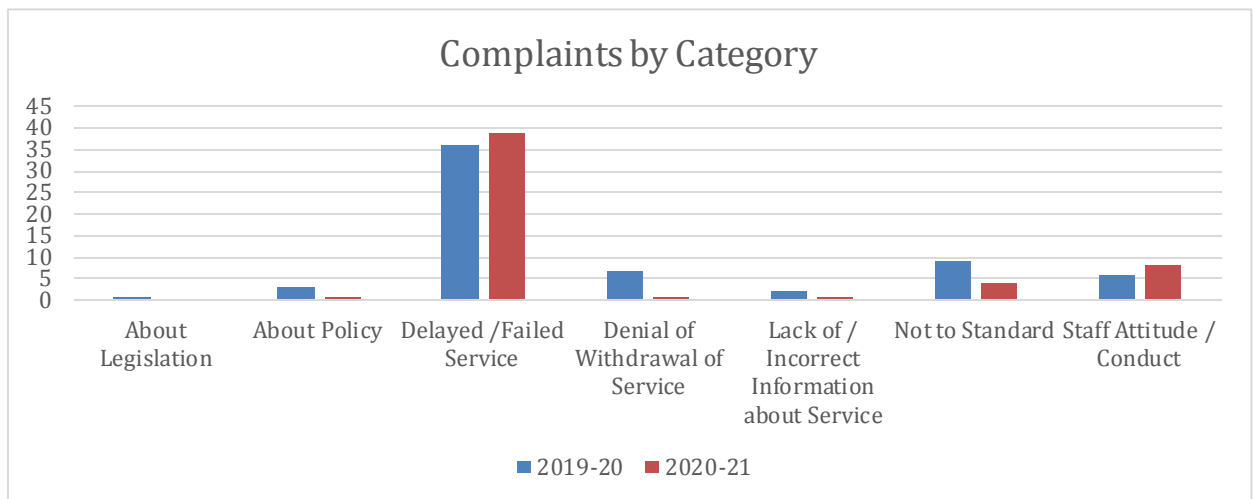
The complaints which were received were balanced across the four quarters of the year as shown below.



There was a greater amount of fluctuation in the timing of complaints in 2020-21 compared to the previous year. The dips in Q1 and Q3 2020-21 coincide with the time when the country was in periods of Lockdown due to Covid.

4.3.4 Complaints Received by Category

Complaints received by Adult Social Care are broken down by the following categories:



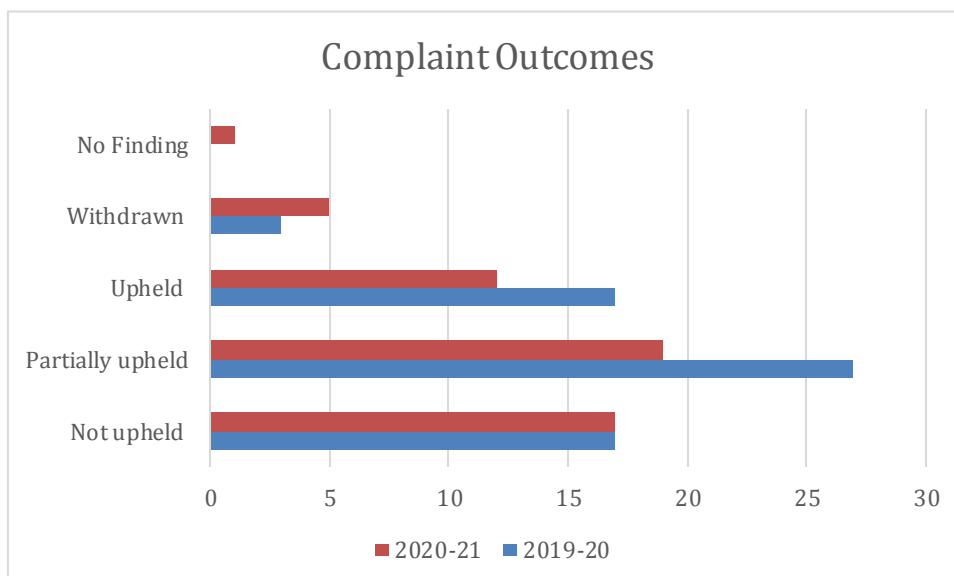
As with previous years, and in common with most council services the highest number of complaints were received in the category Delayed / Failed Service, 39 of 54 (72%).

Complaints in this category for ASC include failure to respond to correspondence within reasonable timeframes, failure to properly inform family members about care decisions, several cases of delays in completing assessments or reviews and several where failures by Care providers in the level of care delivered were identified.

The next category of any note was Staff Attitude/Conduct. This numbered 8 cases. None of these cases escalated.

4.4 Outcome of complaints

In 2020-21 there was a fall in the proportion of complaints recorded as either upheld or Partially Upheld - a total of 57% - with 22% being upheld and 35% being partially upheld. This is a significant fall from a figure of 70% in 2019/20, – the outcomes are shown in the graph below:



The Local Government and Social Care Ombudsman (LGSCO) published their 2020-21 annual report into complaints from the Adult Social Care sector in September 2021.

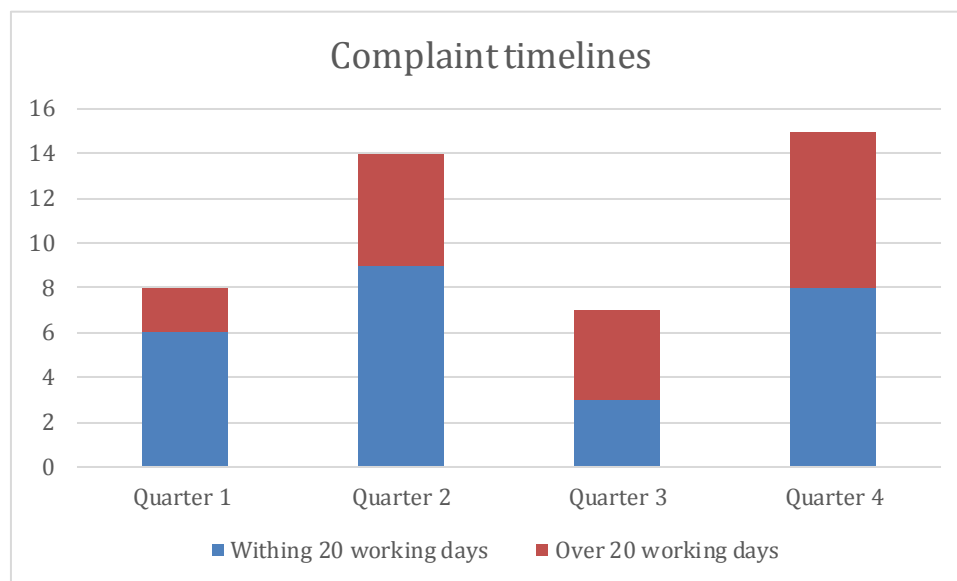
They reported that the percentage of complaints they upheld was 72%, a further increase from

the previous year where they upheld 69% of complaints that they investigated about ASC services nationally.

We record a complaint as partially upheld even if only a small percentage of the complaint is upheld as it is important to apologise for errors when they happen and to establish where improvements are needed.

4.5 Complaints Responded to within 20 working days

The ASC Statutory complaint regulations do not specify a timescale for the first response to a complaint. But in Peterborough the service has always considered it important to have a timescale that reflects the importance of responding promptly to the customer. Hence a locally agreed target of 20 working days to respond to a complaint is used.



Delayed responses are often due to the need to investigate across more than one team, or organisation. For example, if the complaint concerns an independent provider or involves a health element, then a response must be sought from elsewhere to feed into the overall response.

Overall, 59% of complaints answered in the year were completed within 20 working days.

4.6 Escalated Complaints

Escalated complaints are recorded if a complainant states they are dissatisfied with their first response to the complaint. Escalated complaints involve a further review, and a senior manager sends the final response to the complainant along with LGSCO referral rights.

The rate of escalations fluctuates annually but has previously been between 10% & 20% per annum.

This year 9 cases escalated which is approximately 16% of cases.

A summary of the outcomes of these cases is included as **Appendix A**

4.7 Local Government Social Care Ombudsman (LGSCO) Complaints

There were 4 complaint investigations by the LGSCO about Peterborough's ASC department in 2020-21 with the following outcomes.

- 1 upheld

- 3 Not Upheld

This is a reduction in cases investigated by the LGSCO for ASC compared to 2019-20, however, given the national average of cases where the LGSCO has found fault (as noted above) Peterborough compared well at 25%.

The LGSCO publish their decisions on their website (anonymised to protect customer privacy) and the summary for each of these decisions is shown below:

Upheld Case

Summary: Mrs X complains about the way the Council carried out a financial assessment and its decision that her mother, Mrs Y, should pay the full costs of her care. The Council was at fault for not considering two gift periods separately and for not explaining the reasons for its decision in February 2019. This caused uncertainty for Mrs X and delay in the review process. The Council treated the two periods separately through the review process and revised its decision. There is no fault in the way it reached its revised decision. It should apologise to Mrs X and review its processes to prevent a recurrence of the faults.

The council completed the recommendations of the LGSCO in this case and the LGSCO confirmed that the council had complied; closing the case as satisfied in November 2020.

Not Upheld Cases

Summary: There is no evidence of fault in the Council's decision that Mrs X deliberately deprived herself of capital with the intention of decreasing her liability for care charges. The Council also considered whether Mrs X's daughter had a beneficial interest in one property without fault. The Council is willing to consider any further evidence the family has and has paid Mrs X's care charges until the complaint is decided.

Summary: Mr X complained the Council stopped his care package following a care and needs assessment in January 2020. There was no fault in the Council's actions.

Summary: The Ombudsman will not investigate Mr B's complaint about the Council's handling of his concerns about his daughter's, Ms D's, direct payments. This is because there is not enough evidence of fault with the actions taken by the Council or that either Mr B or Ms D have been caused any significant injustice by the Council's actions to warrant an Ombudsman investigation.

4.8 **Themes and Topics from Complaints.**

Complaints covered the following topics and themes.

- Independent care providers not delivering care to an acceptable standard
- Delays in care assessments
- Inaccurate record keeping by providers
- Lack of support or poor advice provided
- Attitude and conduct of staff members both in the council and independent care providers
- Poor communication

4.9 **Learning from Complaints and Action Taken as a Result of Complaints**

The department is committed to learning from complaints and to continuously improving its processes to reduce the issues that can lead to complaints.

In the majority of cases which are upheld the minimum action taken would be an apology to the customer and the review of how the issue can be prevented from reoccurring. The number of cases where action needs to be taken or where service improvements can be identified is determined by the percentage of complaints where fault has been found. Due to the decrease in complaints received for ASC generally along with a lower percentage of complaints being upheld there have been fewer service improvements identified this year.

Examples of improvements that have been made because of complaints in 2020-21 include:

Examples of actions taken in relation to upheld complaints

- In response to several complaints against care providers this year about care delivery failings some were resolved by the offer of a goodwill payment by the provider along with an apology.
- In response to a Complaint about advice given regarding Lasting Power of Attorney an apology was given for an officer giving misleading information
- A complaint from a customer unhappy with financial assessment re: customer's second property led to a reassessment taking place which changed the outcome
- Several complaints about failings in the delivery of care lead to providers reviewing their processes/reminding their staff of procedures/introducing spot checks.

Examples of service improvements from complaints:

- Linked to several complaints about administering medication the contracts team have required the providers involved to provide medication training to all staff on medication administration and to increase spot checks by the providers.
- In response to a complaint about end-of-life treatment by a care home the provider agreed to review its processes and reflect on its approach to families of loved ones who have passed.
- One complaint led to the provision of training with a Mental Capacity Trainer to improve officers' knowledge in this area

5. CONSULTATION

- 5.1 The complaints and compliments process is proactively promoted by workers in Adults and Safeguarding a way for service users and carers to feedback on their experience of their contact with the Council.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 No direct impact other than changes which might be introduced as the result of learning from complaints.

7. REASON FOR THE RECOMMENDATION

- 7.1 There is an expectation that an annual review of complaints be made publicly available each year.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 Not applicable.

9. IMPLICATIONS

Financial Implications

9.1 Not applicable.

Legal Implications

9.2 Complaints received by Peterborough City Council Adults and Safeguarding are managed under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Equalities Implications

9.3 Not applicable.

Rural Implications

9.4 Not applicable.

Carbon Impact Assessment

9.5 Not applicable.

10. BACKGROUND DOCUMENTS

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

10.1 Local Government and Social Care Ombudsman published their Annual Review of Adult Social Care Complaints. You can see the report here <https://www.lgo.org.uk/information-centre/reports/annual-review-reports/adult-social-care-reviews>

11. APPENDICES

11.1 Appendix A – Complaint Escalation Outcomes 2020-21

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Appendix A - ASC Escalated Complaints Outcomes 2020-21

Dept/Service	Description	First Outcome	Formal Action taken	Service Improvements	Escalation Outcome	Action taken following Escalation	Further Service Improvements
Financial Assessments	Unhappy with conduct of FAO and their manager	Not Upheld			Not Upheld		
Long Term team	Unhappy with the way Adult Social Care is performing its obligations under Section 117 of the Mental Health Act	Upheld	Apology about lack of regular reviews		Upheld	Supported previous response and apology	
0-25 Team	Unhappy with the support they are being offered from ASC and feel they should be getting more support.	Not Upheld			Upheld	Apologies for the inconvenience and confusion around the initial decision made- transport will remain in place	
0-25 Team	Unhappy with delays in benefits being received by parent.	Partially Upheld	Recognised gaps in case recordings		Not Upheld	Head of Service review concluded service not at fault	
Adult Early Help	Unhappy with Officers email and conduct when discussing case by telephone.	Partially Upheld	Apologies given.		Partially Upheld	Apology worker not allocated sooner	
Contracts & External Providers	Dissatisfied with the actions taken by the Care Company.	Partially Upheld	Apology - Branch Manager offering £150 Marks and Spencer Voucher to cover cost of replacement jumper.	Contract manager has requested Care provider refresh medication training for all live in staff and increase spot checks.	Upheld	Staff spoken to regarding raising issues/concerns and feedback	Improved documentation and communication, additional detail in care plans. Refresher training issued and spot checks
Contracts & External Providers	Unhappy with Providers level of care	Upheld	Apology and Regional Care have implemented further measures to ensure issue is not repeated.		Upheld	Full review of Care provider will take place and copy of report sent to family.	Feedback to Safeguarding team to review the decision process and communication with family members.
Contracts & External Providers	Carers smelling of smoke and refusal to move social day	Upheld	Memo sent to staff. Staff will be monitored & spot checks moving forward		Partially Upheld	Ongoing monitoring agreed for new care provider.	
Contracts & External Providers	Unhappy with the care parent received by care provider. Raised Safeguarding issues.	Partially Upheld	Providers apology for error and failure to meet expectations	Number of recommendations were given to Provider which would improve their processes and oversight	Partially Upheld	Further response provided reassurance that actions had been followed through with the provider.	

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
15 MARCH 2022	PUBLIC REPORT

Report of:	Fiona McMillan, Director of Law and Governance		
Cabinet Member(s) responsible:	Councillor Cereste, Cabinet Member for Digital Services and Transformation		
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer	Tel. 01733 452508	

FORWARD PLAN OF EXECUTIVE DECISIONS

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

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

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

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

The Scrutiny Committees will:

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

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

3. TIMESCALES

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

4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The Forward Plan contains those Executive Decisions which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after 28 March 2022.

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: 25 FEBRUARY 2022

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 Fitzgerald (Leader of the Council), Cllr Steve Allen (Deputy Leader); Cllr Ayres; Cllr Cereste; Cllr Hiller; Cllr Walsh; Cllr Coles and Cllr Simons.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis to reflect new key-decisions. Each new Plan supersedes the previous Plan and items may be carried over into forthcoming Plans. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to philippa.turvey@peterborough.gov.uk, Democratic and Constitutional Services Manager, Legal and Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to or by telephone on 01733 452460. For each decision a public report will be available from the Democratic Services Team one week before the decision is taken.

PART 2 – NOTICE OF INTENTION TO TAKE DECISION IN PRIVATE

Whilst the majority of the Executive's business at the Cabinet meetings listed in this Plan will be open to the public and media organisations to attend, there will be some business to be considered that contains, for example, confidential, commercially sensitive or personal information. In these circumstances the meeting may be held in private, and on the rare occasion this applies, notice will be given within **Part 2** of this document, 'notice of intention to hold meeting in private'. A further formal notice of the intention to hold the meeting, or part of it, in private, will also be given 28 clear days in advance of any private meeting in accordance with The Local Authorities (Executive Arrangements) Meetings and Access to Information) (England) Regulations 2012.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed (unless a notice of intention to hold the meeting in private has been given).

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

For complete transparency relating to the work of the Executive, this Plan also includes an overview of non-key decisions to be taken by the Cabinet or individual Cabinet Members, these decisions are listed at **Part 3** and will be updated on a weekly basis.

You are entitled to view any documents listed on the Plan, or obtain extracts from any documents listed or subsequently submitted to the decision maker prior to the decision being made, subject to any restrictions on disclosure. There is no charge for viewing the documents, although charges may be made for photocopying or postage. Documents listed on the notice and relevant documents subsequently being submitted can be requested from Philippa Turvey, Democratic and Constitutional Services Manager, Legal and Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to philippa.turvey@peterborough.gov.uk or by telephone on 01733 452460.

All decisions will be posted on the Council's website: www.peterborough.gov.uk/executivedecisions. 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 28 MARCH 2022**

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
Article 4 Direction - KEY/28MAR2022/01 – To agree to formulate an Article 4 Direction for public consultation that requires property owners in Bretton, Fletton & Woodston, Hargate & Hempstead, Hampton Vale, Park and Central wards, to obtain planning permission when converting single homes or residential properties into HMOs, alongside relevant planning policies to support this.	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities	March 2022	Communities Scrutiny Committee	Bretton, Fletton & Woodston, Hargate & Hempstead, Hampton Vale, Park and Central.	Formal public consultation within relevant wards	Michael Kelleher, Assistant Director Housing michael.kelleher@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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Clare Lodge and agency resource - KEY/28MAR2022/02 - Relating to the supply of temporary agency requirements at Clare Lodge	Councillor Marco Cereste, Cabinet Member for Digital Services and Transformation	March 2022	Growth, Environment and Resources Scrutiny Committee	All Wards	Legal, Procurement, Service area, Clare Lodge, agency providers	Steve McFaden, Business, Strategy & Infrastructure Manager Clare Lodge, 01733 253246	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>1. Disposal of freehold in Centre of the City - KEY/12JUN18/01 To delegate authority to the Corporate Director of Growth and Regeneration to sell the property</p>	<p>Councillor Coles, Cabinet Member for Finance</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Kirsty Nutton, Head of Corporate Finance Tel: 01733 384590, Email: Kirsty.nutton@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>2. Contract for remedial works by PCC to the Stanground Bypass – KEY/2SEP19/02 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>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South and Hargate and Hempsted</p>	<p>Relevant internal and external stakeholders 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>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>91</p> <p>3. Approval of funding for the provision of accommodation to reduce homelessness KEY/14OCT19/01 – Following Cabinet Decision JAN18/CAB/18 this is a new project to increase the supply of housing and address the demand for accommodation resulting from the increase in homelessness.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</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>Kirsty Nutton, Head of Corporate Finance Tel: 01733 384590, Email: Kirsty.nutton@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. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
<p>4. Disposal of land at 7-23 London Road, Peterborough - KEY/06JAN20/01 Approval to dispose of surplus land to a registered provider for redevelopment to social housing The disposal will be conditional on a successful planning consent; the application has yet to be made.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders.</p>	<p>Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.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>There will be an exempt annex with details of the commercial transaction.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
5.	<p>The disposal of former playing fields at Angus Court, Westtown, Peterborough - KEY/06JAN20/02</p> <p>Approval to dispose of former playing fields and Angus Court</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>West</p>	<p>A number of consultation events for local residents have been held for both the proposed disposal of land at Angus Court and the creation of new facilities at Thorpe Lea Meadows. Planning approval was secured for the new facilities at Thorpe Lea Meadows. These works are now completed. Consultation and information events to discuss the Council's plans to dispose of land at Angus Court and the creation of a new public play area, were held at West Town Academy took place on 1 November 2018 and 7 March 2019</p>	<p>Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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6.	Acquisition of a freehold commercial property in Peterborough City Centre – KEY/8JUN20/03 - Acquisition of a freehold property for a community hub.	Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments	February 2022	Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders.	Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk	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).
7. 68	Joint Cambridgeshire County Council and Peterborough City Council Transport Services DPS - KEY/7DEC20/01 - Joint Cambridgeshire County Council and Peterborough City Council Transport Services DPS for all Education and social care transport procurement.	Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University	February 2022	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Agreed at RIT Board and Joint Commissioning Board	Bryony Wolstenholme - Passenger Transport Operations Tel: 01733 317453 Email: bryony.wolstenholme@peterborough.gov.uk	Joint Commissioning Board decisions 25.08.2020/ RIT Board 19.02.2020

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8.	<p>Variation to the Council's Operational Services Agreement (Peterborough Serco Strategic Partnership Contract): Modification to scope of the PSSP Contract - KEY/7DEC20/02 - Variation to the Council's Operational Services Agreement (Peterborough Serco Strategic Partnership Contract): Modification to scope of the PSSP Contract - Business Transformation & Strategic Improvement Service Support element</p>	<p>Councillor Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Christ Yates, Finance, 01733 452527, chris.yates@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
9.	<p>Mechanism selected for the supply of agency workers – KEY/21DEC20/02 – Options appraisal being undertaken for the Council's future supply of agency workers beyond expiry of the current contracts. This decision recommends the option that should be taken forward in the long term.</p>	<p>Councillor Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Legal, procurement, market analysis.</p>	<p>Kirsty Nutton, Head of Corporate Finance Tel: 01733 384590, Email: Kirsty.nutton@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>10. Procurement of 22 one bedroom flats for the accommodation of people who have previously been rough-sleepers – KEY/04JAN21/01 - The decision is to approve the use of £625K capital grant towards the purchase of 22 one bedroom flats. There is a further decision to approve borrowing of up to £1,675,000 from Public Works Loan Board towards the purchase of the 22 one bedroom flats.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Consultation with MHCLG and Homes England</p>	<p>Michael Kelleher Assistant Director – Housing Tel: 01733 452586 Email: michael.kelleher@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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11.	<p>Extension of the Delivery of Leisure and Cultural Services – KEY/15MAR21/02</p> <p>Extension of the delivery of Cultural Services by City Culture Peterborough, and Leisure Services by Peterborough Limited for three years to rationalise and reorganise service delivery in light of the effects of COVID-19. The 3-year extension will give time to properly reorganise, and allow time for the culture and leisure sectors to rebuild in time for future delivery options to be explored from 2024, including direct provision, working with partners, the establishment of a cooperative delivery model, or a public tender exercise..</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>February 2022</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Kirsty Nutton, Head of Corporate Finance Tel: 01733 384590, Email: Kirsty.nutton@petborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

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<p>12. Bretton Court Redevelopment Scheme – KEY/15MAR21/04</p> <p>1. Approve the surrender of the Council's lease for the ground floor retail units of Bretton Court dated 28th June 2019, subject to the conditions to set out below and to be formalised within the Deed of Surrender</p> <p>2. Approve the Council entering in to an Agreement for Lease for the ground floor retail units of the new development scheme at Bretton Court, subject to the terms set out below</p> <p>3. Subject to the terms of the above Agreement for Lease being satisfied, to approve the Council entering in to a New Lease or the ground floor retail units of the new development scheme at Bretton Court</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Bretton</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Harris, Senior Estates Surveyor, NPS Peterborough Email: helen.harris@nps.co.uk Mobile: 07920 160181</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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86	<p>13. Approval for application of Government funding for a heat network - KEY/29MAR21/02</p> <p>The Peterborough Integrated Renewables Infrastructure (PIRI) is designing a low carbon heat network for Peterborough. In order to develop the designs an application for Government Grant funding will be required and this decision is to provide approval for that application.</p>	<p>Councillor Simons, Cabinet Member for Waste, Street Scene and Environment</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Consultation have been undertaken with the engaged advisors</p>	<p>Elliot Smith - Commercial Manager; Energy, Infrastructure and Regeneration. Tel: 07506536565 Email; elliott.smith@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>

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14.	<p>PCC Homecare Framework – KEY/12APR21/02</p> <p>The extension of the PCC Homecare Framework for 12 months, plus delegated approval. Contract states three years, plus up to seven years, in 12 months increments. Due to be extended in September 2021, for 12 months.</p>	<p>Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>February 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>West</p>	<p>Relevant internal and external stakeholders</p>	<p>Ruth Miller, 07795046754, ruth.miller@camb.ridgeshire.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>
15.	<p>64-68 Bridge Street, dilapidation works – KEY/26APR2021/02 –</p> <p>Approval to carry out dilapidations works at 64-68 Bridge Street, Peterborough.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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16.	Fleet Procurement - KEY/26APR2021/08 - Formal tender for various Fleet vehicles for Aragon Direct Services including areas such as Street Cleansing and Property Maintenance	Councillor Simons, Cabinet Member for Waste, Street Scene and Environment	February 2022	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders	James Collingridge, Head of Environmental Partnerships, Tel: 01733864736, Email: james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
17.	Peterborough City Council Housing Related Support Procurement / Commissioning - KEY/24MAY21/02 – To Procure / Commission Peterborough City Council Housing Related Support Services. Service redesign and change form annual Grant Agreements to longer term contracts.	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities	February 2022	Communities Scrutiny Committee	All Wards	Soft market testing is underway. A Housing Related Support Commissioning Strategy has been agreed and has received all the relevant approvals.	Sharon Malia, Housing Programmes Manager Sharon Malia - Housing Programmes Manager, 01733 237771, Email: sharon.malia@peterborough.gov.uk	To be submitted, Housing Related Support Commissioning Strategy for Cambridgeshire & Peterborough 2020 - 2022. Procurement/ Commissioning information.

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
18.	<p>Active Lifestyle and Sports Strategy – Refresh – KEY/2AUG21/02 - A review of the Active Lifestyles and Sports Strategy following the impact of Covid-19 and services across the city. Since the strategy was adopted in 2018/19 there have been significant developments with the culture and leisure services being delivered by new operators, the demise of certain stakeholders and a stronger importance of working with public health so they are aligned with physical activity for residents health and wellbeing, both physically and mentally.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>April 2022</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Currently in early stages of the review, working with Cambridgeshires Active Partnership, Living Sport a outline plan of a steering group and consultation will be delivered. This will also align with Sport England’s new 10 year strategy which is being launched in 2021 along with a new funding framework.</p>	<p>Jamie Fenton - Partnership Manager, Culture, Sport and Leisure, Email: jamie.fenton@pet erborough.gov.uk – Tel: 07976382756</p>	<p>Current Strategy will be used as a good starting point, this will have statistics updated, a new steering group developed and a new way to evidence actions/outcomes by stakeholders</p>

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19.	<p>Capita Revenue & Benefits Academy system migration to cloud – KEY/30AUG21/01 -</p> <p>To approve the award of contract for the procurement of ICT cloud-based services from Capita UK Limited</p> <p>through to a Framework Agreement for the period 1st September 2021 to 31st August 2026 for a value of £630,000</p>	<p>Councillor Marco Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Data has been gathered from the existing on premises system and been analysed by Capita to inform their proposal. Capita's proposal has been shared with internal stakeholders and Serco who process on behalf of the council. Feedback has been collated and sent back to Capita to allow them to amend their proposal and draft the contract</p>	<p>Jason Dalby, ICT Project Manager, Tel:07931 176848, Email: jason.dalby@pet erborough.gov.uk</p>	<p>Project Brief, Business Case, Specification of Requirements, Capita proposal, data protection and climate impact assessments</p>
20.	<p>Approval to enter into a Section 75 Partnership Agreement with Cambridgeshire and Peterborough NHS Foundation Trust – KEY/11OCT21/03</p> <p>This agreement will ensure the provision of CPFT mental health specialist working with mental health practitioners who are part of multiagency Family Safeguarding teams working as part of children's social care safeguarding teams.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</p>	<p>February 2022</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Andrews, Children's Commissioning Manager helen.andrews@ 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.</p>

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103	<p>21. Disband Peterborough City Market from Laxton Square and relocate to a new location – KEY/11OCT21/04</p> <p>As part of the Northminster development, the current market site is required to be decommissioned and the site vacated in early 2022. The proposal to the Cabinet Member will be to disband the current market, serve all appropriate legal notices to existing traders and authorise officers to develop an alternative market location.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>February 2022</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Consultation with market traders will take place over the details of the new market location and transition from the existing site,</p>	<p>Ian Phillips - Head of Communities and Partnerships Integration Tel: 07415881802 Email:ian.phillips@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

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<p>22. Appointment of Multidisciplinary Design Team for the Peterborough Museum Extension Project – KEY/11OCT21/05 Confirmation will be required to appoint the Multi-disciplinary Design Team for the Peterborough Museum Extension. The design team will be procured via the Homes England Framework of Suppliers. The procurement process is currently underway with Expression of Interest Issued, overseen by Peterborough City Council Procurement Officer.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Procurement exercise managed by PCC Procurement team, published notice via Homes England Framework</p>	<p>Emma Gee, Assistant Director for Growth and Regeneration Tel: 07983 345184 Email:emma.gee@peterborough.gov.uk</p>	<p>CMDN will be prepared once procurement of project is completed recommending award.</p>

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23.	Healthwatch Service - KEY/22NOV21/02 - Approval to enter into an agreement for the provision of Healthwatch Service	Councillor Irene Walsh, Cabinet Member for Adult Social Care, Health and Public Health	March 2022	Adults and Health Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Charlotte Knight Tel: 01733 317986 Email: charlotte.knight@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
24.	Section 256 Agreement with Cambridgeshire and Peterborough Clinical Commissioning Group – KEY/03JAN22/01 Authorise the Council to enter into a Section 256 Agreement (pursuant to section 256 NHS Act 2006) with the Cambridgeshire and Peterborough Clinical Commissioning Group for receipt of funding relating to health funded support to children and young people and their families for the financial years 2022/2023 and 2023/2024.	Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and the University	March 2022	Children and Education Scrutiny Committee	All Wards	All relevant internal and external stakeholders	Pam Setterfield, Commissioning Manager, Tel: 07920 160394, Email: pam.setterfield@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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<p>25. Novation of Amey LG Materials Recycling Facility contract – KEY/03JAN22/02 Agreement by the relevant cabinet member to permit a novation of Amey MRF contract and associated legal agreements necessary to complete this process.</p> <p>106</p>	<p>Councillor Nigel Simons, Cabinet Member for Waste, Street Scene and the Environment</p>	<p>February 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Richard Pearn, Head of Waste, Resources and Energy, Email: richard.pearn@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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26. 107	Amendment to Hotel Loan Facility - KEY/17JAN2022/02 - An amendment is required to the Hotel Loan Facility with Fletton Quays Hotel Ltd	Councillor Andy Coles, Cabinet Member for Finance	May 2022	Growth, Environment and Resources Scrutiny Committee	Fletton and Stanground	Consultation has been undertaken with the Council's Quantity Surveyors working for the Council on this project	Carole Coe, Commercial Finance Manager, Tel:07966 570604, Email: carole.coe@pet erborough.gov.uk	The decision will include an exempt annex containing a commercially confidential update from the Director of the Fletton Quays Hotel Ltd. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).

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27.	Opt Into The National Scheme For Auditor Appointments From 2023 - KEY/17JAN2022/03 - Confirm to Public Sector Audit Appointments that it will opt into the national scheme for auditor	Councillor Andy Coles, Cabinet Member for Finance	February 2022	Growth, Environment and Resources Scrutiny Committee	N/A	N/A	Kirsty Nutton, Head of Corporate Finance Tel: 01733 384590 Email: Kirsty.nutton@peterborough.gov.uk	Report and Invitation letter It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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<p>28. Approval for contract to be awarded to Milestone to deliver Phase 2 outline business case for Peterborough University access improvement scheme – KEY/28FEB22/01</p> <p>The Council has previously received funding of £360k from the Cambridgeshire and Peterborough Combined Authority (CPCA) to deliver the strategic outline business case and phase 1 outline business case for Peterborough University access improvement scheme. Now that these stages are complete, the CPCA is in the process of awarding a further £1.8m so that Phase 2 of the outline business case can be undertaken. The additional funding for the scheme is subject to approval at CPCA Board meeting to be held on 26th January 2022. Approval is required for contract to be awarded to Milestone to undertake Phase 2 of the outline business case for the scheme.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central and East Wards</p>	<p>Consultation was undertaken between 25/10/21 to 5/12/21 and feedback was incorporated into Phase 1 of the Outline Business Case. Further consultation will occur as the project develops.</p>	<p>Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@pe-terborough.gov.uk</p>	<p>Currently the relevant documents for this decision are not available. The minutes of the CPCA Board meeting scheduled for 26 January 2022 will serve as confirmation of the additional grant funding award. The minutes and any supporting documents will be provided once they are made available.</p>

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<p>29. To approve the 2022/23 Transport Programme of Works – KEY/28FEB22/02 Peterborough Highway Services are in the process of drafting their annual Transport Programme of Works for 2022/23. A Cabinet Member Decision Notice will be submitted once the programme is finalised. This will cover programmes for Integrated Transport, Highway Maintenance, Street Lighting Maintenance and Bridge Maintenance.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>Before April 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Where applicable the necessary consultation will be taken undertaken prior to delivery.</p>	<p>Lewis Banks, Transport & Environment Manager, 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>30. Continuation of shared Trading Standards Service – KEY/28FEB22/03 Peterborough City Council entered into a Memorandum of Understanding with Cambridgeshire County Council for the provision of a shared Trading Standards Service across Peterborough and Cambridgeshire from 1 April 2017. Approval is requested to continue the shared service arrangements as per the Service Level Agreement.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Catherine Pawson. Head of Operations Trading Standards, 01954 284651, catherine.pawson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>31. Dynamic Purchasing System - Temporary Accommodation & Private Rented Sector Scheme – KEY/18FEB22/05 To implement a Dynamic Purchasing System in order to procure accommodation for homelessness households who approach Peterborough City Council for assistance. We look to be more responsive and flexible with the accommodation we provide, and to ensure we provide value for money through a more competitive system.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>April 2022</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Housing Needs are currently undertaking a soft market test and engagement with providers.</p>	<p>Caroline Rowan, Housing Manager, 01733 864095, caroline.rowan@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>32. Housing Related Support Grant Agreements 2022/2023 – KEY/18FEB22/06 Award specific grants for Housing Related Support, which will be funded through the Housing Related Support Programme (formerly Supporting People Programme), for the period of 12 months, 1 April 2022 to 31 March 2023</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>March 2022</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Discussion with existing recipients of Grants Relevant internal and external stakeholders</p>	<p>Sharon Malia, Housing Programmes Manager, 07920 160632, sharon.malia@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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112	<p>33. Towns Fund Business Cases and Grant Funding Agreements approval - KEY/18FEB22/04 Towns Fund Business Cases approval and approval to enter into Grant Funding Agreements with third party project partners including Nene Park Trust and Peterborough College.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>14 March 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Orton Longueville, Park, Central and Fletton and Stanground Wards</p>	<p>Towns Fund Board consulted and approved process at Board Meeting 20/01/22.</p>	<p>Karen Lockwood, Programme Manager, 07825 902794, karen.lockwood@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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34. 113	<p>Procurement of a Design Team for The Vine, 64-68 Bridge Street, Peterborough - KEY/14MAR2022/01 – A decision is requested following a procurement exercise under the Homes England Framework, for the appointment of a design team. The design team will then need to undertake concept designs to inform an Outline Business Case.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central Ward</p>	<p>Relevant internal and external stakeholders and through the Homes England Framework.</p>	<p>Karen Lockwood, Programme Manager Place & Economy, Tel:07825 902794, Email: karen.lockwood@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

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

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY DECISIONS

<i>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>
114							
None.							

PREVIOUSLY ADVERTISED DECISIONS

<i>DECISION REQUIRED</i>		<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
115	<p>1. Disposal of former Barnack Primary School caretaker house - Delegate authority to the Corporate Director of Growth and Regeneration to dispose of the property.</p>	<p>Councillor Coles, Cabinet Member for Finance</p>	<p>February 2022</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>NA</p>	<p>Relevant internal and external stakeholders.</p>	<p>Bill Tilah, Estates Surveyor Email: Bill.Tilah@nps.co.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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116	<p>2. Approval of the leasehold disposal of a brownfield site to a care provider – A site has been found for a care home and the Council are currently looking into a leasehold disposal to a care provider who will build a care facility and then contract to provide services to the Council.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Park Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>A forum has been set up by the Combined Authority involving representatives from finance, legal, property and social care.</p>	<p>Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk</p>	<p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
	<p>3. Modern Slavery Statement To review and agree for publication an updated Statement in compliance with the Modern Slavery Act 2015.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>February 2022</p>	<p>Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Rob Hill, Assistant Director: Public Protection, Email: rob.hill@peterborough.gov.uk</p> <p>Amy Brown, Senior Lawyer and Deputy Monitoring Officer, Email: Amy.brown@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>4. Variation to the delegation agreement between Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) regarding the delivery of the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire</p> <p>This decision seeks authorisation to vary the Delegation and Partnering agreement to account for the increase in the value of PCC financial contributions to CCC in respect of the Agenda for Change pay increase. Agenda for Change is a nationally agreed UK-wide package of pay, terms and conditions for NHS staff. Under this deal, which came into effect in 2018, was the agreement for all NHS staff employed at the top pay points at bands 2-8c were to receive a 6.5% cumulative pay increase over a 3 year period.</p>	<p>Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>February 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Amy Hall, Children's Public Health Commissioning Manager, Tel:07583040529</p>	<p>CMDN to authorise delegation of HCP commissioning functions from PCC to CCC - https://democracy.peterborough.gov.uk/mglssueHistoryHome.aspx?lId=22331&PlanId=395&RPID=0</p>

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5.	<p>Joint PCC and CCC IT Service Management System To approve the procurement of a new joint Peterborough City Council [PCC] and Cambridgeshire County Council [CCC] IT Service Management [ITSM] system.</p>	<p>Councillor Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders. G-Cloud Procurement Process</p>	<p>Damian Roberts, Project Manager. T: 07485 594522 E: damian.roberts@peterborough.gov.uk</p>	<p>CMDN and PID</p>
6.	<p>Approval of the Peterborough Sufficiency Strategy Every top tier local authority is required to publish a sufficiency strategy. This must set out how we seek to avoid children coming into care through the provision of family support services, and identify steps that we are taking to ensure that we have sufficient placements for children in care in our area, so that as many children and young people in care can live locally, provided that this is in their best interests.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</p>	<p>February 2022</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>There has been widespread consultation including with children and young people in care.</p>	<p>Lou Williams: Director of Children's Services, Tel:07920160141, Email: lou.williams@peterborough.gov.uk</p>	<p>Scrutiny Report</p>

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119	<p>7. Werrington Fields and Ken Stimpson Secondary School - Following a public meeting held on 20 September 2021 at Ken Stimpson School, a decision needs to be taken on whether or not to proceed with plans to erect a fence to enclose part of the school's playing fields. The area is currently open access to the public. The school has not been using the area for over two years due to concerns over the safeguarding risk to the young people attending the school.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</p>	<p>May 2022</p>	<p>Children and Education Scrutiny Committee</p>	<p>Werrington</p>	<p>Public meeting held on 20 September 2021 at Ken Stimpson School. Prior to this, a detailed background information document was circulated to interested parties.</p>	<p>Hazel Belchamber, Assistant Director: Education Capital & Place Planning, Tel: 07833481406, Email: hazel.belchamber@cambridgeshire.gov.uk</p>	<p>Cabinet Member Decision Notice, Background Information Document</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
120	<p>8. To approve the procurement of a new joint PCC and CCC Integrated Transport System (ITS) The PCC and CCC Transport teams provide home to school transport for educational and social needs. A new system is proposed to allow improved levels of service, joint working and increased efficiencies. This decision is to proceed with the procurement of this new system, with CCC taking the lead.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and the University</p>	<p>February 2022</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Tony Drath, Project Manager, Tel:07785778417, Email: tony.drath@cambri dgeshire.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>9. Funding for Citizens Advice Peterborough for 2022/23 – A decision is requested following a procurement exercise under the Homes England Framework, for the appointment of a design team. The design team will then need to undertake concept designs to inform an Outline Business Case.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>April 2022</p>	<p>Communities Scrutiny Committee</p>	<p>All</p>	<p>Proposal is contained with the council's budget which is available for public consultation</p>	<p>Ian Phillips – Email:ian.phillips@peterborough.gov.uk Tel: 07145 881802</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

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

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

BUSINESS IMPROVEMENT AND DEVELOPMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Transformation and Programme Management Office, Business Intelligence, Commercial, Strategy and Policy, Shared Services

CUSTOMER AND DIGITAL SERVICES Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

IT, Customer Services – contact centres, walk-in customer service sites, reception services and web & digital services;
Communications;

Emergency Planning, Business Continuity and Health and Safety.

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.

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