

## SCRUTINY COMMISSION FOR RURAL COMMUNITIES

**MONDAY 14 JANUARY 2013**  
**7.00 PM**

**Bourges/Viersen Room - Town Hall**

### 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 Meeting Held on 19 November 2012** 1 - 8
4. **Educational Attainment / School Transport in Rural Areas** 9 - 18
5. **Update on Superfast Broadband in Rural Areas** 19 - 22
6. **Provision of Primary Care in Rural Areas** 23 - 44
7. **Forward Plan** 45 - 56
8. **Work Program** 57 - 60
9. **Date of the next Meeting**

26 March 2013



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

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

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Committee Members:

Councillors: D Over (Chairman), D Lamb (Vice Chairman), D Sanders, McKean, E Murphy,  
D Harrington and N Sandford

Substitutes: Councillors: S Allen, J R Fox and Sylvester

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

**MINUTES OF A MEETING OF THE  
SCRUTINY COMMISSION FOR RURAL COMMUNITIES  
HELD IN THE  
BOURGES & VIERSEN ROOMS, TOWN HALL, PETERBOROUGH  
ON  
19 NOVEMBER 2012**

**Present:** Councillors D Over (Chairman), D Lamb (Vice-Chairman), E Murphy and N Sandford

<b>Officers in Attendance:</b>	Charlotte Palmer	Climate Change Team Manager
	Marian Smith	Community Carbon Reduction Officer
	Amy Bowles	Senior Projects and Programme Officer
	Sally Savage	Principal Programming and Project Officer
	Sean Evans	Housing Needs Manager
	Leonie McCarthy	Social Inclusion Manager
	Dania Castagliuolo	Governance Officer

**1. Apologies**

Apologies were received from Councillors Harrington and McKean

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

There were no declarations of interest

**3. Minutes of the meeting held on 17 September 2012**

The minutes of the Scrutiny Commission for Rural Communities meeting held on 17 September 2012 were not approved at this meeting.

**4. Making Villages Energy Sustainable**

This report was presented at the request of the Commission to provide an update on options for making villages energy sustainable. The report specifically focused on a pioneering EU-funded project based in Glinton and Peakirk, which would hopefully have future links to the wider rural area.

The following points were highlighted:

- Peterborough City Council had secured co-funding from the Regional Development Fund through the INTERREG IVB NWE Programme which would be used to increase environmental awareness and reduce carbon emissions in the villages of Glinton and Peakirk
- Between now and December 2014 the funding would be used to deliver capital investments as well as hands on practical support, contributing to the development of an EU-wide zero carbon certification system for communities
- In October 2010 Peterborough City Council was approached by the University of Applied Sciences in Berkfield, Germany to work with them to develop and deliver a project designed to produce a zero carbon certification scheme for residential communities
- Peterborough was keen to use the funding stream to bring in additional revenue to provide additionality to existing funding allocations. To achieve this the focus was on

street lighting and environmental behaviour change within the communities of Glinton and Peakirk

- The villages of Glinton and Peakirk were chosen because there was already a community green group operating. The group had delivered significant community engagement activity including events and household Standard Assessment Procedure (SAP) assessments.
- In November 2011 the first full partner meeting took place in Germany and in September 2012 Peterborough City Council appointed a Community Carbon Reduction Officer to co ordinate and oversee the deliverables
- Throughout the project Peterborough would be working with European partners who were available to provide particular expertise in the areas of green financing, greenhouse gas balancing and other innovations.
- The project would contribute directly to 'Zecos' – a new European zero carbon certification system. It would be of direct benefit to the communities of Glinton and Peakirk, reducing their CO2 output and increasing their resilience to climate change
- The project was an intensive project on two specific communities with the view that the successful elements could be rolled out to other communities in future years

Observations and questions were raised and discussed including:

- Members commented that the project seemed highly commendable and they were very supportive of the work in tackling climate change.
- Members queried whether the project would result in practical changes for individual households. *The Climate Change Team Manager advised the Commission that households would not be forced to make changes although the aim was to talk to people and work through possibilities and look for the small changes that households were willing to make.*
- Members queried if there would be sufficient resources to run the project if it were successful and was rolled out to other rural areas. *The Climate Change Team Manager advised members that this would depend on what the particular initiative was going to be. There were some projects that could be advertised across the city that would be of minimal cost.*
- Members were concerned that the Collective Switching Energy Scheme would be the cheapest but not necessarily the greenest. *The Climate Change Team Manager informed members that that there would also be an offer to switch to a green tariff.*
- Members commented that the thermal imaging was a very good project in Glinton. They queried whether the Climate Change Team could visit the other Parish Councils and give more information about the various projects. *The Climate Change Team Manager advised the Commission that the Community Carbon Reduction Officer would be attending a Parish Council meeting. If other Parish Councils wanted to invite her separately she would be happy to go along and talk to them.*
- Members requested more clarification on the street lighting aspect of the project and if they were going to be switched off at midnight or would they be fitted with LED's and commented that the Communications team may be able to help with the advertising of the projects. *The Climate Change Team Manager advised the Commission that the reason street lighting was included in the project was to secure match funding There was no specification at present as to what would happen with street lighting within the villages. The street lights being turned off would be determined by the wider council policy and what people wanted in the villages. Investment in street lighting was not due until the next financial year as part of the project.*
- Members queried whether the Climate Change Team had engaged with Peterborough Environment City Trust as they had a lot of experience in engaging with communities. *The Climate Change Team Manager informed members that her team had a close working relationship with the Peterborough Environment City Trust.*

- Members suggested that the Climate Change Team approached the hospitals as they had a lot of staff and were in contact with lots of people on a daily basis therefore they could be used to advertise the project
- Members queried whether there was an evaluation mechanism built in to the project for future performance monitoring after 2014 when the project came to an end. *The Climate Change Team Manager informed the Commission that a baseline was being generated for the project and the aim was to continue monitoring after the project had finished.*

## **ACTION AGREED**

The Committee noted the report and supported the ongoing work of making villages energy sustainable

### **5. Street Lighting in Rural Areas**

The report was written at the request of the Commission who required information regarding street lighting in rural areas and in particular with regard to the following topics:

- How the new low energy streetlights would be appropriate for rural areas
- Was there a policy over rural streetlights
- Was it possible to have alternatives to the standard model, like Victorian or other retro styles which may be appropriate to some villages
- Lighting at junctions or danger spots
- The possibility of reducing some lighting
- Was there a safety/crime aspect to street lighting

A presentation was delivered to the commission and the following key points were highlighted:

#### **Street Lighting**

- There were three main areas of work
  1. General Maintenance
  2. Energy Efficiency Scheme
  3. Column Replacements (LTP and MTFs)
- The Energy Efficiency scheme replaced the old orange light emitting lanterns with white LED's without the requirement for additional or replacement columns
- A column replacement scheme which replaced concrete and cast iron columns and replaced both column and lantern

#### **Rural Lighting**

- Street lighting was implemented to illuminate areas of public highway only
- Currently there was no specific lighting policy for rural areas. A new street lighting policy was being considered as part of the process of combining the Highways contract, this would go through the relevant consultation process
- Some authorities had switched lights off and had no significant evidence to show that there had been an increase in crime due to areas not being illuminated
- Rural lighting was often more sporadic than urban street lighting and tended to illuminate specific points such as road junctions
- A majority of lighting in rural areas would be considered for inclusion in the column replacement scheme
- £870k was awarded for ten years to replace cast iron and concrete columns and Local Property Tax contribution which varies annually

- The most suitable, efficient lighting solution would be used which would not always be an LED solution due to the difference in lighting output when compared with orange light emitting lanterns

### **Types of Street Light**

- Discussions were currently taking place regarding options for replacement columns in designated conservation areas
- Standard specification was unpainted galvanised steel columns with appropriate lanterns. The approximate cost per unit was £1380
- Painted steel columns with appropriate lanterns. The approximate cost per unit was £1380 plus ongoing maintenance to the paintwork
- Bespoke made ornamental columns with appropriate lanterns. The approximate cost per unit was £3000 - £5000

### **Further Options**

- When new lighting was installed the lantern was fitted with remote control equipment that had the potential to allow for lantern diming and or switch off
- Reducing lights in over illuminated areas could potentially be investigated however controlling light levels using the capabilities advised above was likely to be preferable to allow for future requests

The Commission were asked to consider the report and make any comments or recommendations.

Observations and questions were raised and discussed including:

- Members were concerned that one of the slides in the presentation stated that there was no evidence of an increase in crime due to areas not being illuminated but had any thought been given to the fact that people might not want to go out when areas are not illuminated for fear of crime. *The Senior Projects and Programme Officer advised the Commission that he was aware of this issue. If street lights were to be switched off then it would be much later at night when less people were on the streets.*
- Members commented that there was a high percentage of people living in rural areas that did not own cars and they needed to be mindful of those people by not making the streets dark which would restrict them from going out in the evening
- Members queried whether additional street lighting was going to be put in to rural areas as there were a significant number of housing developments in progress. *The Senior Projects and Programme Officer informed the Commission that street lighting was considered as part of a planning application when it went through the development control team for comments and through the relevant planning application process.*
- Members were concerned with the amount of street lights in rural areas which were covered by a canopy of trees. *The Senior Projects and Programme Officer assured the Commission that the street light columns were placed according to the best solution for an area.*
- Members queried whether there was a fixed payment for the use of street lights or a charge for the consumption of energy used. *The Senior Projects and Programme Officer advised the Commission that the new street lighting was generally metered and old street lighting was usually unmetered. The cost was calculated by the energy provider based on Peterborough's street lighting inventory.*
- Members requested that before any street light columns were replaced in rural areas that a general introduction was given to the Rural Neighbourhood Committee and Parish Councils to obtain their opinion before any work was carried out.

- Members were concerned that there was a lack of police in rural areas therefore the crime rate has risen slightly. Street lights gave some reassurance to the local people therefore they should not be greatly reduced or switched off.
- Members commented that the council should have a small amount of money set aside for additional street lighting in rural areas for potential danger spots.

## RECOMMENDATIONS

The Commission recommends that the Council have funds set aside for additional street lighting in rural areas where there are particular issues of safety.

The Commission endorsed the report on Street Lighting in Rural Areas

## 6. Consultation on the Draft Common Housing Allocations Policy

This report was presented to the Commission to obtain their views on the proposed review of the Common Housing Allocations Policy.

The following points were highlighted:

- Peterborough City Council currently operated the Peterborough Common Housing Register in partnership with ten Registered Social Landlords that had accommodation in Peterborough
- Currently Peterborough operated an open Housing Register open to all who wished to apply as long as they were over 16 years of age, except where:
  - ❖ They did not have the right to reside in the UK
  - ❖ They had previously been guilty of unacceptable behaviour, which would make them an unsuitable tenant
- Due to the open register there had been a large increase in the number of live applications (9324 as of July 2012) These were prioritised in to five bands:
 

311	Applicants in band 1 (highest priority)
3137	Applicants in band 2
1280	Applicants in band 3
3338	Applicants in band 4
1258	Applicants in band 5 (lowest priority)
- Due to such high demand for general needs accommodation most applicants in bands 4 and 5 would never be successful for an allocation of accommodation.
- Between April 2011 and April 2012 1258 properties were allocated through the choice based lettings scheme, during the same period 2678 new applications were accepted
- The Localism Act 2011 made an amendment to the Housing Act 1996 which gave local authorities the power to set their own qualifying criteria for people who were allowed to join the housing register
- The proposed amended allocations policy made full use of these powers by setting the entry criteria to the housing register to those who were in the most urgent housing need This included:
  - ❖ Homeless households
  - ❖ Those who were threatened with homelessness
  - ❖ Those living in insanitary or unsatisfactory housing conditions
  - ❖ Those who needed to move for social/welfare reasons, or
  - ❖ Those for whom failure to assist in moving would cause particular hardship
- It was proposed that Peterborough City Council only accepted applications from those who had a connection with Peterborough. A connection would be established:
  - ❖ By having lived in the area for 6 of the last 12 months or 3 of the last 5 years

- ❖ By having immediate family members who lived in the area and had done for the last 5 years
- ❖ For those who were working in the city
- ❖ For those who needed to move to the area for special reasons e.g. in order to receive specialist medical care
- It was also proposed to exclude applicants who owned suitable accommodation or had sufficient financial resources from joining the register. This would not apply to those over 55 and eligible for sheltered accommodation
- Those who had previously behaved in an unacceptable manner would continue to be excluded from the housing register
- From April 2013 households in receipt of housing benefit who were living in social housing would be assessed to determine what size property they required based on the same criteria as if they were renting in the private sector
- Any household assessed under the criteria who was deemed to be occupying a property larger than they required would have their housing benefit reduced by
  - ❖ 14 % if they were under occupying by 1 bedroom, or
  - ❖ 25 % if they were under occupying by 2 or more bedrooms
- Peterborough City Council were proposing to bring the bedrooms standards policy in line with the criteria to be applied from April 2013 as failing to do so would put families at greater risk of being placed in to poverty
- Local authorities could frame their allocations policy to give additional preference to serving and former members of the armed forces. It was proposed that additional preference was also awarded to applicants who:
  - ❖ Had strong local connections with Peterborough
  - ❖ Were working or training for work in Peterborough
  - ❖ Were making a community contribution
  - ❖ Were members of the armed forces, former members of the armed forces, Serving members of the armed forces who needed to move because of a serious injury , medical condition or disability sustained as a result of their service, Bereaved spouses and civil partners of members of the armed forces leaving services family accommodation following the death of their spouse or partner, Serving or former members of the Reserve Forces who needed to move because of a serious injury, medical condition or disability sustained as a result of their service
- Applicants who were awarded additional preference would receive priority over an applicant in the same priority band who did not have additional preference irrespective of the length of time they had been in the band.

The commission were asked to contribute comments and views as part of the formal consultation process, particularly in relation to housing allocations in rural areas.

Observations and questions were raised and discussed including:

- Members queried whether the Homelessness Act still applied within the criteria even if the person did not have local connections and how the Welfare Reform would affect households in terms of accumulation of rent arrears. *The Housing Needs Manager informed the Commission that this had been the biggest change in housing, housing allocation and homelessness and that over the next few years there would be significant challenges to overcome. The Homelessness Act still applied and took precedence over any changes made in policy. The Local connection would not be the criteria to qualify for the housing register it would be the criteria to qualify for additional preference*
- Members queried if the long standing local connection to qualify for additional preference was anywhere in the city or could it be for specific villages. *The Housing Needs Manager advised the Commission that the proposal was for a long standing local connection anywhere within the city.*
- Members requested clarification on the under 25 rule and whether this still applied within the new policy. *The Housing Needs Manager informed the Commission that the changes*



*implemented in January 2012 were that if you were under 25 and you wanted accommodation in the private sector and were in receipt of housing benefit, the housing benefit would only pay up to the shared accommodation room rate which was significantly lower than the one bedroom rate. In January 2012 the age was changed from under 25 to under 35 before a person could receive the one bedroom rate of housing benefit.*

- *Members queried how this would affect housing benefit for parents of a young person living with them who was 18 and not working. The Housing Needs Manager advised the Commission that the parents would receive a housing benefit reduction and the young person would need to make up the difference.*
- *Members sought clarification regarding part 4 of the report which stated that having a local connection would be part of the additional preference criteria. The draft policy document, paragraph 9.9 had however stated 'Applications will not be accepted from applicants who did not have a local connection with Peterborough'. Was this part of the criteria or was it just part of the additional preferences. The Housing Needs Manager informed the Commission that it related to both the criteria and additional preferences. Once a person had qualified for the register then the additional preference category would be looked in to.*
- *Members felt that section 9.9 (iii) 'The applicant or a member of their household has immediate family parents, children, brothers, sisters and other family members (if there is a particularly close relationship) who have lived in the district for at least the past 5 years' could be open to interpretation. The Housing Needs Manager advised Members that this was open to interpretation because there could be a relationship where a family member acted as a parent or guardian and this would be up to the officer to make a decision in those circumstances.*
- *Members commented that it was good to recognise volunteering contributions within the city.*
- *Members queried whether the extra criteria for additional preferences only included the armed forces or could it be extended to the Police or Fire Service. The Housing Needs Manager advised Members that the legislation permitted the Council to look at any groups. The Council had not considered giving additional preference to any of the other groups but this could be considered going forward.*
- *The report had clearly stated what the proposal was in terms of the criteria and it also stated what the current criteria was. The consultation however had only stated the proposed criteria. Members suggested that the consultation should include both criteria in order to obtain a detailed opinion. The Housing Needs Officer advised the Commission that they had tried as much as they could within consultation questionnaire to include both criteria, in addition to this there was a covering letter with the questionnaire explaining the proposed changes in more detail. The consultation had been distributed to everybody who had a live application with the housing register plus there was information available on the Council website and officers giving telephone advice.*
- *Members queried who would be deal with any appeals. The Housing Needs Manager informed the Commission that the proposal to conduct reviews would be for a combined panel which consisted of two representatives from the Housing Needs Service and operational managers from the Council's partner Housing Associations.*
- *Members were concerned that people in their early 50's were going in to the sheltered accommodation in Barnack from all around the city. The Housing Needs Manager informed the Commission that sheltered accommodation had an age restriction for people over the age of 55 though sometimes they could have a partner who was under 55. There was a difficulty with letting sheltered accommodation to remote locations like Barnack therefore sometimes it was a case of leaving the property empty or housing a person with a lower age limit.*
- *Members queried whether the Council dealt with housing needs by assisting people to find housing within the private sector and how was that dealt with in the rural areas. The Housing Needs Manager advised Members that they currently assisted households to meet their housing needs. The stock of social housing was very limited therefore*

*everything was done to assist people by finding them other forms of housing. There was an initiative in place called the rent deposit scheme where the Council were able to assist households to secure accommodation in the private sector for a six or twelve month assured short hold tenancy. This was used as a homelessness prevention tool. The Council were given new powers under the Localism Act to discharge its homelessness duties by way of a private sector tenancy. There were some restrictions around suitability of the accommodation therefore there was still some work to do regarding the private sector to ensure the Council were meeting the suitability requirements. Rural areas did not have much private sector accommodation and if there was then the rent would be considerably high for somebody on housing benefit.*

## **RECOMMENDATION**

The Commission recommends that the Cabinet Member for Housing, Neighbourhoods and Planning investigates the feasibility to grant additional preference within rural areas to housing applicants of substantive and long standing Village connections.

## **ACTION AGREED**

The Housing Needs Manager agreed to consider looking in to extending the additional preference criteria to the Police and Fire Service.

## **7. Notice of Intention to Take Key Decisions**

The Committee received the latest version of the Council's Notice of Intention to Take Key Decisions, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Plan and, where appropriate, identify any relevant areas for inclusion in the Committee's work programme.

## **ACTION AGREED**

The Commission asked for clarification on the Notice of Intention to Take Key Decisions which was formerly the Forward Plan as it did not include dates of when the decisions would be taken.

## **8. Work Programme**

Members considered the Commission's Work Programme for 2012/13 and discussed possible items for inclusion.

## **ACTION AGREED**

To confirm the work programme for 2012/13 and the Governance Officer to include any additional items as requested during the meeting.

## **9. Date of Next Meeting**

14 January 2012

*The meeting began at 7.00pm and ended at 8.55pm*

CHAIRMAN

<b>SCRUTINY COMMISSION FOR RURAL COMMUNITIES</b>	<b>Agenda Item No. 4</b>
<b>14<sup>th</sup> JANUARY 2013</b>	<b>Public Report</b>

## **Report of the Executive Director of Children's Services**

**Contact Officer – Jonathan Lewis – Assistant Director – Education and Resources**

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### **EDUCATIONAL ATTAINMENT / SCHOOL TRANSPORT IN RURAL AREAS**

#### **1. PURPOSE**

- 1.1 The committee requested a report to cover the following areas –
- Main demographic pressures on the schools and likely changes in pupil numbers in the future.
  - An overview of primary and secondary examination results for 2012 including a comparison with other city schools
  - Measures to encourage good schools to be better schools

#### **2. RECOMMENDATIONS**

- 2.1 The commission is requested to review the information presented and request further explanation/information if required to understand the delivery of education in the rural communities in Peterborough.

#### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

- 3.1 Single Delivery Plan - Programme 1 – Creating jobs through growth and improved skills and education.

#### **4. BACKGROUND**

- 4.1 There are 9 maintained primary schools within the rural area of Peterborough and one secondary school (which has academy status).
- Barnack Primary (Voluntary Controlled)
  - Castor Primary (Voluntary Aided)
  - Eye Primary (Voluntary Controlled)
  - John Clare Primary (Community)
  - Newborough Primary (Voluntary Controlled)
  - Northborough Primary (Community)
  - Peakirk cum Glinton Primary (Voluntary Aided)
  - The Duke of Bedford Primary (Community)
  - Wittering Primary (Community)
  - Arthur Mellows Village College (Academy)
- 4.2 The rural area covers a significant amount of land – there are 14.5 miles between Wittering in the West and The Duke of Bedford in the East.

#### **5. KEY ISSUES**

##### School Places

- 5.1 The population of the villages increased by 14% between the 2001 and 2011 censuses. The main

area of growth has been at Eye and the primary school has been extended to accommodate this increase.

- 5.2 The pressure on rural school places is not as acute as in urban area of Peterborough however the impact of the growth in the city has meant places in the rural schools are now filled with pupils from the urban area. In addition, capacity is also filled by pupils moving to schools from outside of Peterborough. This is particularly the case from Lincolnshire. Places cannot be reserved in schools for pupils within catchment. The government has a strong view that parental preference should apply to school admissions and any parent should be able to apply for a place in any school. Where surplus places exist, an application must be granted no matter where the parents live.
- 5.3 In the primary sector, aside from Wittering, many year groups in rural schools are full but only 11 children live are on waiting lists for their catchment of the school. Typically, rural schools exceed their published admission number (PAN) to accommodate children from within catchments as waiting lists tend to be small. Schools cannot do this in Key Stage 1 as infant class size legislation applies restricting class sizes to 30.
- 5.4 Wittering Primary School takes service children from the Wittering base and the village. It was extended to three form entry (90 pupils per year) in 2001 when the Ministry of Defence planned to increase personnel levels at the base. This decision was reversed and since then there has always been a high number of surplus places at the school. The Publish Admission Number has been lowered with developments such as the children centre. However only recently we have been informed by the Ministry of Defence that Wittering is to be retained as a military base and will begin to take in Army personnel in the very near future. We will work with the MoD to plan for any growth in numbers.
- 5.5 The table below shows the position with Primary schools places in 2014 and 2015 based upon known children in catchment –

2014 in catchment 4 year olds	Number on Roll	Capacity (2014)	Reception PAN (2014)	2014 in catchment 4 year olds	2014 surplus / (shortfall)	2015 in catchment 4 year olds	2015 surplus / (shortfall)
Barnack	136	157	23	2	21	3	20
Castor	145	157	22	16	6	8	14
Eye	346	420	60	68	-8	55	5
John Clare	101	105	15	7	8	11	4
Newborough	203	210	30	16	14	12	18
Northborough	195	210	30	6	24	10	20
Peakirk	191	210	30	18	12	11	19
The Duke of Bedford	188	210	30	30	0	26	4
Wittering	283	420	60	56	4	60	0
<b>Totals</b>	<b>1788</b>	<b>2099</b>	<b>300</b>	<b>219</b>	<b>81</b>	<b>196</b>	<b>104</b>

- 5.6 Eye and Thorney are both identified as key areas in the growth strategy. There has already been significant house building at Eye, as a result of which the capacity of the primary school has been increased from 336 to 420.
- 5.7 As a result of the relatively small number of families involved, there is often a greater fluctuation in pupil numbers for rural areas compared to urban areas. This, combined with the need to provide in-catchment places, can make place planning more difficult in rural areas
- 5.8 As new homes are built the numbers will increase. Contributions for education provision will be required from all housing developments in the rural areas. It may be necessary to look at temporary accommodation in the short term if numbers go beyond the capacity of these two schools. Both Eye and The Duke of Bedford have space to expand if numbers and developer contributions justify this. Building surplus places is expensive and schools are now funded via a national funding formula that only allocates funding based upon children attending. Therefore

creating small classes for a few extra children is not viable.

- 5.9 Birth data shows low numbers for the other primaries but Northborough takes about 13% of its pupils from Lincolnshire and pupils are travelling increasing distances to these schools because of the shortage of places nearer to home.
- 5.10 Arthur Mellows Village College is now an Academy and continues to be a very popular successful school. It is oversubscribed in every year group and will be oversubscribed for the Year 7 intake for September 2013. By applying its oversubscription criteria those within catchment will be offered places above those mainly living in the north of Peterborough who would prefer this school over those in that area. The number of pupils gaining places from Lincolnshire and the north of Peterborough changes every year depending on the number of in-catchment children also seeking a place. The school attracts a considerable number of Lincolnshire children into its 6<sup>th</sup> Form.
- 5.11 The situation relating to the growth of Wittering is of concern as AMVC is full in all year groups. Some children living in the AMVC catchment currently choose to attend Stamford schools as they can be closer to home. As a result, the surplus places have been filled by pupils from the North of the City.

### Education Attainment

- 5.12 Appendix 1 gives the performance of rural primary schools in Peterborough in comparison to the City Schools and to England as a whole. The table outlines results for those pupils who are in Year 6 (age 11) and are from Key Stage 2 tests taken in May annually.
- 5.13 At this age, the expected level of attainment for these pupils is at least Level 4 of the National Curriculum. In addition, it is expected for pupils to have made progress by at least 2 levels from the end of KS1 (age 7) to the end of KS2 (age 11). The information in appendix 1 looks at the 3 floor targets (i.e. the target for schools to achieve as a minimum) for
- The percentage of children achieving Level 4 or above.
  - The percentage of children achieving two levels of progress from key stage 1 in English.
  - The percentage of children achieving two levels of progress from key stage 1 in Maths.
- 5.14 Where schools are below the required level in two of these areas, they are considered to be vulnerable by the Department for Education. Where schools are below all 3 measures, they are considered below the floor and it is expected that significant intervention would take place by the local authority.
- 5.15 As the information shows, the performance of schools in the rural area is strong. The School Improvement Team within the local authority is working intensively with those schools in the vulnerable category to drive up standards and improve the outcomes for children.
- 5.16 There is only one rural secondary school in Peterborough. However a proportion of children from within the rural area access both Peterborough city schools (particularly those have a particular ethos e.g. faith) and those schools outside of the borders of Peterborough. Appendix 2 gives the performance of Arthur Mellows in comparison to the City Schools and to England as a whole. The table outlines results are for those pupils who are in Year 6 (age 11) and are from Key Stage 2 tests taken in May annually.
- 5.17 These results are for those pupils who were in Year 11 (age 16) during 2010-11, and are from GCSE Examinations taken in 2012.
- 5.18 The expected level of attainment for these pupils is at least Grade C and for pupils to have made progress by at least 3 levels from the end of KS2 (age 11) to the end of KS4 (age 16).
- 5.19 The measures reported on are for the proportion of students achieving:
- at least 5 A\* - C grades, including English and mathematics;
  - The proportion of students making expected progress in English
  - The proportion of students making expected progress in mathematics

- 5.20 Arthur Mellows is a high performing school which is performing above government expectations and this was recognised in their last Ofsted Inspection.
- 5.21 Appendix 3 outlines the current early years provision, all of which are run by the private, voluntary or independent sector.
- 5.22 The Local Authority's approach to improving standards in schools across the city is through the following activities –
- Formal “Standards Performance and Safety” Warning Notices and more informal Letters of Concern are issued to schools which are performing below ‘floor standards’. Likewise academy sponsors are challenged where they are not performing. These actions require schools to document how they will improve or else the LA reserves the right to take further action if appropriate at that time which may include formal intervention or structural solutions to improve standards. The focus is now very much on a ‘no excuses’ culture.
  - Highlighting weaknesses and evaluating improvement plans in all primary schools with head teachers and governors;
  - We are currently collated expected results for schools next year (targets) and these will be challenged and may lead to intervention in their own right.
  - Undertaking focused and targeted work with school leaders and teachers in schools which are causing concern, tailored to the needs and weaknesses of the school;
  - Working with school leaders and governors by undertaking LA reviews of whole schools or departments;
  - Preparing schools and governors for the rigour of the revised Ofsted Inspection Framework, and the changes implemented in September 2012;
  - Providing advice, support, challenge and intervention around the tracking of pupil progress and the identification of target groups for whom progress has not been fast enough.
  - Reviewing where a ‘sponsored’ academy might provide the necessary stimulus to a school to improve standards especially where performance is below national expectations for a significant period of time.
  - The authority is currently reviewing a number of options around strategies to support learning across the city who have English as an additional language.
  - Focussed work is also underway around SEN through the ‘Achievement for All Programme’ which 30 schools have signed up for and more generally on strategies to raise standards.
  - The authority is a member of the Peterborough Learning Partnerships which brings together schools to offer staff within schools high quality professional development to improve standards. The partnership consists of 3 strands – leadership for learning, curriculum for learning and behaviours for learning;

#### Capital Improvements in Rural Schools

- 5.23 A key priority for the council in recent years has been the need to meet the statutory requirement to deliver school places to meet the growing demographic. However, despite this need, there has continued to be significant investment into rural school buildings. Overall, the schools are in good condition and of good suitability for the modern curriculum. The key capital investment in schools is outlined below -
- Barnack – there is a development in the village and S106 funding available to meet the needs of growing demand for school places. A two classroom extension is currently underway.
  - Castor – has had investment in recent years around building a new hall and converting the old hall for other uses. Significant roofing work has also been undertaken. There is a need to replace the boiler at the school and this is being explored as part of the energy performance management contracts.
  - John Clare – a mobile has been replaced with a new building housing the pre-school and a new reception classroom. In addition, some consequential improvements have taken place including a biomass boiler.

- Eye – a scheme has recently been completed to increase intake capacity from 48 to 60 to support the growth within the village. 3 classrooms were built at a cost of around £900k.
- Newborough – the school was rebuilt several years ago at the cost of around £2.5m.
- Wittering – like Castor, there is a need to replace the boiler at the school and this is being explored as part of the energy performance management contracts.
- Peakirk cum Glinton – there has for some time been thoughts about rebuilding the school. The Local Authorities made an application to Priority Schools Building Project but was unsuccessful. Other opportunities will continue to be explored to draw down resources to modernise the school.

### Transport Policy and Rural Schools

5.24 There are currently 126 primary aged pupils attending rural schools who access free transport to school via the Local Authority. 842 pupils attending AMVC also access free transport (see table below). In total, the Local Authority spends around £3m a year on home to school transport. This includes transportation of children with severe special educational needs.

School	Accessing free transport
Barnack	36
Castor	12
Eye	2
John Clare	2
Newborough	17
Northborough	32
Peakirk cum Glinton	1
Duke of Bedford	14
Wittering	10
Arthur Mellows	842
<b>Total</b>	<b>968</b>

5.25 There are 3 reasons why pupils access free transports to rural schools –

- This is because they either live in the area but the route to school is not a safe walking route
- They live within catchment of their school but live over 2 miles (for pupils up to 8) or 3 miles (for those pupils over 8) away from the school
- They were directed there through lack of a school place in their catchment school and they live over 2 miles (for pupils up to 8) or 3 miles (for those pupils over 8) away from the school.

5.26 The Peterborough home to school transport policy specifies the following -

- Assistance with transport will only be given to and from the nearest pick-up point for public or other transport; it is not to be assumed that 'home to school' necessarily means door to door (unless the child is not capable of getting to the nearest pick-up point)
- A parent or carer is responsible for ensuring their child's safety to a bus pick-up point including the crossing of any roads.
- The maximum distance pupils will be expected to make their own way to a pick-up point is one mile, unless determined otherwise by Children's Services
- Wherever possible, transport assistance is provided through the issuing of a bus pass for use on public transport or other contracted route. The normal arrangements for transport provide for a return journey to and from school at the beginning and end of each statutory school day. For journeys on public transport, there may be a restriction on the hours of use of the tickets issued
- If transport is provided because the pupil was 'directed' to a school because no places

were available at a school closer to the home address and then a place is offered at a preferred school; transport will be withdrawn if that place is refused.

- If transport is awarded because of a 'direction', the pupils name will be added to the catchment school waiting list, even if that school was not listed as a preference. If an offer of a place at the catchment school is refused, transport will be withdrawn (Primary only).

- 5.27 Underpinning the priorities of Peterborough's Local transport plan, the city council will encourage children to walk, cycle, or travel by bus to school for their health, educational, and social development. The city council aims to reduce the number of school journeys by car which add to traffic congestion, pollution, and danger for those children who do walk or cycle to school. In 2012, Peterborough introduced a cycle purchase scheme where a one off grant was made available to pupils eligible for free transport to purchase a bike and safety equipment of £200. In addition, to encourage cycling, a £30 a term allowance is available to secondary age pupils.
- 5.28 Home to school distance is measured by the shortest, safe walking route from the gate or access to the pupil's home to the nearest gate or access to the school along which a child, accompanied as necessary, may walk or cycle with reasonable safety. The route may include footpaths, bridleways, bridges, under-passes, and any other pathways as well as recognised roads. If a parent claims that the walking or cycling route to school is unsafe, an assessment of that route will be considered by the Passenger Transport Operations Team in association with the Network Management Team. Any safety assessments will be made with the assumption that pupils will be accompanied by a responsible adult.
- 5.29 As a result of the geography of rural Peterborough, there will always be a need to transport children particularly of secondary age from the villages into the Arthur Mellows Village College.

## **6. IMPLICATIONS**

6.1 *None*

## **7. CONSULTATION**

7.1 *N/A*

## **8. NEXT STEPS**

8.1 *None*

## **9. BACKGROUND DOCUMENTS**

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

9.1 A range of local school data, early years information and national DfE data.

## **10. APPENDICES**

- 10.1 Appendix 1 – Rural Primary Schools Education Performance  
Appendix 2 – Rural Secondary School Education Performance  
Appendix 3 - Early Years and Childcare provision in the rural areas of Peterborough



## Appendix 1 – Rural Primary Schools Education Performance

School	2007/2008		2008/2009				2009/2010				2010/2011				2011/12			
	L4+ E&M	"Status"	L4+ E&M	Eng Prog	Mat Prog	"Status"	L4+ E&M	Eng Prog	Mat Prog	"Status"	L4+ E&M	Eng Prog	Mat Prog	"Status"	L4+ E&M	Eng Prog	Mat Prog	"Status"
	60% Floor		60% Floor	87% Floor	86% Floor		60% Floor	87% Floor	86% Floor		60% Floor	87% Floor	86% Floor		60% Floor	92% Floor	90% Floor	
Barnack P	86%	none	93%	100%	93%	none	88%	100%	93%	none	81%	90%	100%	none	85%	92%	92%	none
Castor P	73%	none	80%	90%	90%	none	100%	93%	86%	none	93%	80%	93%	none	79%	95%	86%	none
Eye P	75%	none	81%	92%	85%	none	69%	85%	85%	vulnerable	60%	80%	67%	vulnerable	65%	70%	92%	none
John Clare P	73%	none	79%	89%	79%	none	75%	81%	67%	vulnerable	100%	92%	100%	none	91%	100%	100%	none
New borough P	76%	none	69%	86%	81%	vulnerable	68%	63%	67%	vulnerable	79%	89%	86%	none	89%	83%	89%	vulnerable
Northborough P	77%	none	81%	71%	88%	none	87%	84%	90%	none	81%	86%	93%	none	89%	100%	96%	none
Peakirk cum Ginton P	87%	none	93%	83%	93%	none	92%	78%	91%	none	76%	96%	89%	none	86%	96%	89%	none
The Duke of Bedford P	88%	none	85%	96%	92%	none	88%	94%	94%	none	69%	83%	83%	vulnerable	92%	84%	96%	none
Wittering P	80%	none	82%	76%	91%	none				boycott	83%	93%	95%	none	76%	96%	92%	none
Rural Average	80%		82%	86%	88%		82%	84%	85%		77%	88%	90%		84%	91%	93%	
City Average	68%		68%	86%	83%		67%	87%	84%		69%	85%	83%		73%	90%	85%	
Overall LA Primary Average	70%		69%	86%	84%		67%	86%	84%		69%	86%	83%		74%	90%	86%	
National	73%		72%	81%	80%		73%	84%	82%		74%	84%	83%		79%	89%	87%	

School	FSM	EAL	MENA	SEN	Ofsted	
Barnack P	11.4%	5.7%	2.9%	4.9%	21 June 2011	Outstanding
Castor P	7.8%	5.8%	4.4%	1.3%	12 May 2011	Good
Eye P	14.5%	6.8%	3.6%	2.2%	4 December 2012	Requires improvement
John Clare P	3.9%	2.0%	0.0%	3.9%	9 February 2012	Good
New borough P	3.7%	5.2%	0.0%	1.0%	2 November 2011	Satisfactory
Northborough P	9.7%	1.5%	0.0%	1.5%	1 December 2009	Satisfactory
Peakirk cum Ginton P	6.5%	2.2%	1.7%	0.5%	14 June 2012	Good
The Duke of Bedford P	9.1%	3.8%	1.7%	3.2%	10 July 2012	Satisfactory
Wittering P	4.7%	0.8%	1.4%	1.2%	16 March 2011	Good
Rural Average	8.4%	3.8%	1.9%	2.0%		
City Average	22.2%	38.8%	8.3%	2.6%		
Overall LA Primary Average	20.8%	35.2%	7.6%	2.5%		

## Appendix 2 – Rural Secondary School Education Performance

School	2007/2008				2008/2009				2009/2010				2010/2011				2011/2012			
	5+ incl EM	Eng Prog	Mat Prog	"Status"	5+ incl EM	Eng Prog	Mat Prog	"Status"	5+ incl EM	Eng Prog	Mat Prog	"Status"	5+ incl EM	Eng Prog	Mat Prog	"Status"	5+ incl EM	Eng Prog	Mat Prog	"Status"
	35% Floor	72% Floor	65% Floor		35% Floor	72% Floor	65% Floor		35% Floor	72% Floor	65% Floor		35% Floor	72% Floor	65% Floor		40% Floor	National median	National median	"Status"
Arthur Mellow s VC	50%	65%	52%	vulnerable	63%	82%	64%	none	65%	87%	61%	none	72%	82%	74%	none				
City Average	36%			vulnerable	39%	54%	47%	vulnerable	44%	62%	53%	vulnerable	47%	61%	55%	vulnerable				
Overall LA Primary Average	37%			vulnerable	41%	56%	49%	vulnerable	46%	64%	54%	vulnerable	49%	65%	58%	vulnerable				
National	48%				50%	66%	59%		54%	71%	63%		59%	73%	66%					

Performance Tables published 28 January 2013

School	FSM	EAL	MENA	SEN	Ofsted
Arthur Mellow s VC	4.4%	2.9%	0.0%	2.9%	Yet to be inspected - previously outstanding
City Average	16.6%	27.1%	5.0%	2.8%	
Overall LA Primary Average	15.2%	24.4%	4.4%	2.8%	

### Appendix 3 - Early Years and Childcare provision in the rural areas of Peterborough

Setting	Grading	PVI/Maintained	Type	Places	Minimum Age	Maximum Age
First Steps Nursery	Good	Private	Day Nursery	54	0yrs 2mths	5yrs 0mths
Flying Start Wittering Children and Family Services	Good	Voluntary	Day Nursery	97	0yrs 2mths	4yrs 11mths
Smiley Faces Day Nursery	Good	Private	Day Nursery	37	0yrs 3mths	7yrs 11mths
The Teddy Bears Inn Day Nursery	Good	Private	Day Nursery	39	0yrs 3mths	5yrs 0mths
Toddlers In Day Nursery	Good	Private	Day Nursery	55	0yrs 2mths	5yrs 0mths
Barnack Pre-school	Outstanding	Voluntary	Pre-school / Playgroup	16	2yrs 6mths	4yrs 3mths
Castor & Ailsworth Pre-school	Good	Voluntary	Pre-school / Playgroup	25	2yrs 6mths	5yrs 0mths
Eye Pre-school	Good	Voluntary	Pre-school / Playgroup	26	2yrs 9mths	4yrs 10mths
Glington Pre-school Playgroup	Good	Voluntary	Pre-school / Playgroup	22	2yrs 3mths	4yrs 10mths
Helpston Playhouse and Under Fives	Outstanding	Voluntary	Pre-school / Playgroup	30	2yrs 6mths	4yrs 0mths
Newborough Pre-school Playgroup	Good	Voluntary	Pre-school / Playgroup	35	2yrs 0mths	4yrs 11mths
Sunflower Seed	Good	Voluntary	Pre-school / Playgroup	36	2yrs 6mths	11yrs 0mths
Thorney Pre-school Playgroup	Satisfactory	Voluntary	Pre-school / Playgroup	24	2yrs 9mths	5yrs 0mths

Day nurseries - 100% good ofsted grading

Pre-schools - 25% outstanding, 63% good (total of 88% good or above), 13% satisfactory, 0% inadequate

214 Pre-school Places

282 Day nursery places

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<b>SCRUTINY COMMISSION FOR RURAL COMMUNITIES</b>	<b>Agenda Item No. 5</b>
<b>14 JANUARY 2013</b>	<b>Public Report</b>

## **Report of the Executive Director of Strategic Resources**

**Contact Officer(s) – Richard Godfrey, ICT & Transactional Services Partnership Manager**  
**Contact Details – richard.godfrey@peterborough.gov.uk / tel 01733 317989**

### **UPDATE ON SUPERFAST BROADBAND IN RURAL AREAS**

#### **1. PURPOSE**

- 1.1 The purpose of this report is to provide the Scrutiny Commission for Rural Communities with an update on Superfast Broadband in Rural Areas following a request made by the Commission.

#### **2. RECOMMENDATIONS**

- 2.1 The Scrutiny Commission for Rural Communities are requested to endorse the work undertaken as part of the Connecting Cambridgeshire to Superfast broadband.

#### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

- 3.1 By delivering Superfast Broadband in Rural Areas some of the objectives of the Sustainable Community Strategy such as ‘delivering substantial and truly sustainable growth’ will be achieved.

#### **4. BACKGROUND**

- 4.1 Cambridgeshire County Council and Peterborough City Council are the lead authorities responsible for delivering the Connecting Cambridgeshire project. The council is working in partnership with district councils, the Greater Cambridgeshire and Greater Peterborough Enterprise Partnership and key partners in business, health and education who belong to the Broadband Delivery Group. Connecting Cambridgeshire is aiming for at least 90% of homes and businesses across Cambridgeshire and Peterborough to have access to superfast broadband with speeds of 25Mbps or more and a minimum speed of 2Mbps for the remaining 10% of premises by 2015.
- 4.2 The roll out of better broadband services is due to begin in 2013 although it is too early to predict which areas would benefit first as these decisions would form part of the procurement process.
- 4.3 The criteria for Broadband Delivery UK (BDUK) funding highlighted that the implementation would focus on the areas deemed to be ‘white areas’ by BDUK to be the areas most likely to benefit from the changes. Although there was no guarantee where the infrastructure improvements would be across the country, some rural areas would be in the 10% not covered by the project to access superfast broadband.
- 4.4 There were two main arms of the project:
1. The demand registration piece
  2. The procurement of Broadband and of the supplier
- 4.5 There were a number of campaigns in Peterborough to increase the Demand Registration take up across the area. These included:
- E-mails sent to all Citizen Panel members (850+) and contacts at the Hospital, Fire and Police authorities, Peterborough City College, Serco, Vivacity, Enterprise, PECT and Perkins to add to their intranet sites for staff;

- Numerous Press Releases in the Peterborough Telegraph;
- 12,100 leaflets sent to residents in “white areas”;
- A3 posters distributed to Supermarkets, Dr’s surgeries, libraries and community centres
- Adverts placed on Facebook and Twitter;
- Full page articles in The Viewer, the Hampton Viewer and the Hampton Gazette;
- Links added to the Council’s website to Connecting Cambridgeshire;
- Links on the Council’s intranet site;
- Serpentine Green and East of England Show display stands;
- Mobile text message to over 1000 Council handsets promoting the campaign;
- Display stands at Business Focus group and the Parish Conference;
- Display stands at the Council Chief Executive staff briefings;
- Display stands at the GPP Annual Forum;
- Broadband Champions meetings with Fengate representatives;
- Leaflet distribution to all premises within Fengate;
- Posters, leaflets delivered to all primary and secondary schools in the “white areas”;
- Resource pack containing vital information handed to all Parish Councils within the “white areas” at the Parish Conference.

4.6 The final figure for Demand Registration across Peterborough and Cambridgeshire was 23,676 of which 3158 (13.34%) of the registrations were from Peterborough making it the fastest growing and one of the biggest broadband campaigns in the country. The demand registration campaign ran through to 31 December.

4.7 The project went out to tender and five suppliers passed the initial prequalification questionnaire stage. An event was held to invite suppliers in and talk to them about what was expected from them and explain what the vision was in order to give them a chance to decide whether they wanted to proceed with their bids and all five wanted to continue. The next stage was an initial submission from the potential suppliers, followed by a competitive dialogue phase, before final submission from which a supplier will be appointed early in the new year. The roll out of better broadband across Cambridgeshire and Peterborough is expected to take up to three years. At this stage, the procurement process and evaluation is still underway and the preferred supplier is still to be determined.

## **5. KEY ISSUES**

5.1 Superfast broadband will help to boost growth and create jobs, improve our health and make life easier, learn new skills for success and support people who need it.

## **6. IMPLICATIONS**

6.1 Connecting Cambridgeshire is a city-wide project and as such there are no implications for any individual Ward.

## **7. CONSULTATION**

7.1 As part of the procurement process notices were placed in the local press. There is a regular Member Officer Working Board which will receive updates on the Superfast broadband project. A presentation was given to the rural areas neighbourhood committees and resource packs issued to all parish clerks.

## **8. NEXT STEPS**

8.1 A further update report can be presented to the Scrutiny Commission for Rural Communities at an agreed date in the future. Monitoring of the Connecting Cambridgeshire project will continue through the Member Officer Working Board.

**9. BACKGROUND DOCUMENTS**

9.1 There were no background documents used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985.

**10. APPENDICES**

10.1 There are no appendices to the report.

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<b>SCRUTINY COMMISSION FOR RURAL COMMUNITIES</b>	<b>Agenda Item No. 6</b>
<b>14 JANUARY 2013</b>	<b>Public Report</b>

## **Report of the Interim Director of Primary Care**

**Contact Officer(s) – Peter Wightman**

**Contact Details – peter.wightman@peterboroughpct.nhs.uk**

### **PROVISION OF PRIMARY CARE IN RURAL AREAS**

#### **1. PURPOSE**

- 1.1 The report is being presented at the request of the Scrutiny Commission for Rural Communities as a follow up to the report presented to the Commission on 17 September 2012 on the provision of Primary Care in Rural Areas.

#### **2. RECOMMENDATIONS**

- 2.1 The Commission to comment on the report.

#### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

- 3.1 This is part of the PCT's responsibilities to ensure good access to Primary Care.

#### **4. BACKGROUND**

- 4.1 Background information is detailed in the attached report at annex 1

#### **5. KEY ISSUES**

- 5.1 Key issues are highlighted in the attached report at annex 1

#### **6. IMPLICATIONS**

- 6.1 There are no planned changes to the services located in the Peterborough rural areas.

Responsibility for commissioning Primary Care services transfer to the National Commissioning Board on 1<sup>st</sup> April 2013.

#### **7. CONSULTATION**

- 7.1 None

#### **8. NEXT STEPS**

- 8.1 To report back to the Commission at a future meeting after the transfer of Primary Care Services on 1 April 2013.

#### **9. BACKGROUND DOCUMENTS**

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

- 9.1 None

#### **10. APPENDICES**



## NHS PETERBOROUGH

### PROVISION OF PRIMARY CARE IN RURAL AREAS

#### 1 Purpose

- 1.1 The purpose of this paper is to provide further detailed information relating to the current commissioned Primary Care services in the rural areas of Peterborough.

#### 2 GP Services - Background

- 2.1 NHS Peterborough commissions Primary Medical Services using NHS Regulations and Contracts pertaining to Primary Care. These contracts relate to the delivery of Essential and Additional Services to a defined registered patient list. There are also a range of separate contractual agreements for Enhanced Services, which are either Nationally or Locally defined. These Enhanced Services are normally offered for a defined period of time which is normally no longer than 2 years. The range of Enhanced Services currently include vaccination programmes such as Influenza, Minor Surgery, and Extended Hours.
- 2.2 GP practices are also eligible to participate in the annual Quality & Outcomes (QOF) Framework which requires them to meet targets in a wide range of clinical and organisational indicators.
- 2.3 GPs are contracted to provide services between 8.00 am and 6.30pm Monday to Friday. These do not necessarily have to be face to face services for these periods. Patients whose medical condition is such that in the reasonable opinion of the contractor, attendance at the practice is unreasonable, then the contractor shall provide services at the patients address, or at a place that the GP has agreed to attend.
- 2.4 There is no mandatory retirement age for GPs. Each practice will inform the PCT once a GP has decided to retire. The practice is responsible for making arrangements to replace the out-going GP and ensure continuous delivery of the contractual requirements.
- 2.5 Patients of GP practices will have access to appropriate community services, including District Nurses, Health Visitors and Midwife Services. Some of these will be via specific regular clinics held at the practice.
- 2.6 In August 2012, each PCT was required to agree Boundary areas with their practices. The PCT has completed this process and are satisfied that there are no geographical areas that are not covered by one of our GP practices.
- 2.7 The Association of Public Health Observatories (APHO) provides GP practice data relating to their registered list and is attached for information for the two NHS Peterborough GP practices located in rural areas.

#### 3 GP Services – Services Provided in Rural Areas

##### Main sites

3.1 Ailsworth

Ailsworth Medical Practice total list size as at 1<sup>st</sup> October 2012 = 2338

The GPs providing service at the practice are

GP	Age
Laliwala, Mohsin, partner (male)	61
Laliwala, Nabeel, partner ( male)	34

The current opening hours for the practice are:

Monday to Friday 9.00 am – 1.00pm and 3.30pm to 6.30pm.

This practice provides extended opening hours on a Monday to 7.15 pm

3.2 Thorney Medical Practice

Thorney Medical Practice as at 1<sup>st</sup> October 2012 = 7531

The GPs providing service at the practice are

GP	Age
Jackson, Nicholas Raymond (Senior Partner) (Provider/Performer)	59
Knights, Andrew John (Provider/Performer)	56
Richards, Simon David (Provider/Performer)	55
Joshi, Reema (Performer)	39
Ray, Rupsha (Performer)	33
Shoaib, Ayesha Gulzar (Registrar)	
Ambalath Veettil, Faisal (Registrar)	

One of the Thorney Medical Practice GPs has given notice to the PCT of his intention to retire, effective during 2013, but this has not been finalised and is not yet in the public domain so should remain confidential at this time.

The current opening hours are as follows:

Monday	8.00am – 6.30 pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00 am – 4.00pm
Friday	8.00am – 6.30pm

Extended opening is offered on Monday evenings between 6.30pm – 8.00pm.

**Branches**

- 3.3 Newborough Medical Practice is a branch of Ailsworth Medical Practice with a list size currently of 650 patients, a figure which is not included in the Ailsworth list size above.

The opening hours for the Branch are:

Monday to Friday

9.00 am – 12.30pm and 3.30pm – 5.30 with the exceptions of Wednesday when the branch is closed and Thursday afternoon when there is no morning appointments.

3.4 Castor is a small branch of Park Medical Centre and provides minimal services in Castor.

3.5 Eye Surgery is a branch of Thorney Practice

The current opening hours are:

Monday 8.00am – 6.15pm

Tuesday 8.00am – 6.30pm

Wednesday 8.00am – 1.00pm/ 2.45pm – 6.30pm

Thursday 8.00am – 6.30pm

Friday 8.00am – 1.00pm

3.6 Patients are able to access services at the main sites when the branch is closed. In the event that a practice wishes to close their list, they are required to inform the PCT of their intention and consideration would be given to the impact any closure would have on maintaining choice and access to GP practices.

3.7 The rural practices currently have lists open to registrations of new patients and there is no indication that this position will change.

#### **4 Pharmaceutical Services**

4.1 There are Community Pharmacies located in the following locations:

- Thorney – Halls The Chemist, Church Street, Thorney
- Eye, - Boots High St Eye
- Newborough – Newborough Pharmacy

Many pharmacies provide services for patients which means that patients can have their medications delivered to their homes.

#### **5 Dental Services**

5.1 NHS Peterborough commissions Primary Dental Services using NHS Regulations and Contracts pertaining to Primary Care Dentistry.

5.2 There is one dental practice from which NHS Peterborough commissions dental services and is located in the village of Eye.

5.3 Patients who do not attend a practice and are seeking care are advised to contact PALS who have the most up to date information regarding those practices which currently have capacity.

5.4 There are no longer registered lists of patients attached to practices and it is possible for patients to choose to access dental services closer to where they live. In the case of patients living in rural areas they may choose to seek dental services from practices located in Whittlesey, Ely, March, Huntingdon and the Isle of Ely area.

- 5.5 NHSP commissions other dental services from Cambridgeshire Community services which include:
- Community Dental Services for patients with special needs.
  - Domiciliary Dental Services which are accessible to Peterborough patients meeting specific clinical criteria.
  - Dental Access Centre in Midgate, Peterborough.
  - For those patients resident outside of Peterborough City, the Cambridgeshire Dental Access Centres operate at three locations, Cambridge, Huntingdon and Wisbech.
- 5.6 Private dentistry is not commissioned by NHS Peterborough and is therefore, unable to provide information on the location of any Dental practice that solely provides private dental services.

## **6 Optical Services**

There are no Opticians located in Peterborough villages. There are a number of opticians who do provide domiciliary services. Patients would be advised to contact the PALS team who would be able to signpost patients wishing to access these services.

## **7 NHS Choices**

For patients with access to IT, NHS Choices provides comprehensive information relating to GPs and Dentists. This includes location, opening times and services offered. For patients not able to access information in this way, they would be advised to contact the PALS team.

## **8 Implications**

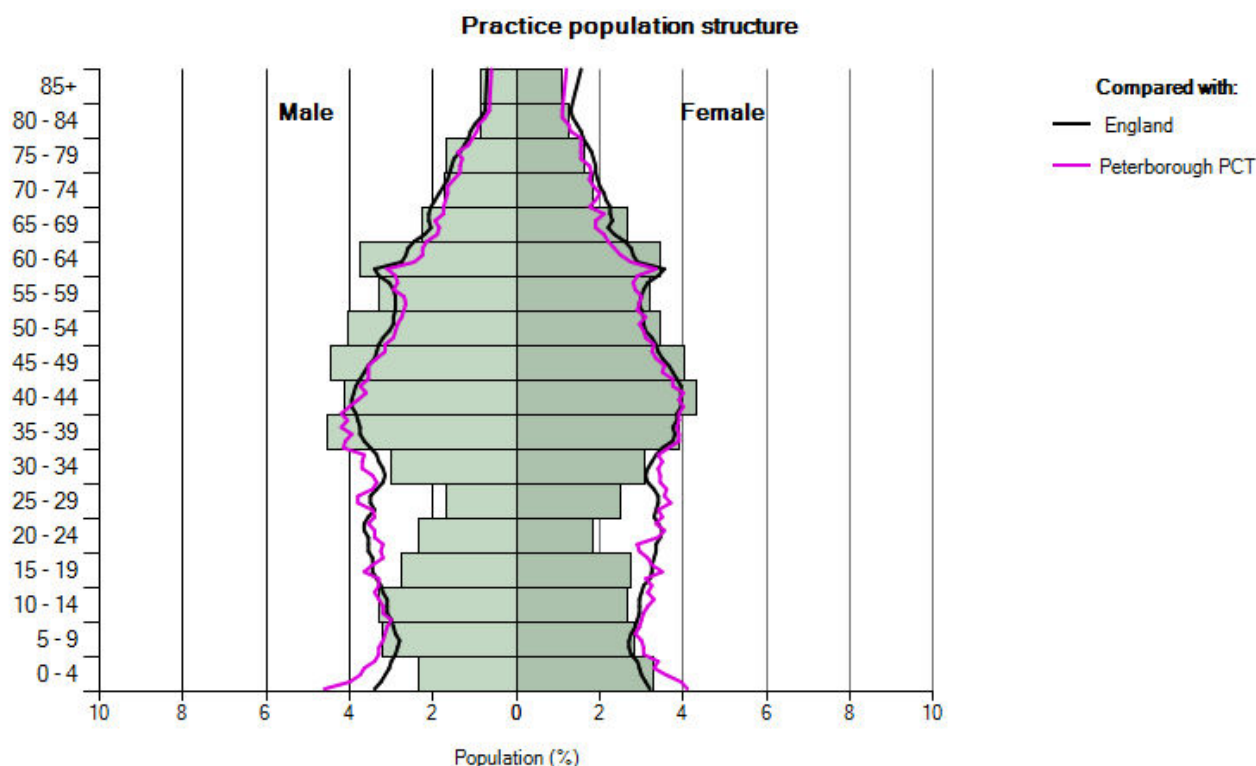
There are no planned changes to the services located in the Peterborough rural areas.

Responsibility for commissioning Primary Care services transfer to the National Commissioning Board on 1<sup>st</sup> April 2013.

*Andrea Patman, Head of Primary Care 3 January 2013*

PROFILE FOR AILSWORTH MEDICAL CENTRE COMPARED WITH Peterborough PCT

APHO General Practice Profiles



Practice Peterborough PCT Peterborough PCT  
 Average Total

Population 2072 6586 177832

Source: QOF 2009/10

Demography and patient satisfaction

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
% aged 0 to 4 years	5.6%	7.5%	5.9%	0.0%		16.9%
% aged 5 to 14 years	12.0%	12.5%	11.2%	0.0%		28.9%
% aged under 15 years	17.6%	19.9%	17.1%	0.0%		42.6%
% aged 65+ years	15.9%	12.6%	15.8%	0.0%		45.2%
% aged 75+ years	7.4%	6.2%	7.5%	0.0%		26.5%
% aged 85+ years	2.0%	1.7%	2.1%	0.0%		12.0%
Deprivation score (IMD 2007)	12.9	24.5	21.7	2.6		68.9
IDACI (Income Deprivation Affecting Children)	0.11	-	0.24	0.03		0.80
IDAOP (Income Deprivation Affecting Older People)	0.11	-	0.22	0.05		0.74
% satisfied with phone access	89.8%	58.8%	64.7%	12.1%		96.2%
% able to see a doctor within 2 days	98.3%	81.4%	80.1%	0.0%		100.0%
% able to book appointment >= 2d ahead	97.5%	65.7%	69.5%	0.0%		100.0%
% satisfied with opening hours	90.2%	81.1%	79.4%	43.5%		100.0%
% able to see preferred GP	100.0%	69.1%	71.4%	0.0%		100.0%

Cardiovascular disease - Coronary heart disease

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
CHD: QOF prevalence (all ages)	3.2%	2.9%	3.4%	0.0%		9.8%
Heart failure w LVD: QOF prevalence	0.2%	0.3%	0.4%	0.0%		2.4%
Exception rate for CHD indicators	7.0%	9.3%	7.7%	0.0%		50.0%
CHD Emergency Admission Rate	-	2.1	2.5	0.0		13.9
CHD Elective Admission Rate	4.9	2.3	1.8	0.0		10.0
Ratio of recorded vs expected CHD prevalence	0.9	0.8	0.8	0.0		2.8
CHD 2: Angina referred for exercise testing &/or ass...	90.9%	94.3%	94.7%	0.0%		100.0%
CHD 5: Record of BP in the previous 15mths	98.5%	97.5%	97.7%	64.0%		100.0%
CHD 6: Last BP reading in last 15mths is <=150/90	98.5%	89.0%	89.8%	0.0%		100.0%
CHD 7: Record of total cholesterol in last 15mths	97.0%	92.4%	93.7%	45.8%		100.0%
CHD 8: Last total cholesterol is <=5mmol/l	85.9%	81.3%	82.1%	31.0%		100.0%
CHD 9: Record that aspirin, APT or ACT is taken	92.5%	92.8%	93.9%	0.0%		100.0%
CHD 10: Currently treated with beta blocker	95.2%	73.1%	73.7%	28.6%		100.0%
CHD 11: History of MI: treated with ACE-I	85.7%	87.3%	89.1%	0.0%		100.0%
CHD 12: Influenza immunisation given 1 Sep - 31 Mar	98.4%	91.9%	91.9%	0.0%		100.0%



### Cardiovascular disease - Stroke and TIA

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Stroke: QOF prevalence (all ages)	1.6%	1.4%	1.7%	0.0%		6.0%
Exception rate for stroke indicators	7.1%	8.0%	7.1%	0.0%		100.0%
Stroke 13: New patients referred for further investi...	100.0%	89.1%	90.2%	0.0%		100.0%
Stroke 5: BP recorded in last 15mths	96.8%	96.4%	96.8%	0.0%		100.0%
Stroke 6: Last BP reading is 150/90 or less	93.5%	87.3%	88.1%	50.0%		100.0%
Stroke 7: Total cholesterol recorded in last 15mths	96.8%	90.5%	91.4%	0.0%		100.0%
Stroke 8: Last measured total cholesterol <=5mmol/l	76.7%	78.1%	77.3%	0.0%		100.0%
Stroke 12: Record of aspirin, APT or ACT taken	100.0%	94.6%	94.1%	0.0%		100.0%
Stroke 10: Influenza immunisation given 1 Sep-31 Mar	96.0%	89.3%	89.0%	0.0%		100.0%

### Cardiovascular disease - Heart failure and atrial fibrillation

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Heart failure: QOF prevalence (all ages)	0.8%	0.6%	0.7%	0.0%		3.8%
Heart failure w LVD: QOF prevalence	0.2%	0.3%	0.4%	0.0%		2.4%
Exception rate for heart failure indicators	18.8%	21.2%	17.2%	0.0%		100.0%
Atrial fibrillation: QOF prevalence	1.3%	1.0%	1.4%	0.0%		5.0%
Exception rate for atrial fibrillation indicators	0.0%	4.0%	4.1%	0.0%		66.7%
HF 2: Diagnosis conf. by ECG/specialist assessm.	100.0%	96.6%	95.9%	0.0%		100.0%
HF 3: HF w LVD: treated with ACE-I or ARB	100.0%	89.7%	95.9%	0.0%		100.0%
HF 4: HF w LVD: ACE inh. or ARB and beta-blocker	100.0%	81.0%	82.4%	0.0%		100.0%
AF 4: diagnosed with ECG or by specialist	100.0%	96.6%	96.5%	0.0%		100.0%
AF 3: treated w anti-coag./platelet therapy	100.0%	92.6%	93.6%	0.0%		100.0%

### Cardiovascular disease - Risk factors for CVD

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Hypertension: QOF prevalence (all ages)	17.2%	12.4%	13.4%	0.1%		36.7%
Exception rate for hypertension indicators	2.5%	4.6%	4.9%	0.0%		51.9%
Exception rate for smoking indicators	0.7%	0.6%	0.7%	0.0%		13.7%
Obesity: QOF prevalence (16+)	12.7%	11.3%	10.5%	0.5%		29.7%
BP 4: Record of BP in last 9mths	92.1%	91.5%	91.5%	45.3%		100.0%
BP 5: Last (9mths) blood pressure <=150/90	86.7%	78.0%	78.7%	39.7%		100.0%
PP 1: CV risk assessment for new hypertension cases	90.9%	81.3%	81.7%	0.0%		100.0%
PP 2: life style advice for new hypertension cases	78.9%	85.4%	84.5%	0.0%		100.0%
Dep 1: Depression case finding in CHD&/diabetes pats	92.2%	89.0%	88.3%	0.0%		100.0%
Smoking 3: status recorded in last 15mths	97.3%	96.0%	95.2%	58.4%		100.0%
Smoking 4: cessation advice/referral offered	94.8%	92.9%	92.8%	6.7%		100.0%

## Diabetes

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Diabetes: QOF prevalence (17+)	4.2%	5.6%	5.4%	0.2%		14.3%
Exception rate for diabetes indicators	5.9%	8.6%	6.4%	0.1%		36.6%
Hypertension: QOF prevalence (all ages)	17.2%	12.4%	13.4%	0.1%		36.7%
Exception rate for hypertension indicators	2.5%	4.6%	4.9%	0.0%		51.9%
Exception rate for smoking indicators	0.7%	0.6%	0.7%	0.0%		13.7%
Obesity: QOF prevalence (16+)	12.7%	11.3%	10.5%	0.5%		29.7%
Diabetes admission rate	-	1.1	1.1	0.0		10.9
Ratio of recorded vs expected diabetes prevalence	0.6	1.0	0.9	0.2		5.8
DM 2: Record of BMI in the last 15mths	98.5%	94.8%	94.7%	52.9%		100.0%
DM 5: Record of HbA1c/equivalent last 15mths	100.0%	97.5%	97.2%	57.9%		100.0%
DM 23: Last HbA1c is <=7 in last 15mths	50.0%	47.9%	53.8%	0.0%		100.0%
DM 24: Last HbA1c is <=8 in last 15mths	90.0%	74.9%	77.4%	9.3%		100.0%
DM 25: Last HbA1c is <=9 in last 15mths	90.8%	86.9%	88.0%	9.3%		100.0%
DM 21: Retinal screening in last 15mths	92.4%	89.6%	90.9%	3.4%		100.0%
DM 9: Record of peripheral pulses last 15mths	93.9%	92.4%	91.1%	11.3%		100.0%
DM 10: Record of neuropathy test last 15mths	92.4%	92.1%	90.8%	17.0%		100.0%
DM 11: Record of BP in last 15mths	98.6%	98.6%	98.3%	78.0%		100.0%
DM 12: Last BP is <=145/85	89.1%	79.1%	80.6%	41.9%		100.0%
BP 4: Record of BP in last 9mths	92.1%	91.5%	91.5%	45.3%		100.0%
BP 5: Last (9mths) blood pressure <=150/90	86.7%	78.0%	78.7%	39.7%		100.0%
DM 13: Record of micro-albuminuria test last 15mths	96.8%	88.8%	88.5%	1.0%		100.0%
DM 22: eGRF or serum creatinin testing in last 15mths	98.5%	97.6%	97.0%	55.1%		100.0%
DM 15: Proteinuria/micro-album. treated w inhibitors	100.0%	83.9%	88.8%	0.0%		100.0%
DM 16: Record of total cholesterol last 15mths	98.5%	96.7%	96.0%	60.8%		100.0%
DM 17: Measured total chol (last 15mths) <=5mmol/l	92.2%	83.6%	83.0%	46.2%		100.0%
DM 18: Influenza immunisation given 1 Sep - 31 Mar	93.8%	91.2%	90.4%	15.1%		100.0%
Dep 1: Depression case finding in CHD&/diabetes pats	92.2%	89.0%	88.3%	0.0%		100.0%
Smoking 3: status recorded in last 15mths	97.3%	96.0%	95.2%	58.4%		100.0%
Smoking 4: cessation advice/referral offered	94.8%	92.9%	92.8%	6.7%		100.0%

## Mental health

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Psychoses: QOF prevalence (all ages)	0.4%	0.8%	0.8%	0.0%		30.5%
Exception rate for patients with psychoses indicators	10.5%	8.0%	10.8%	0.0%		61.5%
Dementia: QOF prevalence (all ages)	0.1%	0.3%	0.5%	0.0%		8.7%
Exception rate for dementia indicators	0.0%	5.0%	7.1%	0.0%		100.0%
Depression: QOF prevalence (18+)	14.9%	9.9%	10.9%	0.0%		47.5%
Exception rate for depression indicators	8.2%	5.7%	6.0%	0.0%		64.3%
Learning disability: QOF prevalence (18+)	0.6%	0.3%	0.4%	0.0%		6.0%
MH 9: full review in last 15mths	100.0%	91.2%	92.2%	0.0%		100.0%
MH 4: Li-therapy: record of s.creat. & TSH last 15mths	100.0%	99.2%	97.6%	0.0%		100.0%
MH 5: Lithium therapy: record of Li-levels last 6mths	100.0%	86.2%	91.2%	0.0%		100.0%
MH 6: with comprehensive care plan	100.0%	89.3%	88.9%	0.0%		100.0%
MH 7: Psychoses pat. who dna AR: followed up within 14d	-	92.7%	93.9%	0.0%		100.0%
Dem 2: Dementia care has been reviewed last 15mths	100.0%	80.0%	79.3%	0.0%		100.0%
Dep 1: Depression case finding in CHD&/diabetes pats	92.2%	89.0%	88.3%	0.0%		100.0%
Dep 2: Depression cases with severity assessment	94.9%	90.2%	91.8%	0.0%		100.0%
Dep 3: 2 severity assessm. for new depression cases	100.0%	67.5%	70.1%	0.0%		100.0%

## Respiratory disease

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
COPD: QOF prevalence (all ages)	1.4%	1.4%	1.6%	0.0%		7.3%
Exception rate for COPD indicators	1.1%	12.7%	12.6%	0.0%		100.0%
COPD admission rate	3.0	1.8	2.0	0.0		17.2
Asthma: QOF prevalence (all ages)	8.7%	5.7%	5.9%	1.1%		13.2%
Exception rate for asthma indicators	0.5%	4.7%	5.2%	0.0%		51.7%
Exception rate for smoking indicators	0.7%	0.6%	0.7%	0.0%		13.7%
COPD 12: Diagnosis conf. by spirometry in last 15mths	100.0%	87.9%	90.3%	0.0%		100.0%
COPD 10: Record of FeV1 in last 15mths	96.6%	90.1%	88.5%	0.0%		100.0%
COPD 13: assessed using MRC dyspnoea score last 15mths	93.1%	87.0%	89.9%	0.0%		100.0%
COPD 8: Influenza immunisation given 1 Sep - 31 Mar	96.4%	93.0%	92.7%	0.0%		100.0%
Asthma 8: with measures of variability/reversibility...	100.0%	86.9%	87.6%	0.0%		100.0%
Asthma 3: smoking recorded in last 15 mths (14-19y)	90.0%	89.6%	89.0%	33.3%		100.0%
Asthma 6: review in the last 15mths	83.7%	79.7%	78.0%	0.0%		100.0%
Smoking 3: status recorded in last 15mths	97.3%	96.0%	95.2%	58.4%		100.0%
Smoking 4: cessation advice/referral offered	94.8%	92.9%	92.8%	6.7%		100.0%

## Secondary Care Use

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
All GP referrals (1st attendance)	195.3	218.6	186.8	34.0		615.0
All attendances	782.5	805.1	739.9	105.2		1581.5
Dermatology, GP referrals (1st attendance)	10.4	10.1	13.7	0.0		71.8
General Medicine, GP referrals (1st attendance)	-	5.9	10.9	0.0		81.3
General Medicine - return ratio	2.4	1.8	2.7	0.5		31.0
General Surgery, GP referrals (1st attendance)	21.2	22.5	23.1	1.9		70.8
General Surgery - return ratio	1.4	1.3	1.5	0.3		5.1
Gynaecology, GP referrals (1st attendance)	24.2	24.3	17.1	2.2		56.4
Gynaecology - return ratio	1.9	1.6	1.3	0.2		8.5
Orthopaedics, GP referrals (1st attendance)	23.7	19.8	20.2	0.0		81.4
Orthopaedics - return ratio	2.7	2.1	1.8	0.7		5.0
Paediatrics, GP referrals (1st attendance)	12.3	10.7	5.7	0.0		34.6
Urology, GP Referrals (first attendance)	7.9	8.5	7.9	0.0		29.7
Urology - return ratio	2.1	1.7	2.1	0.3		20.5
A&E attendances per 1000 population	161.7	224.2	372.8	8.6		1190.8
All admissions - All ages	226.3	232.8	231.6	26.5		503.0
All admissions - A&E	8.4	10.0	9.6	0.0		84.5
All admissions - CHD	6.9	4.8	4.7	0.0		25.9
All admissions - Respiratory	8.4	17.8	16.0	1.2		51.7
Elective Admission Rate	134.6	106.7	120.6	10.5		354.4
Emergency Admission Rate	73.5	89.6	86.7	10.7		267.4
Ambulatory Care Sensitive Conditions Rate	13.3	16.5	14.5	1.5		61.0
CHD Elective Admission Rate	4.9	2.3	1.8	0.0		10.0
CHD Emergency Admission Rate	-	2.1	2.5	0.0		13.9
Diabetes admission rate	-	1.1	1.1	0.0		10.9
COPD admission rate	3.0	1.8	2.0	0.0		17.2
Cancer admission rate	42.9	22.3	28.1	1.3		105.2
Emergency readmissions within 28d of discharge	-	7.5%	7.7%	0.0%		31.3%

## Other conditions

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Cancer: QOF prevalence (all ages)	2.1%	1.2%	1.4%	0.0%		3.9%
Exception rate for cancer indicators	0.0%	1.2%	1.5%	0.0%		100.0%
Cancer admission rate	42.9	22.3	28.1	1.3		105.2
CKD: QOF prevalence (18+)	5.0%	3.8%	4.3%	0.0%		19.8%
Exception rate for CKD indicators	1.2%	2.2%	4.3%	0.0%		100.0%
Epilepsy: QOF prevalence (18+)	0.6%	0.8%	0.8%	0.1%		3.8%
Exception rate for epilepsy indicators	0.0%	8.6%	7.8%	0.0%		66.7%
Hypothyroidism: QOF prevalence (all ages)	4.2%	2.9%	2.9%	0.0%		7.9%
Exception rate for hypothyroidism indicators	0.0%	0.5%	0.5%	0.0%		17.9%
Palliative/supportive care: QOF prevalence (all ages)	0.0%	0.1%	0.1%	0.0%		2.3%
Cancer 3: review within 6mths of diagnosis	93.3%	94.3%	93.1%	0.0%		100.0%
CKD 2: Record of BP in last 15mths	96.3%	97.7%	97.6%	64.7%		100.0%
CKD 3: Last BP reading measured in last 15mths is <=...	74.4%	71.1%	73.9%	29.4%		100.0%
CKD 5: Hypertension treated with ACE inhibitor/ARB	100.0%	92.0%	91.8%	0.0%		100.0%
CKD 6: Urine albumin : creatinine ratio test last 15...	83.8%	80.3%	77.7%	0.0%		100.0%
Epilepsy 6: Record of seizure frequency	100.0%	96.1%	95.3%	0.0%		100.0%
Epilepsy 7: Medication review w patient/carer last 1...	100.0%	95.6%	95.0%	0.0%		100.0%
Epilepsy 8: Seizure free for last 12mths	77.8%	75.3%	74.4%	0.0%		100.0%
Thyroid 2: function test recorded last 15mths	97.7%	95.5%	95.8%	50.0%		100.0%

## Population

This section of the Profiles provides an overview of the practice(s) and their populations, by age and sex, and by deprivation. This information is essential in understanding the very basic needs of the local population. Data on access and patient satisfaction come from the GP Patient Survey.

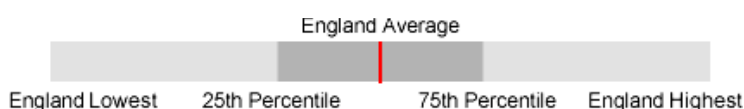
Data sources for GP practice populations vary substantially and there is little consensus on which is the most reliable source. The figure displayed here is from QOF. The criteria for exclusion of a practice and a detailed explanation of how we dealt with these issues can be found in the metadata document.

## Indicators

The light grey bar shows the range of values found in England. The dark grey sections mark out the range within which the middle-half of the observed values lie (25th to 75th percentile). The red line shows where the England average is. The position of the dot shows the practice value, a diamond the PCT value, a triangle the cluster value in relation to this scale. The corresponding numbers can be found in the cells next to the chart.

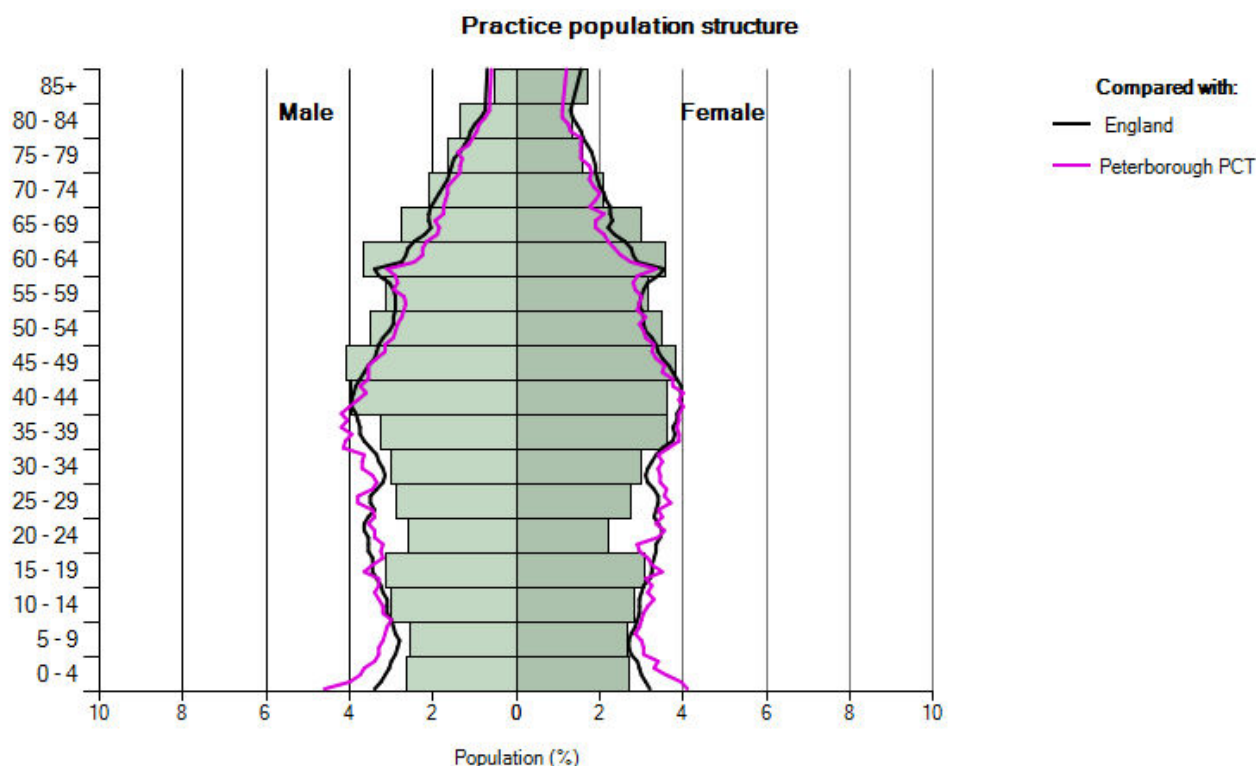
The practice values are colour-coded:

- Significantly different from national average
- Not significantly different from regional average
- Significance level not calculated
- PCT value
- Cluster value



PROFILE FOR THORNEY MEDICAL CENTRE COMPARED WITH Peterborough PCT

APHO General Practice Profiles



Practice Peterborough PCT Peterborough PCT  
 Average Total

Population 7049 6586 177832

Source: QOF 2009/10

Demography and patient satisfaction

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
% aged 0 to 4 years	5.3%	7.5%	5.9%	0.0%		16.9%
% aged 5 to 14 years	11.1%	12.5%	11.2%	0.0%		28.9%
% aged under 15 years	16.4%	19.9%	17.1%	0.0%		42.6%
% aged 65+ years	18.1%	12.6%	15.8%	0.0%		45.2%
% aged 75+ years	8.2%	6.2%	7.5%	0.0%		26.5%
% aged 85+ years	2.3%	1.7%	2.1%	0.0%		12.0%
Deprivation score (IMD 2007)	18.5	24.5	21.7	2.6		68.9
IDACI (Income Deprivation Affecting Children)	0.15	-	0.24	0.03		0.80
IDAOPPI (Income Deprivation Affecting Older People)	0.17	-	0.22	0.05		0.74
% satisfied with phone access	74.3%	58.8%	64.7%	12.1%		96.2%
% able to see a doctor within 2 days	91.7%	81.4%	80.1%	0.0%		100.0%
% able to book appointment >= 2d ahead	51.3%	65.7%	69.5%	0.0%		100.0%
% satisfied with opening hours	81.5%	81.1%	79.4%	43.5%		100.0%
% able to see preferred GP	80.8%	69.1%	71.4%	0.0%		100.0%

Cardiovascular disease - Coronary heart disease

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
CHD: QOF prevalence (all ages)	3.7%	2.9%	3.4%	0.0%		9.8%
Heart failure w LVD: QOF prevalence	0.3%	0.3%	0.4%	0.0%		2.4%
Exception rate for CHD indicators	5.9%	9.3%	7.7%	0.0%		50.0%
CHD Emergency Admission Rate	1.9	2.1	2.5	0.0		13.9
CHD Elective Admission Rate	3.9	2.3	1.8	0.0		10.0
Ratio of recorded vs expected CHD prevalence	0.8	0.8	0.8	0.0		2.8
CHD 2: Angina referred for exercise testing &/or ass...	93.8%	94.3%	94.7%	0.0%		100.0%
CHD 5: Record of BP in the previous 15mths	98.5%	97.5%	97.7%	64.0%		100.0%
CHD 6: Last BP reading in last 15mths is <=150/90	93.1%	89.0%	89.8%	0.0%		100.0%
CHD 7: Record of total cholesterol in last 15mths	92.3%	92.4%	93.7%	45.8%		100.0%
CHD 8: Last total cholesterol is <=5mmol/l	84.8%	81.3%	82.1%	31.0%		100.0%
CHD 9: Record that aspirin, APT or ACT is taken	94.9%	92.8%	93.9%	0.0%		100.0%
CHD 10: Currently treated with beta blocker	68.4%	73.1%	73.7%	28.6%		100.0%
CHD 11: History of MI: treated with ACE-I	86.8%	87.3%	89.1%	0.0%		100.0%
CHD 12: Influenza immunisation given 1 Sep - 31 Mar	92.1%	91.9%	91.9%	0.0%		100.0%

### Cardiovascular disease - Stroke and TIA

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Stroke: QOF prevalence (all ages)	1.9%	1.4%	1.7%	0.0%		6.0%
Exception rate for stroke indicators	7.4%	8.0%	7.1%	0.0%		100.0%
Stroke 13: New patients referred for further investi...	100.0%	89.1%	90.2%	0.0%		100.0%
Stroke 5: BP recorded in last 15mths	98.4%	96.4%	96.8%	0.0%		100.0%
Stroke 6: Last BP reading is 150/90 or less	92.2%	87.3%	88.1%	50.0%		100.0%
Stroke 7: Total cholesterol recorded in last 15mths	92.7%	90.5%	91.4%	0.0%		100.0%
Stroke 8: Last measured total cholesterol <=5mmol/l	78.0%	78.1%	77.3%	0.0%		100.0%
Stroke 12: Record of aspirin, APT or ACT taken	97.2%	94.6%	94.1%	0.0%		100.0%
Stroke 10: Influenza immunisation given 1 Sep-31 Mar	90.5%	89.3%	89.0%	0.0%		100.0%

### Cardiovascular disease - Heart failure and atrial fibrillation

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Heart failure: QOF prevalence (all ages)	0.8%	0.6%	0.7%	0.0%		3.8%
Heart failure w LVD: QOF prevalence	0.3%	0.3%	0.4%	0.0%		2.4%
Exception rate for heart failure indicators	25.9%	21.2%	17.2%	0.0%		100.0%
Atrial fibrillation: QOF prevalence	1.1%	1.0%	1.4%	0.0%		5.0%
Exception rate for atrial fibrillation indicators	4.3%	4.0%	4.1%	0.0%		66.7%
HF 2: Diagnosis conf. by ECG/specialist assessm.	90.9%	96.6%	95.9%	0.0%		100.0%
HF 3: HF w LVD: treated with ACE-I or ARB	85.0%	89.7%	95.9%	0.0%		100.0%
HF 4: HF w LVD: ACE inh. or ARB and beta-blocker	66.7%	81.0%	82.4%	0.0%		100.0%
AF 4: diagnosed with ECG or by specialist	100.0%	96.6%	96.5%	0.0%		100.0%
AF 3: treated w anti-coag./platelet therapy	91.5%	92.6%	93.6%	0.0%		100.0%

### Cardiovascular disease - Risk factors for CVD

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Hypertension: QOF prevalence (all ages)	15.6%	12.4%	13.4%	0.1%		36.7%
Exception rate for hypertension indicators	3.7%	4.6%	4.9%	0.0%		51.9%
Exception rate for smoking indicators	0.4%	0.6%	0.7%	0.0%		13.7%
Obesity: QOF prevalence (16+)	7.6%	11.3%	10.5%	0.5%		29.7%
BP 4: Record of BP in last 9mths	92.7%	91.5%	91.5%	45.3%		100.0%
BP 5: Last (9mths) blood pressure <=150/90	84.2%	78.0%	78.7%	39.7%		100.0%
PP 1: CV risk assessment for new hypertension cases	91.2%	81.3%	81.7%	0.0%		100.0%
PP 2: life style advice for new hypertension cases	92.1%	85.4%	84.5%	0.0%		100.0%
Dep 1: Depression case finding in CHD&/diabetes pats	93.9%	89.0%	88.3%	0.0%		100.0%
Smoking 3: status recorded in last 15mths	97.3%	96.0%	95.2%	58.4%		100.0%
Smoking 4: cessation advice/referral offered	92.1%	92.9%	92.8%	6.7%		100.0%

## Diabetes

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Diabetes: QOF prevalence (17+)	5.8%	5.6%	5.4%	0.2%		14.3%
Exception rate for diabetes indicators	6.5%	8.6%	6.4%	0.1%		36.6%
Hypertension: QOF prevalence (all ages)	15.6%	12.4%	13.4%	0.1%		36.7%
Exception rate for hypertension indicators	3.7%	4.6%	4.9%	0.0%		51.9%
Exception rate for smoking indicators	0.4%	0.6%	0.7%	0.0%		13.7%
Obesity: QOF prevalence (16+)	7.6%	11.3%	10.5%	0.5%		29.7%
Diabetes admission rate	0.9	1.1	1.1	0.0		10.9
Ratio of recorded vs expected diabetes prevalence	0.8	1.0	0.9	0.2		5.8
DM 2: Record of BMI in the last 15mths	96.0%	94.8%	94.7%	52.9%		100.0%
DM 5: Record of HbA1c/equivalent last 15mths	98.4%	97.5%	97.2%	57.9%		100.0%
DM 23: Last HbA1c is <=7 in last 15mths	45.6%	47.9%	53.8%	0.0%		100.0%
DM 24: Last HbA1c is <=8 in last 15mths	79.1%	74.9%	77.4%	9.3%		100.0%
DM 25: Last HbA1c is <=9 in last 15mths	91.2%	86.9%	88.0%	9.3%		100.0%
DM 21: Retinal screening in last 15mths	91.9%	89.6%	90.9%	3.4%		100.0%
DM 9: Record of peripheral pulses last 15mths	95.3%	92.4%	91.1%	11.3%		100.0%
DM 10: Record of neuropathy test last 15mths	94.9%	92.1%	90.8%	17.0%		100.0%
DM 11: Record of BP in last 15mths	98.5%	98.6%	98.3%	78.0%		100.0%
DM 12: Last BP is <=145/85	82.8%	79.1%	80.6%	41.9%		100.0%
BP 4: Record of BP in last 9mths	92.7%	91.5%	91.5%	45.3%		100.0%
BP 5: Last (9mths) blood pressure <=150/90	84.2%	78.0%	78.7%	39.7%		100.0%
DM 13: Record of micro-albuminuria test last 15mths	91.3%	88.8%	88.5%	1.0%		100.0%
DM 22: eGRF or serum creatinin testing in last 15mths	99.4%	97.6%	97.0%	55.1%		100.0%
DM 15: Proteinuria/micro-album. treated w inhibitors	83.3%	83.9%	88.8%	0.0%		100.0%
DM 16: Record of total cholesterol last 15mths	98.1%	96.7%	96.0%	60.8%		100.0%
DM 17: Measured total chol (last 15mths) <=5mmol/l	87.6%	83.6%	83.0%	46.2%		100.0%
DM 18: Influenza immunisation given 1 Sep - 31 Mar	93.5%	91.2%	90.4%	15.1%		100.0%
Dep 1: Depression case finding in CHD&/diabetes pats	93.9%	89.0%	88.3%	0.0%		100.0%
Smoking 3: status recorded in last 15mths	97.3%	96.0%	95.2%	58.4%		100.0%
Smoking 4: cessation advice/referral offered	92.1%	92.9%	92.8%	6.7%		100.0%

## Mental health

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Psychoses: QOF prevalence (all ages)	0.5%	0.8%	0.8%	0.0%		30.5%
Exception rate for patients with psychoses indicators	8.5%	8.0%	10.8%	0.0%		61.5%
Dementia: QOF prevalence (all ages)	0.7%	0.3%	0.5%	0.0%		8.7%
Exception rate for dementia indicators	2.1%	5.0%	7.1%	0.0%		100.0%
Depression: QOF prevalence (18+)	17.5%	9.9%	10.9%	0.0%		47.5%
Exception rate for depression indicators	3.7%	5.7%	6.0%	0.0%		64.3%
Learning disability: QOF prevalence (18+)	0.5%	0.3%	0.4%	0.0%		6.0%
MH 9: full review in last 15mths	92.3%	91.2%	92.2%	0.0%		100.0%
MH 4: Li-therapy: record of s.creat. & TSH last 15mths	100.0%	99.2%	97.6%	0.0%		100.0%
MH 5: Lithium therapy: record of Li-levels last 6mths	100.0%	86.2%	91.2%	0.0%		100.0%
MH 6: with comprehensive care plan	88.9%	89.3%	88.9%	0.0%		100.0%
MH 7: Psychoses pat. who dna AR: followed up within 14d	100.0%	92.7%	93.9%	0.0%		100.0%
Dem 2: Dementia care has been reviewed last 15mths	87.0%	80.0%	79.3%	0.0%		100.0%
Dep 1: Depression case finding in CHD&/diabetes pats	93.9%	89.0%	88.3%	0.0%		100.0%
Dep 2: Depression cases with severity assessment	97.7%	90.2%	91.8%	0.0%		100.0%
Dep 3: 2 severity assessm. for new depression cases	92.9%	67.5%	70.1%	0.0%		100.0%



## Respiratory disease

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
COPD: QOF prevalence (all ages)	1.1%	1.4%	1.6%	0.0%		7.3%
Exception rate for COPD indicators	9.6%	12.7%	12.6%	0.0%		100.0%
COPD admission rate	2.2	1.8	2.0	0.0		17.2
Asthma: QOF prevalence (all ages)	6.6%	5.7%	5.9%	1.1%		13.2%
Exception rate for asthma indicators	2.0%	4.7%	5.2%	0.0%		51.7%
Exception rate for smoking indicators	0.4%	0.6%	0.7%	0.0%		13.7%
COPD 12: Diagnosis conf. by spirometry in last 15mths	100.0%	87.9%	90.3%	0.0%		100.0%
COPD 10: Record of FeV1 in last 15mths	89.0%	90.1%	88.5%	0.0%		100.0%
COPD 13: assessed using MRC dyspnoea score last 15mths	90.1%	87.0%	89.9%	0.0%		100.0%
COPD 8: Influenza immunisation given 1 Sep - 31 Mar	93.2%	93.0%	92.7%	0.0%		100.0%
Asthma 8: with measures of variability/reversibility...	100.0%	86.9%	87.6%	0.0%		100.0%
Asthma 3: smoking recorded in last 15 mths (14-19y)	89.2%	89.6%	89.0%	33.3%		100.0%
Asthma 6: review in the last 15mths	75.0%	79.7%	78.0%	0.0%		100.0%
Smoking 3: status recorded in last 15mths	97.3%	96.0%	95.2%	58.4%		100.0%
Smoking 4: cessation advice/referral offered	92.1%	92.9%	92.8%	6.7%		100.0%

## Secondary Care Use

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
All GP referrals (1st attendance)	179.5	218.6	186.8	34.0		615.0
All attendances	792.9	805.1	739.9	105.2		1581.5
Dermatology, GP referrals (1st attendance)	8.6	10.1	13.7	0.0		71.8
General Medicine, GP referrals (1st attendance)	5.9	5.9	10.9	0.0		81.3
General Medicine - return ratio	1.7	1.8	2.7	0.5		31.0
General Surgery, GP referrals (1st attendance)	16.5	22.5	23.1	1.9		70.8
General Surgery - return ratio	1.6	1.3	1.5	0.3		5.1
Gynaecology, GP referrals (1st attendance)	17.8	24.3	17.1	2.2		56.4
Gynaecology - return ratio	1.6	1.6	1.3	0.2		8.5
Orthopaedics, GP referrals (1st attendance)	21.9	19.8	20.2	0.0		81.4
Orthopaedics - return ratio	2.2	2.1	1.8	0.7		5.0
Paediatrics, GP referrals (1st attendance)	5.3	10.7	5.7	0.0		34.6
Urology, GP Referrals (first attendance)	6.3	8.5	7.9	0.0		29.7
Urology - return ratio	2.1	1.7	2.1	0.3		20.5
A&E attendances per 1000 population	169.5	224.2	372.8	8.6		1190.8
All admissions - All ages	217.5	232.8	231.6	26.5		503.0
All admissions - A&E	9.2	10.0	9.6	0.0		84.5
All admissions - CHD	5.9	4.8	4.7	0.0		25.9
All admissions - Respiratory	16.1	17.8	16.0	1.2		51.7
Elective Admission Rate	114.3	106.7	120.6	10.5		354.4
Emergency Admission Rate	81.5	89.6	86.7	10.7		267.4
Ambulatory Care Sensitive Conditions Rate	16.0	16.5	14.5	1.5		61.0
CHD Elective Admission Rate	3.9	2.3	1.8	0.0		10.0
CHD Emergency Admission Rate	1.9	2.1	2.5	0.0		13.9
Diabetes admission rate	0.9	1.1	1.1	0.0		10.9
COPD admission rate	2.2	1.8	2.0	0.0		17.2
Cancer admission rate	33.9	22.3	28.1	1.3		105.2
Emergency readmissions within 28d of discharge	5.6%	7.5%	7.7%	0.0%		31.3%

## Other conditions

Indicator	Practice Value	PCT Value	England Average	England Lowest	England Range	England Highest
Cancer: QOF prevalence (all ages)	1.8%	1.2%	1.4%	0.0%		3.9%
Exception rate for cancer indicators	4.2%	1.2%	1.5%	0.0%		100.0%
Cancer admission rate	33.9	22.3	28.1	1.3		105.2
CKD: QOF prevalence (18+)	4.1%	3.8%	4.3%	0.0%		19.8%
Exception rate for CKD indicators	2.5%	2.2%	4.3%	0.0%		100.0%
Epilepsy: QOF prevalence (18+)	0.9%	0.8%	0.8%	0.1%		3.8%
Exception rate for epilepsy indicators	10.0%	8.6%	7.8%	0.0%		66.7%
Hypothyroidism: QOF prevalence (all ages)	3.8%	2.9%	2.9%	0.0%		7.9%
Exception rate for hypothyroidism indicators	1.5%	0.5%	0.5%	0.0%		17.9%
Palliative/supportive care: QOF prevalence (all ages)	0.1%	0.1%	0.1%	0.0%		2.3%
Cancer 3: review within 6mths of diagnosis	91.3%	94.3%	93.1%	0.0%		100.0%
CKD 2: Record of BP in last 15mths	97.3%	97.7%	97.6%	64.7%		100.0%
CKD 3: Last BP reading measured in last 15mths is <=...	71.0%	71.1%	73.9%	29.4%		100.0%
CKD 5: Hypertension treated with ACE inhibitor/ARB	100.0%	92.0%	91.8%	0.0%		100.0%
CKD 6: Urine albumin : creatinine ratio test last 15...	83.0%	80.3%	77.7%	0.0%		100.0%
Epilepsy 6: Record of seizure frequency	95.8%	96.1%	95.3%	0.0%		100.0%
Epilepsy 7: Medication review w patient/carer last 1...	95.8%	95.6%	95.0%	0.0%		100.0%
Epilepsy 8: Seizure free for last 12mths	82.1%	75.3%	74.4%	0.0%		100.0%
Thyroid 2: function test recorded last 15mths	93.9%	95.5%	95.8%	50.0%		100.0%

## Population

This section of the Profiles provides an overview of the practice(s) and their populations, by age and sex, and by deprivation. This information is essential in understanding the very basic needs of the local population. Data on access and patient satisfaction come from the GP Patient Survey.

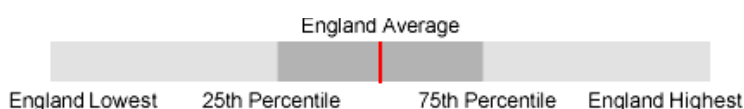
Data sources for GP practice populations vary substantially and there is little consensus on which is the most reliable source. The figure displayed here is from QOF. The criteria for exclusion of a practice and a detailed explanation of how we dealt with these issues can be found in the metadata document.

## Indicators

The light grey bar shows the range of values found in England. The dark grey sections mark out the range within which the middle-half of the observed values lie (25th to 75th percentile). The red line shows where the England average is. The position of the dot shows the practice value, a diamond the PCT value, a triangle the cluster value in relation to this scale. The corresponding numbers can be found in the cells next to the chart.

The practice values are colour-coded:

- Significantly different from national average
- Not significantly different from regional average
- Significance level not calculated
- PCT value
- Cluster value



## Peterborough LCG - Public Health measures

### Definitions and notes

#### Demography

- The registered population is taken from the Exeter system on a quarterly basis. The proportions by age band are presented and shaded in blue where they are higher than the CCG average. This gives a visual guide as to whether a practice has a younger or older population than the LCG average. The weighted capitation is taken from the 2012/13 Resource Allocation, provided by the Department of Health.
- The geographical wards that contain the majority of residents that are registered with LCG practices are provided in order to show population forecasts and teenage conceptions.
- Population forecasts are from Cambridgeshire County Council's Research and Performance Team, and include known population changes, such as housing developments, migration and natural change. The data presented are mid 2010 based.
- The Index of Multiple Deprivation score combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. The small area deprivation data are applied proportionally to the Attribution Data Set (ADS) practice populations by the Association of Public Health Observatories (APHO). LCG score is average of practice scores. The higher the score the greater the level of relative deprivation.
- The Income Deprivation Affecting Children Index (IDACI) is the number of children aged 0–15 years living in income deprived households as a proportion of all children aged 0–15 years. Small area level deprivation data are applied proportionally to the ADS practice populations. LCG score is average of practice scores.
- The Income Deprivation Affecting Older People Index (IDAOPI) number of adults aged 60 years or over living in pension credit (guarantee) households as a proportion of all people aged 60 years or over. Small area level deprivation data are applied proportionally to the ADS practice populations. LCG score is average of practice scores.
- Practice life expectancy at birth uses mortality data, taken from the Primary Care Mortality Database (Open Exeter), by sex and age group for deaths registered in the relevant calendar years. The registered GP practice is assigned to these records. The data relate to deaths in people that are registered with NHS Cambridgeshire and NHS Peterborough only. The corresponding registered population used to complete the calculations are the quarterly age sex breakdowns compiled by Serco. The analysis is based on abridged life table approach, carried out using the SEPHO LE calculator.

#### Births

- Births data are taken from the monthly Public Health Births File from ONS. GP practice was assigned using NHS number and matching against the quarterly Exeter downloads (patient registration system). For the time period 2009 to 2011 3.5% of records across Cambridgeshire and Peterborough were unable to be assigned to a practice.
- Birth rate is the number of live births between the years 2009 and 2011 divided by the female population aged 15 to 44 years, presented as a rate per 1,000. The female population data are taken from the quarterly Exeter downloads (July 09, July 10 and July 11).
- Low birth weight is the proportion of births (live or stillbirth) weighing under 2,500g (where a birthweight is recorded) of all live and still births (where a birthweight is recorded). Over the time period 2009 to 2011 1.7% of births that were assigned to a practice did not have a birthweight recorded against them. The majority of these are in Fenland, and are as a result of birthweight being added at a later date to births that occur at the Queen Elizabeth Hospital. The annual extract of births has all birthweights included but does not contain the NHS number or registered GP practice of the baby, therefore it is not possible to use this data source for LCG profiles.

### Recorded Prevalence (QOF)

- The recorded prevalence of diseases is the percentage of patients as recorded on practice disease registers as a proportion of total list size (or appropriate age band). It is important to note that this may not reflect true prevalence in the population.
- The data are not age standardised so practices with older populations may have higher prevalence for diseases that predominantly affect older people.
- The data are also reliant on the ascertainment and quality of recording within individual practices.

### Mortality

- Deaths data are taken from the Primary Care Mortality Database, which already has GP practice assigned. The data relate to deaths in people that are registered with NHS Cambridgeshire and NHS Peterborough only. The corresponding registered population are taken from the quarterly age sex breakdowns compiled by Serco. Directly Age Standardised rates per 100,000 population were calculated for all age all cause mortality, all cause mortality in people aged under 75 years, circulatory disease mortality (underlying cause ICD10 code I\*), cancer mortality (ICD10 C\*) and respiratory disease mortality (ICD10 code J\*). Data are for the time period 2009 to 2011.

### Methods

- Directly age standardised rate - allows direct comparison of incidence rates between populations of differing age structures. The rates are derived using the European Standard Population, and are expressed as a rate per 100,000.
- Confidence intervals - are a measure of assurance that a particular value lies within a defined range. This allows chance variation to be taken into account. 95% confidence intervals have been used in this report. Where a value, such as a death rate, and its confidence intervals lie outside the comparison rate it can be stated that there is a statistical significant difference in the rates.

## Borderline LCG - Public Health measures

### Definitions and notes

#### Demography

- The registered population is taken quarterly from the local Exeter system. Data for cross-border practices are not available from Exeter. The proportions by age band are presented and shaded in blue where they are higher than the CCG average. This gives a visual guide as to whether a practice has a younger or older population than the LCG average. The weighted capitation is taken from the 2012/13 Resource Allocation, provided by the Department of Health.
- The geographical wards that contain the majority of residents that are registered with LCG practices are provided in order to show population forecasts and teenage conceptions.
- Population forecasts are from Cambridgeshire County Council's Research and Performance Team, and include known population changes, such as housing developments, migration and natural change. The data presented are mid 2010 based.
- The Index of Multiple Deprivation score combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. The small area deprivation data are applied proportionally to the Attribution Data Set (ADS) practice populations by the Association of Public Health Observatories (APHO). LCG score is average of practice scores. The higher the score the greater the level of relative deprivation.
- The Income Deprivation Affecting Children Index (IDACI) is the number of children aged 0–15 years living in income deprived households as a proportion of all children aged 0–15 years. Small area level deprivation data are applied proportionally to the ADS practice populations. LCG score is average of practice scores.
- The Income Deprivation Affecting Older People Index (IDAOPI) number of adults aged 60 years or over living in pension credit (guarantee) households as a proportion of all people aged 60 years or over. Small area level deprivation data are applied proportionally to the ADS practice populations. LCG score is average of practice scores.
- Practice life expectancy at birth uses mortality data, taken from the Primary Care Mortality Database (Open Exeter), by sex and age group for deaths registered in the relevant calendar years. The registered GP practice is assigned to these records. The data relate to deaths in people that are registered with NHS Cambridgeshire and NHS Peterborough only. The corresponding registered population used to complete the calculations are the quarterly age sex breakdowns compiled by Serco. The analysis is based on abridged life table approach, carried out using the SEPHO LE calculator.

#### Births

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### Recorded Prevalence (QOF)

- The recorded prevalence of diseases is the percentage of patients as recorded on practice disease registers as a proportion of total list size (or appropriate age band). It is important to note that this may not reflect true prevalence in the population.
- The data are not age standardised so practices with older populations may have higher prevalence for diseases that predominantly affect older people.
- The data are also reliant on the ascertainment and quality of recording within individual practices.

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- Deaths data are taken from the Primary Care Mortality Database, which already has GP practice assigned. The data relate to deaths in people that are registered with NHS Cambridgeshire and NHS Peterborough only. The corresponding registered population are taken from the quarterly age sex breakdowns compiled by Serco. Directly Age Standardised rates per 100,000 population were calculated for all age all cause mortality, all cause mortality in people aged under 75 years, circulatory disease mortality (underlying cause ICD10 code I\*), cancer mortality (ICD10 C\*) and respiratory disease mortality (ICD10 code J\*). Data are for the time period 2009 to 2011.

### Methods

- Directly age standardised rate - allows direct comparison of incidence rates between populations of differing age structures. The rates are derived using the European Standard Population, and are expressed as a rate per 100,000.
- Confidence intervals - are a measure of assurance that a particular value lies within a defined range. This allows chance variation to be taken into account. 95% confidence intervals have been used in this report. Where a value, such as a death rate, and its confidence intervals lie outside the comparison rate it can be stated that there is a statistical significant difference in the rates.

<b>SCRUTINY COMMISSION FOR RURAL COMMUNITIES</b>	<b>Agenda Item No. 7</b>
<b>14 JANUARY 2013</b>	<b>Public Report</b>

## **Report of the Solicitor to the Council**

**Report Author** – Paulina Ford, Senior Governance Officer, Scrutiny

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### **NOTICE OF INTENTION TO TAKE KEY DECISIONS**

#### **1. PURPOSE**

- 1.1 This is a regular report to the Scrutiny Commission for Rural Communities outlining the content of the Notice of Intention to Take Key Decisions.

#### **2. RECOMMENDATIONS**

- 2.1 That the Commission identifies any relevant items for inclusion within their work programme.

#### **3. BACKGROUND**

- 3.1 The latest version of the Notice of Intention to Take Key Decisions is attached at Appendix 1. The Notice contains those key 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 10 January 2013.
- 3.2 The information in the Notice of Intention to Take Key Decisions provides the Committee with the opportunity of considering whether it wishes to seek to influence any of these key decisions, or to request further information.
- 3.3 If the Committee wished to examine any of the key decisions, consideration would need to be given as to how this could be accommodated within the work programme.
- 3.4 As the Notice is published fortnightly any version of the Notice published after dispatch of this agenda will be tabled at the meeting.

#### **4. CONSULTATION**

- 4.1 Details of any consultation on individual decisions are contained within the Notice of Intention to Take Key Decisions.

#### **5. BACKGROUND DOCUMENTS**

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

None

#### **6. APPENDICES**

Appendix 1 – Notice of Intention to Take Key Decisions

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# **PETERBOROUGH CITY COUNCIL'S NOTICE OF INTENTION TO TAKE KEY DECISIONS**

## NOTICE OF INTENTION TO TAKE KEY DECISIONS

In the period commencing 28 days after the date of publication of this notice, Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below. 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, it's members are as listed below:  
Cllr Cereste (Leader); Cllr Lee (Deputy leader); Cllr Scott; Cllr Holdich; Cllr Hiller; Cllr Seaton; Cllr Dalton; Cllr Walsh.

This Notice should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis. Each new notice supersedes the previous notice and items may be carried over into forthcoming notices. Any questions on specific issues included on the Notice should be included on the form which appears at the back of the Notice and submitted to Alex Daynes, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483). Alternatively, you can submit your views via e-mail to [alexander.daynes@peterborough.gov.uk](mailto:alexander.daynes@peterborough.gov.uk) or by telephone on 01733 452447.

Whilst the majority of the Executive's business at the meetings listed in this Notice 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 this is indicated in the list below. A formal notice of the intention to hold the meeting, or part of it, in private, will 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).

You are entitled to view any documents listed on the notice, 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 Alex Daynes, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483), e-mail to [alexander.daynes@peterborough.gov.uk](mailto:alexander.daynes@peterborough.gov.uk) or by telephone on 01733 452447. For each decision a public report will be available from the Governance Team one week before the decision is taken.

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

NEW ITEMS:

**Award of Insurance Contract - KEY/10JAN13/01**

## KEY DECISIONS FROM 10 JANUARY 2013

KEY DECISION REQUIRED	DECISION MAKER	MEETING OPEN TO PUBLIC	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER (IF ANY OTHER THAN PUBLIC REPORT)
<b>Moy's End Stand Demolition and Reconstruction - KEY/03APR/12</b> Award of Contract for the Demolition of the Moy's End Stand and Reconstruction	<b>Councillor David Seaton Cabinet Member for Resources</b>	N/A	Sustainable Growth and Environment Capital	Internal and External Stakeholders as appropriate.	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	It is not anticipated that there will be any further documents.
<b>Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park - KEY/03JUL/11</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Dickens Street Car Park.	<b>Councillor David Seaton Cabinet Member for Resources</b>	N/A	Sustainable Growth and Environment Capital	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate.	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	It is not anticipated that there will be any further documents.
<b>Rolling Select List - Independent Fostering Agencies - KEY/01JUL/12</b> To approve the list for independent fostering agencies.	<b>Councillor Sheila Scott OBE Cabinet Member for Children's Services</b>	N/A	Creating Opportunities and Tackling Inequalities	Internal and external stakeholders as appropriate.	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any further documents.

<b>Write off approval for debts over £10,000 in relation to Non Domestic Rates - KEY/31OCT12/01</b> Authorise the write off of debt shown as outstanding in respect of non domestic rate accounts.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>N/A</b>	Sustainable Growth and Environment Capital	Internal and External Stakeholders as appropriate.	Richard Godfrey ICT and Transactional Services Partnership Manager Tel: 01733 317989 richard.godfrey@peterborough.gov.uk	It is not anticipated that there will be any further documents.
<b>Expansion and Refurbishment of Hampton Vale Primary School - KEY/31OCT12/04</b> Award of Contract for the expansion and refurbishment of Hampton Vale Primary School.	<b>Councillor John Holdich OBE</b> <b>Cabinet Member for Education, Skills and University</b>	<b>N/A</b>	Creating Opportunities and Tackling Inequalities	Internal and external stakeholders including ward councillors as appropriate.	Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk	It is not anticipated that there will be any further documents.
<b>Council Tax Base 2013/14 - KEY/13NOV12/02</b> To agree the calculation of the council tax base for 2013/14.	<b>Councillor David Seaton</b> <b>Cabinet</b>	<b>Yes</b>	Sustainable Growth and Environment Capital	Internal and external stakeholders as appropriate.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk	It is not anticipated that there will be any further documents.
<b>Budget and Medium Term Financial Strategy - KEY/13NOV12/03</b> Draft budget for 2013/14 and Medium Term Financial Strategy to 2023/24 to be agreed as a basis for consultation. This will include the Council's Capital Strategy, Asset Management Plan and Draft Annual Accountability Agreement between Peterborough City Council and Peterborough Primary Care Trust.	<b>Councillor David Seaton</b> <b>Cabinet</b>	<b>Yes</b>	Sustainable Growth and Environment Capital	Internal and external stakeholders as appropriate.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk	It is not anticipated that there will be any further documents.

<p><b>Mental Health Services at Clare Lodge - KEY/13NOV12/05</b> Undertake a tender to secure Mental Health Services for Clare Lodge Secure Unit.</p>	<p><b>Councillor Sheila Scott OBE Cabinet Member for Children's Services</b></p>	N/A	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and External Stakeholders as appropriate.</p>	<p>Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 8639 10 oliver.hayward@peterborou gh.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Clare Lodge Service Review Outcome - KEY/13NOV12/06</b> To approve the outcome of the service review of Clare Lodge Secure Unit.</p>	<p><b>Councillor Sheila Scott OBE Cabinet Member for Children's Services</b></p>	N/A	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and External Stakeholders as appropriate.</p>	<p>Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 8639 10 oliver.hayward@peterborou gh.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Family Support Framework - KEY/13NOV12/07</b> Create a framework for Family Support services.</p>	<p><b>Councillor Sheila Scott OBE Cabinet Member for Children's Services</b></p>	N/A	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 8639 10 oliver.hayward@peterborou gh.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Residential Approved Provider List - KEY/13NOV12/08</b> Create a compliant Approved Provider List for Residential units for children and young people.</p>	<p><b>Councillor Sheila Scott OBE Cabinet Member for Children's Services</b></p>	N/A	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 8639 10 oliver.hayward@peterborou gh.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Children's Play Services Review - KEY/13NOV12/09</b> To undertake a review of the Play Services in the city</p>	<p><b>Councillor Sheila Scott OBE Cabinet Member for Children's Services</b></p>	N/A	<p>Creating Opportunities and Tackling Inequalities.</p>	<p>To be undertaken with key stakeholders.</p>	<p>Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 8639 10 oliver.hayward@peterborou gh.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p><b>Superfast Broadband - KEY/13NOV12/10</b> To authorise the award of the contract for the provision of Superfast Broadband in Peterborough and Cambridgeshire</p>	<p><b>Councillor David Seaton</b> Cabinet Member for Resources</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal departments.</p>	<p>Richard Godfrey ICT and Transactional Services Partnership Manager Tel: 01733 317989 richard.godfrey@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Healthwatch Commissioning - KEY/30NOV12/02</b> Approval of the proposed approach to commission Healthwatch Peterborough.</p>	<p><b>Councillor Wayne Fitzgerald</b> Cabinet Member for Adult Social Care</p>	<p>N/A</p>	<p>Health Issues</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Nick Blake Improvement &amp; Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Care and Repair Framework Agreement - KEY/18DEC12/01</b> To approve a framework agreement and schedule of rates to deliver disabled facility grant work. specifically providing disabled access to toilet and washing facilities and associated work in domestic properties.</p>	<p><b>Councillor Peter Hiller</b> Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>N/A</p>	<p>Strong and Supportive Communities</p>	<p>Relevant Internal Departments.</p>	<p>Russ Carr Care &amp; Repair Manager Tel: 01733 863864 russ.carr@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Capital Programme of Works - KEY/18DEC12/02</b> To agree the Capital Programme of Works for 2013-14.</p>	<p><b>Councillor Peter Hiller</b> Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Members of public, external stakeholders and internal departments.</p>	<p>Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p><b>Extension of Homecare Contracts - KEY18DEC12/03</b> To extend the current contracts for a further period of 9 months.</p>	<p><b>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</b></p>	<p>N/A</p>	<p>Health Issues</p>	<p>Internal and external stakeholders.</p>	<p>John Cremins Head of Service, Contracts Procurement &amp; Compliance Tel: 01733 384608 john.cremins@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Award of Contract for the 413 Bus Service - KEY27DEC12/01</b> Award of Contract for Route 413 (Maxey to City Centre) from 1 April 2013.</p>	<p><b>Councillor Peter Hiller Cabinet Member for Housing, Neighbourhoods and Planning</b></p>	<p>N/A</p>	<p>Sustainable Growth</p>	<p>Relevant internal departments and external stakeholders.</p>	<p>Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Award of Insurance Contract - KEY10JAN13/01</b> To authorise the awarding of the contract for provision of the Council's insurances for the next five years.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant Internal Departments.</p>	<p>Sue Addison Insurance Manager Tel: 01733 348560 sue.addison@peterborough.gov.uk</p>	<p>It is not anticipated that any further documents will be required.</p>



**CHIEF EXECUTIVE'S DEPARTMENT** Town Hall, Bridge Street, Peterborough, PE1 1HG

Communications  
Strategic Growth and Development Services  
Legal and Governance Services  
Policy and Research  
Economic and Community Regeneration  
HR Business Relations, Training & Development, Occupational Health & Reward & Policy

**STRATEGIC RESOURCES DEPARTMENT** Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Finance  
Internal Audit  
Information Communications Technology (ICT)  
Business Transformation  
Strategic Improvement  
Strategic Property  
Waste  
Customer Services  
Business Support  
Shared Transactional Services  
Cultural Trust Client  
**CHILDREN'S SERVICES DEPARTMENT** Bayard Place, Broadway, PE1 1FB  
Safeguarding, Family & Communities  
Education & Resources  
Strategic Commissioning & Prevention

**OPERATIONS DEPARTMENT** Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Planning Transport & Engineering (Development Management, Construction & Compliance, Infrastructure Planning & Delivery, Network Management, Passenger Transport)  
Commercial Operations (Strategic Parking and Commercial CCTV, City Centre, Markets & Commercial Trading, Tourism)  
Neighbourhoods (Strategic Regulatory Services, Safer Peterborough, Strategic Housing, Cohesion, Social Inclusion, Neighbourhood Management)  
Operations Business Support (Finance)

**ADULT SOCIAL CARE** Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Care Services Delivery (Assessment & Care Management; Integrated Learning Disability Services and HIV/AIDS; Regulated Services)  
Strategic Commissioning (Mental Health & Integrated Learning Disability; Older People, Physical Disability & Sensory Impairment; Contracts, Procurement & Compliance)  
Quality, Information and Performance (Performance & Information; Strategic Safeguarding; Business Support & Governance; Business Systems Improvement; Quality and Workforce Development)

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## SCRUTINY COMMISSION FOR RURAL COMMUNITIES

Updated: 4 January 2013

## WORK PROGRAMME 2012/13

Meeting Date	Item	Progress
18 June 2012 <i>Draft report 31 May</i> <i>Final report 7 June</i>	<p><b>Review of 2011/12 and Future Work Programme</b></p> <p>To review the work undertaken during 2011/12 and to consider the future work programme of the Committee</p> <p><b>Contact Officer: Paulina Ford</b></p>	
16 July 2012 <i>Draft report 28 June</i> <i>Final report 5 July</i>	<p><b>Funding For Rural Areas</b></p> <p>To receive a report on funding opportunities for Rural areas and make any recommendations.</p> <p><b>Contact Officer: Janet Brown</b></p> <p><b>Overview of Emerging Changes to Planning Obligations (S106/POIS) and Details About a Proposed New Development Levy for Peterborough (Community Infrastructure Levy – CIL)</b></p> <p>To receive a report on an overview of changes to planning obligations (S106/POIS) and make any recommendations.</p> <p><b>Contact Officer: Simon Pickstone/Simon Machen</b></p> <p><b>Community Action Plans – Update</b></p> <p>To receive a report on Community Action Plans and make any recommendations.</p> <p><b>Contact Officer: Adrian Chapman</b></p> <p><b>Superfast Broadband – Update</b></p> <p>To receive a report on progress on access to Superfast Broadband in rural</p>	

**APPENDIX 2**

Meeting Date	Item	Progress
	<p>areas.</p> <p><b>Contact Officer: Paul Stevenette</b></p>	
<p><b>17 September 2012</b>  <i>Draft report 30 Aug</i>  <i>Final report 6 Sept</i></p>	<p><b>Disability Issues in Rural Areas</b></p> <p><b>Contact Officer: Bryan Tyler/ Leonie McCarthy</b></p> <p><b>Provision of Primary Care in Rural Areas</b></p> <p>To receive a report on the provision of primary care in rural areas and make any recommendations.</p> <p><b>Contact Officer: Peter Wightman</b></p> <p><b>The Provision of Carers in Rural Areas</b></p> <p>To receive a report on the provision of carers in rural areas and make any recommendations.</p> <p><b>Contact Officer: Terry Rich/Tim Bishop</b></p>	
<p><b>19 November 2012</b>  <i>Draft report 1 Nov</i>  <i>Final report 8 Nov</i></p>	<p><b>Housing Allocation in Rural Areas</b></p> <p>To receive a report on affordable housing and make any recommendations.</p> <p><b>Contact Officer: Sean Evans</b></p> <p><b>New Street Lighting in Rural Areas</b></p> <p>To receive a report on new street lighting in rural areas and make any recommendations.</p> <p><b>Contact Officer: Mark Speed</b></p>	

**APPENDIX 2**

Meeting Date	Item	Progress
	<p><b>Making Villages Energy Sustainable</b></p> <p>To receive a report on the options of making villages energy sustain able and make any recommendations</p> <p><b>Contact Officer: Charlotte Palmer</b></p>	
<p><b>14 January 2013</b></p> <p>Draft report 27 Dec Final report 3 Jan</p>	<p><b>Educational Attainment in Rural Areas</b></p> <p>To receive a report on the educational attainment and school transport in rural areas and make any recommendations.</p> <p><b>Contact Officer: Jonathan Lewis</b></p> <p><b>Update on Superfast Broadband</b></p> <p>To receive a report on progress on access to Superfast Broadband in rural areas.</p> <p><b>Contact Officer: Heather Darwin/Richard Godfrey</b></p> <p><b>Primary Care in Rural Areas</b></p> <p>The Commission to comment on the report.</p> <p><b>Contact Officer: Jessica Bawden</b></p>	
<p><b>21 January 2012</b> (Joint Meeting of the Scrutiny Committees and Commissions)</p>	<p><b>Budget 2013/14 and Medium Term Financial Plan</b></p> <p>To scrutinise the Executive's proposals for the Budget 2013/14 and Medium Term Financial Plan.</p> <p><b>Contact Officer: John Harrison/Steven Pilsworth</b></p>	
<p><b>26 March 2013</b></p> <p>Draft report 8 March Final report 15 March</p>	<p><b>Flood Management</b></p>	

**APPENDIX 2**

Meeting Date	Item	Progress
	<p><b>Contact Officer: Julia Chatterton</b></p>	
	<p><b>Support for the Development of Community Centres and Village Halls in Rural Areas</b></p> <p>To receive a report on the support for the development of Community Centres and Village Halls and make any recommendations.</p>	
	<p><b>Contact Officer: Julie Rivett</b></p> <p><b>Community Safety</b></p> <p>To receive a report on Community Safety and make any recommendations.</p>	
	<p><b>Contact Officer: Gary Goose</b></p> <p><b>Bus Services in Rural Areas</b></p> <p>To receive a report on bus services in rural areas and make any recommendations.</p> <p><b>Contact Officer:</b></p>	

Items to be programmed in:

**Engaging with Hospitals**  
**Feedback from the use of the Homecare Monitoring Systems**  
**Disability Issues in Rural Areas – Update**