ADULTS AND HEALTH SCRUTINY COMMITTEE

MONDAY 18 JULY 2022
7.00 PM

Bourges/Viersen Room - Town Hall
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 15 March 2022 **3 - 10**

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. Appointment of Co-opted Members 2022-2023 **11 - 14**

6. Elective Waits and Recovery **15 - 44**

7. Health and Wellbeing Overarching Strategic Approach **45 - 68**

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8.	**Review Of 2021/2022 And Work Programme For 2022/2023**	**69 - 86**
9.	**Forward Plan of Executive Decisions**	**87 - 110**

10. Date of Next Meeting

- 13 September 2022 – Joint Meeting of the Scrutiny Committees
- 27 September 2022 – Adults and Health Scrutiny Committee

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Committee Members:

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

Substitutes: Councillors: A Bond, C Fenner and M Sabir

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

PETERBOROUGH CITY COUNCIL

MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD AT 7.00PM, ON TUESDAY 15 MARCH 2022 VENUE: SAND MARTIN HOUSE, BITTERN WAY, PETERBOROUGH

Committee Members Present: Councillors G Elsey (Chair), S Barkham, C Harper, I Hussain, Rush, S. Farooq, B. Tyler, and Co-opted Members Parish Councillors June Bull and Neil Boyce

Officers Present	Emmeline Watkins – Assistant Director for Public Health Debbie McQuade – Service Director Adults and Safeguarding Philippa Turvey – Democratic and Constitutional Services Manager
Also Present:	Lisa Sparks – Senior Commissioner, Early Intervention and Prevention and Mental Health Shona Britten – Trust Professional Lead for Social Work Phil Warmsley – Chief Operating Officer, Taff Gidi – Company Secretary & Head of Corporate Affairs Belinda Evans – Complaint Manager

46. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Ansar Ali, Burbage, Hemraj, and Qayyum. Councillor I Hussain was in attendance as substitutive for Cllr Burbage.

Apologies for absence were also received from Healthwatch Representative, Saqib Rehman.

47. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

There were no declarations of interest or whipping declarations.

48. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 11 JANUARY 2022

The minutes of the Adults and Health Scrutiny Committee meeting held on 11 January 2022 were agreed as a true and accurate record.

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

There were no call-ins received at this meeting.

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

The Chief Operating Officer accompanied by the Company Secretary introduced the report which provided the Committee with information and updates on the Urgent Treatment Centre (UTC) and GP Out of Hours services' position post relocation from Peterborough City Care Centre on the 1 July 2021. The committee were informed that the Urgent Treatment Centre continued to perform well at its new location and a larger number of patients were being seen at the new location than when located at the Peterborough City Care Centre.

Key issues had been recruiting staff and in particular specialist staff such as GP's and advanced nurse practitioners. Gaps were being filled by A & E staff and consultants. This however was not ideal as GP's had a better understanding of how patients would be able to cope in the community.

The model was working well and several teams from London and Cambridge had visited the centre as it was considered to be a very good model of care. NHS England had also visited and considered the model to be working very well.

Due to Covid a large number of patients were now having non face to face outpatient appointments and this had subsequently led to less cars in the car park even with the UTC now being located at A & E. Similarly, no further complaints or issues had been raised by local residents regarding parking issues.

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

- Members sought clarification as to how the performance improvement percentages had been calculated given that the data set was different to that of Thorpe Road. Members were informed that it was not possible to do a like for like comparison as the cohort was different and the number of patients had increased and was therefore different. The more patients that were managed through the UTC the better as it was a better model of care.
- Members asked if it was possible for Peterborough's data sets to be compared to the National Clinical indicators. Members were informed that A&E indicators could be compared with National indicators, and this could be supplied. However, compared to national performance A&E had not been performing well and Peterborough was in the bottom ten A&E's in the country. There was a significant problem with type one patients who came in and required admission and were none UTC patients, this area was in turn bringing down the whole performance of A&E.
- Members sought clarification as to why it was difficult to recruit GP's. Members were informed that there had been a lot of demand on GPs and some GP's had decided to leave this career. It was difficult to recruit GPs for all areas not just the UTC and there was a national shortage of GP's.
- Members referred to page 17 of the report, "*Service Delivery and Impact on patient access and patient experience"* and noted that the UTC was often used as a short-term offloading bay. Members sought clarification as to whether this had impacted the services and resources available at the UTC and if it had impacted patient waiting times. Members were advised that on occasions patients had to be managed in the UTC so that patients could be moved off the back of ambulances. This was usually undertaken during out of hours at the UTC so that ambulances were back on the road as soon as possible and patients were cleared before the normal hours of the UTC. So far this has not affected the management of the UTC.
- Members noted that the UTC was currently an 8.00am to 8.00pm service but that after staff consultation the shift patterns may change to suit the service better.

Members sought clarification on any forthcoming changes. Members were informed that an 8.00am to 12.00midnight service was being considered and consultation with staff was being undertaken to see if this could be accommodated.

- Members noted that the review of the demand and capacity had resulted in Northwest 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. Members sought clarification as to how many additional Emergency Practitioners were needed and how many had been recruited so far. Members were informed that a total of seven additional Emergency Practitioners were being sought and had currently recruited five so far.
- Members noted that the percentage of virtual outpatient appointments using telephone or video has increased from prior to the pandemic and sought clarification as to what percentage of appointments would be virtual. Members were informed that it was approximately 28% of patients that were now seen virtually.
- Members wanted to know how many people just walked into the service as opposed to those booking an appointment through the 111 service. Members were informed that there was still a very small number of patients using the 111 booking service and more work needed to be done to encourage people to use the service.
- One Member of the Committee had to use the A&E service recently and had received a very good service and had been seen and assessed within two hours and wished to thank the Chief Operating Officer. Another Member of the Committee had had a different experience in that they had to wait five hours to be seen.
- Members were encouraged to see that the UTC had been a success and that it was known nationally as a better model of care. Members asked if it was possible for the committee to visit the UTC. The Chief Operating Officer confirmed that a visit could be arranged and looked forward to welcoming the committee when the current Covid surge had passed.
- Members asked if a survey had been undertaken of those patients that were now being seen virtually if they were happy with the service being offered virtually rather than face to face. Clarification was sought as to whether patients still had the option to have a face-to-face appointment if they did not want a virtual appointment. Members were informed that it varied according to speciality. Patients were routinely offered a choice but some specialties and particularly with long term follow ups were offered virtual appointments. Patents who initiated appointments were offered a choice of how they wished to access their appointment.
- Members noted in the report that the issues around parking on site had not materialised but that this may be due to less people visiting the site. Members sought clarification as to whether a further survey would be completed once the hospital was running at normal capacity. Members were informed that car park utilisation was monitored daily. If it started to look like it was reaching 100% occupancy, then it would be looked at again but currently this was not an issue.
- Members were advised that there was a single front door and anyone arriving would be triaged as to whether they needed to be sent to A&E or the UTC.
- Anyone leaving the A&E department would receive a discharge letter which was sent to their GP explaining why they had attended A&E and the results of any tests which could be accessed by the GP automatically as a later date. This process was also the same for the UTC.
- Members were informed that teams who had visited from London and Cambridge had emulated the model in the best way they could, Leicester for example had the UTC in a building next door to A&E.

Members asked the Chief Operating Officer to convey the Committees thanks to all the staff in the UTC for making it such a success.

AGREED ACTIONS

1. The Adults and Health Scrutiny Committee **RESOLVED** to note the Urgent Treatment Centre and GP Out of Hours services' position post relocation from Peterborough City Care Centre on 1st of July 2021.

2. The Committee requested that the Chief Operating Officer provide the following information:

    - NWAFT A&E comparison performance data with that of the national performance indicators.
    - The percentage of virtual outpatient appointments using telephone or video compared to face-to-face appointments.
    - The number of people who just walked into the service as opposed to those booking an appointment through the 111 service.
    - How many offers of virtual appointments and from which speciality areas were made versus how many face to face appointments were offered and what the satisfaction surveys had reported.

3. The Chief Operating Officer to arrange for Members of the Committee to visit the Urgent Treatment Centre when practically safe to do so.

51. MENTAL HEALTH SECTION 75 PARTNERSHIP AGREEMENT: ANNUAL REPORT

The report was introduced by the Senior Commissioner, Early Intervention and Prevention and Mental Health accompanied by the Trust Professional Lead for Social Work.

This report provided 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 and an update on the financial performance, activity and outcomes under the Mental Health (MH) Section 75 Partnership Agreement within the current year (2021-22).

Priorities for 2022/2023 were outlined and it was noted that implications of new the Integrated Care Systems would require a review of the Section 75 agreement.

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

- Members referred to page 65, 'Care Packages and Financial Performance Strategy' and noted that there had been an increase in adult mental health home care but there was a saving of £125,000 in the financial breakdown. Members sought clarification as to where the saving had come from given that there had been an increase in the provision of home care, Officers were unable to provide the information at the meeting and advised that this would need to be referred to a member of the finance team for a response.
- Members asked how a reduction in the cost of care could be predicted when patient numbers and council direct payments for mental health care remained static. Members were informed that the value of care packages could change which would then lead to a substantial saving within each period.

- Members asked if information was available with regard to a breakdown of the number of direct payments made and what they had been issued for. Clarification was also sought as to what extent the payments were followed up. Members were advised that direct payments were awarded though a person-centred approach which considered the needs of the individual and the outcomes that they wished to achieve. Direct payments and when they were used were monitored closely to ensure they were being used appropriately for the individual needs of that person.
- Members asked what the criteria was for accessing the mental health service and what preventative type work was being done. Members were advised that the service was an Adult Social Care team which was based within an NHS Trust and worked in accordance with the Care Act and were not governed by conditions and treatments. Over the last year two full time adult social workers had been recruited to work within the community to provide an overarching preventative approach. With regard to accessing the service there was a process in place to identify eligible and non-eligible needs under the Care Act.
- Members also sought clarification on how many people the service had supported to prevent their condition from worsening. Members were advised that it was difficult to quantify the amount of people who benefitted from preventative measures. Actual numbers who were currently being supported could be provided. There was also preventative support work being done through various other groups. Access to the service and the process of eligibility, was interpretive and varied but the service maintained a proactive approach to monitoring its preventative measures.
- Members asked how successful referrals from GP's were and if they had faced many delays in being seen by the service. Members were informed that there had been no unnecessary delays as referrals were received directly from GP surgeries and were triaged from that point.
- Members wanted to know how the alignment of Section 75 arrangements would work alongside the Integrated Care Systems. Members were advised that the service remained unsure how the proposed structure would affect the arrangements as wider detail had not yet been shared. It was noted that local authorities would be involved but that models of how it would work had not yet been decided. A report on the new Integrated Care System would be presented to the committee at a future meeting.
- Officers clarified that the report was not about the treatment of mental health as that was the responsibility of the CPFT mental health Trust.

AGREED ACTION

1. The Adults and Health Scrutiny Committee **RESOLVED** to endorse the report as a full account of service and financial performance, activity, and outcomes under the Section 75 Partnership Agreement.

2. The Committee requested that the Senior Commissioner, Early Intervention and Prevention and Mental Health provide information on the number of people that had been supported through the early preventative work and how many of those were subsequently escalated.

3. The Committee requested that a report be provided on the Integrated Care System at a future meeting of the Committee.

52. ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT 2020-21

The report was introduced by the Complaints Manager and provided the Committee with a summary of the compliments and complaints received in relation to the Council's delivery and commissioning of adult social care. This report was provided as a statutory

requirement under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Complaints Manager highlighted that the number of complaints had fallen over the last two years and that there were fewer complaints where faults were found in the method of investigation. It was also noted that a small number of complaints had been escalated to the ombudsman.

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

- Member noted that 59% of complaints were responded to within the 20 working days response timeframe and sought clarification on what the response entailed. Members were advised that statutory complaint checks were made to make sure the individual who made the complaint was entitled to use the process and had consent to make the complaint. Although a general acknowledgement of the complaint was made within 3 days, and a target of 20 days' timeframe or sooner was expected it was not always possible if multiple service areas were involved.
- Members sought clarification as to why the Contracts Team and Independent Providers had received the most complaints and how their services could be improved. Members were advised that care delivery had been difficult during this period with issues relating to resourcing and the pandemic affecting commitment to previous care timetables and care packages.
- It was noted that the Contracts Team found the care providers and set up contracts. Contract Monitoring Officers then monitored their contracts, through maintained standards and quality. The Contracts Team dealt with complaints about providers directly. Members were advised that customers could go directly to the provider with a complaint if they had commissioned the care themselves. If the care had been commissioned by the council, then the complaint would be dealt with through the Contracts Team.
- Members sought clarification on how the service compared to other authorities. Members were informed that the services compared favourably against other authorities and that it saw a lower numbers of complaints in comparison. It was noted that a stable workforce could have contributed to this as such stability was not often seen within other parts of the council, the Adult Early Help Team and Complaints Team work closely together and were very accessible.
- Members were informed that the service was focused on learning from complaints, which were reviewed regularly so that areas of improvement were identified.

AGREED ACTIONS

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

53. 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.

The Committee requested further information on the following CMDN - Healthwatch Service-KEY/22NOV21/02 - Approval to enter into an agreement for the provision of Healthwatch Service.

AGREED ACTION

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

The Committee requested that further information be provided on the CMDN - Healthwatch Service-KEY/22NOV21/02 - Approval to enter into an agreement for the provision of Healthwatch Service.

As it was the last meeting of the municipal year the Chair thanked committee members for their contributions over the past year and closed the meeting.

7.00PM - 8.08PM
CHAIR

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
18 JULY 2021	PUBLIC REPORT

Report of:	Director of Law and Governance	
Cabinet Member(s) responsible:	Councillor Howard, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer Charlotte Cameron, Democratic Services Officer	Tel. 07984042728 07870153052

APPOINTMENT OF CO-OPTED MEMBERS 2022/2023

RECOMMENDATIONS

It is recommended that the Adults and Health Scrutiny Committee:

1. Appoint Parish Councillor June Bull as a Co-opted Member with no voting rights to represent the rural area for the municipal year 2022/2023. Appointment to be reviewed annually at the beginning of the next municipal year.

2. Appoint Parish Councillor Neil Boyce as the nominated substitute for Parish Councillor June Bull should they be appointed as the non-voting Co-opted Member representing the rural area. Appointment to be reviewed annually at the beginning of the next municipal year.

1. ORIGIN OF REPORT

1.1 The report is presented to the Committee on behalf of the Director of Law and Governance.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to request that the Committee appoint Parish Councillor June Bull as a Non-Voting Co-opted Member for municipal year 2022/2023 to the Adults and Health Scrutiny Committee in accordance with Part 3, Section 4 – Overview and Scrutiny Functions:

Paragraph 4.3 The Scrutiny Committees shall be entitled to co-opt, as non-voting members, up to four external representatives or otherwise invite participation from non-members where this is relevant to their work.

And Part 4, Section 8 – Overview and Scrutiny Procedure Rules: Paragraph 3 - CO-OPTED MEMBERS

3.1 As well as any statutory co-opted members, Scrutiny Committees can co-opt up to four non-votir members on to the Committee.
3.2 There must be at least one non-voting position reserved for a Parish Councillor from a rural are with one substitute member. The Parish Council Liaison Committee will decide these.
3.3 A Scrutiny Committee can co-opt a further three members at its discretion. One of these can b a second parish council member identified by the Parish Council Liaison Committee.

2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference No. 4.3 of Part 3, Section 4 – Overview and Scrutiny Functions – Co-optees.

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

4.1 Parish Councillor Co-opted Members

4.2 Each Scrutiny committee has the ability to co-opt up to four non-voting co-opted members one of which will be a Parish Councillor representing the rural area to ensure the voice of the rural communities are reflected.

4.2.1 Parish Councillor co-opted members are nominated through a process which is handled by the Parish Council Liaison Committee working group. Any expressions of interest received are assessed by the working group and final nominations are then put forward to the relevant committee for approval. The Parish Council Liaison Working Group has therefore proposed that Parish Councillor June Bull be nominated as the substantive co-opted member to represent the rural area on the Adults and Health Scrutiny Committee and that Parish Councillor Neil Boyce be nominated as the substitute should the Committee decide to appoint Parish Councillor June Bull as the substantive co-opted member.

4.2.2 It is therefore proposed that the Committee approve the appointment of June Bull as a Parish Councillor Co-opted Member of this committee to represent the rural area and consider the appointment of Parish Councillor Neil Boyce as the substitute for Parish Councillor June Bull for the municipal year 2022/2023.

5. NEXT STEPS

If the Committee agree to appoint the above nomination as a co-opted member of the Adults and Health Scrutiny Committee from 18 July 2022, they will be able to attend and take part in all meetings of the Committee and any Task and Finish Groups that the Committee agree that they may be assigned to with no voting rights. If Parish Councillor Neil Boyce is appointed as a substitute he may attend and take part in any meeting when asked to attend as a substitute for Parish Councillor June Bull.

6. CONSULTATION

None.

7. ANTICIPATED OUTCOMES OR IMPACT

7.1 The inclusion of the co-opted members will allow the Committee a wider, more diverse input to discussion, drawing on the relevant expertise of the additional members.

8. REASON FOR THE RECOMMENDATION

8.1 The recommendation is made to assist the Scrutiny Committee in fulfilling its terms of reference as set out in the constitution Part 3, Section 4 – Overview and Scrutiny Functions:

4.3 The Scrutiny Committees shall be entitled to co-opt, as non-voting members, up to four external representatives or otherwise invite participation from non-members where this is relevant to their work.

9. ALTERNATIVE OPTIONS CONSIDERED

9.1 None.

10. IMPLICATIONS

10.1 Financial Implications

Co-opted Members will receive a special responsibility allowance of £250 per annum as stated in the Members' Allowances Scheme.

10.2 Legal Implications

Due process has been followed with regards to the appointment of the co-opted members.

10.3 Equalities Implications

Members are keen to ensure that the Committee membership is as inclusive as possible and provides relevant expertise in accordance with the terms of reference for this committee.

10.4 Rural Implications

The appointment of a Parish Councillor as a co-opted member representing the rural area will ensure that the voice of the rural communities is reflected.

10.5 Other Implications

None.

11. BACKGROUND DOCUMENTS

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

None.

12. APPENDICES

None.

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
18 JULY 2022	PUBLIC REPORT

Report of:	NHS Cambridgeshire & Peterborough ICB	
Contact Officer(s):	Kate Hopcraft, Director of Planned Care, Cambridgeshire & Peterborough Integrated Care System.	Tel. 07946446166

ELECTIVE WAITS AND RECOVERY

RECOMMENDATIONS
It is recommended that Adults and Health Scrutiny Committee: 1. Consider the information contained within this report relating to current elective waits and recovery plans.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following a request from the committee for a report on the elective waiting list, particularly in the North Accountable Business Unit and the catchment area of North West Anglia NHS Foundation Trust hospitals.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an update on current elective waiting lists, encompassing both surgical and outpatient pathways, and the strategy for recovery following the increasing waiting times for patients post the COVID-19 pandemic.

The report will include background information; highlighting the key issues, current position, particularly for the North West Anglia NHS Foundation Trust (NWAngliaFT), as well as actions taken to date and future plans to support recovery across the Integrated Care System (ICS).

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

3. Scrutiny of the NHS and NHS providers.

4. BACKGROUND AND KEY ISSUES

4.1 Background

4.1.1 Following the COVID 19 Pandemic elective waiting lists have grown to unprecedented levels across the country. Patients are currently waiting for up to 2 years across Cambridgeshire and Peterborough for treatment, although these long waits have been reducing during 2021/22 with a target to eliminate them by end all by the end of July 2022.

The increase in waiting lists and length of waits is due to elective activity being reduced during each wave of the pandemic to enable redeployment of staff to critical care, and respiratory wards to manage unwell COVID patients as well as covering other staffing gaps due to the impact that COVID was having on the workforce. During each pandemic wave only cancer, and urgent

patients were treated impacting on routine procedure wait times. Post each wave, standing up elective services was a priority across the system, but other factors continued to impact the ability to return to pre-pandemic levels of available capacity. This included infection control measures within outpatient areas, theatres, and diagnostics; impacting on the number of patients that could be brought into the hospital and reducing patient flow through areas. New services were introduced to try to limit the impact and manage the new infection control risk for example, pre-procedure swabbing services, consultant triage of all referrals and virtual and telephone appointments.

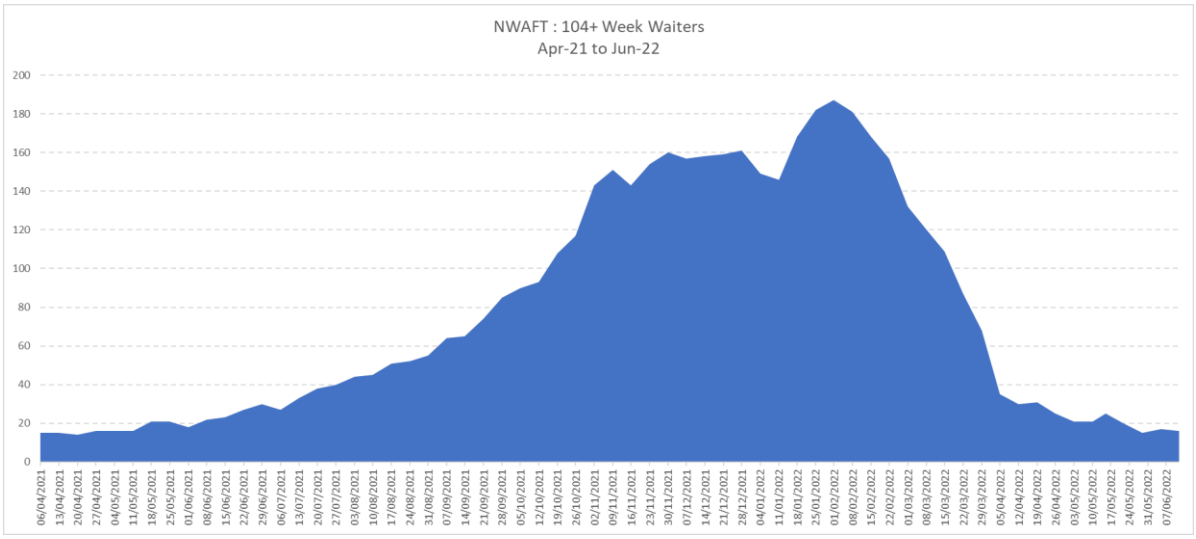
Cambridgeshire and Peterborough Integrated Care System (C&P ICS) is committed to reducing the overall waiting list; eliminating 104 week waits and reducing the number of patients waiting over 1 year for treatment. As of April 2022 the overall waiting list was 123,349 with 99 patients waiting over 2 years for treatment and 6618 patients waiting over 1 year.

To support this ambition, an elective recovery programme has been compiled with input from partners across the system. This is built up of key transformational schemes across elective services and outpatients as well as ongoing service improvement and business as usual processes. The key aims and objectives are to:

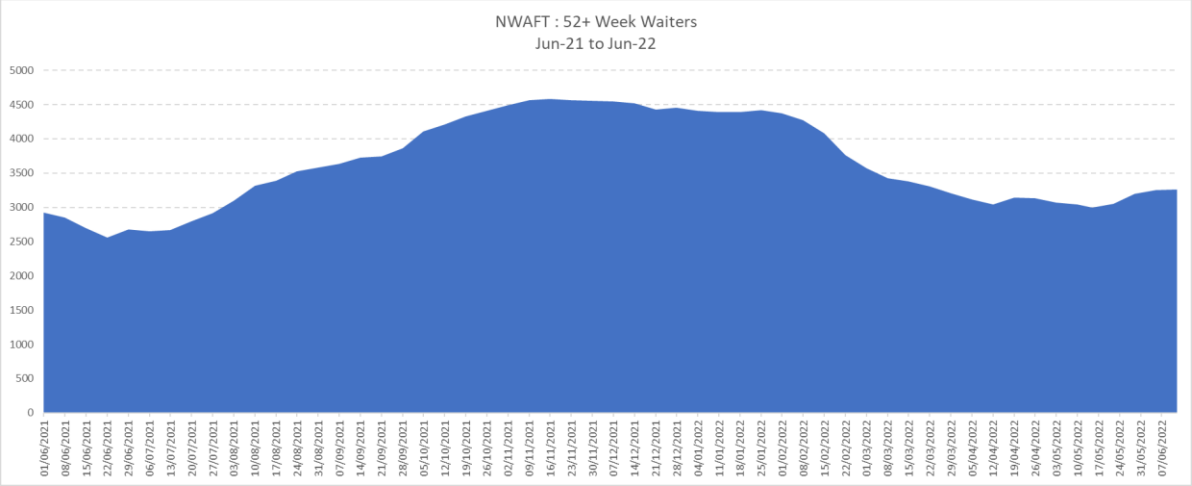
1. Improve access to outpatient and specialist advice
2. Improve patient outcomes and experience across the system
3. To reduce waiting lists
4. To increase capacity through being more productive and efficient

4.1.2 Waiting list position in North Accountable Business Unit (North West Anglia NHS Foundation Trust)

In September 2021 the Referral To Treatment (RTT) waiting list at NWAngliaFT was 59,548 and as of May 2022 has risen by approx. 8.6% to 64,647. From the information below you can see those patients waiting over 104 weeks peaked in February 2022 and have been steadily treated throughout 2022. As of the end of June 2022, NWAngliaFT will have a maximum of 10 patients waiting for treatment over 2 years, of which 6 are capacity related and the remainder are either clinical or patient choice delays. The Trust are forecasting that all 104 week waiting patients will have been seen and/or treated by the end of July 2022.



In addition to focusing on the very long waiting patients NWAngliaFT has continued to put plans in place to reduce the overall waiting times. The following graph shows how patients waiting over 52 weeks has been reducing since peaking in November 2021. Whilst plateauing now this remains a key focus for NWAngliaFT and the system.



The waiting times for treatment are variable according to specialties with some experiencing longer delays then others. The most challenged specialities for NWAngliaFT are Ear, Nose and Throat (ENT), Urology, and Ophthalmology. A combination of issues have impacted on these specialties including workforce, infection control measures and increases in demand, both in routine and cancer referrals for Urology and ENT. Ophthalmology and Urology were also in a challenged position pre-pandemic so the reduction in activity during each wave has compounded the issue. Ophthalmology has a high volume of patients that need to be seen for regular surveillance appointments which continues to grow as more patients access the service. Work is ongoing at NWAngliaFT to address these challenges. This has included additional clinics, one stop services, utilisation of virtual diagnostic tests, reviews of clinic templates, and staffing models. They have also had insourcing companies in to provide additional capacity in each of these specialties.

Other specialties including General Surgery, Plastic Surgery, Trauma and Orthopaedics and Gastroenterology also have long waits but lower volumes of patients over 52 weeks. All specialties have patients waiting between 26 and 52 weeks.

The current average wait time for each specialty is shown below (12th July 2022)

	Median Wait Time (weeks)	Average of waiting time (weeks)
General Surgery	14.29	18.10
Urology	20.57	25.56
Trauma and Orthopaedics	14.71	18.94
ENT	17.86	24.94
Ophthalmology	15.86	22.41
Oral Surgery	15.43	17.10
Plastic Surgery	18.57	23.21
General Medicine	20.00	17.67
Gastroenterology	14.14	17.72
Cardiology	13.86	15.96
Dermatology	12.43	15.60
Thoracic Medicine	8.86	11.31
Neurology	9.57	10.39
Rheumatology	12.57	15.59
Geriatric Medicine	13.43	16.50
Gynaecology	9.71	12.37

4.2 Elective Recovery Programme

The ICS elective recovery programme contains business as usual processes, service improvement and transformation schemes both at provider and system level. A number of these elements have been in place for some time within providers to ensure that elective services resumed activity and managed the potential clinical risk within the waiting lists.

Across providers a number of actions have been taken to return to elective activity, strengthening pre-pandemic procedures, and communicating with patients regarding wait times.

Some of the actions taken by NWAngliaFT have been:

- All patients waiting for an admitted procedure have been clinically prioritised to ensure that clinical need and risk is considered when treating patients
- Strengthened procedures to manage the waiting list
- Theatre timetables and scheduling meetings re-established to meet the demands of current service provision
- Specialty reviews undertaken with specific actions to increase or maximise capacity

Further service improvement work continues within specialties which includes clinic template reviews, introducing one stop clinic opportunities, utilising virtual options, and assessing whether some care can be provided by different clinical disciplines to create more capacity.

In addition to the above several other steps have been taken to address clinical risk, capacity and long waits across the system:

- Harm reviews - Providers, alongside prioritising patients, have been completing harm reviews for all long waiting patients and have embedded processes to ensure risk is assessed.
- System view - A system wide waiting list overview has been established which enables oversight of wait times, size of waiting list and building issues. This is monitored at system level and has instigated mutual aid discussions and support across the system.
- Mutual Aid – Orthopaedics across NWAngliaFT and Cambridge University Hospitals NHS FT (CUHFT) have worked together to move patients from the South to the North to ensure that they had their treatment as quickly as possible. This has reduced the waits and provided more equitable access. NWAngliaFT were in a position to support this due to a large-scale change project that they undertook post the first wave of the pandemic to support elective recovery within Orthopaedics. The graphs in Appendix 1 show the orthopaedic waiting list and how this has equalised for very long waiters. Currently there are no further patients transferring within orthopaedics. Opportunities for further mutual aid in other specialties are being explored.
- Independent sector – utilising capacity within the independent sector across the system. This has been beneficial in a number of areas but particularly with SpaMedica and long waiting patients for cataracts in the North. Opportunities continue to be explored across providers specifically at specialty level. There is also a potential for expanding provision with the establishment of a new private hospital in Peterborough – The Hampton's Hospital. This will be contingent on the provider's application to the Increasing Capacity Framework (ICF) being approved by NHS England, in addition to the providers successful Care Quality Commission (CQC) registration. Relationships are being established with the provider to understand the opportunities to establish services to support elective recovery.
- Insourcing – in addition, Providers have been accessing insourcing companies to increase capacity. NWAngliaFT have insourced for Dermatology, Plastics, ENT, Ophthalmology, Urology and Endoscopy.
- Additional short-term capacity with 'Super Saturdays' or additional clinics have been put on by providers in different specialties.

- My planned Care – In addition to individual providers contacting patients directly with communications on wait times and their treatment, a national system has been launched called My Planned Care NHS. Local providers are providing information to ensure their wait times are on this website for patients to access as well as useful information that will support them during their waits.

Alongside the steps mentioned above, a series of transformation projects have been identified to support elective recovery and sustain capacity and effectiveness of services for the future. NWAngliaFT has plans that sit under each of these workstreams and is engaged with the wider system work and initiatives. These are split across outpatients and elective procedures:

Outpatients

- Patient Initiated Follow Ups (PIFU)- Introduction of PIFU pathways across specialties within secondary care allows patients the option to access a further follow up within secondary care without having to go via primary care. Patients are discharged on this pathway with an option to access services if required. The aim is to reduce unnecessary follow ups but allowing patients an easier route back into secondary care. It will also support improved shared decision making and improved self-management. For example, if a patient has been seen by their gynaecologist and the treatment plan is complete, they may be able to refer themselves straight back to the specialist if the same symptoms return, rather than having to go through their GP practice for a referral.

  PIFU is already being rolled out across 14 specialties at NWAngliaFT.

  PIFU are part of the outpatient transformation requirements laid out in the 2022/23 Operational Planning Guidance.

- Virtual Consultations- To increase the number of first and follow up outpatient appointments that are offered via telephone, or a virtual platform. The aim of this is to improve access to outpatient services, reducing the number of patients accessing hospital sites. This should reduce time spent in clinic; improving productivity and improving patient experience by making it more accessible, reducing the time spent in attending services whilst still accessing clinical support. Face to face options will still be offered to those who have difficulties accessing telephone and online appointments.

- Pathway redesign - A number of pathways require redesign to support outpatient pathways. Two pathways have been agreed at a regional level for focus – Musculoskeletal Services (MSK) and Eyecare. Dermatology has also been identified within the system as requiring review and redesign. Work is in its infancy for some of these areas so will need to be assessed as the plans develop further.

  MSK – Initial focus within the delivery group is assessing the front door of the pathway into MSK services. Scoping of this has begun building on historic work that was completed pre-pandemic. The benefits expected from this redesign are:
  - Easier access to services
  - Reduced referrals into secondary care with patients being seen in community services closer to home

  Eyecare – The initial focus is the delivery of an electronic referral management and image sharing into secondary ophthalmology services. This is allowing Optometrists to refer electronically directly into secondary care instead of referring via the GP or via a paper referral system. The benefits expected from this are:
  - Improved quality and speed of triaging; reducing serious patient harm
  - Real time advice and guidance to support care closer to home
  - Access to the same patient health record which supports more appropriate allocation to specific specialist clinics reducing unnecessary outpatient and diagnostic appointments

- Supporting a user-journey led service
- Reduce reliance on face-to-face appointments

Dermatology – This is in initial scoping stage but is likely to include Teledermatology and a review of community provision and opportunities. The expected benefits are:

- Easier access to services
- Reduced referrals into secondary care with patients being seen in community services closer to home

PIFU, Virtual consultations and pathway redesign are all key areas of focus in the Delivery plan for tackling the COVID-19 backlog of elective care Feb 2022

Elective procedures

- High Volume Low Complexity (HVLC) procedures - This programme will deliver the recommended *Getting it Right First Time* (GIRFT) HVLC programme across Orthopaedics, Gynaecology, ENT, Ophthalmology, Urology and General Surgery. This programme provides clear guidance for HVLC procedures stating expected numbers that should be achieved within theatre sessions etc. This will ensure a greater volume of patients receive their surgery for procedures that may otherwise continue to have long waits. The key benefits are that a higher volume of patients will receive their procedures within our current capacity and within a reduced waiting time.

- Day case optimisation - By converting all clinically suitable elective inpatient procedures into day cases there will be a reduction in the reliance on inpatient beds. This will reduce the risk of cancellations on the day or day before surgery due to the impact Urgent & Emergency Care (UEC) pressures can have on surgical beds across secondary care providers. Long term this will also reduce elective Length of Stay (LOS) and the number of inpatient elective beds required. It will improve patient experience by supporting patients to return home as soon as possible post procedure and potentially improve outcomes. It will support elective winter programmes. This programme builds on the day case elements within the HVLC programme and the British Association of Day Surgery (BADS) recommendations.

- Theatre utilisation - There are opportunities at all providers to improve processes and pathways within theatre departments to improve efficiencies and gain productivity opportunities, again building on the recommendations from GIRFT. The key benefits from this will be an increase in procedures within current resources and a reduction in procedure cancellations; ultimately reducing the overall waiting list. This will also improve patient experience.

- Perioperative pathway transformation - Good perioperative care can optimise pathways, improve patient experience of care, and improve outcomes from surgical treatment. The perioperative pathway starts from the moment surgery is contemplated until full recovery. Parts of this pathway sit within the workstreams described above. Other projects that will sit within this workstream but are still being scoped at provider level are:
  - Review of Pre-operative assessments and optimisation
  - Supporting patients to Drink, Eat and Mobilise after surgery
  - Shared decision making
  - Enhanced care

  The benefits from the above are varied but include: reduction in face-to-face assessments where digital options can replace, reduced complications for patients and improved outcomes, supporting patients to make the right decision for them about treatment plans, and reducing cancellations due to limited availability of critical care beds.

- Waiting well - Patients are waiting longer for treatment post-pandemic which can mean conditions deteriorate and can impact on wider aspects of their health or life. It is

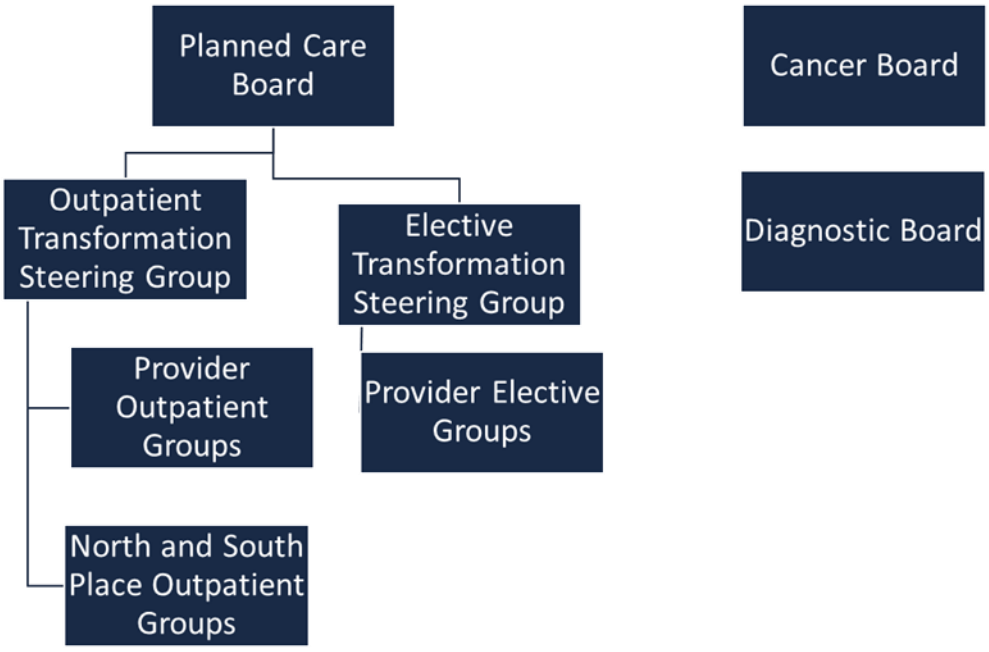
important that we provide information on waiting times, how to access services if deteriorating but also to support them whilst waiting by providing holistic support. This can be, for example, weight management, smoking cessation or accessing community or voluntary sector groups/services or social prescribing to improve their overall wellbeing. A pilot has been running by Meridian Primary Care Network called Worthwhile Wait. This workstream will work with system partners to build on this work and look at how we can roll this out to more patients on our system waiting lists. Expected benefits from this work are improved patient experience, outcomes, reduced complications, and informed decision making about accessing surgical procedures.

The Elective recovery plan is subject to a Health and Inequalities Impact Assessment (HIIA). This HIIA will be kept under ongoing review as our detailed recovery plans develop and deliver, to ensure it remains accurate. A new patient tracking list is also being developed to give providers and the ICS as a whole wider insight beyond existing waiting list data to include referrals and levels of pathway attrition split by IMD and BAME group.

Alongside the elective recovery plan there are separate ICS plans to support diagnostic and cancer recovery which all have interdependencies.

4.3 Governance

Governance and monitoring arrangements of progress are through the ICS Planned Care Board and sub structure (see below). The Planned care board will report into two Integrated Care Board (ICB) sub-board committees – Quality, Performance & Finance and Improvement & Reform.



A single system waiting list overview has been developed to support monitoring of the current waiting list, long waits, demographics of our patients and breakdowns of admitted and non-admitted pathways. This will enable us to ensure we continue to make progress on reducing the waiting lists and overall wait times. This is in addition to monitoring of key performance indicators within each transformation programme and other performance metrics to ensure we are delivering what we have set out to achieve.

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 Through the combination of actions being taken by providers and the wider system we expect to:

- Improve access to outpatient and elective services
- Improve patient experience and outcomes

- Reduce the waiting times for patients and the size of the overall waiting list
- Ensure we are utilising all our services and resources across the system to provide equitable access
- Improve productivity and efficiencies to support the increasing demand into our hospital services

6. REASON FOR THE RECOMMENDATION

6.1 This paper is to provide an overview of the current position for our elective services and wait times across the system, particularly in the North Accountable Business Unit, and our plans to address them.

7. IMPLICATIONS

Equalities Implications

7.1 A high-level Equality and Health Impact Assessment (EHIA) has been undertaken on the whole programme which highlights how key protected characterised groups and groups who face health inequalities may be impacted by the programme. As it is a very varied programme it has been decided that EHIAs will be completed for each transformation project so that we can ensure we are addressing the needs of our whole population.

8. BACKGROUND DOCUMENTS

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

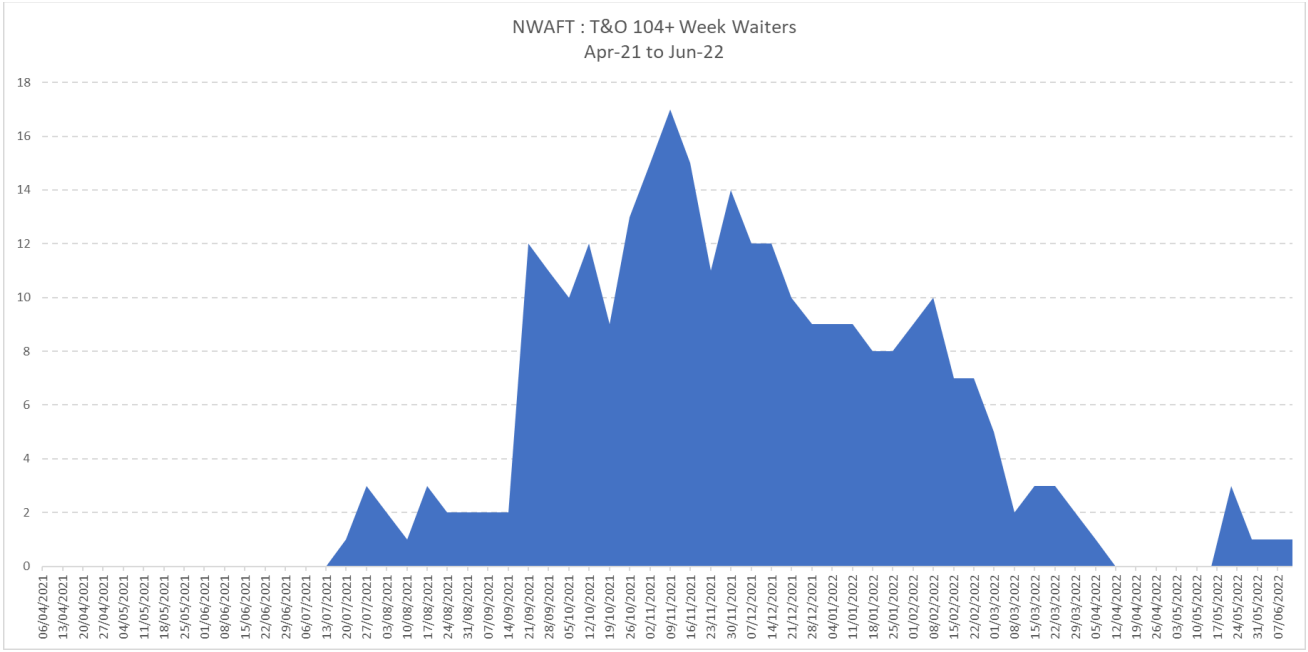
8.1 The following national guidance were used to compile the report and Elective Recovery Programme:
NHS England and NHS Improvement, "Delivery plan for tackling the COVID-19 backlog of elective care", February 2022
NHS England and NHS Improvement, "2022/23 priorities and operational planning guidance", V3, February 2022
NHS GIRFT, "Elective Recovery High Volume Low Complexity (HVLC) guide for systems", 2nd edition, November 2021

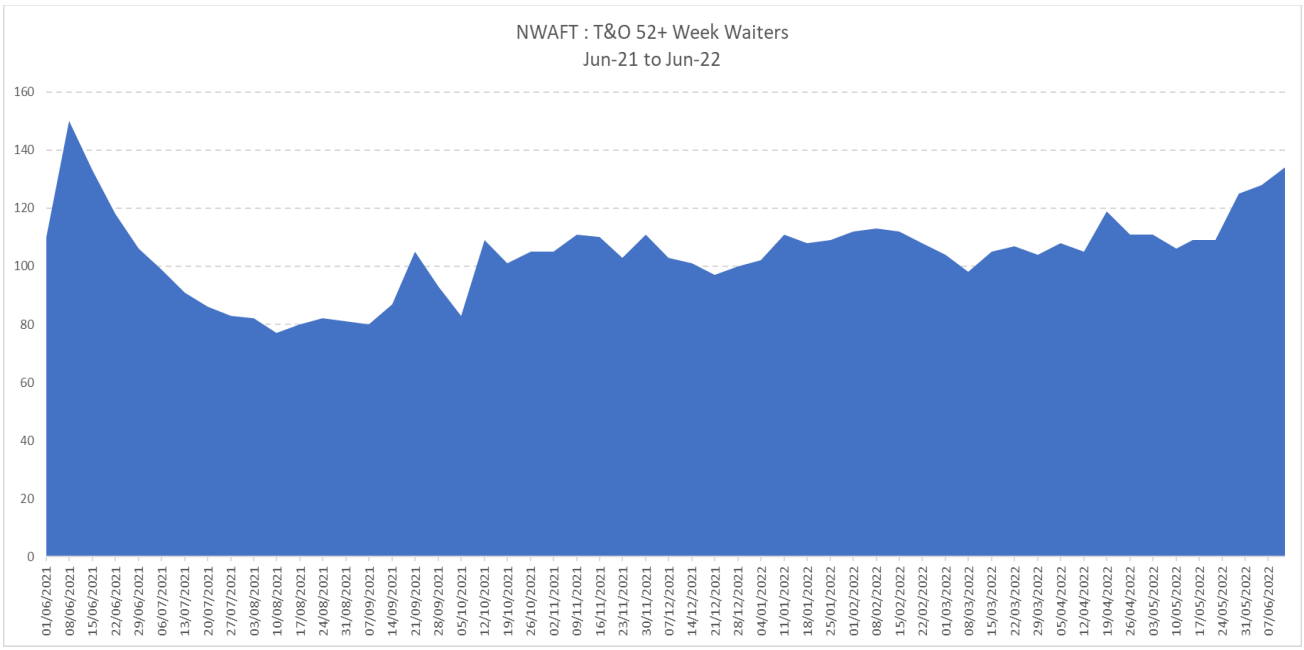
9. APPENDICES

9.1 Appendix 1 – Orthopaedic waiting list see below.
Appendix 2 - Equality and Health Inequalities Impact Assessment

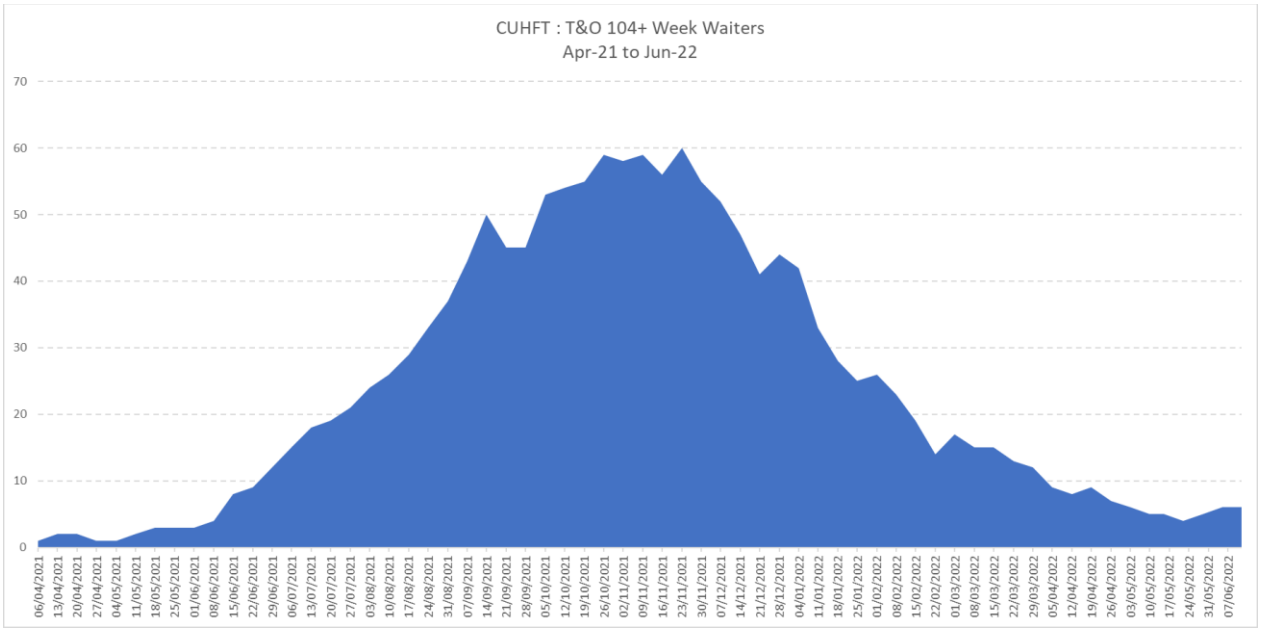
Appendix 1 – Orthopaedic Waiting list

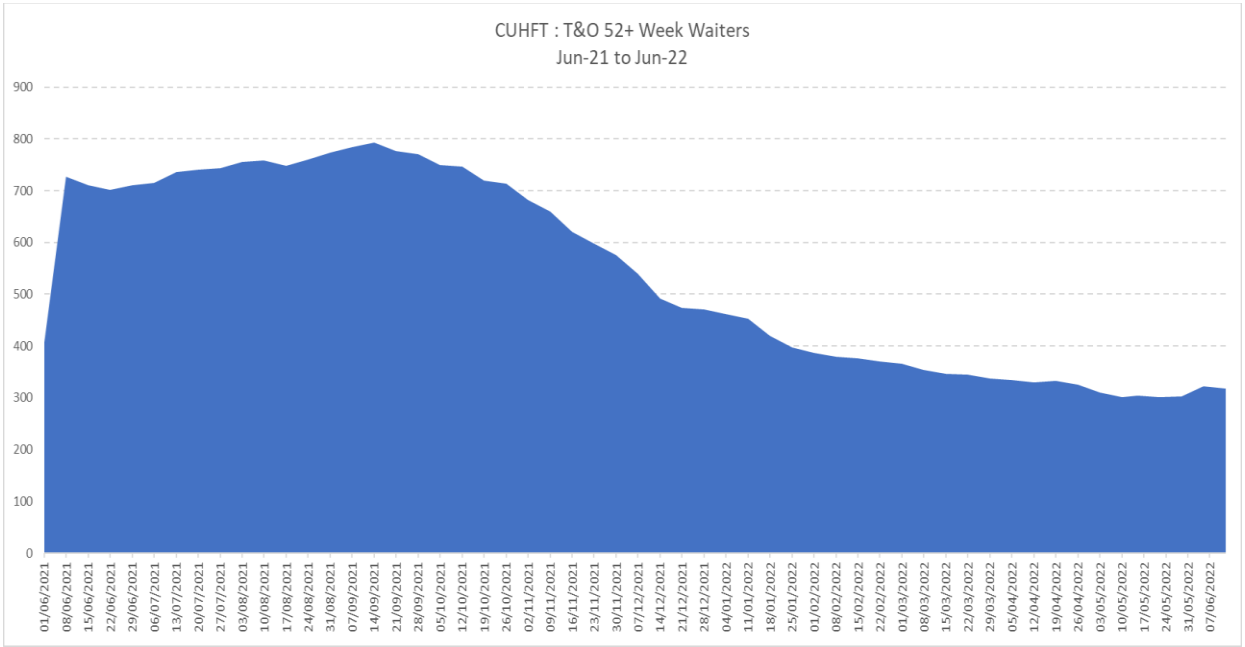
The two tables below show the long waiting position at NWANGLIAFT for patients waiting over 104 weeks and then 52 weeks in Orthopaedics.





In comparison Cambridge University Hospitals (CUH) waiting list had a higher volume of long waiting patients which were over 104 weeks (shown below). During November – March patients were transferred and treated at NWANGLIAFT. Whilst the 52 week waits remain higher at CUH the very long waiting patients have levelled across the system.





Appendix 2
NHS England and NHS Improvement: Equality and Health Inequalities Impact Assessment (EHIA) template

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

1. Name of the proposal (policy, proposition, programme, proposal or initiative)[1]: Cambridgeshire and Peterborough Integrated Care System - Elective Recovery Programme (high level assessment)

2. Brief summary of the proposal in a few sentences

Post the COVID Pandemic elective waiting lists have grown to unprecedented levels across the country. Patients are currently waiting for up to 2 years across Cambridgeshire and Peterborough for treatment, although these long waits have been reduced during 2021/22. Cambridgeshire and Peterborough Integrated Care System has an ambition to reduce the waiting list back to September 2021 levels (112,512), in addition to eliminating 104 week waits and reducing the number of patients waiting over 1 year for treatment. Currently the waiting list is 124,172 (end of April 2022) therefore we need to reduce this by approx. 10.5% in 2022/23 to meet our ambition and improve patient access to elective services. To support this an elective recovery programme has been compiled with input from partners across the system. This is built up of key transformational schemes across elective and outpatients as well as ongoing service improvement at Provider level.

Outpatient Transformation:
The overarching aims of the outpatient transformation programme are:

- Clear the backlog waiting list for outpatients (RTT and non-RTT pathways)
- Improve access to outpatient and specialist advice
- Reduce outpatient follow-ups by a minimum of 25% against 19/20 activity levels

3 key workstreams will form the initial outpatient transformation element of the elective recovery programme:

[1] Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

- Patient Initiated Follow Up (PIFU)
- Virtual Consultations
- Pathway redesign in specialties
    - MSK
    - Eyecare
    - Dermatology

PIFU are part of the outpatient transformation requirements laid out in the 2022/23 Operational Planning Guidance. PIFU, Virtual consultations and pathway redesign are all key areas of focus in the Delivery plan for tackling the COVID-19 backlog of elective care Feb 2022

Patient Initiated Follow Ups (PIFU)
Introduction of PIFU pathways across specialties within secondary care allows patients the option to access a further follow up within secondary care without having to go via primary care. Patients are discharged on this pathway with an option to access services if required. The aim is to reduce unnecessary follow ups but allowing patients an easier route back into secondary care. It will also support improved shared decision making and improved self-management.

Virtual Consultations
To increase the number of first and follow up outpatient appointments that are offered via telephone, or a virtual platform. The aim of this is to improve access to outpatient services, reducing the number of patients accessing hospital sites. This should reduce time spent in clinic; improving productivity and improving the patient experience by making it more accessible, reducing the time spent in attending services whilst still accessing clinical support.

Pathway redesign
A number of pathways require redesign to support outpatient pathways. Two pathways have been agreed at a regional level for focus – MSK and Eyecare. Dermatology has also been identified within the system as requiring review and redesign. Work is in its infancy for some of these areas so will need to be assessed as the plans develop further.

MSK – Initial focus within the delivery group is assessing the front door of the pathway into MSK services. Scoping of this has begun building on historic work that was done pre-pandemic. The benefits expected from this redesign are:

- Easier access to services

- Reduced referrals into secondary care with patients being seen in community services closer to home

Eyecare – The initial focus is the delivery of an electronic referral management and image sharing into secondary ophthalmology services. This is allowing Optometrists to refer electronically directly into secondary care instead of referring via the GP or via a paper referral system. The benefits expected from this are:

- Improved quality and speed of triaging; reducing serious patient harm
- Real time advice and guidance to support care closer to home
- Access to the same patient health record which supports more appropriate allocation to specific specialist clinics reducing unnecessary outpatient and diagnostic appointments
- Supporting a user-journey led service
- Reduce reliance on face-to-face appointments

Dermatology – This is in initial scoping stage with plans to be produced following scoping.

Elective Recovery:

Overall, we want to:

- Reduce waiting lists
    - Eliminate 104+ week waits by July 2022 and maintain performance
    - Eliminate 78 week waits by March 2023
    - Reduce 52 week waits
    - Reduce total system waiting list to September 2021 levels
- Increase capacity through being more productive and efficient
- Improve patient outcomes and experience

The following areas are the proposed Elective Transformation System priorities that we think will deliver a more effective and efficient elective service and support delivery of the aims set out above.

- High Volume Low Complexity procedures
- Day case optimisation
- Theatres utilisation
- Perioperative Pathway transformation
- Waiting Well

High Volume Low Complexity (HVLC) Procedures

This programme will deliver the recommended *Getting it Right First Time* (GIRFT) HVLC programme across Orthopaedics, Gynaecology, ENT, Ophthalmology, Urology and General Surgery. This programme provides clear guidance for HVLC procedures stating expected numbers that should be achieved within theatre sessions etc. This will ensure a greater volume of patients receive their surgery for procedures that may otherwise continue to have long waits. The key benefits are that a higher volume of patients will receive their procedures within our current capacity and within a reduced waiting time.

Day case Optimisation

By converting all clinically suitable elective inpatient procedures into day cases there will be a reduction in the reliance on inpatient beds. This will reduce the risk of cancellations on the day or day before due to the impact Urgent Emergency Care (UEC) pressures can have on surgical beds across secondary care providers. Long term this will also reduce elective Length of Stay (LOS) and the number of inpatient elective beds required. It will improve patient experience by supporting patients to return home as soon as possible post procedure and potentially improve outcomes. It will support elective winter programmes. This programme builds on the day case elements within the HVLC programme and the British Association of Day Surgery (BADS) recommendations.

Theatre Utilisation

There are opportunities at all providers to improve processes and pathways within theatre departments to improve efficiencies and gain productivity opportunities, again building on the recommendations from GIRFT. The key benefits from this will be an increase in procedures within current resources and a reduction in procedure cancellations; ultimately reducing the overall waiting list. This will also improve patient experience.

Perioperative Pathway transformation

Good perioperative care can optimise pathways, improve patient experience of care and improve outcomes from surgical treatment. The perioperative pathway starts from the moment surgery is contemplated until full recovery. Parts of this pathway sit within the workstreams described above. Other projects that will sit within this workstream but are still being scoped at provider level are:

- Review of Pre-operative assessments and optimisation
- Supporting patients to Drink, Eat and Mobilise after surgery
- Shared decision making

- Enhanced care

The benefits from the above are varied but include: reduction in face to face assessments where digital options can replace, reduced complications for patients and improved outcomes, supporting patients to make the right decision for them about treatment plans, and reducing cancellations due to limited availability of critical care beds.

Waiting Well

Patients are waiting longer for treatment post-pandemic which can mean conditions deteriorate and can impact on wider aspects of their health or life. It is important that we provide information on waiting times, how to access services if deteriorating but also to support them whilst waiting by providing holistic support. This can be, for example, weight management, smoking cessation or accessing community or voluntary sector groups/services or social prescribing to improve their overall wellbeing. This area of focus has been highlighted within the Delivery plan for tackling the COVID-19 backlog of elective care Feb 2022

A pilot has been running by Meridian Primary Care Network called Worthwhile Wait. This workstream will work with system partners to build on this work and look at how we can roll this out to more patients on our system waiting lists. Expected benefits from this work are improved patient experience, outcomes, reduced complications, and informed decision making about accessing surgical procedures.

This programme is interdependent on the diagnostic recovery programme.

Monitoring is in place of the waiting lists through a joint system PTL in line with NHS E/I recommendations. This is continually reviewed and data sets behind it being developed.

Further work across all these areas is continuing and this is an initial assessment against the currently defined plans. For each area highlighted above a specific EHIA will be undertaken to ensure that we are addressing the needs of our population as we develop and progress each area.

3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.**

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age: older people; middle years; early years; children and young people.	**Overall impact:** likely mixed impact. • The elective recovery programme covers all age groups to ensure reduced waits across the whole waiting list. • Digital innovations within workstreams may be less accessible to older people • Some population may benefit from not having to travel into services on site where others may find this increases isolation	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	**Overall impact:** likely mixed impact • Alternative pathways being introduced including PIFU, virtual appointments may not be easily accessible for all people with a disability. • Some population may benefit from not having to access services on site.	Individual clinical judgement needs to be maintained regarding appropriateness of pathway or type of appointment for individual patients.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Gender Reassignment and/or people who identify as Transgender	**Overall impact:** likely no impact or positive impact.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available.
Marriage & Civil Partnership: people married or in a civil partnership.	**Overall impact:** likely no impact or positive impact.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	**Overall impact:** likely mixed impact • Some population may benefit from not having to access services on site.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available.
Race and ethnicity[2]	**Overall impact:** likely mixed impact • Minority ethnic communities are disproportionately likely to experience serious illness or mortality. Input from projects like waiting well would support prehabilitation and potentially improve outcomes post-surgery. • They may not have access to the right information in their own languages on accessing services or on their wait times.	Ensure information is available in multiple languages Link into community groups to promote initiatives across the programme

[2] Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Religion and belief: people with different religions/faiths or beliefs, or none.	**Overall impact:** likely no impact or positive impact.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available. Ensure programmes consider cultural needs are addressed during assessments i.e. waiting well
Sex: men; women	**Overall impact:** likely no impact or positive impact.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	**Overall impact:** likely no impact or positive impact.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available.

4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A if your proposal will not impact on patients who experience health inequalities.**

Groups who face health inequalities[3]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	**Overall impact:** likely mixed impact. • Some population may benefit from not having to access services on site.	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.

[3] Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities[3]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	• Digital innovations within workstreams may be less accessible	
Carers of patients: unpaid, family members.	**Overall impact:** likely positive impact. • Some population may benefit from not having to access services on site with reduced travel time and wait times. • Access to waiting well service may support access into wider support networks	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	**Overall impact:** Likely mixed impact • Digital innovations within workstreams may be less accessible • Access to waiting well service may support access into wider support networks	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	**Overall impact:** Likely mixed impact • Digital innovations within workstreams may be less accessible	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology. Link with prisons regarding digital options

Groups who face health inequalities[3]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	• Pathway changes like PIFU may make access back into secondary care easier when required	
People with addictions and/or substance misuse issues	**Overall impact:** Likely mixed impact • People who are vulnerable and in marginalised groups are more susceptible to infection, serious illness, and mortality, so would benefit from the waiting well programme. • Access to waiting well service may support access into wider support networks • People from this group may not know how to access the services	Recognise that a different approach to engagement is required utilising existing trusted relationships through the Health Outreach Service and other VCSE groups to promote services
People or families on a low income	**Overall impact:** Likely mixed impact • Deprived communities and marginalised groups are likely to be more susceptible to infection, serious illness, and mortality, so would benefit from the waiting well programme. • Access to waiting well service may support access into wider support networks	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.

Groups who face health inequalities[3]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	• Alternative pathways or type of appointment may reduce travel costs and time out of work/education • Digital innovations within workstreams may be less accessible	
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	**Overall impact:** Likely mixed impact • Access to waiting well service may support access into wider support networks • People from this group may not know how to access the services • Alternative pathways or type of appointment may cause confusion regarding access and limit access • Digital innovations within workstreams may be less accessible	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology. Alternative methods of communicating new services to be considered that are clear, graphical and accessible.
People living in deprived areas	**Overall impact:** Likely mixed impact • Deprived communities and marginalised groups are likely to be more susceptible to infection, serious illness, and mortality, so	To work with wider system groups and place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.

Groups who face health inequalities[3]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	would benefit from the waiting well programme. • Access to waiting well service may support access into wider support networks • Alternative pathways or type of appointment may reduce travel costs and time out of work/education • Digital innovations within workstreams may be less accessible	
People living in remote, rural and island locations	**Overall impact:** Likely mixed impact • Access to waiting well service may support access into wider support networks • Alternative pathways or type of appointment may reduce travel costs and time and make services more accessible • Digital innovations within workstreams may be less accessible dependent on access to internet etc	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.

Groups who face health inequalities[3]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Refugees, asylum seekers or those experiencing modern slavery	**Overall impact:** Likely mixed impact • People who are vulnerable and in marginalised groups are likely to be more susceptible to infection, serious illness, and mortality, so would benefit from the waiting well programme. • Access to waiting well service may support access into wider support networks • People in these groups may not understand how to access services or understand changes in new pathways • They may not have access to the right information in their own languages on accessing services or on their wait times • Digital innovations within workstreams may be less accessible	Alternative methods of communicating new services to be considered that are clear, graphical and accessible, offering alternative languages. Link to other services that can promote services To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.
Other groups experiencing health inequalities (please describe)		

5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	No x	Do Not Know

b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

Name of engagement and consultative activities undertaken		Summary note of the engagement or consultative activity undertaken	Month/Year
1			
2			
3			

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	NHS England and NHS Improvement, Delivery plan for tackling the COVID-19 backlog of elective care, February 2022 NHS England and NHS Improvement, 2022/23 priorities and operational planning guidance, V3, February 2022 NHS GIRFT, 2nd edition Elective Recovery High Volume Low Complexity	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	(HVLC) guide for systems, November 2021	
Consultation and involvement findings		
Research		
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team		

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?			x
The proposal may support?	x	x	
Uncertain whether the proposal will support?			

8. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?	x	x
Uncertain if the proposal will support?		

9. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1	Individual assessments need to be made of each scheme within the programme to ensure that we are addressing health inequalities as we progress them.	
2		
3		

10. Summary assessment of this EHIA findings

This assessment should summarise whether the findings are that this proposal will or will not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below. This programme will be able to contribute to advancing equality of opportunity and reducing health inequalities but for each scheme within the programme more detailed work needs to be undertaken as these plans progress.

11. Contact details re this EHIA

Team/Unit name:	Cambridgeshire and Peterborough ICS Planned Care Team
Division name:	

Directorate name:	
Date EHIA agreed:	
Date EHIA published if appropriate:	

Internal decision-making not for external circulation

12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to EHIU (england.eandhi@nhs.net).

Yes:	**No:**	**Uncertain:**

13. Assistance sought re the completion of this EHIA:

If you do need assistance to complete this EHIA, please summarise the assistance required below.

14. Responsibility for EHIA and decision-making

Contact officer name and post title:		
Contact officer e: mail address:		
Contact officer mobile number:		
Team/Unit name:	Division name:	Directorate name:
Name of senior manager/ responsible Director:	Post title:	E-mail address:

15. Considered by NHS England or NHS Improvement Panel, Board or Committee[4]

Yes:	No:	Name of the Panel, Board or Committee:	
Name of the proposal (policy, proposition, programme, proposal or initiative):			
Decision of the Panel, Board or Committee	Rejected proposal	Approved proposal unamended	Approved proposal with amendments in relation to equality and/or health inequalities

Proposal gave due regard to the requirements of the PSED?	Yes:	No:	N/A:
Summary comments:			
Proposal gave regard to reducing health inequalities?	Yes:	No:	N/A:
Summary comments:			

16. Key dates

Date draft EHIA completed:	
Date draft EHIA circulated to EHIU:[5]	
Date draft EHIA cleared by EHIU: [6]	
Date final EHIA produced:	
Date signed off by Senior Manager/Director:[7]	

[4] Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.

[5] If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the EHIU should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England and NHS Improvement's Gateway process.

[6] If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

[7] The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

Date considered by Panel, Board or Committee:	
Date EHIA published, if applicable:	
EHIA review date if applicable [8]:	

[8] This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
18 JULY 2022	PUBLIC REPORT

Report of:	Jyoti Atri, Director of Public Health	
Cabinet Member(s) responsible:	Councillor John Howard – Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Jyoti Atri, Director of Public Health	Tel. 01733 207176

HEALTH AND WELLBEING OVERARCHING STRATEGIC APROACH

RECOMMENDATIONS	
FROM: Director of Public Health	**Deadline date: N/A**
It is recommended that the Adults and Health Scrutiny Committee note and comment on the proposals for engagement and consultation around the Overarching Cambridgeshire and Peterborough Health & Wellbeing Strategy	

1. ORIGIN OF REPORT

1.1 This report is submitted to Adults and Health Scrutiny Committee following discussion at the Adults and Health Scrutiny Committee Annual Work Programming Session held on 16 June 2022. and as part of the consultation process for the Health and Wellbeing Strategy.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain views on the developing Cambridgeshire and Peterborough Overarching Health and Wellbeing Strategy.

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 including the Health and Wellbeing Board;

2.4 *This report links in to the Corporate Priority* 7. Achieve the best health and wellbeing for the city

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**Yes**	If yes, date for Cabinet meeting	Date to be Confirmed
Health and Wellbeing Board in October 14th 2022		Date for submission to Government Dept. *(Please specify which Government Dept.)*	N/A

4. BACKGROUND AND KEY ISSUES

4.1 Health and Wellbeing Boards are required, as stated in the Health and Social Care Act 2012, to produce Health and Wellbeing Strategies. The last two years have required the whole system to focus on tackling the challenges of the Covid-19 pandemic and whilst a Health and Wellbeing Strategy had previously been written and consulted upon, it was not launched due to the pandemic. Since then, much has changed and a new approach is needed.

4.2 The direct and indirect impact of Covid-19 has brought threats and opportunities to our ways of working and our residents' health, which mean we must reconsider our priorities and actions. As the local and national response to the Covid-19 pandemic starts to wind down, it is time to rebalance our attention to other harms that have potential to cause great harm over the life course. There are clearly some real challenges ahead, and if we are to stand a chance of addressing these challenges, we must be ambitious and we must work together as a whole system, learning from our successes and prioritising our collective efforts and resources to where we can make the biggest difference to improving health and wellbeing

4.3 The Health and Wellbeing Strategy must be informed by Joint Strategic Needs Assessments. For the purpose of this particular strategy, the Covid-19 Impact Assessment fulfils the function of the JSNA, summarising the joint work we have done across local government, the NHS and partners to understand the emerging impact of Covid-19. In addition, the JSNA core data set provides understanding of health and wellbeing in Cambridgeshire and Peterborough residents.

4.4 **HEALTH AND WELLBEING STRATEGY DEVELOPMENT**

Cambridgeshire and Peterborough health and care partners have committed to establishing a single strategy for the system that will be owned by both the Joint Health and Wellbeing Boards (HWBs) and the Integrated Care Partnership (ICP). Through development sessions of HWB and ICP partners in October 2021 and January 2022 the collaborative approach to developing a single strategy has started to take form.

4.5 Attached is the first stage of strategy development and sets out what we want to achieve together. The four priority areas identified in the strategy, will be developed further over the coming year.

We are currently awaiting national guidance for the ICP Strategy, which is expected in July 2022, ready for implementation in December 2022.

4.6 The Health and Wellbeing Strategy must be informed by Joint Strategic Needs Assessments. For the purpose of this particular strategy, the Covid-19 Impact Assessment fulfils the function of the JSNA, summarising the joint work we have done across local government, the NHS and partners to understand the emerging impact of Covid-19. In addition, the JSNA core data set provides understanding of health and wellbeing in Cambridgeshire and Peterborough residents.

5. CONSULTATION

5.1 The high level overarching strategic direction for the Health & Wellbeing Strategy has been approved by the Whole System Health & Wellbeing Board sub committee on 25th March 2022. Details regarding the overarching strategy can be found in Appendix A and the approach to its wider development end the engagement timeline are detailed in Appendix B.

The approach taken to develop a HWB strategy has been one of co-production, engagement and consultation. Through a number of partnership workshop identification of the three ambitions (see section 2.12 Appendix A) was made. A technical document details the evidence available on the current situation for these three goals (Appendix C). Through our system-wide workshops four priority areas where we know we need to do things differently, in order to achieve these ambitions were identified as follows:

1. Ensure our children are read to enter education and exit, prepared for the next phase of their lives.

2. Create an environment to give people the opportunities to be as healthy as they can be.
3. Reduce poverty through better employment and better housing
4. Promote early intervention and prevention measures to improve mental health and wellbeing.

Whilst the ambition for a Cambridgeshire & Peterborough HWB strategy is set out in Appendix A it is envisaged that more detailed approach to developing the four priority areas the Health and Wellbeing and the Integrated Care System will be required. The detail of the priority areas will be an iterative process whereby Senior Responsible Officers (SROs) within the integrated care system have been identified to lead on the priorities. There will be detailed co-production, engagement and consultation work on the HWB/ICP strategy around the content and direction of each priority chapter, outcomes and action plans. The style of engagement may vary with each topic area. Appendix B provides more details on this wider development of the HWB/ICP Strategy.

The formal consultation that will be launched at the first meeting of the Joint Cambridgeshire & Peterborough Health & Wellbeing Board / Integrated Care Partnership on 15th July is focusing on the high level Overarching HWB Strategy that will provide the context behind the engagement work on the individual priorities.

5.2 A wide consultation with statutory and voluntary sector organisations and the public is planned and further consultations expected as the priorities develop.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The committee will have an opportunity to inform the development of the Cambridgeshire & Peterborough Health and Wellbeing Strategy, reviewing the engagement process and formal consultation for developing the overarching strategic approach and four priorities.

Section 2.14 details the anticipated outcomes for the Joint Cambridgeshire & Peterborough Heath & Wellbeing strategy under the following headings.

1. We will increase the number of years that people spend in good health

2. We will reduce inequalities in preventable deaths before the age of 75

3. We will achieve better outcomes for our children

7. REASON FOR THE RECOMMENDATION

7.1 The Adults and Health Scrutiny committee are asked to agree and comment on the process and content for developing the overarching strategic approach the development of a joint Cambridgeshire and Peterborough Health and Wellbeing Strategy.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Health and Wellbeing Boards have a statutory responsibility for producing a Health and Wellbeing strategy

9. IMPLICATIONS

Financial Implications

9.1 There are no direct financial implications as a result of this report

Legal Implications

9.2 There are no direct legal implications as a result of this report.

Equalities Implications

9.3 There are no direct equality implications as a result of this report.

Rural Implications

9.4 The priorities identified have been derived from the evidence on the causes of ill health. Geographic distribution of risk factors, localisation and accessibility to services will be further considered as the priorities are developed.

Carbon Impact Assessment

9.5 The development of an Overarching High level Health & Wellbeing Strategy is assessed as having a neutral overall impact on carbon emissions for both the council and city of Peterborough.

10. BACKGROUND DOCUMENTS

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

10.1 JSNAs (Joint Strategic Needs Assessments): Cambridgeshire Insight – Joint Strategic Needs Assessment (JSNA) – Published Joint Strategic Needs Assessments

Covid-19 impact assessment: Cambridgeshire Insight – Coronavirus – Emerging evidence of needs and impacts

Health profiles for Cambridgeshire and Peterborough from Local Authority Health Profiles - OHID (phe.org.uk)

11. APPENDICES

11.1 Appendix A – HWB Overarching Strategic Approach
Appendix B – HWB Strategy Timeline and Plan
Appendix C – HWB Technical Appendix

Cambridgeshire & Peterborough Integrated Care System

JOINT CAMBRIDGESHIRE & PETERBOROUGH OVERARCHING HEALTH AND WELLBEING STRATEGY 2022 -2030

1. BACKGROUND

1.1 Health and Wellbeing Boards are required, as stated in the Health and Social Care Act 2012, to produce Health and Wellbeing Strategies. The last two years have required the whole system to focus on tackling the challenges of the Covid-19 pandemic and whilst a Health and Wellbeing Strategy had previously been written and consulted upon, it was not launched due to the pandemic. Since then, much has changed and a new approach is needed

1.2 The direct and indirect impact of Covid-19 has brought threats and opportunities to our ways of working and our residents' health, which mean we must reconsider our priorities and actions. As the local and national response to the Covid-19 pandemic starts to wind down, it is time to rebalance our attention to other harms that have potential to cause great harm over the life course. There are clearly some real challenges ahead, and if we are to stand a chance of addressing these challenges, we must be ambitious and we must work together as a whole system, learning from our successes and prioritising our collective efforts and resources to where we can make the biggest difference to improving health and wellbeing

1.3 The Health and Wellbeing Strategy must be informed by Joint Strategic Needs Assessments. For the purpose of this particular strategy, the Covid-19 Impact Assessment fulfils the function of the JSNA, summarising the joint work we have done across local government, the NHS and partners to understand the emerging impact of Covid-19. In addition, the JSNA core data set provides understanding of health and wellbeing in Cambridgeshire and Peterborough residents.

1.2 This report is for the Cambridgeshire and Peterborough Whole System Health and Wellbeing Board to consider under its Terms of Reference No. XXX

[Democratic Services to complete this section following liaison with Author. Do NOT include any other text under this heading].

2. PURPOSE

2.1 ***A new single approach for improving our residents' health and wellbeing***
The Covid-19 pandemic has positively changed the way we work together. All partners in Cambridgeshire and Peterborough have rallied to respond to the pandemic, each partner playing their part and delivering what was required, within very short time scales. We must not lose our collective learning from this.

2.2 There are also significant infrastructure changes such as the development of the Integrated Care System (ICS), which will support system partners to provide a more integrated approach and work more closely together. The Health and Wellbeing Boards in Cambridgeshire and Peterborough will work very closely with the emerging Integrated Care Partnership (ICP), and when we refer to 'joint' in this strategy this means jointly with the ICP, across geographies and with partners, communities and residents.

2.3 The Health and Wellbeing Boards and the Integrated Care Partnership (ICP) must remain separate legal entities with their own statutory responsibilities that cannot be delegated to each other. However, we intend to bring the HWBs and ICP much closer together with

common membership and joint meetings as a combined HWB/ICP in practice, with many of the same individuals sitting on both the Board and the Partnership. All partners in the combined HWB/ICP commit to cooperative and supportive working as equal partners across organisations, with everyone putting aside organisational boundaries to be focused on improving health and wellbeing for the people they serve. We believe that working together as much as possible across organisations, pooling our data, our understanding, resources, knowledge and experience, will result in better outcomes for our residents

2.4 We recognise there will be other priorities across the system. The Combined Authority, the Integrated Care Board, the Public Service Board, and district local authorities and other organisations will all have their own sets of priorities and plans. For example, the ICS has five strategic objectives which are partly focused on NHS workforce and services as well as including population health. Many of these priorities will undoubtedly lead to improvements in health and wellbeing through improving NHS care and also through improvements in the wider determinants of health – education, jobs, housing, income and the environment. However, the priorities and vision in this Health and Wellbeing Strategy should form the core of the system's commitment to improving health and wellbeing.

2.5 ***Developing the strategy and our joint approach for improving residents' health***

Before work on this strategy had started, our local developing Integrated Care System consulted and developed a mission statement for the 'system' (health, local authorities and other partners working together)

"All together for healthier futures"

Partners from across the NHS and the local authorities, and the wider public and voluntary sector, then came together in late 2021 and early 2022 several times to discuss the Health and Wellbeing Strategy and review the evidence on health in our area and the impact of Covid-19.

2.6 At a workshop held on 6th October 2021, all partners agreed in principle to a **single plan** and set of priorities across the Health and Wellbeing Board and the ICS. In addition, it was agreed that the ICS vision that had been consulted on and agreed by Cambridgeshire and Peterborough - "*All Together for Healthier Futures*" - should become the vision across the ICP and the HWB.

2.7 This means there will not be a separate overall long-term health and wellbeing strategy for local government, nor for the local NHS although there will however be Integrated Care Board plans for service delivery. This "One Plan" approach is a first for our area and demonstrates a commitment of all partners to working together towards shared goals, while retaining organisations' different areas of expertise and statutory responsibilities.

The workshop on 6th October 2021 was informed by our work assessing the impact of Covid-19

2.8 Key points from the impact assessment are:

- Covid-19 has exposed and exacerbated inequalities, as demonstrated by the differential impact of the pandemic on our black and ethnic minority communities and those living in our most deprived areas
- There are more people in poverty; this risks a long-term impact on health
- The mental health of our population has been impacted by the pandemic, particularly children and young people
- Obesity affects around a 1/3 of our year 6 children and up to 60% of adults and has been made worse by the pandemic
- Our health service is under pressure and the way that people access health care and preventative health care has changed
- There are risks and opportunities to our environment as result of the pandemic.

Three top-level overarching strategy goals and four key priorities for achieving these goals arose from discussions at this meeting on 6th October 2021. A subsequent development meeting on 17th January 2022 agreed, in principle, that these goals and priorities should form the core of the overarching Health and Wellbeing Strategy.

2.9 ***Health and Wellbeing Strategy for Cambridgeshire and Peterborough 2022-2030***

What will we focus on?

This 'overarching' strategic approach sets out our headline ambitions and the four priorities we will focus on to achieve these ambitions. We are aiming to work with our residents, patients and stakeholders to tackle some real challenges in improving the health and wellbeing of the people we serve, by reversing some of the health determinants and outcomes that were challenging before the pandemic and have worsened as a result of the pandemic. We also need to prioritise reducing the health inequalities which existed pre-pandemic but which were exacerbated and brought into sharper focus by Covid-19.

2.10 This will be an eight-year overarching strategy for the health and wellbeing of residents

in Cambridgeshire and Peterborough.[1] It will provide a clear statement of what we intend to achieve together across the NHS and local government system and will set out how we intend to develop and achieve it in partnership with our residents, patients, and stakeholders. This strategy is also the high-level long-term plan and priorities for our local NHS Integrated Care System,[2] which oversees NHS services across Cambridgeshire and Peterborough.

2.11 Working jointly across the NHS and local government will mean that we can be more ambitious and more accountable in addressing these issues. By sharing more of our data, we can develop a better common understanding of our residents' health and needs as well as service use. Bringing all our collective resources, knowledge and experience together means we make best use of these resources to create measurable and meaningful impact.

What do we want to achieve?

2.12 Three overarching ambitions were agreed by consensus across local authority and NHS colleagues; reflecting the issues we know about in our population and the outcomes that are most important. Whilst these are recognised as ambitious, they are plausible, and all partners have committed to delivering these ambitions. This will require collective and organisation specific endeavours.

2.13 By 2030:

1. **We will increase the number of years that people spend in good health**

   Life expectancy is often used as a measure of societal progress, and although it is important, it does not take into account the fact that towards the end of life there is often a period, perhaps many years, which is spent in poor health. Healthy life expectancy, on the other hand, measures the average time we can expect to live in good health. It is clearly worthwhile to prevent conditions that cause disability and poor health over a long time, in order to increase the number of years that people spend in good health. We know that healthy life expectancy is also strongly linked to deprivation, with people living in less well-off areas more likely to experience a long time at the end of life in poor health. By 2030 we want to see healthy life expectancy increase by at least two years for men and women in Cambridgeshire and Peterborough.

2. **We will reduce inequalities in preventable deaths before the age of 75**

   Preventable premature mortality are deaths of people under 75, from causes of death that are largely or entirely preventable (for example, smoking related deaths, or deaths from vaccine-preventable disease). We know that there is a strong relationship between the wealth of an area and the rate of preventable premature mortality. Our most deprived areas see many more of these deaths than our least deprived areas. We will weaken this relationship between wealth and early preventable deaths so that people in our least well off areas are less likely to die young.

3. **We will achieve better outcomes for our children**

   Working with parents and communities we will achieve better outcomes for our children, recognising the holistic needs of our children. Health and wellbeing measures for children

[1] This strategy covers Cambridgeshire and Peterborough; the two local authorities have joint working relationships and have agreed to delegate authority to a single Health and Wellbeing Board to act on behalf of both areas.
2 The Integrated Care System is also developing NHS-focused plans describing priorities in commissioning and delivering healthcare

are broad and include determinants of health as well as health outcome measures. Investing in the health and wellbeing of our children, will pay dividends throughout their lives. In addition, investments in the early years are often the most cost effective[3]. This outcome would mean that on key measures of health and wellbeing for children, Cambridgeshire and Peterborough will be the best in a group of 'comparator' local authorities (those which are similar in size, wealth and some demographic factors). In other words, when it comes to our children and young people, we will be doing better than the other areas that we are most similar to us.

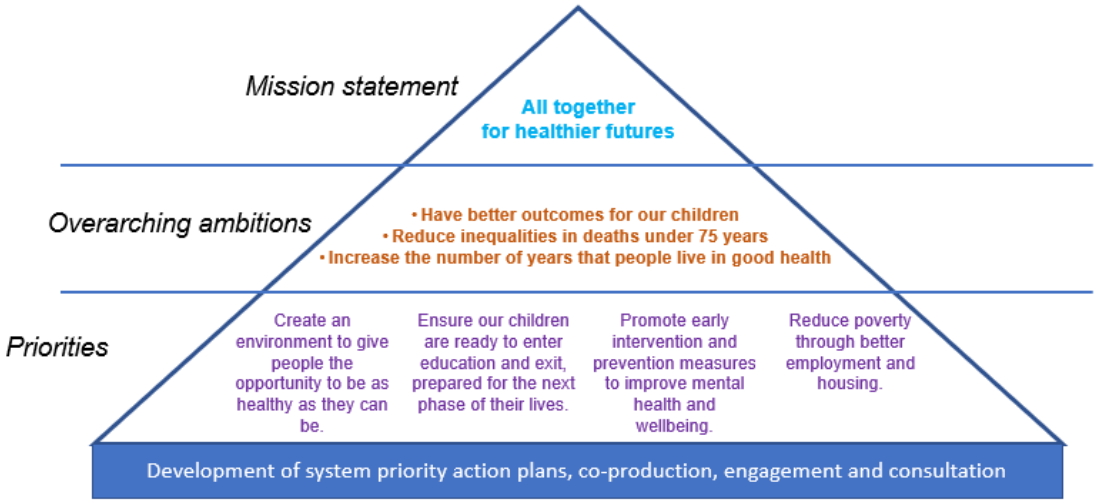
2.14 As part of our early workshops on this strategy, there was considerable discussion on how to set appropriate long-term goals for Cambridgeshire and Peterborough that would make a difference to the health of residents. The three overarching goals that were arrived at are intended to be stretching and ambitious, but also plausible and achievable. Together, the three goals will add up to a healthier and happier community, where the foundations for a good life are set in childhood, health inequalities are lessened, and wealth is less strongly linked to good health and wellbeing.

2.15 The technical appendix (appendix 1) presents the best available evidence on the current situation for the three overarching goals. It is important to note that for some of the indicators used to measure progress towards these goals, the full impact of the Covid-19 pandemic is not yet showing up in the data. We may in fact be starting from a lower point than the most recent data suggests.

2.16 ***How we will achieve these ambitions***

Discussion at our system-wide workshops identified four priority areas where we know we need to do things differently in order to achieve our overarching ambitions.

The four priorities for the Health and Wellbeing Board and the Integrated Care System focus on children, our environment and opportunities for health, poverty, and mental health and wellbeing. Each of these priority areas will be developed into a chapter of the Health and Wellbeing Strategy. The four priorities are listed below.



[3] The best start for life: a vision for the 1,001 critical days - GOV.UK (www.gov.uk)

2.17

1. **Ensure our children are ready to enter education and exit, prepared for the next phase of their lives**

    - This is not limited to children's educational attainment
    - Children's physical and mental health and wellbeing are essential for children to participate effectively in education

2. **Create an environment to give people the opportunities to be as healthy as they can be**

    - 'Environment' here is used in the widest sense, so includes wider determinants of health such as health behaviours, infrastructure, and socio-economic factors, as well as access to green spaces and clean air.
    - This also includes the opportunities for better health which the NHS provides; partly healthcare, but also encouraging patients to take greater responsibility for their own health.

3. **Reduce poverty through better employment and better housing**

    - This especially recognises that the Health and Wellbeing Board / ICP partners are large employers within our local economy and the way we employ, treat our staff and commission services can have a big impact, as well as capturing work with wider partner organisations on the economy, employment and health.
    - Local and Combined authorities have a key role to play in improving housing across Cambridgeshire and Peterborough impacting health of residents
    - Better physical and mental health will improve employment for our residents

4. **Promote early intervention and prevention measures to improve mental health and wellbeing**

    - Work to improve wellbeing across the population, as well as intervening early when people experience mental ill-health, will have huge benefits for all our residents.

2.18 Senior staff from across the local public sector will work with partners and communities to take on development and leadership of the four strategy priorities, supported by evidence and data about our population. The work on these system-wide priorities – deciding what will change, what will cease and what new approaches are necessary will take place over the next six months. The longer timescale for developing this work is necessary to include and summarise much of the work that is already being done in these areas. It is also important to allow sufficient time for meaningful co-production, engagement and consultation to take place with service users, patients and residents, as well as ensuring relevance and support from partner organisations. The process and principles for developing the priority chapters, including engagement work, is laid out in the engagement plan and timeline (Appendix 2).

2.19 Health and Wellbeing Board and NHS partners will have different roles to play in each of these priorities; for example, the health system does not provide housing, and the local authority does not commission most mental health interventions. However, each of the four

areas has scope for action for all key partners, plus there are additional benefits that should come from working on these agreed priorities together as a system.

2.20 All four priorities will need to consider what needs to be done around the cross-cutting themes and ambitions of improving children's outcomes, reducing health inequalities and improving years of life lived in good health.

3. CONCLUSION

3.1 We intend this Health and Wellbeing Strategy to shape work across the NHS and Cambridgeshire and Peterborough local authorities over the next eight years. We are starting from a challenging position given the impact of Covid-19 across our area, but we have set stretching but achievable ambitions. By working more closely across the NHS, the public sector, partners, communities and residents than we ever have before, we can achieve these ambitions and make a meaningful difference to the lives of our residents; happier and healthier children and young people, fewer early deaths in our more deprived areas, and more years spent in good health.

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Joint Health and Wellbeing/ICP Strategy 2022-2030: Developing the Health and Wellbeing Strategy – timeline, co-production, engagement and consultation plan (Appendix B)

The overarching strategy was presented to the March meeting of the HWB for approval prior to public consultation. The initial development of the overarching strategy and targets has been done through two large stakeholder workshops on 6th October 2021 and 17th January 2022.

This paper sets out some more detailed information around the next steps for consultation and engagement for the overarching strategy and to enable the detailed development of the four priority chapters, their outcomes and action plans.

Timescales for development of overarching strategy

Date	
Oct 2021 – Feb 2022	Overarching strategy and targets developed based on system-wide workshops
Feb- Mar 2022	Socialised across system leads for comment and input
Mar 2022	Presented to whole system HWB sub-group formal meeting with request for approval around the engagement approach
May-Jun 2022	High level engagement activity underway within the integrated care system
Jul 2022	Formal consultation launched on the overarching strategy by the HWB/ICP. Engagement and consultation programme agreed
Jul – Sept 2022	Working with ICP engagement and public consultation programme delivered
October 2022	Final Overarching HWB Strategy

Consultation and engagement for strategy priorities

We envisage that the bulk of the detailed co-production, engagement and consultation work on the HWB/ICP Strategy will be done on the content and direction of each priority chapter, key outcomes and action plans. Stakeholder groups and styles of engagement will vary with each topic and this will need careful consideration by topic leads to enable meaningful engagement and co-production.

Timescales for development of the four priorities

Date	
Oct 2021 – Mar 2022	Four priorities agreed and system leads identified
Mar 2022	As above, priorities presented to HWB/ICP formal meeting as part of the overarching strategy, with request for approval for public consultation on strategy

Apr-Nov 2022	Development and co-production of the four priorities by priority leads, partners and stakeholders with engagement as appropriate for each priority area.
Aug 2022-Dec 2022	Priority chapters of the strategy presented individually in detail to HWB/ICP formal meetings with request for approval for public consultation. Order to be determined.
Sep-Jan 2023	Formal consultation on priority chapters individually
March 2023	Formal approval of full overarching strategy with priority chapters by HWB/ICP.

Development of priority chapters

Each of the four priorities will have two senior responsible officer leads with experience of the relevant area. They will take account of relevant work that is already underway or in development across the system and consider how this fits together and how the system could work better to influence the three main overarching goals (children's outcomes, inequalities in premature mortality, and healthy life expectancy). The leads will also determine relevant indicators to monitor progress in each area.

A suggested structure for each of the four priority chapters:

- What is the scope for this priority and the overarching goal?
- Where are we now?
- What services and strategies are already in place (or development) across the system, including ICS work?
- What are we going to focus on (and how has this been decided)?
- Where can we get to with these areas of focus?
    - Bold ambitions for change that will prompt rethink of delivery and systems
    - How do these areas of focus contribute to overarching HWB priorities (healthy life expectancy, inequalities in premature mortality, and children's outcomes)?
- How can we get there – what will we do differently?
    - What will change?
    - Monitoring success - quick wins and ambitious medium and longer term targets

Principles for developing each chapter

Each of these four priorities is very wide-ranging with enormous scope. No strategy can be successful if it tries to improve everything all at once, so choices will be necessary while developing each of the four priorities. The senior leads for each priority will be making these decisions, but there are several principles that should be followed while these four priorities are being developed:

- We should use evidence-based approaches wherever possible, and embed evaluation and learning from new initiatives
- There should be an emphasis on prevention and early intervention
- The strategy must identify and tackle inequality in wellbeing across our places and by deprivation
- Given these principles above, where possible the choice of topics to focus on within each priority should be informed by stakeholder and service user and resident input on what is most important.
- It should be clear how actions and outcomes from each of the four priorities contribute to the three overarching goals of the strategy as a whole (improving outcomes for children, reducing inequalities in premature mortality, increasing years lived in good health), while having their own short and medium term goals.
- The goals within each priority should reflect different starting points for our different places, and also encourage reduction in inequalities by deprivation and ethnicity. Some short term 'process' outcomes may be necessary but medium (~5 yr) and long (~10 yr) outcomes should be clearly linked to the three overarching goals.
- Each priority should explicitly include children and young people.

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Joint Health and Wellbeing/ICP Strategy 2022-2030: Setting the level of ambition (Appendix C)

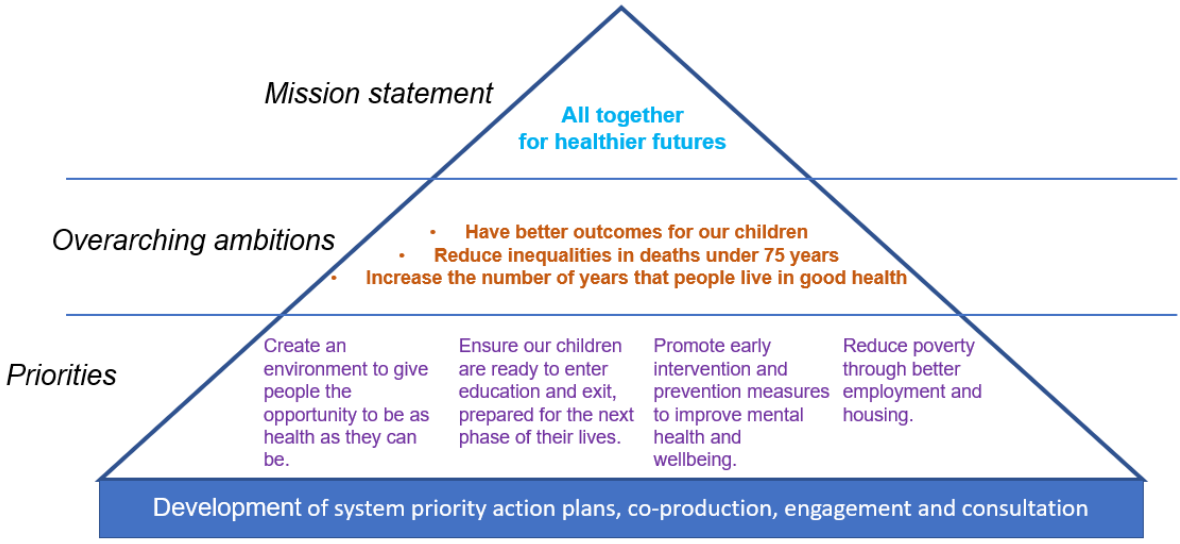
Introduction

The Health and Wellbeing Strategy overarching goals presented here are based on the system wide discussions held in October 2021 and January 2022. The January 2022 workshop specifically discussed the level of ambition for the Health and Wellbeing Strategy and highlighted that these goals should be stretching and ambitious while remaining plausible and achievable.

This technical appendix presents the best available evidence on the current situation for the three goals and proposes the level of ambition for each. It is important to note that the full impact of the Covid-19 pandemic is not yet showing up in the available data. We may in fact be starting from a lower point than the data below suggests; as such we suggest revisiting these targets once data is available that shows the full impact of the pandemic on our measures.

All the goals set out here are targets for the end of the strategy period in 2030.

All of the four priority areas (children, environment, poverty and mental health) will feed in to all three goals (image below), but some will have closer links than others. The priority areas will also develop their own targets which will include shorter-term metrics; these are yet to be determined but it will need to be clear how those targets feed in to these three overarching goals.



1. **We will increase the number of years that people spend in good health.**

TARGET: We will increase healthy life expectancy by at least two years in Cambridgeshire and Peterborough, and we will reduce the gaps between men and women in our areas.

What does healthy life expectancy mean?

- For a particular area and time period, it is an estimate of the average number of years a newborn baby would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her life.
- Put simply, it is the number of years in good health that an average person can expect. It was chosen for one of our goals over life expectancy because life expectancy includes the years often spent at the end of life in poor health, and we do not seek to extend these. Healthy life expectancy has been described as 'adding life to years' rather than 'adding years to life.'

Table 1 presents the latest data on healthy life expectancy for our area. At present Cambridgeshire residents have considerably higher healthy life expectancy than in Peterborough, for both men and women. Interestingly, in Peterborough women can expect fewer years in good health than men, while the reverse is true in Cambridgeshire. Therefore, we aim to see an increase of at least two years for women in Cambridgeshire and men in Peterborough, but to narrow the gap between the sexes we also want to see a larger increase for Cambridgeshire men and Peterborough women.

The initial system wide workshops in October 2021 and January 2022 discussed a improvement levels of 10% for each target. For Healthy Life Expectancy this would be an unrealistic increase of at least six years which would take us beyond the current best in England.

Table 1 Healthy Life Expectancy in Cambridgeshire and Peterborough

	Cambridge-shire (2017-19)	**Cambridge-shire Plus 2 yrs**	**Peterborough (2017-19)**	**Peterborough Plus 2 years**	**Best in England (2017-19)**
Male healthy life expectancy	64.3	66.3	62.8	64.8	71.5
Female healthy life expectancy	66.2	68.2	59.9	61.9	71.4

We should also bear in mind that, as with most public health measures, healthy life expectancy is strongly linked to deprivation. Although figures for small areas are not

available to demonstrate the link in our local areas, national data shows clearly that people living in wealthier areas enjoy considerably more time in good health on average compared to residents of more deprived areas. We cannot set local targets to preferentially improve healthy life expectancy in our more deprived areas, but if this strategy includes a focus throughout on health inequalities we would expect healthy life expectancy to improve faster in these areas.

Healthy life expectancy was recently mentioned in the 'Levelling Up' White Paper[1] with one of the 'missions' described as: "*By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years."* This document refers to a forthcoming White Paper on health disparities that will set out the central governmental strategy for 'tackling the core drivers of inequalities in health outcomes. As such, we anticipate national policy support and action to facilitate this local target.

As with preventable premature mortality, increasing healthy life expectancy depends on core public health work and prevention and early intervention work delivered by the NHS. All four priorities will feed into increasing healthy life expectancy.

2. We will reduce inequalities in preventable deaths before the age of 75 years.

TARGET: We will reduce inequalities in preventable deaths before the age of 75 years by 20%.

Premature mortality here is defined as any death before 75 from causes considered preventable. It is presented as age-standardised rates per 100,000 rather than as absolute numbers.

Deaths are considered preventable if

- all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention interventions.
- 'preventable' deaths include most infectious disease, some cancers, diabetes, cardiovascular disease, injuries and alcohol and drug-related deaths.[2]

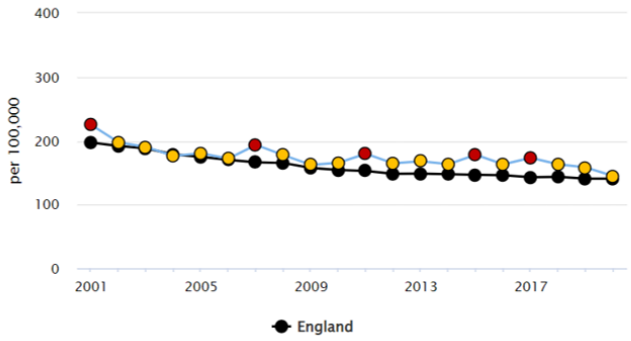
Preventable premature mortality rates are lower than the England average in Cambridgeshire but close to the England average in Peterborough (Figure 1). Rates have not changed much over the last ten years in either area, as the chart below shows. Comparing these two charts demonstrates an inequality between Cambridgeshire and Peterborough, which is probably a result of different levels of prosperity between these areas overall.

Figure 1 Preventable deaths under 75 per 100,000 in Cambridgeshire and Peterborough compared to England

[1] HM Government (2022) Levelling up the United Kingdom

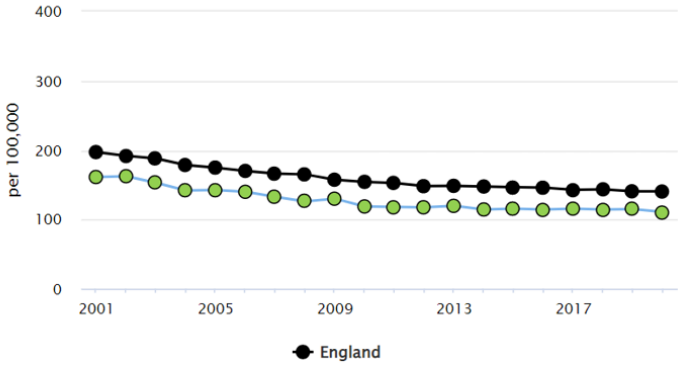
[2] For a full list of ICD-10 codes included in the definition of preventable deaths, see https://fingertips.phe.org.uk/mortality-profile#page/6/gid/1938133056/pat/15/ati/402/are/E10000003/iid/93721/age/163/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

Peterborough



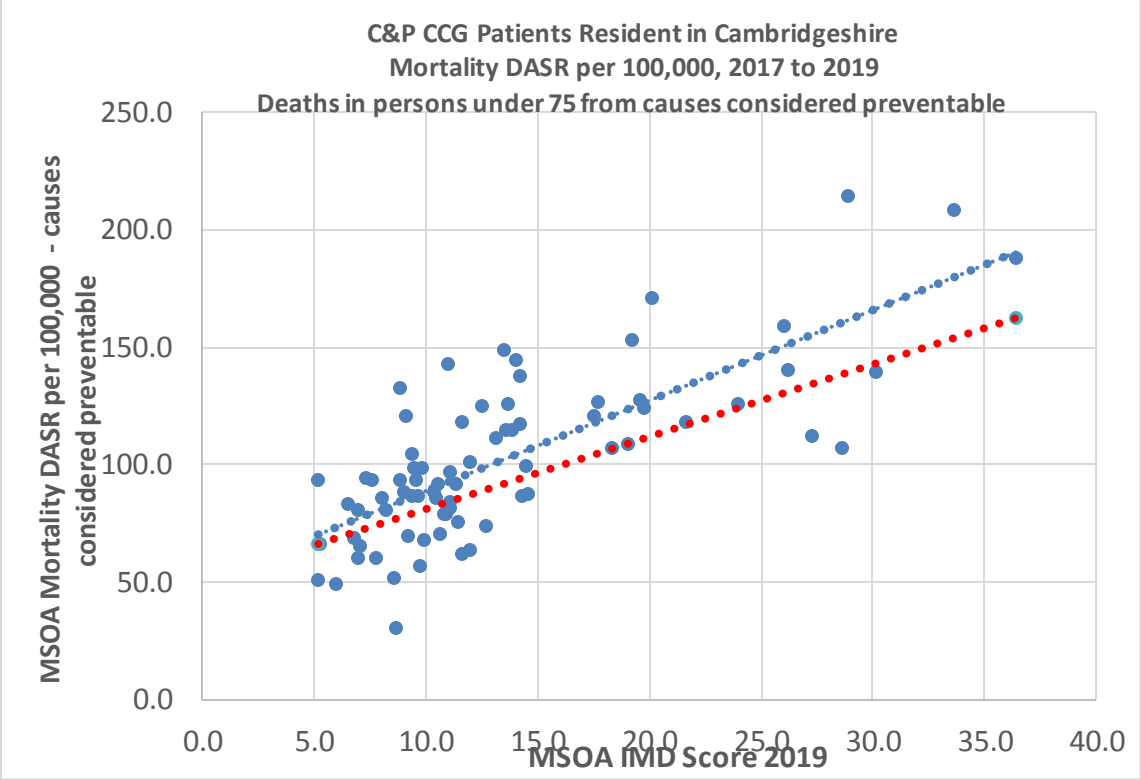
Period	Count	Rate
2010	210	165.6
2020	228	144.8

Cambridge



Period	Count	Rate
2010	587	118.8
2020	655	110.9

Preventable premature mortality rates also vary substantially by small areas (MSOA), with a clear link to deprivation. The chart below shows under-75 preventable mortality rates by Cambridgeshire MSOA (Peterborough not shown but a similar relationship exists). The blue line is the line of best fit for the current data (a regression line) which shows a strong relationship between increasing deprivation and increasing rates of preventable premature mortality. People in our some of our most deprived Cambridgeshire areas have a preventable mortality rate around four times higher than those in our least deprived areas; a substantial disparity. Please note that this data is the most recent available data and covers a three year period ending in 2019; as such the impact of the pandemic is not shown. At present the definition of premature preventable mortality data does not include deaths from Covid-19 (although it does include influenza deaths).



Reducing inequalities in premature mortality would require reducing the slope of this line to the red line shown above – our target. This is a 20% reduction in the slope of the line. This would have most benefit to those people in our most deprived communities but should also benefit people across the area; for instance, fairly well off areas (an IMD score between 10 and 20) also have some way to go to reduce their rates down to the red line.

The initial workshops discussed reducing targets by 10%. However, after considering what this would look like in practice, this has been considered as insufficiently ambitious and that in fact a 20% reduction was closer to the level of ambition discussed.

Reducing the slope of the line will also have the effect of reducing premature mortality overall. If the rates in the least deprived areas remain similar but the gradient reduces by 20%, we would have an overall preventable premature mortality rate of around 92 per 100,000 in Cambridgeshire, compared to 102 per 100,000 at present.[3] We will also have a target to reduce Peterborough's preventable mortality gradient by 20%

This target illustrates the principle of 'proportionate universalism'. To meet the target and reduce health inequalities, we need to work across our whole population, recognising there is room for improvement everywhere, but directing more efforts to those living in our most deprived areas where mortality is highest.

The work needed to reduce preventable premature mortality needs to take place largely in public health and in primary prevention. Improving health behaviour is key, as is early identification and intervention, including primary care and immunisation and

[3] Exact overall rate cannot be predicted.

screening. However, this target needs to also be seen in the context of the wider determinants of health and behaviour; the standard offers that reduce the risks of disease leading to premature mortality may not be sufficient (or may not be delivered to the same standard) in our most deprived areas. As such, each of the four priority areas has an important role to play in reducing premature mortality.

3. **We will have better outcomes for our children.**

TARGET: We will be the best of our comparators for core children and young people outcomes

Children and young people have been adversely affected by the pandemic across many areas of their lives, from loss of education, socialisation and jobs as well as increasing demand for mental health services from children and young people. Giving children the best start to life will pay dividends across the life course. Therefore, rather than a single outcome, the ambition is to improve across core children and young outcomes and be the best of our comparators. This priority is not limited to children's educational attainment; children's physical and mental health and wellbeing will be explicitly included.

Considerable work has already taken place on this topic and system-wide strategies currently already exist (or are in development) focusing on the main aspects of children and young people's lives. These strategies are led by the Children's and Maternity Collaborative who working across health, education and local authorities in Cambridgeshire and Peterborough. This has not been further defined at present because of the likely large overlap with the children and young People and mental health priority-specific targets. An important early step for these priorities will be to determine what outcomes should be included as overarching goals for the whole strategy and are likely to include the aspects below

- Best Start in Life (children 0-5 yrs)
- Strong Families Strong Communities (children and young people 5-25 yrs)
- Children and Young People's Mental Health
- Special Educational Needs and Disabilities including autism
- Autism

How are these goals linked?

These three overarching goals all interact. Improving child health will have significant effects on improving healthy life expectancy, because healthy life expectancy is strongly influenced by deaths in younger age groups. Reducing premature mortality will also affect healthy life expectancy, both by preventing death, but also because most of the conditions that contribute to premature mortality also cause substantial ill health for many people before death. If we are able to improve interventions to prevent these conditions in the first place then as well as preventing deaths, we will also prevent the associated ill health burden that reduces healthy life expectancy.

The focus on inequality means that we have to carefully consider how to do things differently – the 'easier' groups to influence are often those who are better off. Working with these better off groups would see overall rates decrease, but unless rates decrease faster for the more deprived then inequalities will worsen. Improving

outcomes for people at the most deprived end of the spectrum can be much harder, but it is also where there is most room for improvement.

The impact of Covid-19 on these metrics

Much of the full impact of the pandemic does not yet show up in these metrics. The healthy life expectancy data available at present only goes up to 2019, as do our small-area data on preventable premature mortality which allows us to see local inequalities in early deaths.

We know that overall life expectancy has shown a sharp downturn however in 2020, a pattern seen clearly in the charts below for men in Cambridgeshire and Peterborough though less apparent for women in our areas. Healthy life expectancy will have been similarly affected and so we will be starting from a lower base in 2022 than suggested by the figures above. We also know that Covid-19 has disproportionately affected our more deprived areas and communities, as is the case across the UK and beyond. As such, inequalities in healthy life expectancy and in premature mortality are likely to have worsened in the last two years.

We recommend revisiting the targets when data is available to give us a more accurate picture of our starting point at the beginning of 2022.

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
18 JULY 2022	PUBLIC REPORT

Report of:	Director of Law and Governance	
Cabinet Member(s) responsible:	Councillor Coles, Cabinet Member for Finance and Corporate Governance	
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer Charlotte Cameron, Democratic Services Officer	Tel. 07984042728 07870153052

REVIEW OF 2021/2022 AND WORK PROGRAMME FOR 2022/2023

RECOMMENDATIONS	
FROM: Director of Law and Governance	**Deadline date:** *N/A*

It is recommended that the Adults and Health Scrutiny Committee:

1. Considers items presented to the Adults and Health Scrutiny Committee during 2021/2022 and make recommendations on the future monitoring of these items where necessary.

2. Determines its priorities and approves the draft work programme for 2022/2023 attached at Appendix 1.

3. Notes the Recommendations Monitoring Report attached at Appendix 2 and considers if further monitoring of the recommendations made during the 2021/2022 municipal year is required.

4. Notes the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Adults and Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3.

1. ORIGIN OF REPORT

1.1 The report is presented to the Committee on behalf of the Director of Law and Governance.

2. PURPOSE AND REASON FOR REPORT

2.1 To provide the committee with a review of the work undertaken during 2021/2022 by the Adults and Health Scrutiny Committee and to consider if further monitoring of these items is required.

To determine the committee's priorities and approve the draft work programme for 2022/2023 attached at Appendix 1.

To note the recommendations made last year attached at Appendix 2 and consider if further monitoring is required.

To note the Terms of Reference for this Committee attached at Appendix 3.

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, paragraphs 2.1, and paragraph 3, Specific Role of Overview and Scrutiny, sub paragraphs 3.1, 3.2, 3.3 and 3.5.

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

4.1 The Adults and Health Scrutiny Committee was established by Council at its Annual meeting on 26 May 2021.

4.2 During 2021/2022 the Adults and Health Scrutiny Committee scrutinised the following items:

4.2.1 **Monitoring / Calling to Account**

- Managing COVID-19 Public Health Update
- Cambridgeshire and Peterborough Adult Social Care Partnership Boards 2020/2021 Annual Report.
- Primary Care Update – Relating to Access to Primary Care During the COVID-19 Pandemic
- Update Report on the Development of the Integrated Care System for Cambridgeshire and Peterborough
- East of England Ambulance Service NHS Trust (EEAST) report on Progress on CQC Inspection target and Overview of Performance in the Peterborough area.
- COVID Recovery Plan for Elective Care and Winter Pressures.
- Scrutiny of the Relationship between the Council and Private Sector Commercial Providers
- Cambridgeshire and Peterborough Safeguarding Adult Board Annual Report 2019/2020
- Portfolio Progress Report from the Cabinet Member for Adult Social Care, Heatlh and Public Health including the Adult Services Self-Assessment
- Update on relocation of the Urgent Treatment Centre and GP Out of Hours Service Peterborough including North-West Anglia NHS Foundation Trust Update on Progress with the Green Travel Plan
- CPFT Section 75 Mental Health Annual Report
- Adults Social Care Annual Complaints Report 2020/2021

Policy / Plans / Consultation

4.2.2
- Adult Social Care Recovery Plan Update
- All Age Autism Strategy Consultation Report
- Neurological Psychical Rehabilitation Consultation

Call-In

4.3 None

Task & Finish Groups

4.4 None

Joint Committees

4.5
- Joint Scrutiny of the budget, Medium-Term Financial Strategy 2022/2023 to 2024/2025 - 17 November 2021
- Joint Scrutiny of the budget, Medium-Term Financial Strategy 2022/2023 to 2024/2025 - 9 February 2022

Recommendations Made

4.6 A list of any recommendations made during the year are attached at Appendix 2 for consideration.

5. WORK PROGRAMME 2022/2023

5.1 The Committee is asked to consider the work undertaken during 2021/2022 and make recommendations on the future monitoring of any of these items where necessary.

5.2 In preparing a work programme for 2022/2023, the Committee is requested to consider its functions as set out in the terms of reference attached at Appendix 3 - Part 3, Section 4, Overview and Scrutiny Functions and Terms of Reference, paragraph 2.1 section 3.

5.3 A draft work programme which shows the items identified for scrutiny at the Annual Work Programming Session held on 16 June 2022 is attached at Appendix 1 for consideration and approval.

6. CONSULTATION

6.1 None.

7. REASON FOR THE RECOMMENDATIONS

7.1 To ensure the Scrutiny Committee fulfils the requirements as set out in the terms of reference attached at Appendix 3.

8. IMPLICATIONS

8.1 **Financial Implications**

None.

8.2 **Legal Implications**

A review of last year's priorities, acting upon lessons learnt and continuous improvement and approval of the coming year's Scrutiny priorities providing a planned and focussed approach to the work of Scrutiny, is in keeping with good governance.

8.3 **Equalities Implications**

None.

8.4 **Rural Implications**

None.

9. BACKGROUND DOCUMENTS

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

9.1 Minutes of the meetings of the Adults and Health Scrutiny Committee held on 13 July 2021, 21 September 2021, 9 November 2021, 11 January 2022, and 15 March 2022.

9.2 Minutes of the Joint Scrutiny of the Budget meetings held on: 17 November 2021 and 9 February 2022.

10. APPENDICES

10.1 Appendix 1 – Draft Work Programme 2022/2023
Appendix 2 – Recommendations made during 2021/2022
Appendix 3 – Part 3, Section 4 – Overview and Scrutiny Functions

Appendix 1 - ADULTS AND HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2022/2023

Updated: 24 June 2022

Meeting Date	Item	Indicative Timings	Comments
Meeting date: 5 July 2022 **Joint Scrutiny Meeting**	**Medium Term Financial Strategy** **Contact Officer: Cecilie Booth**		
Meeting Date: 18 July 2022 Draft report deadline: 29 June Final report deadline: 6 July	**Appointment of Co-opted Member 2022/2023** **Contact Officer: Paulina Ford**		
	Health and Wellbeing Overarching Strategic Approach **Contact Officer: Jyoti Atri**		
	Elective Waits and Recovery **Contact Officer: Kate Hopcraft, Director of Planned Care NHS Cambridgeshire and Peterborough and Janine Nethercliffe, Deputy Medical Director for North West Anglia NHS Foundation Trust**		
	Review of 2021/22 and Draft Work Programme 2022/23 **Contact Officer: Paulina Ford**		
	Forward Plan of Executive Decisions **Contact Officer: Paulina Ford**		

Meeting date: 13 September 2022 **Joint Scrutiny Meeting**	**Medium Term Financial Strategy** **Contact Officer: Cecilie Booth**		
Meeting date: 27 September 2022 Draft report deadline: 8 September Final report deadline: 15 September	**Annual Report from Director of Public Health** **Contact Officer: Jyoti Atri**		
	Annual Primary Care Update – how well the service is managing diseases, patient take up of health and well-being screening check, GP capacity, presentation of serious illness, working sustainability **Contact Officer: Jane Coulson**		
	Carers Survey and the Carers Strategy **Contact Officer: Debbie McQuade**		
	Monitoring Recommendations Report		
	Forward Plan of Executive Decisions		
	Work Programme 2022/2023		
Meeting date: 8 November 2022 Draft report deadline: 20 October Final report deadline: 27 October	**East of England Ambulance Service NHS Trust (EEAST) Report on progress on CQC Inspection Target and Overview of Performance in the Peterborough Area – potential annual update**		

	Contact Officer:		
	System Wide Winter Plans **Contact Officer: Jane Coulson (for now)**		
	Social Care Reforms **Contact Officer: Debbie McQuade**		
	Monitoring Recommendations Report		
	Forward Plan Of Executive Decisions		
	Work Programme 2022/2023		
Meeting date: 3 January 2023 Draft report deadline: 13 December Final report deadline: 20 December	**Portfolio Progress Report for Cabinet Member for Adult Social Care, Health and Public Health** **Contact Officer: Debbie McQuade**		
	Safeguarding Adults Board Annual Report **Contact Officer: Joanne Proctor**		
	Access to Mental Health Services and Early Help – waiting times for assessment and treatment **Contact Officer: Marek Zamborsky**		
	Monitoring Recommendation Report		
	Forward Plan of Executive Decisions		

	Work Programme 2022/2023		
Meeting date: 23 January 2023 **Joint Scrutiny Meeting**	**Medium Term Financial Strategy** **Contact Officer: Cecilie Booth**		
Meeting date: 14 March 2023 Draft report deadline: 23 February Final report deadline: 2 March	**Annual Complaints Report** **Contact Officer: Belinda Evans**		
	Mental Health Section 75 **Contact Officer: Debbie McQuade**		
	Healthy Weight Strategy **Contact Officer:**		
	Food environment within Hospitals, Hospital Food Trust Standards **Contact Officer:**		
	Monitoring Recommendation Report		
	Forward Plan of Executive Decisions		
	Work Programme 2022/2023		

Appendix 2 - RECOMMENDATION MONITORING REPORT 2021/2022

ADULTS AND HEALTH SCRUTINY COMMITTEE

Meeting date	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
13 JULY 2021	**Director of Adult Social Care, Charlotte Black**	**ADULT SOCIAL CARE RECOVERY PLAN UPDATE**	1. The Adults and Health Scrutiny Committee considered the report and **RECOMMENDED** that the Director of Adult Social Care conduct some analysis and modelling based on the WHO (**w**hat, **h**ow and **o**utcome) principle in relation to the Adult Social Care system to look at what is causing the complexities and blockages, how they could be resolved, what is the desired outcome and when could any improvements and changes be implemented.	**Response From the Director of Adult Social Care:** *The Adult Social Care Recovery Plan is describing the health and social care system and broader public services and acknowledges that the system is complex and is sometimes impenetrable. The paper also goes on to describe the work on Think Communities and the development of an Integrated Care System as the solution. In Peterborough the North Alliance is operating as an Integrated Care Partnership and undertaking work to address these issues. This is a long term piece of work that the Committee will receive regular reports on. In addition, work is taking place in Adult Social Care to review the 'customer journey' and how we can improve Adult Social Care from the customer viewpoint. Officers note the recommendation to adopt the WHO principles but do not think there is a need for any further principles to be adopted at this stage as the work described to develop an ICS and the Think Communities approach is already informed by a clear set of principles that have been agreed with partners.*	Complete

Meeting date	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
			2. The Adults and Health Scrutiny Committee **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.	**Update Response from the Chair:** Peterborough City Council continues to have an ongoing dialog with the Department for Levelling Up, Housing and Communities about Peterborough City Council's financial challenges and actions being taken. It is recommended that this recommendation should be closed and that in the new financial year a further recommendation could be made if deemed necessary.	Closed

Section 4 – Overview and Scrutiny Functions & Terms of Reference

1. OVERVIEW AND SCRUTINY COMMITTEES

1.1 The Council has appointed the following Overview and Scrutiny Committees to carry out those functions under Sections 9F to 9FI of the Local Government Act 2000, as amended by:

(a) Section 19 of the Police and Justice Act 2006 in relation to the scrutiny of crime and disorder matters;

(b) Section 244 of the Health & Social Care Act 2012 in relation to health matters; and

(c) Section 22 of the Flood Risk Management Act 2010 in relation to flood risk management.

2. TERMS OF REFERENCE

2.1 Council has established the following Scrutiny Committees and they shall have responsibility for overview and scrutiny in relation to the matters set out below:

<table>
<tr><td>1.</td><td colspan="2">Children and Education Scrutiny Committee</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td>No of Elected Members appointed by Council:

Eleven, none of whom may be a Cabinet Member.</td><td>Chairman and Vice-Chairman

Appointed by Council.</td></tr>
<tr><td></td><td>Quorum:

At least half the Members of the Committee (including voting co-opted members).</td><td>Co-opted Members to be appointed by the Committee/Council

<u>Four representatives as follows with full voting and call-in rights on education matters only</u>:
(a) 1 Church of England Diocese representative;
(b) 1 Roman Catholic Diocese representative; and
(c) 2 parent governor representatives.

No more than four non-voting members.</td></tr>
<tr><td></td><td colspan="2">Functions determined by Council

1. Children’s Services including
a) Social Care of Children;
b) Safeguarding; and
c) Children’s Health.
d) Targeted Youth Support (including youth offending).

2. Education, including
a) University and Higher Education;
b) Careers; and
c) Special Needs and Inclusion;</td></tr>
<tr><td></td><td colspan="2">Functions determined by Statute</td></tr>
</table>

	All powers of an Overview and Scrutiny Committee as set out in Sections 9F to 9FI Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, and any subsequent regulations.

2.	**Growth, Resources and Communities Scrutiny Committee**	
	No of Elected Members appointed by Council: Eleven, none of whom may be a Cabinet Member.	**Chairman and Vice-Chairman** Appointed by Council.
	Quorum: At least half the Members of the Committee.	**Co-opted Members to be appointed by the Committee/Council** No more than four non-voting members.
	Functions determined by the Council 1. Housing need (including homelessness, housing options and selective licensing); 2. Neighbourhood and Community Support (including cohesion and community safety); 3. Equalities; 4. Libraries, Arts and Museums; 5. Tourism, Culture & Recreation; 6. Adult Learning and Skills; 7. City Centre Management; 8. Economic Development and Regeneration including Strategic Housing and Strategic Planning; 9. Transport, Highways and Road Traffic; 10. Strategic Financial Planning; 11. Partnerships and Shared Services; and 12. Digital Services and Information Management.	
	Functions determined by Statute To review and scrutinise crime and disorder matters, including acting as the Council's crime and disorder committee in accordance with Sections 19 of the Police and Justice Act 2006;.	

3.	**Adults and Health Scrutiny Committee**	
	No of Elected Members appointed by Council: Eleven, none of whom may be a Cabinet Member or the Health and Wellbeing Board.	**Chairman and Vice-Chairman** Appointed by Council.
	Quorum: At least half the Members of the Committee.	**Co-opted Members to be appointed by the Committee/Council** No more than four non-voting members.
	Functions determined by the Council 1. Public Health; 2. The Health and Wellbeing including the Health and Wellbeing Board; and 3. Scrutiny of the NHS and NHS providers; 4. Adult Social Care; and 5. Safeguarding Adults.	
	Functions determined by Statute To review and scrutinise local authority services under Sections 9F to 9FI Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, and any subsequent regulations To review and scrutinise matters relating to the Health Service and to make reports and recommendations to local NHS bodies in accordance with section 244 of the National Health Service Act 2006. This will include establishing joint health committees in relation to health issues that cross local authority boundaries and appointing members from within the membership of the Committee to any joint health overview and scrutiny committees with other local authorities. (Also see The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013)	

4. Climate Change and Environment Scrutiny Committee	
No of Elected Members appointed by Council: Eleven, none of whom may be a Cabinet Member.	**Chairman and Vice-Chairman** Appointed by Council.
Quorum: At least half the Members of the committee.	**Co-opted Members to be appointed by the Committee/Council** No more than four non-voting members.
Functions determined by the Council 1. Environmental Capital; 2. Flood Risk Management;	

3. Waste Strategy & Management;
4. Climate Change;
5. Reducing Carbon Emissions and achieving Net Zero Carbon Emissions;
6. Biodiversity;
7. Green Space;
8. Trees and Woodland
9. Active Travel; and
10. Energy Generation and Consumption.

Functions determined by Statute

To review and scrutinise flood risk management in accordance with Section 21F of the Local Government Act 2000 (as amended by the Flood and Water Management Act 2010 and under the Flood Management Overview & Scrutiny (England) Regulations 2011 No. 697).

3. SPECIFIC ROLE OF OVERVIEW AND SCRUTINY

3.1 To review and scrutinise the planning, decisions, policy development, service provision and performance within their terms of reference as follows:

POLICY DEVELOPMENT AND REVIEW

3.2 Within their terms of reference the scrutiny functions will:

(a) Help the Council and the Executive to develop its budget and policy framework and service Budgets;

(b) Carry out research into and consultation about policy issues and possible options;

(c) Consider and promote ways of encouraging the public to take part in developing the Council's policies;

(d) Question Members of the Cabinet, Committees and senior officers about their views on policy proposals;

(e) Work with outside organisations in the area to make sure the interests of local people are taken into account;

(f) Question, and gather evidence from, any person who gives their permission; and

(g) Monitor and scrutinise the implementation of Council policy.

SCRUTINY

3.3 The Scrutiny Committees will:

(a) Review and scrutinise the Executive, Committee and officer decisions and performance in connection with the discharge of any of the Council's functions;

(b) Review and scrutinise the Council's performance in meeting the aims of its policies and performance targets and/or particular service areas;

(c) Question Members of the Executive, Committees and senior officers about their decisions and performance of the Council, both generally and in relation to particular decisions or projects;

(d) Make recommendations to the Executive and the Council as a result of the scrutiny process;

(e) Question, and gather evidence from any person with their consent;

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

i. By exercising the right to call-in, for reconsideration, decisions made but not yet implemented by the Executive or decisions which have been delegated to an officer;

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

iii. By scrutinising decisions the Executive are planning to make; and

iv. By scrutinising Executive decisions after they have been implemented, as part of a wider policy review.

(g) To consider petitions submitted to it;

(h) Establish ad-hoc Task and Finish Groups to investigate specific topics on a time-limited basis in accordance with the Scrutiny Committee Procedure Rules; and

CRIME AND DISORDER

3.4 The Scrutiny Committee responsible for crime and disorder shall, and any sub committees may:

(a) Act as the crime and disorder committee within the meaning of Section 19 of the Police and Justice Act 2006;

(b) Review or scrutinise decisions made, or other actions taken by bodies or persons responsible for crime and disorder strategies in the Peterborough area;

(c) Make reports or recommendations to the local authority on any local crime and disorder matter in relation to a member of the authority; and

(d) Consider any crime and disorder matters referred by any Member of the Council.

HEALTH ISSUES

3.5 The Scrutiny Committee responsible for health and any sub committees shall undertake their responsibilities under section 244 of the National Health Service Act 2006 as follows:

(a) May review and scrutinise any matter relating to the planning, provision and operation of the health service in the Peterborough area (including NHS Bodies and other NHS providers);

(b) Must invite interested parties to comment on the matter and provide reasonable notice;

(c) Take account of relevant information available to it and, in particular, from a Local Healthwatch organisation or representative;

(d) Acknowledge any referral within 20 working days and keep the referrer informed of any action taken;

(e) Request information about the planning, provision and operation of health services in the area to enable it to carry out its functions;

(f) Make reports or recommendations on a matter it has reviewed or scrutinised including;

i) An explanation of the matter reviewed or scrutinised;
ii) A summary of the evidence considered;
iii) A list of the participants involved in the reviews; and
iv) An explanation of any recommendations made.

(g) Where the Committee asks for a response, the person must respond in writing within 28 days of the request.

3.6 The Committee will consider any proposals received from a National Health Service body, Clinical Commissioning Groups or other provider about;

(a) Any substantial development of the health service in Peterborough; or

(b) Any substantial variation to the provision of NHS Services as set out the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

3.7 In considering the proposals, the Committee must take account of the effect or potential effect of the proposals on the sustainability of the Health Service in its areas and may refer proposals to the Secretary of State in certain circumstances.

FLOOD RISK MANAGEMENT

3.8 The Scrutiny Committee responsible for flood risk management, and any sub committees shall undertake their responsibilities under the Flood and Water Management Act 2010 as follows:

(a) May review and scrutinise any matter relating to the planning, provision and operation of the flood risk management in the Peterborough area;

(b) May invite those authorities responsible for flood risk management to comment on the matter;

(c) Request information from them to enable it to carry out its responsibilities; and

(d) Make reports or recommendations and request a response from flood risk management authorities.

4. MEMBERSHIP

4.1 All Members, except Members of the Executive, may be a member of a Scrutiny Committee. However, no Member may be involved in scrutinising a decision with which he or she has been directly involved. Members of the Health and Wellbeing Board should not be a member of the Health Scrutiny Committee.

4.2 It is advised that Members undertake relevant training within the past three years in order to hold a seat on a Scrutiny Committee.

CO-OPTEES

4.3 The Scrutiny Committees shall be entitled to co-opt, as non-voting members, up to four external representatives or otherwise invite participation from non-members where this is relevant to their work.

4.4 There must be at least one non-voting position reserved for a Parish Councillor from a rural area with one substitute member. The Parish Council Liaison Committee will decide these.

4.5 A Scrutiny Committee can co-opt a further three members at its discretion. One of these can be a second parish council member identified by the Parish Council Liaison Committee.

4.6 The Children and Education Scrutiny Committee shall include in its membership the following representatives. These representatives will have full voting and call-in rights on education matters only, and when other matters are dealt with they may stay in the meeting and speak:

(a) 1 Church of England Diocese representative;
(b) 1 Roman Catholic Diocese representative; and
(c) 2 parent governor representatives.

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
18 JULY 2022	PUBLIC REPORT

Report of:	Fiona McMillan, Director of Law and Governance	
Cabinet Member(s) responsible:	Councillor Coles, Cabinet Member for Finance and Corporate Governance	
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*

It is recommended that the Adults and Health Scrutiny Committee:

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

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 1 August 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: 1 JULY 2022

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 1 AUGUST 2022								
KEY DECISION REQUIRED	***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	**WARD**	***CONSULTATION***	***CONTACT DETAILS REPORT AUTHORS***	***DIRECTORATE***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES***
Award of Insurance Contract - KEY/1AUG22/02 - The existing contract for the Councils insurance arrangements runs from 1 April 2018 - 31 March 2023. (MAR18/CMDN/113). Discussions are now being held with insurance specialists and the Procurement Team to set out the specification requirements so that this contract can go out to tender with award expected in late January 2023 / early February 2023.	**Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance**	**1 April 2022**	Growth, Resources, And Communities Scrutiny Committee	All Wards	Consultation internal (Procurement), external (insurance broker advisors).	Steve Crabtree. Chief Internal Auditor. Tel: 01733 384557. Email: steve.crabtree@peterborough.gov.uk	Resources	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).**
Debt write-offs in excess of £10,000 - KEY/1AUG22/03 - Approval of debt write-offs in excess of £10,000 if applicable for Non-Domestic Rates, Council Tax, Housing Benefit overpayments and Sundry Debtor accounts.	**Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance**	**12 September 2022**	Growth, Resources, And Communities Scrutiny Committee	N/A	None	Chris Yates, Finance Manager - Business Operations, Tel:01733 384552, Email chris.yates@peterborough.gov.uk	Resources	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	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
1.	**The disposal of former playing fields at Angus Court, West Town, Peterborough - KEY/06JAN20/02** Approval to dispose of former playing fields and Angus Court	**Cabinet**	**TBA**	Growth, Resources, And Communities Scrutiny Committee	West	A number of consultation events for residents have been held for the proposed disposal of land at Angus Court and the creation of new facilities at Thorpe Lea Meadows. Consultation and information events were held at West Town Academy took place on 1 November 2018 and 7 March 2019	Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk	Resources	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DIRECTORATE*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES*
2.	**Bretton Court Redevelopment Scheme – KEY/15MAR21/04** 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 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 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	**Cabinet**	**19 September 2022**	Growth, Resources, And Communities Scrutiny Committee	Bretton	Relevant internal and external stakeholders	Helen Harris, Senior Estates Surveyor, NPS Peterborough Email: helen.harris@nps.co.uk Mobile: 07920 160181	Resources	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
3.	**PCC Homecare Framework – KEY/12APR21/02** To launch a new pseudo framework in March 2023 for the provision of care and support in the community, including homecare, supported living services and extra care.	**Cabinet**	**17 October 2022**	Adults and Health Scrutiny Committee	West	Relevant internal and external stakeholders	Ruth Miller, 07795046754, ruth.miller@cambridgeshire.gov.uk	People and Communities	It is not anticipated that there will be any documents other than the report and relevant appendices to be published

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
4.	**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.	**Cabinet**	**14 November 2022**	Growth, Resources, And 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	People and Communities	To be submitted, Housing Related Support Commissioning Strategy for Cambridgeshire & Peterborough 2020 - 2022. Procurement / Commissioning information.
5.	**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.	**Councillor Marco Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport**	**July 2022**	Growth, Resources, And Communities Scrutiny Committee	All Wards	Housing Needs are currently undertaking a soft market test and engagement with providers.	Caroline Rowan, Housing Manager, 01733 864095, caroline.rowan@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
6.	**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.	**Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance**	**TBA**	Growth, Resources, And Communities Scrutiny Committee	Central Ward	Relevant internal and external stakeholders and through the Homes England Framework.	Karen Lockwood, Programme Manager Place & Economy, Tel:07825 902794, Email: karen.lockwood@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7.	**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.	**Cabinet**	**TBA**	Growth, Resources, And Communities Scrutiny Committee	Bretton, Fletton & Woodston, Hargate & Hempstead, Hampton Vale, Park and Central.	Formal public consultation within relevant wards	Jim Newton, Assistant Director Planning & Building Control (Interim) Email: jim.newton@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
8.	**Clare Lodge and agency resource - KEY/28MAR2022/02 -** Relating to the supply of temporary agency requirements at Clare Lodge	**Cabinet**	**TBA**	Children and Education Scrutiny Committee	All Wards	Legal, Procurement, Service area, Clare Lodge, agency providers	Steve McFaden, Business, Strategy & Infrastructure Manager Clare Lodge, 01733 253246	People and Communities	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

9.	**Contract value reconciliation to accommodate transaction charges - Pay360 Capita call-off contract via KCS Framework Agreement – KEY/11APR2022/01** - Seek authorisation for increased contract value award. The cumulative contract value now exceeds the value originally awarded within a Director's Contract Award Report.	**Cabinet**	**TBA**	Growth, Resources, And Communities Scrutiny Committee	N/A	Relevant internal and external stakeholders	Jason Dalby IT Projects and Programmes ICT Project Manager, t: 01733 452562 m: 07931 176848, jason.dalby@peterborough.gov.uk	Customer and Digital Services	Director's Contract Award Report dated 25 August 2021

	KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
10.	**Variations to the Integrated Drug and Alcohol Treatment System Contract - KEY/25APR2022/03 -** Modifications to the Integrated Drug and Alcohol Treatment System contract for Peterborough between the Council and Change Grow Live Services Limited for the contract years 2022/23 and 2023/24.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**TBA**	Adults and Health Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Joe Keegan, Commissioning Team Manager Substance Misuse, Tel 07795302390, joseph.keegan@cambridgeshire.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
11.	**Approval for contract to be awarded to CIPFA to provide expertise and delivery capacity to support implementation of the Council's Improvement Plan - KEY/25APR2022/04 -** In the budget approved by Full Council in March '22 the establishment of a Budget Risk Reserve was agreed to fund the cost of transformational investment and the implementation of the Improvement Plan. This decision relates to the award of contract against this agreed reserve.	**Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance**	**11 July 2022**	Growth, Resources, And Communities Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	Amanda Askham, Director of Business Improvement and Development Tel: 07919 166328 Email: amanda.askham@peterborough.gov.uk	Business Improvement and Development	PCC's Improvement Plan is published here. Report and relevant appendices to be published.
12.	**Recommendation to deliver parkway resurfacing utilising the Peterborough Highway Services Term Service, awarding works directly to Milestone Infrastructure Services – KEY/9MAY2022/01 -** Parkway resurfacing has an approved budget of £500,000 for the next two financial years; 2022/2023 and 2023/2024. A recommendation is being made to award the works directly to Milestone Infrastructure Services utilising the existing Peterborough Highways Services contract. Using this delivery mechanism saves time and money as a full procurement exercise is not required, increases the value of work put through to the contract to contribute to the major schemes rebate and offers confidence in the quality of work being delivered.	**Cabinet**	**TBA**	Growth, Resources, And Communities Scrutiny Committee	All Wards	N/A	Amy Petrie, Principal Programme and Project Officer, Tel: 01733 452272	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DIRECTORATE*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES*
13.	**Charging residents and developers for new or replacement household waste bins - KEY/9MAY2022/03 -** For the Cabinet Member to approve the fees and charges for the charging for new / replacement household waste bins	**Councillor Nigel Simons, Cabinet Member for Waste, Street Scene and the Environment**	**11 July 2022**	Climate Change and Environment Scrutiny Committee	All Wards	Full Council budget	James Collingridge, Head of Environmental Partnerships, 01733864736, james.collingridge@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
14.	**Investment of additional funding from the Office of Health Improvement and Disparities (OHID) to improve Drug and Alcohol Treatment Services – KEY/23MAY22/01 -** There is a national focus upon lack of capacity in Adult Drug and Alcohol Services which is reflected in our local services OHID consequently has allocated additional funding for three years to Local Authorities for Service improvements. This funding will be allocated to the current provider in line with the appropriate procurement and legal advice	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**11 July 2022**	Adults and Health Scrutiny Committee	All	Service providers and multi-agency stakeholders that sit on the Peterborough and Cambridgeshire Alcohol Delivery Board	Val Thomas Deputy Director of Public Health, Email: val.thomas@cambridgeshire.gov.uk	Public Health	Cover paper, submission to OHI

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
15.	**Investment in NHS Health Checks to address the backlog created by the impact of COVID-19 pandemic – KEY/23MAY22/02 -** The NHS Health Checks Programme is a mandatory Local Authority function. Peterborough has very rates of cardiovascular disease and the Programme is a key prevention intervention for identifying and addressing cardiovascular disease risks. The COVID-19 pandemic had a huge impact on the number of NHS Checks completed and there is an urgent need to address the backlog of NHS Health Checks and ensure that risks in the population are reduced. The additional investment is to provide support to GP Practices to deliver the NHS Health Checks. GPs are an integral part of the Programme as their patient data is used to identify those eligible and they play a key role in addressing any identified clinical issues. The proposal is to commission the GP Federation in Peterborough to support the GPs to deliver the Programme. A GP Federation is a group of practices that come together to deliver services. The commission will be in line with the recommendations from procurement and legal services.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**11 July 2022**	Adults and Health Scrutiny Committee	All	GP Federations, Clinical Commissioning Group, Local Medical Committee	Val Thomas Deputy Director of Public Health, Email: val.thomas@cambridgeshire.gov.uk	Public Health	Cover paper
16.	**Investment to fund the NHS pay award for staff who work in NHS services commissioned by Public Health – KEY/23MAY22/03 -** Public Health commission services from NHS organisations. Their staff have had a 3% pay award. The Public Health Grant funding uplift for 2022/23 reflects this pay award. Local Authorities are expected to ensure that these NHS pay awards are fully met and included in any contractual arrangements or Section 75 agreements.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**11 July 2022**	Adults and Health Scrutiny Committee	All	NHS commissioned providers.	Val Thomas Deputy Director of Public Health, Email: val.thomas@cambridgeshire.gov.uk	Public Health	Cover paper
17.	**Award of the Council's gas supply contract from 1st April 2023 – KEY/6JUN22/01** - Approval of contractual arrangements for the Council's supply of gas from the 1st April 2023, following the end of the existing contract on the 31st March 2023. This will run from April 2023 to March 2027 and will be supplied by Total Energies Gas & Power as part of the ESPO framework.	**Cabinet**	**19 September 2022**	Growth, Resources, And Communities Scrutiny Committee	N/a	N/a	Chris Yates, Finance Manager (Business Operations), Tel: 01733 384552, Email: chris.yates@peterborough.gov.uk.	Resources	Contract information/ pricing schedules It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
18.	**To award a contract for the construction of a new temporary surface car park supporting regional pool and the University of Peterborough project - KEY6JUN22/02** The existing Regional Pool car park will become the site of the new University Phase 3 Living Lab (and second teaching building for ARU Peterborough). A new Regional Pool Car Park is therefore proposed and the planning application has already been submitted. This new project will see construction of a new 128-space temporary surface car park, linked footpaths, lighting improvements, service installations and associated landscaping works. Funding has been secured for the project, however a decision is required to approve the award of contract due to the anticipated contract value being higher than £500k	**Cabinet**	**TBA**	Growth, Resources, And Communities Scrutiny Committee	Central	Regional pool staff engaged throughout the provisional design process Statutory consultees engaged as part of the planning process	Kim Davies Project Manager, NPS. Kim.Davies@nps.co.uk.	Resources	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
19.	**Contract Award for Translation and Interpretation Services - KEY/20JUN22/02 -** Capita Translation and Interpretation services provides Peterborough City Council with translation and interpretation services. This Framework agreement contract with Capita expires 7th November 2022 and needs to be renewed.	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University**	**19 September 2022**	Children and Education Scrutiny Committee	All Wards	Relevant internal stakeholders	Helen Andrews Commissioning Manager Tel: 07557155633 Email: helen.andrews@cambridgeshire.gov.uk	People and Communities	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER including exempt annexes
20.	**Approval for contract to be awarded to Milestone to deliver improvements to the Green Wheel cycleway – KEY/29JUN22/01** - The Cambridgeshire and Peterborough Combined Authority (CPCA) has allocated £750k towards improvement works to the Green Wheel, this is funding that the CPCA has committed for active travel between 2022/23 to 2024/25.	**Councillor Marco Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport**	**11 July 2022**	Climate Change and Environment Scrutiny Committee	All Wards	Consultation will take place with the Peterborough Cycle Forum.	Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk	Place & Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
21.	**Implement recommendations from the Peterborough Parking Strategy – KEY/29JUN22/02** - A Parking Strategy has recently been produced for the city. This decision will present recommendations to members for consideration ahead of implementation including: revising parking charges, implementing new charges and consolidating assets.	**Cabinet**	**11 July 2022**	Growth, Resources, And Communities Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk	Place & Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
22.	**Key Decision to approve an extension of the current Section 75 agreement for two years with Cambridgeshire Community Services for the provision of Sexual and Reproductive Health Services – KEY/29JUN22/03** - To approve an extension for two years of the Section 75 agreement with Cambridgeshire Community Services for the provision of Sexual and Reproductive Health Services. This agreement is held by Cambridgeshire County Council though a Delegated Authority agreement with Peterborough City Council, the extension will mean an end date for the Section 75 of 31 March 2025.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**11 July 2022**	Adults and Health Scrutiny Committee	All Wards	A consultation was undertaken with service users prior to establishing the current Section 75 agreement which commenced April 1 2021	Val Thomas, Deputy Director of Public Health Tel: 07884 183374 Email: val.thomas@cambridgeshire.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
23.	**St Georges Hydrotherapy Pool – KEY/29JUN22/04 -** Decision regarding the future of the St George's Hydrotherapy Pool, taking into account the following Motion: "Council calls upon the leader and the cabinet to urgently examine all possible options for re-opening the St George's Hydrotherapy pool either permanently or temporarily pending alternatives becoming available and to report back on progress to the next available meeting of Full Council."	**Cabinet**	**11 July 2022**	Growth, Resources, And Communities Scrutiny Committee	Dogsthorpe	Paper was discussed at Full Council and a motion put forward	Rob Hill - Assistant Director: Community Safety Tel:07815558081 Email: rob.hill@peterborough.gov.uk	Place & Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
24.	**Extension of Household Support Grant – KEY/18JUL22/01 -** To approve proposed spend of next round of Household Support Grant funding	**Cabinet**	**30 September 2022**	Adults and Health Scrutiny Committee	All Wards	CMDN	Helen Gregg, Strategic Programmes & Partnership Manager, Tel: 07961 240462, Email: helen.gregg@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

25.	**Tenancy Sustainment and Employment Support Grant – KEY/18JUL22/02 -** The Council is going through procurement for a Tenancy Sustainment and Employment Support service until 31 March 2025. This is Rough Sleeper Initiative Funding that we have been successful for.	**Councillor Marco Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport**	**November 2022**	Adults and Health Scrutiny Committee	All wards	There will be a full procurement exericse	Sarah Scase, Housing Needs Operations Manager, 07920 160502, sarah.scase@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

DECISIONS TO BE TAKEN IN PRIVATE								
KEY DECISION REQUIRED	***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	***WARD***	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DIRECTORATE***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES***
Disposal of land at A1/A605 – KEY/1AUG22/01 - Newlands development have proposed a development within HDC. However, to enable a larger development, the developer requires an area of CRA land, within PCC ownership, to be enhanced and enable planning permission. The land is therefore a ransom strip and a figure has been negotiated with the developer.	**Cabinet**	**19 September 2022**	Growth, Resources, And Communities Scrutiny Committee	Orton Waterville	Consultation has been carried out with the Interim Head of Property, external valuers	Christine Addison Interim Head of Property	Resources	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. **The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).**

PREVIOUSLY ADVERTISED DECISIONS TO BE TAKEN IN PRIVATE

	KEY DECISION REQUIRED	***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	***WARD***	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DIRECTORATE***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES***
1.	**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.	**Cabinet**	**19 September 2022**	Growth, Resources, And Communities Scrutiny Committee	Central	Relevant internal and external stakeholders.	Christine Addison Interim Head of Property	Resources	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. There will be an exempt annex with details of the commercial transaction.
2.	**64-68 Bridge Street, dilapidation works – KEY/26APR2021/02 –** Approval to carry out dilapidations works at 64-68 Bridge Street, Peterborough.	**Cabinet**	**TBA 2022**	Growth, Resources, And Communities Scrutiny Committee	Central	Relevant internal and external stakeholders	Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk	Resources	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).**

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY DECISIONS								
DECISION REQUIRED	***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	***WARD***	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DIRECTORATE***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES***
None								

PREVIOUSLY ADVERTISED NON-KEY DECISIONS

	DECISION REQUIRED	*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DIRECTORATE*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES*
1.	**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.	**Councillor Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport**	**July 2022**	Growth, Resources, And Communities Scrutiny Committee	Park Ward	Relevant internal and external stakeholders. A forum has been set up by the Combined Authority involving representatives from finance, legal, property and social care.	Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk	Resources	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).
2.	**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** 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.	**Councillor Howard, Cabinet Member for Adult Social Care, Health & Public Health**	**July 2022**	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Amy Hall, Children's Public Health Commissioning Manager, Tel:07583040529	Public Health	CMDN to authorise delegation of HCP commissioning functions from PCC to CCC - https://democracy.peterborough.gov.uk/mgIssueHistoryHome.aspx?IId=22331&PlanId=395&RPID=0

	DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
3.	**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.	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University**	**July 2022**	Children and Education Scrutiny Committee	All Wards	There has been widespread consultation including with children and young people in care.	Nicola Curley: Director of Children's Service, Email: nicola.curley@peterborough.gov.uk	People and Communities	Scrutiny Report
4.	**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.	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University**	**July 2022**	Children and Education Scrutiny Committee	Werrington	Public meeting held on 20 September 2021 at Ken Stimpson School. Prior to this, a detailed background information document was circulated to interested parties.	Jonathan Lewis, Service Director, Education Email:jonathan.lewis@peterborough.gov.uk	Education	Cabinet Member Decision Notice, Background Information Document It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
5.	**Approval to enter into a Section 75 Partnership Agreement with Cambridgeshire and Peterborough NHS Foundation Trust** 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.	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University**	**11 July 2022**	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Helen Andrews, Children's Commissioning Manager helen.andrews@cambridgeshire.gov.uk	People and Communities	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
6.	**Approve the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 –** to discuss and agree the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025, for final approval by the Health and Wellbeing Board.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**September 2022**	Adults and Health Scrutiny Committee	Dogsthorpe	Chair and vice chair of adults and health committee, Director of Public Health, Mental health boards	Joe Davies Email:joseph.davies@cambridgeshire.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7.	**PCC/CCC Delegation Agreement for jointly procured Floating Support service -** Approval of Delegation Arrangements to allow CCC to implement and manage this contract on behalf of PCC	**Councillor Howard, Cabinet Member for Adult Social Care, Health & Public Health**	**July 2022**	Adults and Health Scrutiny Committee	All Wards	Feedback sought from existing customers, staff and external partners/stakeholders prior to commencing re-procurement	Lisa Sparks, Senior Commissioner (ASC Commissioning), 07900163590, lisa.sparks@cambridgeshire.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
8.	**Enhanced falls prevention service section 75 -** Delegation to Cambridgeshire County Council to enter into a section 75 agreement with Cambridgeshire and Peterborough NHS Foundation Trust for an enhanced falls prevention service	**Councillor Howard, Cabinet Member for Adult Social Care, Health & Public Health**	**July 2022**	Adults and Health Scrutiny Committee	All wards	N/A	Emily Smith, Consultant in Public Health, emilyr.smith@cambridgeshire.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

9.	**Approval and Endorsement of a new countywide Infant Feeding Strategy -** Decision sought to approve and endorse a countywide Infant Feeding Strategy developed collaboratively between Public Health and the Cambridgeshire & Peterborough Clinical Commissioning Group (CCG). This decision includes approval of overall strategy and underpinned action plans required to implement this.	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the the University**	**September 2022**	Children and Education Scrutiny Committee	All Wards	Maternity Voices Partnerships, who are made up of service user representatives and key stakeholders spanning maternity, health visiting and the third sector have coproduced the strategy alongside Local Authority and CCG colleagues.	Amy Hall, Children's Public Health Commissioning Manager, amy.hall@peterborough.gov.uk, 07583040529	Public Health	Paper and Strategy to be submitted closer to the Cabinet meeting

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

DECISION TAKEN	*DECISION MAKER*	*DATE DECISION TAKEN*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DIRECTORATE*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES*
Contract for cloud-based services hosting the Council's server estate - JUN22/CMDN/11 - The Leader: 1. Extended the 2021 contract for cloud-based services from Amazon Web Services UK Limited (AWS) by up to the two years agreed within the contract to a further value no greater than £1,000,000 2. Authorised the Corporate Director: Resources to vary this Contract if the Council has to amend its detailed business requirements, but subject to a maximum aggregate value (i.e. including the 2021 contract) of 150% of the approved value of the 2021 contract, being £1,460,000 (BPS).	**Councillor Wayne Fitzgerald, Leader of the Council**	**30 June 2022**	Growth, Resources, And Communities Scrutiny Committee	N/A	None.	Kevin Halls, IT Finance Contract Manager Tel Email	Customer and Digital Services	

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 Howard; 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.

DIRECTORATE RESPONSIBILITIES

RESOURCES DEPARTMENT **Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY**
Financial Services
Internal Audit, Insurance and Investigations
Peterborough Serco Strategic Partnership (Business Support, Corporate Procurement, Business Transformation and Strategic Improvement, Customer Services, Shared Transactional Services)
Corporate Property
Registration and Bereavement Services

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)
Information Governance, (Freedom of Information and Data Protection)

HUMAN RESOURCES - **Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY**
(Business Relations, HR Policy and Rewards, Training and Development, Occupational Health and Workforce Development)

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)
(Markets and Street Trading, City Centre Management including Events, Regulatory Services, Parking Services, Vivacity Contract, CCTV and Out of Hours Calls)

PUBLIC HEALTH DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY
Health Protection, Health Improvements, Healthcare Public Health.

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