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CABINET

MONDAY 1 JULY 2013 10.00 AM

Bourges/Viersen Room - Town Hall Contact – Alexander.daynes@peterborough.gov.uk, 01733 452447

AGENDA

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Circulation Cabinet Members Scrutiny Committee Representatives Directors, Heads of Service Press

Any agenda item highlighted in bold and marked with an * is a 'key decision' involving the Council making expenditure or savings of over £500,000 or having a significant effect on two or more wards in Peterborough. These items have been advertised previously on the Council's Forward Plan (except where the issue is urgent in accordance with Section 15 of the Council's Access to Information rules).



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MINUTES OF CABINET MEETING HELD 25 MARCH 2013

PRESENT

Cabinet Members: Councillor Cereste (chair), Councillor Dalton, Councillor Fitzgerald, Councillor Hiller, Councillor Holdich, Councillor Lee, Councillor Scott and Councillor Walsh. **Cabinet Advisers:** Councillor Elsey, Councillor Goodwin and Councillor North

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Seaton.

2. DECLARATIONS OF INTEREST

None received.

3. MINUTES OF THE MEETING HELD 25 FEBRUARY 2013

The minutes of the meeting held on 25 February 2013 were agreed as an accurate record.

STRATEGIC DECISIONS

4. CITIZENS POWER PROGRAMME

Cabinet received a report informing it of the outcome of work undertaken by the Strong and Supportive Communities Scrutiny Committee in its review of the Citizen Power Peterborough Programme. Cabinet was asked to consider the report and agree the recommendations of the Committee.

Councillor Hiller introduced the report, thanking the members of the scrutiny task and finish group for their work. Councillors Todd and Casey were in attendance as members of the task and finish group and further advised Cabinet of the details of the report and its background.

During debate it was highlighted that the absence of a project manager for the first six months of the programme was detrimental to the initial set up and continued performance monitoring and also that the Royal Society for the Arts was still to make its own report on the programme.

Cabinet considered the report and **RESOLVED** to:

Endorse the final report of the review of the Citizen Power Peterborough programme conducted by the Strong and Supportive Communities Scrutiny Committee and to approve the recommendation in the report as below:

Should future programmes of any similarity be considered within the city that the appointment of a project manager at the earliest stage is essential. The role of that project manager should incorporate business and financial planning and the communication of the key messages of the programme to Councillors to avoid

unnecessary delays or misunderstanding over the outcomes and objectives of the initiative.

REASONS FOR THE DECISION

This report had come to Cabinet following a request from the Strong and Supportive Communities Scrutiny Committee.

ALTERNATIVE OPTIONS CONSIDERED

Option 1. Not to agree to the recommendations. The Committee did not recommend this as they considered that the Council should use the learning from the Citizen Power programme before entering into any future programme of work of a similar nature.

Option 2. Develop alternative recommendations. The Committee did not recommend this as they considered that the Task and Finish Group had conducted an in depth and objective review and therefore the recommendations put forward had been fully accepted by the committee.

5. AFFORDABLE HOUSING CAPITAL FUNDING POLICY

Cabinet received a report recommending the suspension of any further grant allocations from the council's Affordable Housing corporate resources part of the Capital Programme until a thorough review of the council's policy as to how such funds should be spent was undertaken. Such a review was considered necessary to ensure the council gained maximum benefit and value from the use of such funds. Secondly, the report recommended that Cabinet agreed that schemes that discharge obligations to provide affordable housing in accordance with individual Section 106 agreements would still be considered and Section 106 receipts would continue to be applied to fund such schemes in accordance with the 2011 Policy framework.

Councillor Hiller introduced the report further advising Cabinet that the take up of the available funding was often low.

Cabinet considered the report and **RESOLVED** to:

- 1. Agree to suspend any new allocations from the council's Affordable Housing corporate resources part of the Capital Programme until a review of the council's Affordable Housing Capital Funding Policy (Feb 2011) is agreed by Cabinet (scheduled for September 2013);
- 2. Agree that the scope of the policy review should cover an investigation of the options listed in paragraph 4.4 of the report; and
- 3. Agree that schemes that discharge obligations to provide affordable housing in accordance with individual Section 106 agreements will still be considered and Section 106 receipts will continue to be applied to fund such schemes in accordance with the 2011 Policy framework.

REASONS FOR THE DECISION

Suspending new allocations from the Affordable Housing corporate resources part of the Capital Programme and undertaking a review of the Policy would ensure the council was achieving best value for the funds.

ALTERNATIVE OPTIONS CONSIDERED

To not suspend new allocations from the Affordable Housing corporate resources part of the Capital Programme: This option was rejected because it may be the case that the funds could be used in the next 6 months on schemes which met the current adopted Policy but which did not necessarily achieve best value for the council.

6. LIBRARY SERVICES

Cabinet received a report to consider and determine what revisions, if any, should be made to the city's library service as a result of the feedback received from the recent public library consultation and consultation on the Council's budget proposals.

Councillor Lee introduced the report highlighting the need to save £200,000 from the Vivacity budget. By reducing the book fund by £50,000 per annum and reducing the weekly opening hours of some libraries, unlike many other Authorities none of the city's libraries would need to be closed, it would be possible to make the necessary contribution to the total financial savings amount. The reduction in opening hours would come into effect from 1 July 2013 and would see three of the larger libraries in the city (Orton, Werrington and Bretton) reducing their hours to 29 per week with the largest library, Central Library, reducing its opening hours to 40 per week.

Cabinet debated the report commenting on the importance of retaining the mobile library and its current opening hours and service routes, the need for more community groups to use the libraries and greater use of the library buildings, increased us of electronic book use and the need to see a rise in the lending of books overall.

Cabinet considered the report and **RESOLVED** to:

- 1. Revise the opening hours for Bretton, Central, Orton and Werrington libraries as set out under the columns headed 'revised proposal based on user feedback' in paragraph 7.11 to the report;
- 2. Reduce the book fund by £50,000 per annum as referred to in paragraph 10.4 of the report;
- 3. Note the savings to be made in respect of Vivacity's own internal management and overhead costs as referred to in paragraph 10.5 of the report; and
- 4. Retain (and not revise) the current frequencies and stopping times for the mobile library service as set out in Annex B to the report for the reasons set out in the report.

REASONS FOR THE DECISION

The Council's budget proposals for 2013/14 were considered by Council at its meeting on 6 March 2013. Due to the challenges being faced, the Council had been forced to review a whole range of services in order to secure a balanced budget, as well as maintaining effective public services.

The Council currently spends $\pounds 10,465$ on library services for every 1,000 people. According to CIPFA in 2012, the average expenditure for an authority of a similar size to Peterborough was approximately $\pounds 16,000$ per 1,000 people. However, Peterborough's library service's performance remained high compared to the level of investment and was an effective low cost model.

Vivacity, which operated the city's libraries on behalf of the Council, also worked collaboratively with other Authorities and the consortium through which books were purchased was an example of this. The consortium arrangement in place offered excellent discounts on book spending.

ALTERNATIVE OPTIONS CONSIDERED

During the budget discussions, various other options for making savings from Vivacity were considered, including potentially closing premises, including libraries. The Council wished to continue to provide a comprehensive range of services across arts, culture, heritage and sports and wished to have a full range of facilities available to its customers. The view was that the recommendations set out in this report still enabled that to be achieved. As a consequence, other proposals were rejected.

7. STRATEGIC PARTNERSHIP WITH BRITISH GAS

Cabinet received a report seeking its approval to enter into a Strategic Partnering Agreement with British Gas.

Councillor Cereste introduced the report highlighting that the partnership was one of the first of its types in the country and would see investment from British Gas into the city for the benefit of residents and the job market.

During a brief debate it was highlighted that domestic improvement work was intended to be aimed at low income families but further details of the partnership work would be determined at a workshop with British Gas in April.

Cabinet considered the report and **RESOLVED** to:

- 1. Approve entering into a strategic partnering agreement with British Gas in respect of energy, green deal, ECO and fuel efficiency projects; and
- 2. Agree that the delivery of future work streams be delegated to the Executive Director of Strategic Resources in consultation with the Leader.

REASONS FOR THE DECISION

The investment in the city sought to further enhance the policy around the home of the environment capital. It would also generate new jobs.

ALTERNATIVE OPTIONS CONSIDERED

The council does not enter into such an agreement. This would mean that there would not be investment in the city of up to £20million and the creation of up to 600 new jobs.

8. RISK BASED VERIFICATION POLICY

Cabinet received a report to approve the implementation of the Risk Based Verification Policy. The Solicitor to the Council advised Cabinet that it did not have to exclude the public and press and move into exempt session unless it intended to discuss and debate the information contained within the exempt annex to the report. Cabinet agreed that the public need not be excluded from the meeting.

In Councillor Seaton's absence Councillor Hiller introduced the report highlighting that the final policy proposal followed a pilot scheme earlier in the year which had had positive results.

Cabinet considered the report and **RESOLVED** to:

Approve the Risk Based Verification (RBV) Policy.

REASONS FOR THE DECISION

Implementing an on-line claim form was part of Serco's business case for delivering the Revenues & Benefits Service and achieving efficiencies. The RBV software was considered an integral part of ensuring the on-line form delivered the efficiencies anticipated.

An Equalities Impact Assessment was carried out in December 2012 and did not identify any major barriers. Work has already commenced with various groups such as Citizens Advice Bureau, Age UK, MIND and members of the Council's Welfare Reform Group and relevant stakeholders of the service to remove any barriers as part of the plan to move customers from a paper form to an on-line form (widely referred to as channel shifting).

A major piece of work had been undertaken to identify places within the city where customers could get access to the internet and help with filling in the on-line form. The form was recently demonstrated to over 90 people from advice agencies and voluntary organisations across the city to enable them to help their customers complete the form. In addition, Bayard Place would be equipped with computer terminals for customers to use and a dedicated floorwalker would be on hand to help customers complete their forms on-line. A Questions & Answers leaflet had been developed and would be distributed across the city to be handed out to anyone wanting to make a new claim.

The on-line form with integrated RBV was expected to deliver the following benefits:

- "smart" on-line form which adapts itself to customer's circumstances, therefore making the claim process easier and quicker;
- Up to 50% of customers will not need to provide duplicate evidence to validate their claim as we already hold that information and will use this to process their application;
- Will help prepare customers for Universal Credit which will be an on-line application;
- Landlords will be able to help their tenants complete their claims;
- Only complete claims can be submitted which reduces the level of chase up work to the customer and they will be clear about what evidence they need to supply; and
- On-line forms can be submitted 24 hours a day instead of being restricted to service opening hours.

ALTERNATIVE OPTIONS CONSIDERED

The alternative was to maintain the status quo. The disadvantages of the current situation were:

- All customers have to complete 30+ pages paper application forms which is time consuming for customers and often difficult;
- Customers often submit incomplete claim forms and have to be written to for further information which leads to delays in processing;
- Paper claim forms have to be scanned and indexed before they can be processed which is resource intensive;
- All customers have to provide the same level of evidence irrespective of their circumstances;
- Customers are asked to provide information that we already hold; and
- Current new claim processing times are approximately 45 days (January 2013) and are reviewed up to 5 times before they are put into payment because of the lack of correct information or documentation.

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CABINET	AGENDA ITEM No. 4
1 JULY 2013	PUBLIC REPORT
	fthe Council and Cohinet Mamhan

Cabinet Member(s) r	esponsible:	Councillor Cereste, Leader of the Council for Growth, Strategic Planning, Housing, E Development and Business Engagement	
Contact Officer(s):	Paul Phillipson, Executive Director Operations Tel. 01733 4534		Tel. 01733 453455

PASSENGER TRANSPORT SUBSIDISED SERVICES

RECOMMENDATI	
FROM: Mark Speed Transport and Infrastructure Planning	Deadline date: 1 st July 2013
Manager	
Cabinet is recommended to:	
 Continue to fund the existing Demand Responsiv levels of subsidy of £180,000 and to increase the Transport Services; 	•
 Invest £220,000 in expanding the Demand Response residents in Peterborough; 	onsive Transport service available to
Reduce the Voluntary Partnership Agreement fur	nding with Stagecoach to £200,000;
 Invest any savings below the £220,000 budgeted Responsive Transport service into additional eve Voluntary Partnership Agreement; 	•
Discontinue all the funding for Local Link services	5;
Discontinue all the funding to some daytime serv	ices on the Kimes 9 service;
Discontinue all funding to some daytime services	on Stagecoach route 24;
Discontinue all funding to Sunday services on Sta	agecoach route 37; and
Discontinue all funding for the Luxecabs service.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to Cabinet following the Full Council decision on 6 March 2013 to reduce the budget for passenger transport subsidised services from approximately £1,100,000 to an indicative budget figure of £600,000 in the Medium Term Financial Strategy.
- 1.2 Following an independent assessment and subsequent discussions with current service providers it was determined that the cost of maintaining these services could increase by up to £800,000. This means the Council would need to spend at least £1,900,000 to maintain the existing level of subsidised passenger services.

This means that an approximate reduction of £1,300,000 is required to ensure that the budgetary target set by Full Council is met.

- 1.3 The Local Link bus service contracts were due to expire in March 2013 but have been extended whilst a review of new provision has been carried out. These contracts will terminate on the 30 September 2013.
- 1.4 A cross party advisory group was set up to review the current passenger transport services, and make recommendations to Cabinet regarding future subsidised service provision. After consideration of a range of options to provide subsidised services the cross party group made recommendation to reduce the indicative budget to £780,000.

The cross party advisory group therefore, asked that an officer make the final recommendation to the Cabinet to meet the requirement of a service provision that will meet the indicative budgetary requirement of £600,000.

2. PURPOSE AND REASON FOR REPORT

- 2.1 Cabinet is asked to:
 - consider the recommendation outlined in this report; and
 - note that only 9% of services, (those which are subsidised by the Council) are affected by the recommendations within this report; and
 - resolve which passenger transport services should continue to be subsidised and to what level within the agreed indicative budgetary provision of £600,000.

This report is for Cabinet to consider under its Terms of Reference No. 3.2.8 to be responsible for the Council's overall budget and determine action required to ensure that the overall budget remains within the total cash limit.

3. TIMESCALE

3.1 Cabinet is asked to make a decision at the Cabinet meeting on the 1st of July 2013 regarding which passenger transport services should continue to be subsidised within the agreed budgetary provision of £600,000 to allow the new subsidised services to be procured and in place by 1 October 2013.

4. PASSENGER TRANSPORT SUBSIDISED SERVICES BACKGROUND

4.1 **Passenger Transport Provision in Peterborough**

The Cabinet is asked to note that approximately 91% of the public transport provision in Peterborough is run on a commercial basis.

This means that approximately 9% of the public transport provision in Peterborough is subsidised by the Council as it is not commercially viable (see section 4.2).

Therefore it is only this 9% of services (which are subsidised by the Council) that are affected by the budget changes agreed at Full Council.

4.2 **Subsidised Services**

There are areas in Peterborough where it is not considered commercially viable to operate a service. This is because there is not the demand (passengers who would use the service) to make it viable for an operator to run a service. This means the cost of running the service would be higher than income generated from the service.

There are also certain times of day when it is not commercially viable to run a service, when fewer people are travelling.

Outside of London, bus services were deregulated in the 1980s, with the vast majority of routes now operated by private companies.

The Council has a duty to determine what service gaps there are (locations or times) and to act accordingly in order to ensure it carries out the legal duty as set out in 8.1 of this report.

The most common way to achieve this is to enter into an agreement with a transport operator and provide a payment (subsidy) to compensate for the gap between the cost of running a service and the income necessary to make it a commercially viable service. The most common types of subsidy are as follows:

- diverting the route of an existing service
- increasing the operating times of an existing service
- providing a completely new service

4.3 **Current Passenger Transport Services Subsidised by the Council**

The services that are currently subsidised by the Council are as follows:

- Local Link (all services)
- Stagecoach Voluntary Partnership Agreement (VPA)
 - Citi evening services from 20.30 Monday Saturday and from 17.30 Sundays and Bank Holidays
 - Some daytime services on route 24
 - Sunday services on route 37
- Demand Responsive Services (Community Link, Rural Dial a Ride, Call Connect, Royal Voluntary Service)
- Luxecabs 342 (all services)
- Kimes 9 (some daytime services)

Please see Annex 1 for a description of current passenger transport services subsidised by the Council.

5. CONSULTATION

- 5.1 The following consultation has taken place:
 - 1. **The Medium Term Financial Strategy Consultation Document** outlined the services at risk because of the reduction in the budget to £600,000 for passenger transport subsidised services.

<u>Outcome</u>: Medium Term Financial Strategy budget of £600,000 for passenger transport subsidised services was approved at Full Council on the 6 March 2013.

2. **The Medium Term Financial Strategy Consultation** covered a wide range of organisations, special interest groups and meetings including a joint Neighbourhood Committee and Scrutiny Committees.

<u>Outcome:</u> The Medium Term Financial Strategy was approved on the 6 March 2013.

3. All City Council Councillors were written to, and offered a bespoke session, to discuss which services within Peterborough, and specifically their ward, were at risk as part of this review of subsidised services.

Outcome: Meetings held with all Councillors who requested a bespoke session.

4. **The Scrutiny Commission for Rural Communities** requested and received a presentation on services that operated in rural Peterborough and which subsidised services were at risk on the 26 March 2013.

<u>Outcome</u>: Please see Annex 2, Minutes of a Meeting of the Scrutiny Commission for Rural Communities on the 26th March 2013

5. **Transport Forum** (open to the public) and organised by Peterborough Environment City Trust was held at the John Clare Theatre on the 19 February 2013. Officers gave a presentation and a discussion took place regarding the subsidised passenger transport review.

<u>Outcome</u>: An open discussion took place discussing the positive contribution that subsided services made to Peterborough and a general consensus was that reducing the budget available to passenger transport services was undesirable.

- 6. A Cross Party Advisory Group was set up to discuss the review and to make recommendations regarding which subsidised services should continue to receive funding within the agreed budgetary provision of £600,000. The group met on the following dates:
 - 13 May 2013
 - 20 May 2013
 - 21 May 2013
 - 29 May 2013

<u>Outcome</u>: The group held a series of meetings and considered the following issues and information:

- Equality Impact Assessments for all service options
- Bus Service Review for Local Link services
- Current and projected costs to retain current provision of services
- Presentations from:
 - Stagecoach (all their subsidised services)
 - Atkins (Equality Impact Assessments and Bus Service Review for Local Link services)
 - Centrebus (Kimes 9)
- Support and advice from Passenger Focus

The group recommended areas where savings could be made. However, they requested that Cabinet be informed that this decision was difficult as they recognised the importance and benefits associated with all of the services subsidised by the Council.

The recommendations made by the Cross Party Advisory Group are shown in Annex 3.

6. COMMUNICATION PLAN

6.1 A communication plan will be developed with support from Passenger Focus. This will communicate to affected passengers and the wider public the changes to the subsidised services that will take place and what alternative services are available.

7. ANTICIPATED OUTCOMES

7.1 The decision on which subsidised services will receive funding will be made by Cabinet and followed by the relevant procurement and contract awards required to enact that decision to ensure the new services are operating by the 1 October 2013.

8. **REASONS FOR RECOMMENDATIONS**

8.1 Legal Duty

As a unitary authority, Peterborough City Council has a legal responsibility when it comes to public transport services. Section 63 (1) (a) of the Transport Act 1985 applies as follows:

"...to secure the provision of such public transport services as the council consider it appropriate to secure to meet any public transport requirements...which would not in their view be met apart from any action taken by them for that purpose"

The Council is required to consider the findings of the Equality Impact Assessments when making the decision on passenger transport subsidised services.

8.2 Assessment of Need

Following consultation and the equalities analysis the following conclusions were drawn regarding the need for subsidised passenger transport services:

- access is required to essential services such as education, employment, healthcare, healthy affordable food shops, leisure and social activities outside the normal operating times of the commercial services;
- People need to access public transport in areas that have no commercial bus services; and
- People need to access specialist demand responsive transport services because they are physically unable to access regular public transport services.

8.3 Equality Impact Assessment

The Equality Act 2010 (EA) enacts a public sector equality duty (PSED) which requires that in the exercise of its functions the Council must have due regard **to** the need to eliminate unlawful discrimination, harassment and victimisation and advance equality of opportunity and foster good relations between different groups and in particular those groups with protected characteristics.

A full list of the 'protected characteristics' including age, disability, gender and race are set out in Annex 4.

Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- Encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low

The recommendations in this report have been made following the consideration of the outcomes of the Equality Impact Assessments carried out on those passenger transport services subsidised by the Council. (See section 12, background documents listed in this report).

Table 5 below, summarises the number of passengers that the services carried in the year 2011/12, the impacts of discontinuing these services and what mitigations are available to reduce the impact on protected groups.

Table 5 Equality Impact Assessment Summary
--

Service	Service area	Passenger	Impacts	Mitigation
		numbers (2011/12)		
Stagecoach VPA (evening)	Urban area	240,000 p.a.	 No alternative public transport Many areas served are within the 20% most deprived nationally in terms of income High proportion of young people Large number of females under 25 travelling for work purposes High number of black and minority ethnic passengers 	 Consult with employers, adult college etc as well as passengers over the changes Develop workplace and community travel plans
Stagecoach VPA (24 and 37)	Queensgate to Lynchwood (24) and Peterborough to Spalding (37)	Unknown	 24: High number of users are aged over 65 and travelling for shopping and leisure purposes 24: Impact on shift workers, especially for Lynchwood 37: Lack of public transport alternative on a Sunday 37: Majority of trips were undertaken for leisure and shopping purposes 	 Information on new service is shared with passengers and businesses at Lynchwood (24) 37: Very small subsidy so majority of service should be retained Development of workplace and community travel plans
Kimes 9	Stamford to Peterborough	Unknown	 Majority of trips are for commuting and education (the Kings School) The villages served have no other alternative at these times 	 Consultation with passengers and Kings School/pupils Consultation with Kimes to discuss continued service provision without subsidy Development of workplace and community travel plans
Local Link	Urban and rural	360,000	 Loss of connectivity between areas Complete loss of services in certain areas (Fengate and some rural villages) Further distance to walk to access alternative public transport 	 Backfill loss of service in all affected rural areas and possibly Fengate Infrastructure improvements, where appropriate, to improve accessibility to alternative bus stops Promote demand responsive transport for anyone unable to access public transport Information on loss of services is shared with passengers and

						organisations
Luxecabs	Thorney only	1,115 p.a.	0	No direct service between Thorney and Whittlesey All passengers are over 65 and have a disability/mobility impairment	0	Can still access Whittlesey although have to interchange in Peterborough Passengers have regular buses into Peterborough and also demand responsive transport into Peterborough for anyone unable to access the bus service Make sure information on service withdrawal is communicated with passengers/residents

8.4 Rationale for Subsidised Services Recommendation

Following the analysis of the existing subsidised services and assessment of the impact of each service the following conclusions may be drawn:

8.4.1 Current Demand Responsive Services

Demand Responsive Transport Services are those services designed to be called upon by service users 'on demand'. They are user-oriented forms of public transport characterised by flexible routing and scheduling of vehicles operating between pick-up and drop-off locations according to passengers needs.

The service allows users to contact the booking office and request a bus to meet them at a 'meeting point' in the same manner booking a taxi. Meeting points are usually public places, such as health centres and leisure facilities as well as all existing bus stops.

Timetabled services are expensive and are a non targeted means of providing subsidised transport. Timetable services operate whether there is a demand for transport or not. Therefore funding can be spent on running services that little or no members of the public want or use.

A Demand Responsive Transport service is more likely to mitigate the worst impacts highlighted within the Equality Impact Assessments of losing services within Peterborough. Targeting the funding directly to where there is a need for transport is a more efficient way of spending funding when budgetary constraints, as highlighted in the Medium Term Financial Strategy, are required.

Those areas that have no timetabled service would have access to the current demand responsive services or the new extended demand responsive service.

Those that cannot access an alternative service due to age or disability do have the option of a Demand Responsive Transport service.

Call Connect

This service operates where no other service is available and therefore there is no practical means of mitigating the worst of the impacts of losing this service. It is therefore recommended that this service will be retained.

Community Link

This service operates to transport people who are unable to use other forms of public transport and there is no other public transport option available to transport the members of

the public that use these services. It is therefore recommended that this service will be retained.

Octane

This service operates to transport people who are unable to use other forms of public transport and there is no other public transport option available to transport the members of the public that use these services. This service operates on a non profit making basis and therefore provides excellent value for money to the Council. It is therefore recommended that this service will be retained.

Royal Voluntary Service

This service offers excellent value for money to the Council transporting vulnerable people, who cannot use public transport, directly to essential amenities. It is therefore recommended that this service will be retained.

8.4.2 Voluntary Partnership Agreement Evening Services

The Council could not mitigate the impacts caused by the loss of all evening services as there are no alternative public transport services operating during these times. It is therefore recommended that the majority of evening services will be retained.

There will, however, be a reduction in evening services leading to an increased impact on those groups listed at table 5, by requiring that passengers may need to walk further to their nearest service.

8.4.3 Extended Demand Responsive Transport Service

An extension of Demand Responsive Transport services is more likely to mitigate the worst impacts highlighted within the Equality Impact Assessments of losing Local Link services within Peterborough. Targeting the funding directly to where there is a need for transport is a more efficient way of spending funding when budgetary constraints as highlighted in the Medium Term Transport Strategy are required.

Although it is recognised that Demand Responsive Transport services will not be able to meet all the travel requirements of all current Local Link passengers, this recommendation does ensure that at least a service is available to the public within Peterborough. In particular, priority will be given to villages currently served by a Local Link service. These are

- Peakirk
- o Milking Nook
- Newborough
- Maxey
- Etton
- o Ashton
- Ufford
- Thornhaugh
- Wothorpe
- Marholm

All other villages are served by a commercial service.

Through the procurement process the Council will endeavour to guarantee AM and PM services for workers and school children. In addition, the Council will attempt to secure peak time journeys from the city centre to Fengate and Eastern Industries.

8.5 Rationale for Recommendation to Discontinue or Reduce Service Subsidy

Kimes 9

The Council subsidises 7 out of 27 journeys carried out by the Kimes 9 service. Therefore there are still 20 journeys that remain that receive no subsidy from the Council and therefore a level of service would be likely to be retained. It is recommended that the subsidy be removed from this service.

The majority of users affected by this reduction are schoolchildren and commuters.

The two buses that are being used by schoolchildren, to travel to Kings School, and by other residents for travelling for a variety of reasons were shown to be full during the on bus surveys carried out for the Equality Impact Assessments and therefore these services should continue as they do not appear to require a subsidy.

Luxecabs

The service provided by Luxecabs to take residents from Thorney to Whittlesey is operating in an area where they could access other Demand Responsive Services that could transport them to Peterborough and therefore an alternative is available. It is therefore recommended that the subsidy be removed from this service. Users that are affected are over the age of 65 many of whom have disabilities or impaired mobility. It is considered that the existing Demand Responsive Transport will mitigate the impact.

Voluntary Partnership Agreement Stagecoach Evening Services

A reduction of the subsidy available to night time and evening services would result in a minimal reduction in services and most utility would be retained, as set out in 8.4.2 above.

Voluntary Partnership Agreement Stagecoach Evening Services

Funding for services 24 and 37 will be discontinued although it is considered that as a loss of subsidy will probably lead to a reduction in the number of journeys operated. It is felt that some level of service would be retained.

It is therefore recommended that the subsidy be removed from this service.

The majority of users affected by service 24 are users aged over 65 for shopping and leisure purposes and shift workers for Lynchwood. The impact will be mitigated by alternative journey times, although they may be less frequent.

The subsidised service 37 runs on Sundays and there could be a partial loss of service. The majority of users affected by service 37 are users aged over 65 for shopping and leisure purposes.

Local Link Services

The majority of current Local Link passengers access these services in the urban area where they have an alternative commercial service within walking distance of their homes.

However, as Local Link services are the only timetabled bus service in Eastern Industry, Fengate and the following rural areas, there will be a significant impact that will need to be mitigated by the investment in alternative and new Demand Responsive Transport services.

Although it is recognised that Demand Responsive Transport services will not be able to meet all the travel requirements of all current Local Link passengers, this recommendation does ensure that at least a service is available to the public within Peterborough. In particular, priority will be given to villages currently served by a Local Link service. These are

- Peakirk
- o Milking Nook
- Newborough

- Maxey
- o Etton
- o Ashton
- o Ufford
- Thornhaugh
- o Wothorpe
- o Marholm

All other villages are served by a commercial service.

Through the procurement process the Council will endeavour to guarantee AM and PM services for workers and school children. In addition, the Council will attempt to secure peak time journeys from the city centre to Fengate and Eastern Industries.

9. ALTERNATIVE OPTIONS CONSIDERED

- 9.1 The following alternatives were considered when making the recommendation outlined in this report:
 - 1. Continuing with the existing service has been considered, however this was ruled out, as the budget for passenger transport subsidised services set out in the Medium Term Financial Strategy and agreed by Full Council on 6 March 2013 was insufficient to do so. Market testing was carried out to determine if this option was achievable through efficiencies provided by re-procuring services and the results categorically ruled this option out. Instead of an existing budget of £1,100,000, a budget up to £1,900,000 would be required to maintain the current service.
 - 2. All of the subsidised services were reviewed and different scenarios and options of which services to retain have been considered within this exercise. The findings of the Equality Impact Assessments were considered and the alternative service options were deemed to offer a reduced potential for mitigating the affects of reducing the overall service provision.

Please note that although the other options were deemed to be less attractive than the option recommended in this report; there are other service options that will be appropriate for consideration if the procurement process is unable to deliver this recommended preferred option. (See section 11.2, risk, of this report)

- 3. The advice from cross party advisory group (see consultation section 5.1) has been considered. This option has been ruled out, as it exceeds the budget available for passenger transport subsidised services as set out in the Medium Term Financial Strategy.
- 4. To subsidise none of the current services provided by the Council was considered however this was ruled out following the impacts identified in the Equality Impact Assessments.

10. IMPLICATIONS

10.1 Corporate Priorities: Environment Capital

As there will be fewer passenger transport subsidised services there is likely to be an impact on the number of people who will have to make journeys by other means.

10.2 **Discrimination and Equality**

Please see section 8.2 for the Equality Impact Assessment Summary.

10.3 Human Resources

There may be a reduction in the number of employees within the organisations that currently provide subsidised services on behalf of the Council.

11. RISK

11.1 Mitigation of the Affects of Reducing Subsidised Transport Service

The Equality Impacts Assessments evaluate the risk of losing services and recommend mitigation measures. The Equality Impact Assessments have been reviewed and the results and understanding of the impacts on protected groups have informed the recommendation as outlined in this report, and set out in section 8.

The Cabinet is asked to note that the recommendation will ensure that the services provided represent the best solution within budgetary constraints. However the new service provision will not accommodate all the journeys that have been undertaken by the existing service that would cost an approximate £1,900,000. In particular an expanded Demand Responsive Transport service cannot guarantee that all journeys requested by the public will be accommodated. During the procurement process officers will endeavour to negotiate with potential operators to provide a solution that will guarantee a level of service that will accommodate as much of the demand as possible.

11.2 **Procurement**

The Cabinet is asked to note that any decision to expand the Demand Responsive Transport service will require a procurement process to be carried out whereby the operators will be asked to consider the service requirements and submit a price for operating such service.

It is possible that no service provider may bid to carry out the service as recommended in this report. If a provider does submit a bid to carry out the service, there is no guarantee that the option submitted by an operator to carry out the expanded Demand Responsive Transport service will be affordable within the budgetary restraints outlined in the recommendation of this report.

The procurement documents have been written to allow flexibility in the solutions providers can submit in order to provide a service in those areas that have been covered by the existing Local Link services. The documents have also stipulated a price range with a maximum available budget to try and mitigate this risk.

12. BACKGROUND DOCUMENTS

- 12.1 The documents listed below were examined and considered during the review of passenger transport subsidised services:
 - Peterborough Supported Bus Network Review. Produced by Atkins
 - Equality Impact Assessment Summary Report. Produced by Atkins
 - Equality Impact Assessment: Luxecabs. Produced by Atkins
 - Equality Impact Assessment: Kimes Route 9. Produced by Atkins
 - Equality Impact Assessment: Stagecoach Voluntary Partnership Agreement. Produced by Atkins
 - Equality Impact Assessment: Local Link. Produced by Atkins

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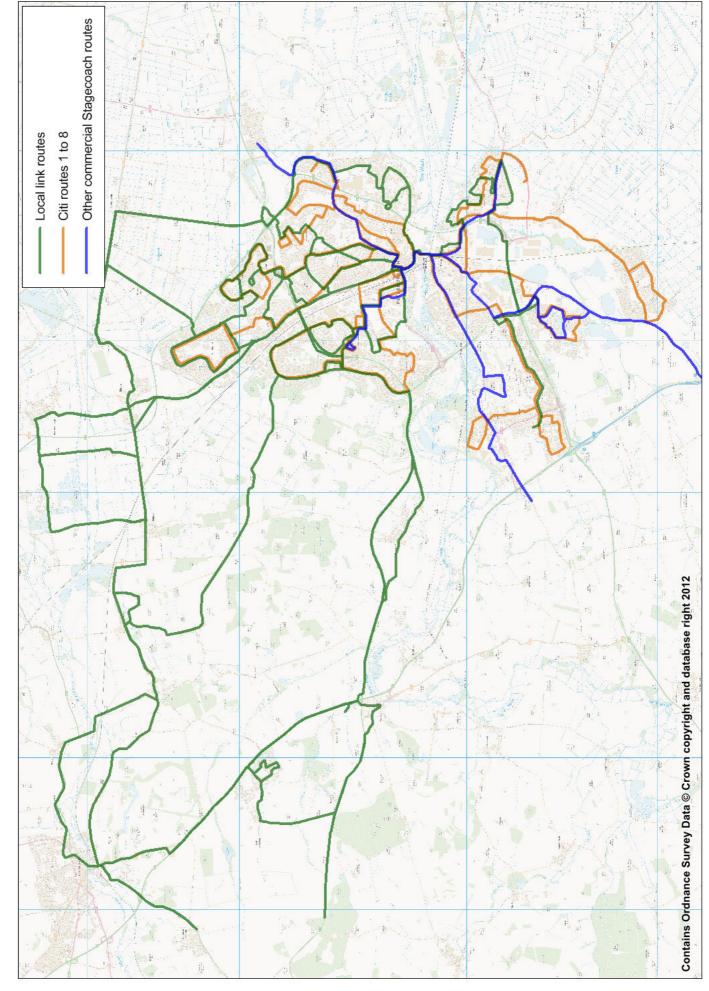
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Description of Current Passenger Transport Services Subsidised by the Council

Local Link

These services are provided as part of a tender agreement with Enterprise (401, 401A, 404, 406, 407, 408, 410, 411) and Centrebus (413). The day, times and the routes that these services take is the decision of the Council, not Enterprise or Centrebus. Details of the routes are below and the Council pays for all of these services. Operating the current service requires 12 vehicles (11 on the Enterprise routes, 1 on the Centrebus 413 route).

- Local Link 401: Stamford to Queensgate; serves Barnack, Bainton, Helpston, Glinton, then either Marholm, Bretton and City or Werrington Walton and City. Sundays only: 2 return journeys a day. Click here for the timetable
- Local Link 401A: Stamford Thornhaugh Wittering Wansford Ailsworth Castor Barnack Ufford Bretton Queensgate; School days only, 1 return journey per day. Click here for the timetable •
- Local Link 404: Stamford Thornhaugh Wittering Wansford Ailsworth Castor Bretton Queensgate; Sundays only, 3 return journeys per day. Click here for the timetable •
- Local Link 406: Werrington Gunthorpe Paston Garton End Queensgate City Care Centre Netherton Westwood Ravensthorpe City Hospital - Bretton Centre - North Bretton - Mondays to Saturdays; every 30 mins to c.18.00. Click here for the timetable -
- Local Link 407: Peterborough Fletton Stanground Serpentine Green The Ortons Orton Northgate. Mondays to Saturdays; every 30 mins (every hour across Peterborough – Serpentine Green section). Click here for the timetable •
- Local Link 408: Bretton Walton New England Millfield Queensgate hourly Mondays to Saturdays Click here for the timetable •
- Local Link 410: Newborough Parnwell Fengate Queensgate. Hourly Mondays to Saturdays (last bus extends to Glinton, Northborough and Maxey). Click here for the timetable •
- Local Link 411: Peakirk Newborough Parnwell Fengate Dogsthorpe Garton End Kings School Queensgate. School days only; 1 per day Click here for the timetable •
- Saturdays (No service Sundays) (Last departure from Peterborough towards Northborough and Maxey at c. 16.05) (first and last bus extend to Maxey). Local Link 413: Maxey - Northborough - Glinton - Peakirk - Werrington - Walton - Millfield - Peterborough. 5 buses each way per day Mondays Click here for the timetable •



Map 1. Bus Routes in Peterborough

Table 1. Contract Budgets

The table below give details on the contract budgets for the Local Link services.

Enterprise Centrebus Total	B407 B409 B403	401 & 404) (406 & 408) (401a & 407) (410 & 411) 413 All Services	,614 £93,784 £63,202 £87,856 £495,612
Enterprise	B406 B407	06 & 408) (401a & 40	
Enterpris		(406 & 408) (401	£242,614 £
	B402	(401 & 404)	£8,156
		Year	2012/1 3

Table 2. Passenger Numbers

Contract	Passengers (2012/13)
B402 – Local Link 404	2,482
B406 – Local Link 406 and 408	192,116
B407 – Local Link 401, 401A and 407	103,838
B409 – Local Link 410 and 411	50,926
Local Link 413	26,732
Total	376,094

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included in this review because those services are paid for by a developer (Stanground South) and the hospital. In return Stagecoach provide bus stop The vast majority of Stagecoach services are provided on a commercial basis with no funding required from PCC. However, there are certain services at certain times of day which cannot be run on a commercial basis. In order for these services to operate, Peterborough City Council entered into a contractual arrangement with Stagecoach called the Voluntary Partnership Agreement. There are two services in the Voluntary Partnership Agreement that are not publicity and make contributions towards staff costs at the Travelchoice Centre in Queensgate bus station (approx £15k).

Current Stagecoach services supported (as part of a Voluntary Partnership Agreement)

- Citi 1: Werrington Centre Walton Millfield City Centre The Ortons Orton Wistow. Also serves Orton Southgate at peak times. Mondays to Saturdays; every 10 mins to 19.00, Evenings 30 mins to 20.35 then hourly to 23.35. Sundays 30 mins, Evenings hourly after 18.00.
- Supported after 20:30 Mondays to Saturdays, and after 17:30 Sundays
 Click here for the timetable
- Citi 2: Gunthorpe Paston City Centre Longthorpe South Bretton City Hospital. Mondays to Saturday; every 10 mins to 18.00, Evenings every 30 mins to 20.30 then hourly to 23.00, Sunday 2 per hour to 17.30 then hourly to 23.00.
- Supported after 20:30 Mondays to Saturdays, and after 17:30 Sundays
 - o Click here for the timetable
- Citi 3: City Hospital Bretton Centre North Bretton Westwood City Centre Fletton Avenue Stanground Park Farm. Mondays to Saturday; every 10 mins to 18.30, Evenings hourly to 23.00, Sunday 2 per hour to 18.00, then hourly to 23.00.
- Supported after 20:30 Mondays to Saturdays, and after 17:30 Sundays
 - o Click here for the timetable
- Monday to Saturday; every 20 mins to 20:00 then hourly to 23:00, Sunday; hourly to 23:00. (City Centre City Hospital section does not operate after 20:30 Monday to Saturday, or after 18:00 on Sunday) Citi 4: Parnwell - City Centre - Netherton - City Hospital.
- Supported after 20:30 Mondays to Saturdays, and after 17:30 Sundays
 - Click here for the timetable
- Citi 5: Cardea Fletton City Centre Eastfield Dogsthorpe Bluebell / Yaxley Fletton City Centre Welland. Mondays to Saturdays; every 20 mins (10 mins across common sections) to 18.00, Evenings hourly (half hourly across common sections), Sun hourly (half hourly across common sections)

	 Citi 6: City Centre - London Road - Serpentine Green - Hampton Vale - Hampton Hargate Mondays to Saturdays; every 10 mins to 19.45 Evenings hourly to 23.00 Suns hourly.
	 Supported after 20:30 Mondays to Saturdays, and after 17:30 Sundays <u>Click here for the timetable</u>
	 Service 23 & 24: 23: Peterborough - Orton Mere - Lynch Wood - Elton - Wansford - Kings Cliffe - Woodnewton - Southwick - Rockingham Hills - Oundle. Hourly Mondays to Saturdays. 24: Peterborough - Lynchwood - Orton Northgate - Elton - Oundle - Thrapston. Hourly Mondays to Saturdays.
25	 Supported journeys: Monday to Friday. One journey at 0820 to Lynchwood and return. Monday to Saturday. One journey at 0920 to Orton Waterville, Lynchwood and return. Monday to Saturday. Six journeys, which combined with existing commercial service, provide an hourly service to Orton Waterville and return 0930-1500. Monday to Friday. Three journeys at 1625, 1825 and 1855 to Lynchwood and return. Olick here for the timetables
	 Service 37: Spalding - Peterborough via Eye. Mondays to Saturdays, Hourly; Sundays 4 buses per day. Supported journeys: Sundays 4 buses per day. The subsidy paid is a cross-border subsidy to Lincolnshire County Council for the service to call at Eye, Newark, Eastfield College and Queensgate. Click here for the timetable
Cur	Current Stagecoach services supported through Section 106 / Agreement with Hospital
	 Citi 4: Peterborough City Hospital - City Centre A Monday to Sunday, 20 minute frequency daytime service. (Agreement with Peterborough City Hospital) <u>Click here for the timetable</u>

Citi 5: Cardea - City Centre A Monday to Saturday, 20 minute frequency daytime service. (Section 106) • Click here for the timetable

•

Supported after 20:30 Mondays to Saturdays, and after 17:30 Sundays
 <u>Click here for the timetable</u>

Costs

The table below shows cost and passenger details for all the Citi evening and Sunday services that the Council subsidises. The total cost of all Stagecoach services (minus the developer funded routes) would be £319,654 for the whole of 2013/14.

The Council has the current data available, shown in Table 1 below:

Table 3. Passenger Numbers and Associated Costs

Contract	Passenger s (2012/13 annualised)
Citi 1 Mon – Sat	57,534
Citi 1 Sundays	20,070
Citi 2 Mon – Sat	12,490
Citi 2 Sundays	9,968
Citi 3* Mon – Sat	40,924
Citi 3* Sundays	14,884
Citi 4** Mon – Sat	31,346
Citi 4** Sundays	3,508
Citi 5*** Mon – Sat	27,026
Citi 5*** Sundays	3,146
Citi 6 Mon – Sat	11,828
Citi 6 Sundays	3,232
*Figures for Citi 3	is from when th

he service went from Bretton - Yaxley

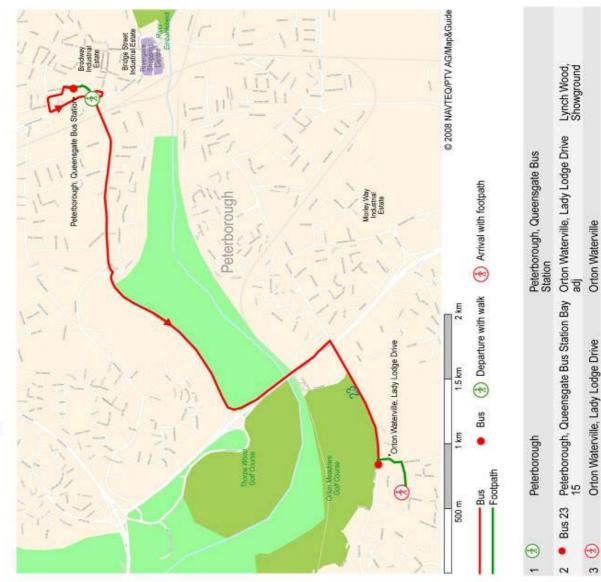
** Figures for Citi 4 is from when the service went from Queensgate – Parnwell *** Figures for Citi 5 is from when the service went from Queensgate – Dogsthorpe





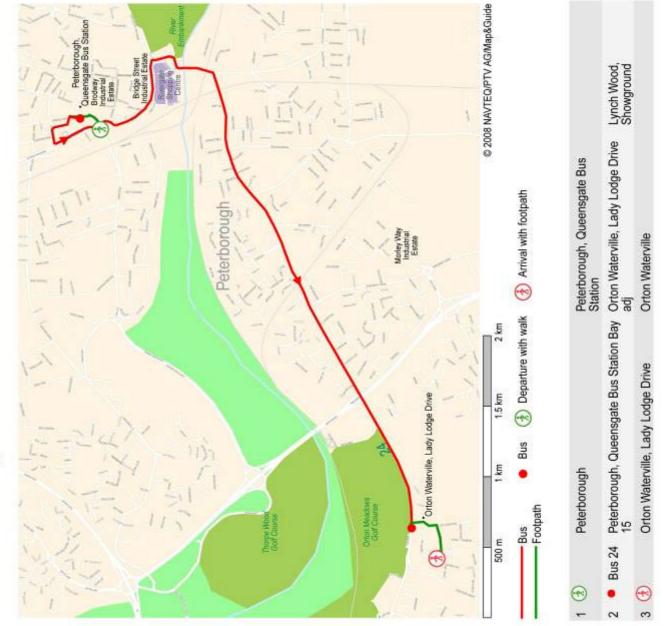


Route from Peterborough to Orton Waterville



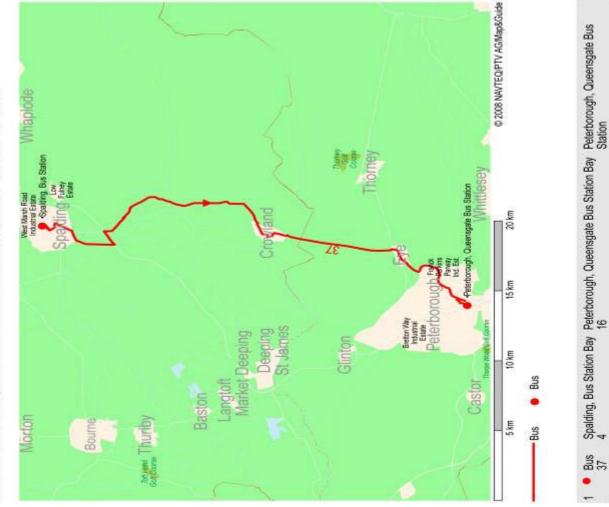


Route from Peterborough to Orton Waterville





Route from Spalding, Bus Station to Peterborough, Queensgate Bus Station



	The Demand Responsive Services include: CallConnect, Community Link (Urban Dial-a-Ride), Octane (Rural Dial-a-Ride) and Women's Royal Voluntary Service (WRVS) Social Car Scheme.
	CallConnect:
	CallConnect is a unique bus service whose timetable is not fixed but responds to passenger requests (in effect a dial-a-bus service). This means its routes are different each day depending on the bookings made by passengers. Journey requests can be made by telephone, online or by SMS text message.
	The service is designed to improve transport links for rural communities in the Stamford and Peterborough area and for local journeys within Stamford, but they do not provide journeys where there is already a frequent commercial bus service. Anyone can use the CallConnect bus service for any reason and as frequently as required. However, regular journeys (such as to work or school) cannot be guaranteed and passengers sometimes have to be flexible with the time they wish to travel. The service is operated by modern, fully accessible minibuses and the service operates between 7am-7pm Monday to Saturday. Registration to become a CallConnect member is free, but passengers must be registered in order to book a journey.
	The CallConnect minibus picks up and sets down at designated locations in each village or town. Home pick ups and drop offs are also available for people who are unable to use conventional bus services due to age, disability or mobility impairment.
31	<u>Community Link (Urban Dial-a-Ride):</u>
	Community Link is Peterborough City Council's urban door-to-door service. It is a wheelchair accessible service for anyone who lives in the urban area of Peterborough and experiences difficulty using standard public transport or who has no access to public transport. The service collects passengers from their home, drops them off in the city centre (four days a week) or a supermarket (once a week) and picks them up again for their return journey approximately two and a half hours later.
	<u>Octane (Rural Dial-a-Ride):</u>
	Operated by OCTANE, a non profit making, self financing association with a charitable status, runs the Rural Dial-a-Ride service which operates Monday – Friday. It provides fully accessible transport facilities for the use of frail, elderly and disabled people who can not use public transport. The Dial-a-Ride Scheme is a door to door service similar to Community Link.
	<u>WRVS Social Car Scheme:</u>
	The Social Car Scheme is for people who have difficulty using public transport or who have no access to public transport. The schemes operate similar to a taxi service but are run by volunteers. Although there is a charge for using the service, it can be cheaper than a taxi. The service usually must be booked 24 to 48 hours in advance. The Service aims to be as flexible as possible in respect of days and times of operation and length of journey. However, a service user is restricted to a maximum of two return journeys per week.

Demand Responsive Services.

Luxecabs (342)

Luxecabs operate two return journeys, every Friday (except Bank Holidays) between Thorney and Whittlesey.

The vehicle used is an 8-seater minibus, with two departures from Thorney in the morning, and two return departures from Whittlesey around lunchtime. Whittlesey Market takes place on Fridays.

Kimes 9

Kimes Service 9 (operated by Centrebus subsidiary) provides a commercial service between Peterborough, Stamford and Oakham. Certain journeys are currently financially supported by Peterborough City Council

The Council subsidises the following journeys:

- AM journey that arrives at Kings School by 08.20 (school days only)
- PM journey that departs Kings School after 15.45 (school days only)
- 06.45 Stamford Peterborough (Mondays to Fridays)
- 15.35 Stamford Peterborough (Mondays to Fridays)
- 16.40 Peterborough Stamford (Mondays to Saturdays)
- 17.40 Peterborough Stamford (Mondays to Saturdays)
- 17.45 Stamford Peterborough (Mondays to Saturdays)

The full timetable is available here

Annex 2

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR RURAL COMMUNITIES HELD IN THE BOURGES & VIERSEN ROOMS, TOWN HALL, PETERBOROUGH ON 26 MARCH 2013

Present: Councillors D Over (Chairman), D McKean, J Peach, D Harrington E Murphy and N Sandford

Officers in	Mark Speed	Transport and Infrastructure Planning Manager
Attendance:	Richard Mayes Julia Chatterton	Passenger Transport Contracts and Planning Manager Flood and Water Management Officer

5. Passenger Transport and Bus Services in Rural Areas

This report was delivered along with a presentation at the request of the Commission who requested information on the following items:

- Any Developments with Call Connect
- A description of rural services as they stood
- Likely Problems and development

The report advised the Commission that there were no recent developments regarding Call Connect however as part of the bus service review options around expanding existing demand response (including all Call Connect) was being considered

The Commission were advised that Members had received an invitation to contact a member of the transport team regarding any concerns they may have had regarding the reduction in subsidised passenger transport services as a result of budget changes adopted on 6 March 2013 at full Council.

Among the services subsidised were:

- Some of Stagecoach's weekend and evening buses
- Local Link 401/401A, 404, 406, 407, 408, 410, and 411 Enterprise
- Local Link 413 Centrebus
- Community Link and Dial-a-Ride

Members were asked to consider the report, feedback any comments to officers and were also recommended to make an appointment with the team to discuss the item further.

The following comments, observations and questions were raised:

- Members were concerned that the budget saving would not be achieved as it was not going to be looked in to for a further six months and £750,000 would already have been spent. The Transport and Infrastructure Planning Manager advised members that there was more money in the transport pot this year therefore that would allow the transport team six months to find £600,000 savings.
- Members were concerned that elderly people and rural people would be impacted the most by these changes and queried whether the Equality Impact Assessment would reflect this. *Members were informed that the Equality Impact Assessment would look at elderly people and people in rural areas.*
- Members queried what the budget was for the transportation service in 2013/14. *Members were informed that for the whole year the budget was around 1.14 million pounds.*
- Members queried whether any other contracts other than those indicated in 4.1 of the report needed to be reviewed on 1 April. *Members were informed that all of the Local Link contracts would be reviewed on 1 April 2013.*
- Members queried why Call Connect was not included in the review. Members were informed that the demand responsive services would be used where the timetabled bus services were extracted.
- Members commented that all Equality Impact Assessments should have been carried out before the decisions to cut services were made as once the budget had been halved there was no opportunity to retract. *Members* were advised that Equality Impact Assessments were taken on Local Link in the first stage because the contract expired on 31 March 2013 therefore that service needed to be assessed quicker to enable a procurement exercise to take place however Equality Impact Assessments would also be undertaken on voluntary Partnership and Luxicab.
- Members queried whether the reason the Council found themselves in the situation of having to make these cuts was because Enterprise had underbid for the contract and they were currently asking for an increase. *Members were advised that an independent assessment had been carried out and it confirmed that Enterprise's funding was at least £500,000 short for them to carry out all of the services efficiently.*

Members commented that the perception was that buses in rural areas were not used to full capacity therefore they were not important and queried whether the council where being pro active in finding alternative ways to fund the rural bus services. *Members were advised that surveys of use, reviews and Equality Impact*

- Assessments had been carried out along with lots of consultation however the transport services had to work with the budget allocated as a single bus could cost up to £180,000 per year to run.
- Members suggested that the Council promoted events to encourage people to use the bus service more frequently.
- Members suggested that the Council was as creative as possible with the funding available to cover as many areas that would be without a service as possible. *Members were informed that this was currently being*

investigated along with demand response services being included if it was not possible to have a timetabled service in an area.

- Members queried whether it would be possible to have a minibus in the place of stagecoach buses on routes that were underused. The Passenger Transport and Planning Manager advised Members that there would be certain requirements in terms of vehicles that could be used on bus routes particularly with minibuses in relation to the Equalities Act.
- Members suggested that school bus services were also used by the general public and the last bus in the evening was more reliable.
- Members asked if the opportunity for people to use their bus pass was reduced then the cost to the Council would diminish. The Transport and Infrastructure Planning Manager advised the Commission that it was part of national legislation that certain groups of people received concessionary bus passes. The Council did not receive all of the costs to pay the concessionary fare bill. Negotiations had taken place with operators there were some cap on payments so the Council and therefore, no longer paid the full amount for concessionary fares.
- Members queried why the 410 bus service to the cinema ran from 12 to 4pm as most people went to the cinema in the evening. *Members were informed that it was because the route was part of a timetabled service although something that could be looked in to was the frequency of services, cost and whether it could be integrated with another route. The services had to match a certain criteria to make them work and for the Council to get the best use out of them.*
- Members were concerned that the £430,000 grant from the Department for Transport that was allocated to the Council's revenue budget was being spent on Provision of Public Transport Information when cuts were being made to the transport services. *Members were advised that government would only reimburse the Council if they thought the scheme was appropriate and the money had been spent on Sustainable Transport*
- Members queried whether there were any plans for the transport team to go to the different wards in Peterborough to update residents on future plans and intentions and the possible impact. *Members were advised that a meeting had already been held with Passenger Focus who were currently helping to develop an appropriate communication plan.*

ACTION AGREED

The Commission requested that the Transport and Infrastructure Planning Manager:

- 1. Provide the Commission and Parish Councils with information on the performance of the Call Connect transport service.
- 2. Provide the Commission with the results of the Local Link Equality Impact Assessment once it had been completed

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Annex 3

Recommendations made by the Cross Party Advisory Group

Having reviewed the Equality Impact information available and understanding the risks associated with reducing or discontinuing the funding, or the available alternatives, the group considered that the following reductions in service provisions would have the least impact on residents:

Service	Budget	Comment
Kimes 9 timetable	£35,391	The Council subsidies 7 out of 27 journeys carried out by the Kimes 9 service. The two buses that are being used by schoolchildren, to travel to Kings School, and by other residents for other purposes were full and therefore should not require subsidy. There were 20 journeys that received no subsidy from the Council and therefore a level of service would be likely to be retained.
Luxecabs	£2,040	The service provided by Luxecabs to take residents from Thorney to Whittlesey is operating in an area where the residents could access other Demand Responsive Transport services that could transport them to Peterborough and therefore an alternative is available.
Local Link	Reduction from £495,171 to £400,000	The group looked into the options and the expectation of the future costs for the current 11- bus Local Link service (at least £1 million) and acknowledged that an

Table 3 Recommendations for Subsidy Reductions

		alternative three bus option would provide partial coverage. It is acknowledged that the Bus Service Review estimated a three-bus option would cost £344,000 but £400,000 is budgeted for due to uncertainty over procurement.
Voluntary Partnership Agreement (Stagecoach evening services from 20:30 Monday to Saturday and after 17:30 on Sundays and bank holidays, day time additional services on the number 24 and some Sunday services on the number 37	The budget would be reduced from £289,255 to £200,000	The group felt that although any reductions in these services were regrettable they acknowledged the need to make some savings, and felt that this was a compromise that would have the least impact on residents compared to other options. The majority of Citi evening services would be retained. Funding for service 24 and 37 would be discontinued as it was felt that some level of service would be retained.

The cross party advisory group were unable to make a recommendation on which subsidised services to retain within the budgetary constraint of $\pounds 600,000$. The group considered that this level of budget would not deliver a minimum standard of public transport provision within the Peterborough unitary area, and particularly regarding night time, evening and rural services.

The group stated that the guidance published in the Passenger Focus "Best practice toolkit – Bus service reviews: consulting on changes to local service" should have been undertaken before the decision to reduce the budget for passenger transport subsidised services was taken.

After detailed consideration of all the issues and evidence, the group concluded that a minimum level of service could be delivered for a budget of approximately £780,000 (£180,000 above current budget provision). This recommendation would take the following form:

Service	Budget	
Local Link service to be reduced to a 3 bus option	£400,000 (It is acknowledged that the Bus Service Review estimated £344,000 but £400,000 is budgeted for due to uncertainty over procurement).	
Demand Responsive Transport to be retained Community Link Call Connect Royal Voluntary Service Octane	£180,000	
Stagecoach Voluntary Partnership Agreement to be retained, (funding to be reduced from £290,000)	£200,000	
Total Budget Required	£780,000	

Table 4 Cross Party Advisory Group Recommendation

Whilst the group recognise the need to make financial savings they recommended that Cabinet increase the budget by £180,000 to £780,000 to deliver the minimum provision set out above. The group also recommended that the new subsidised services should be monitored over the next 12 months.

This report therefore sets out an officer recommendation of what subsidised services should be delivered for the agreed budget provision of £600,000.

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Annex 4 – Protected Characteristics

The following characteristics are protected characteristics-

age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation."

In addition to the above protected characteristics the prospective Section 1 of EA (reproduced below) will be introduced (though not yet in force) to ensure that an authority has due regard to exercising its functions in a way that is designed to reduce inequalities which result from socio-economic disadvantage. To that end it is helpful to include the 'deprivation' information that has been included within the passenger transport equality assessment

Prospective Section 1 states:

"1 Public sector duty regarding socio-economic inequalities

(1) An authority to which this section applies must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage."

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CABINET	AGENDA ITEM No. 5
1 JULY 2013	PUBLIC REPORT

Cabinet Member(s) responsible:		Cllr David Seaton	
Contact Officer(s):	John Harrison, Executive Director Strategic Resources		Tel. 452520
	Steven Pilsworth, Head of Strategic Finance		Tel. 384564

BUDGET MONITORING REPORT FINAL OUTTURN 2012/13

RECOMMENDATIONS							
FROM : Executive Director Strategic ResourcesDeadline date : 21 June 2013							
Cabinet Notes:							
1. The final outturn position of £135k under spend and that this is an improvement since the probable	0						
2. The final outturn position of £111.7m on the Counc	il's capital budget 2012/13;						
3. The reserves position for the Council;							
4. The performance against the prudential indicators;	and						
5. The performance on treasury management ac	tivities, payment of creditors, collection						

1. ORIGIN OF REPORT

1.1 This report is submitted to Cabinet as a monitoring item as a referral from CMT on 28th May 2013. The report has already been received by Audit committee on 24th June as part of the annual closure of accounts process.

performance for debtors, local taxation and benefit overpayments.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The report informs Cabinet of the final financial position for the revenue budget, capital programme and final reserves position for 2012/13.
- 2.2 The report also contains performance information on treasury management activities, payment of creditors and collection performance for debtors, local taxation and benefit overpayments.
- 2.3 The report is for Cabinet to consider under its Terms and Reference No 3.2.7, to be responsible for the councils overall budget and determine action required to ensure that the overall budget remains within the total cash limit.

3. TIMESCALE

Is this a Major Policy	No	If Yes, date for relevant	
Item/Statutory Plan?		Cabinet Meeting	

4. FINAL OUTTURN 2012/13

4.1 Corporate Overview

- 4.1.1 When Full Council approved a deficit budget for 2012/13 within the Medium Term Financial Strategy (MTFS) in February 2012, it was on the basis that it would use reserves to balance the 2012/13 budget. The MTFS also outlined that there were a number of financial risks that the Council would need to monitor during the year.
- 4.1.2 As the financial year progressed, some risks materialised and further pressures emerged across demand led budgets within adult social care and children services, the local economic conditions adversely impacting on income budgets such as commercial property and parking.
- 4.1.3 The corporate management team have been regularly advised of the risks and emerging pressures throughout the year and have taken appropriate action to deal with the issues. The Cabinet have received regular updates since September's Cabinet report outlined an over spend of £3.3m on the 2012/13 revenue budget. Cabinet continued to assess and recommend actions to reduce the overspend and assess whether the risks and pressures would continue into future financial years. The report to Cabinet in February which was also presented to Full Council during March, reported a reduction in the over spend to £0.8m.
- 4.1.4 The actions undertaken by the Corporate Management Team and Cabinet included:
 - Departmental management teams have reviewed the budget position monthly and taken appropriate action including having action plans to address budget issues;
 - Where possible departments have contained pressures with local actions and this
 has been acknowledged in corporate budget reports. Adult social care has
 specifically implemented a robust panel process for accessing placements and a
 similar process is in place within Childrens services. Adults have also implemented a
 strict vetting process for recruitment, a gate keeping process on supplies and
 services spending and have prioritised income generation;
 - CMT have received specific reports on the RAG status of savings proposals and additional risks and pressures with a focus on red and amber;
 - Vacancy management across the Council, only recruiting to essential posts;
 - Spending on business critical issues only including the deferral of some growth project spend into future financial years once the market conditions generate an opportunity to facilitate growth within the city;
 - The capital programme has been reviewed during the year, deferring projects into future financial years or removing projects that are no longer required. This has reduced the level of borrowing required and the saving on interest and repayments have resulted in a reduced cost charged to the revenue account;
 - Where possible all opportunities have been taken to capitalise expenditure relieving the pressure on the revenue account; and
 - Review of reserves and provisions, particularly the commitments within the capacity fund.
- 4.1.5 The achievement of these actions resulted in the Council's final revenue position 2012/13 being £135k under spent which has subsequently been set aside in the capacity building reserve. The capital programme spend is £111.7m. The next two sections of this report provide further detail on the revenue budget and capital programme.
- 4.1.6 In conclusion, the Council has managed the financial challenges during 2012/13 with positive actions balancing the need to meet the challenges of the national economic climate and the demands of local circumstances without detriment to service delivery and has delivered a balanced budget position.
- 4.1.7 However, even with the improved position on the revenue account and increased reserves, the Council cannot be complacent in managing financial resources given the deficits forecast in future years and the continued impact of the economic climate and must strive to ensure value for money is provided across all services.

4.1.8 The Council remains committed to its strategy in delivering service efficiencies and improvements using a proactive approach to managing Council finances and through the continued delivery of a longer term financial plan covering a rolling ten year cycle.

4.2 Financial Report – Revenue

- 4.2.1 The Council's overall revenue position is an under spend of £135k against the budget of £150,426k and represents a net improvement of £915k since the probable outturn was reported to Full Council in March as part of the 2013/14 budget setting process. The probable outturn was based on December figures and since it was reported CMT have been advised of improvements based upon January and February figures. The surplus of £135k will be transferred to the capacity reserve as part of the closure of accounts process, leaving the General fund balance at its current level of £6m.
- 4.2.2 An overview of the Council's final revenue position for each department for 2012/13 is shown in the following table compared to the probable outturn and a detailed breakdown by service area can be seen in appendix A. The key movements since the probable outturn are set out below for each department in paragraph 4.2.3.

Probable Outturn March Council		Final Outturn
£k	Department	£k
-897	Adult Social Care	0
-847	Children Services	-922
-86	Operations	64
542	Chief Executive	982
508	Strategic Resources	11
-780	OUTTURN – surplus (+) / deficit (-)	135
	Transfer of surplus to Capacity Reserve	-135
	Final General Fund Revenue Outturn	0

4.2.3 The main changes since the probable outturn was presented to March Cabinet were:

Adult Social Care – Extra one off funding under the 'Valuing People Now Transfer' and winter pressures monies totalling $\pounds 0.4m$, vacancy management and other targeted savings of $\pounds 0.8m$, offset by a contribution to reserves of $\pounds 0.3m$ to support the department's delivery of savings in 2013/14.

Children Services – The net change of under £0.1m related to minor fluctuations against confirmation of final costs as part of the closure of accounts that could not be absorbed by the department's action plan.

Operations - The outturn position has improved through the continued actions taken within the departments action plan to manage vacancies and curtail spend on supplies and services budgets. In addition, further income improvements providing health and safety to schools and reduced costs in Neighbourhoods totalling £0.2m.

Chief Executive – The further improvement to the departments under spend is a result of the release of the land charges provision being confirmed as no longer required £0.4m and minor updates through vacancy management and curtailing of supplies and services budgets.

Strategic Resources – The further net improvement since probable outturn was over a range of areas impacted by final closure of accounts processes and improved income comprising of:

Improvements to outturn

• Treasury management and savings in capital financing costs (£0.7m)

- Income from the VAT Shelter arrangement with Cross Keys, waste services, housing benefit subsidy and registration and bereavement totalling (£0.8m)
- An improvement on vacant property rental income from earlier forecasts (£0.1m)

Increased cost pressures

- Increase on the bad debt provision contribution (£0.1m)
- Westcombe Industries backdated VAT claim (£0.5m)
- 4.2.4 Key reasons for the final outturn position within Chief Executive department (£1m underspend) and Children Services (£0.9m overspend) were as follows:
 - Chief Executive the under spend is predominantly a re-profiling of growth budgets into future financial years (£0.4m), the release of a provision held for land charges (£0.4m), members allowances (£0.1m) and other minor savings.
 - Children Services the demand led budgets associated with looked after children, home to school transport and the short breaks review offset by a range of departmental actions across all budget areas as reported from September 2012 onwards.
- 4.2.5 The Dedicated Schools Grant shows an under spend of £898k against a budget of £119.0m. Schools Forum is responsible for decisions related to the Dedicated Schools Grant. This has been included for information purposes only. In accordance with accounting guidance, the under spend has been carried forward to next financial year.

4.3 Financial Report – Reserves

4.3.1 The Council's departmental reserves and capacity building reserve are monitored throughout the year as part of budget monitoring and feed into the budget setting process accordingly. The table below summarises the estimated position for all reserves at the end of 2012/13 and for the next five years.

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Reserve	Estimated Balance at 31.03.13 £000	Estimated Balance at 31.03.14 £000	Estimated Balance at 31.03.15 £000	Estimated Balance at 31.03.16 £000	Estimated Balance at 31.03.17 £000	Estimated Balance at 31.03.18 £000
General Fund Balance	6,000	6,000	6,000	6,000	6,000	6,000
Capacity Building Reserve	4,426	2,311	1,748	1,748	1,748	1,748
Departmental Reserve	5,845	697	585	580	575	570
Subtotal	16,271	9,008	8,333	8,328	8,323	8,318
Reserves held for a specific purpose *1						
Insurance Reserve	3,811	3,097	2,997	2,897	2,797	2,697
Schools Capital Expenditure Reserve	955	955	955	955	955	955
Parish Council Burial Ground Reserve	37	37	37	37	37	37
Local Authority Mortgage Scheme Reserve	36	36	36	36	36	36
Building Control Reserve	24	0	0	0	0	0
School Leases Reserve	171	180	189	197	59	48
TOTAL	21,305	13,313	12,547	12,450	12,207	12,091

^{*1} – Reserves that are held for a specific purpose such as trading accounts, third parties that have an interest in the balance before it can be used to support general fund expenditure or to support Council policies.

- General Fund The general fund will be maintained at £6m and this is consistent with the current MTFS.
- Capacity Building Reserve This reserve is held to meet one off costs including the delivery of existing savings within the current MTFS. The improvement to the reserve since Full Council set the 2013/14 budget is predominantly due to the improved revenue outturn position and the release of revenue budget for expenditure that can be funded within the capital programme.
- Departmental Reserves The amounts set aside by departments during the preparation of the accounts is in accordance with financial guidance to minimise risk exposure to the Council in the following financial year. Most of the £5.8m balance reflects a new reserve of £3m resulting from a grant in respect of the future cities programme and will be utilised during 2013/14. Other changes in the balances since full Council include £323k for investment in Adult services, £390k for energy related projects, £444k for various Operations department activities and £419k within Childrens services.
- 4.3.2 Although the reserves position has improved overall, the majority of this balance will be required during 2013/14 and is therefore not additional monies, only a timing issue between financial years of when the commitments are likely to occur.

4.4 Financial Report – Capital

- 4.4.1 At the beginning of the financial year, the capital programme was £251.8m, the result of the agreed capital programme for 2012/13 of £244.6m and slippage from the previous financial year of £7.2m. Throughout 2012/13 the capital programme was regularly reviewed and was finally reduced to £116.0m.
- 4.4.2 Capital expenditure during 2012/13 totalled £111.7m as shown in the summary table below.

Capital Programme by Directorate	Budget @ 01.04.12 £000	Revised Budget £000	Actual Expenditure £000	Total Budget Spent
Adult Social Care	4,524	1,417	1,395	98%
Chief Executive Dept	14,517	3,499	2,850	81%
Children's Services	72,911	79,114	76,584	97%
Operations	20,529	14,715	14,225	97%
Strategic Resources	39,337	14,050	13,725	98%
Invest to Save	100,000	3,220	2,954	92%
Total	251,818	116,015	111,733	96%
Financed by:				
Grants & Contributions	35,232	38,279	31,415	82%
Capital Receipts	15,495	5,059	5,059	100%
Borrowing - Invest to Save	100,000	3,220	2,954	92%
Borrowing	101,091	69,457	72,305	104%
Total	251,818	116,015	111,733	96%

Overall position of the Capital Programme 2012/13 as at 31 March 2013

- 4.4.3 Significant projects that contributed to the decrease in the overall capital programme from £251.8m to £116.0m include:
 - Adult Social Care £3m for the rephasing of the residential home replacement project into 2013/14.
 - Chief Executives £11m including:
 - \circ £8.3m for the refurbishment of the Football Stadium.
 - £1.9m Cost of Disposals budget.
 - £1m Corporate Growth Area budget was slipped due to the continued suppressed economic climate. This has led to the developers delaying investment in growth plans.
 - **Children's Services** The movement of £6.2m between the budget as at 1st April 2012 and the current budget was mainly due to the agreed slippage from the previous year and a review of the capital programme after the budget had been agreed.

- Operations £5.8m including:
 - £2.8m Affordable Housing budget due to the overall economic environment which has led to stagnant building programmes and delays to other major projects. External demand for the Affordable Housing funding has continued to be low and only £0.17m of the original £3m has been paid out this financial year.
 - £0.25m Off Street Car Parks as the programme was delayed due to staff changes and the ongoing Car Park rationalisation programme.
 - o £0.33m St Peter's Arcade was rephased and is due to be completed in June 2013.
 - £0.4m Bourges Boulevard Subway as the scheme is only at the design stage and will be rolled into the Bourges Boulevard project in the future.
 - £0.3m Street Lightings adaptations project was delayed due to adverse weather conditions experienced during December and January. The work will be completed in early 2013/14.
 - £0.3m Traffic Signal Upgrade has been delayed and the project is still expected to be delivered in the next financial year.
- Strategic Resources £25m including:
 - £15.5m slipped into future years for the Waste Management Strategy due to the change in planned timescales
 - £2.8m Peterborough Serco Strategic Partnership
 - o £1m Broadband infrastructure
 - £2m Local Authority Mortgage Scheme
 - £3.8m on various small schemes.
- Invest to save £96.8m rephased to 2013/14 onwards
 - In total £3.2 m was allocated to two schemes in 2012/13 with the balance being rephased into 2013/14 at an early stage. Just under £3m has been spent during 2012/13 and the balance will be carried forward into 2013/14 to add to the rephased budget.
 - Schools Solar PV Installation £1.5m of Invest to Save budget has been spent on installing solar panels to school buildings. Phase 1 of the programme has been completed where 12 schools now benefit from the renewable energy that is generated from these panels. It is hoped that the programme will be further rolled out across schools in Peterborough. Feasibility is being undertaken to establish whether this is possible, with a further £5m agreed for this Phase 2 programme.
 - Development of Ground Mounted Solar Photovoltaic (PV) Panels (Solar Farms) and Wind Turbines – at the Cabinet meeting of 5 November 2012 the proposal to submit planning application in respect of development of ground mounted solar photovoltaic panels across three Council owned agricultural sites (Americas Farm, Morris Fen and farms at Newborough) was approved and £1.5m has been spent in 2012/13 on this scheme. This is a major scheme and it was agreed during the budget process to set up a specific budget from 2013/14 onwards with the result that there will be no further call on the invest to save budget for the scheme.
 - It was originally intended to use some of the invest to save pot to support the Energy from Waste scheme, allowing a larger plant to be built, providing greater generating capacity and on-going income. Given the timing of this project, the Council capital programme now includes the specific capital budgets required for this project and thus no longer uses the Invest to Save scheme.
 - A review of the Invest to Save scheme principles has been undertaken by Price Waterhouse Coopers and findings shared with members in a separate report to Audit Committee on 24 June 2013.
- 4.4.4 The capital programme is financed through borrowing, capital receipts, grants and contributions. The amount of borrowing required has reduced due to slippage in the capital

programme since the MTFS was approved. The Council has borrowed £75.3m during 2012/13 to fund the capital expenditure.

4.4.5 The funding of the 2012/13 capital programme assumed £15.3m of capital receipts and £0.2m of Right to Buy receipts. The actual capital receipts received were £4.8m and £0.3m respectively. Receipts received were less than budgeted due to various issues surrounding the selling of land/properties which cause the anticipated income from disposals to slip into 2013/14.

4.5 Financial Report – Treasury Management Activity for 2012/13

- 4.5.1 The Treasury Management Strategy was updated during the year as part of the Medium Term Financial Plan. It contains the strategy for borrowing and investing for the next financial year and details the approved prudential indicators for the next ten years. The main objectives of the Strategy are:
 - 1. To utilise surplus cash balances to fund the capital programme as an alternative to borrowing. Cash required for short term cash flow is to be invested with dependable institutions for short periods in accordance with the Council's lending list.
 - 2. Borrowing required to fund the capital programme will be obtained at the cheapest possible interest rate to reduce the revenue cost to the Council and for a range of periods to best fit the Council's debt maturity profile.
 - 3. To seek to reschedule debt at the optimum time.
- 4.5.2 The 2012/13 treasury management activities are summarised as follows:
 - a. In 2012/13 it was necessary to take out new borrowing of £76m to fund the capital programme (£75.3m) and to cover short term cash flow fluctuations (£0.7m). The borrowing has been taken out over a range of periods to best fit the Council's maturity profile of debt. Also the best possible interest rate has been sought in line with the budget for borrowing. The budget for new borrowing in 2012/13 was £1.8m of which £228k was required.
 - b. As part of the new borrowing undertaken, long term borrowing of £21m for 10 years or more has been taken out during February and March with the PWLB. As the Council is eligible for the PWLB Certainty Rate of a discount of 0.20 basis points, the Council has benefited from a lower interest rate on long term borrowing.
 - c. In order to mitigate the risk linked with the ongoing financial uncertainty in the UK and in the Eurozone, investments were placed in accordance with the Council's restricted lending list. The current lending list ensures investments are secure and liquid but results in low interest returns as limited institutions are used and the impact of the low bank base rate, which has remained at 0.50% since March 2009.
 - d. Investments were placed for short periods to cover daily cash flow fluctuations. Surplus cash was invested in line with the Treasury Strategy to ensure security and liquidity therefore yield is lower due to low risk options used. Surplus cash is placed in the Barclays call account which has a restricted limit of £5m and yields 0.50%. The Debt Management Office (DMO) is also used for short term fixed investments with a yield of 0.25%. The DMO is one of the most secure institutions as it is a Government agency part of Her Majesty's Treasury.
 - e. Consideration has been made to rescheduling debt however there have been no suitable opportunities to do this. The difference between the repayment rate and the rate of a new loan has not resulted in a net discount to the Council and no savings were to be made.
- 4.5.3 The Capital Financing Requirement (CFR) measures the Council's underlying need to borrow money in the long term for capital purposes. In accordance with the 2009 SoRP this now includes the liability for the Private Finance Initiative (PFI) agreement and the 2010 Code of Practice has revised the way the Council accounts for some leases which also impacts on the CFR.
- 4.5.4 Further information on the Council's capital financing arrangements can be found in the Prudential Indicators performance found in Appendix B.

Opening Capital Financing Requirement 1 April 2012	£000 250,184
New Capital Expenditure Financed by Borrowing	75,259
Minimum Revenue Provision for Debt Repayment	(7,081)
Minimum Revenue Provision for PFI	(1,468)
Minimum Revenue Provision for Leases	(800)
Closing Capital Financing Requirement 31 March 2013	316,094

4.6 Financial Report – Performance Monitoring

4.6.1 An outline of performance against key indicators can be seen in appendix C.

5. CONSULTATION

5.1 Detailed reports have been discussed in Departmental Management Teams.

6. ANTICIPATED OUTCOMES

- 6.1 To note the final outturn position for revenue and capital 2012/13 for the Council.
- 6.2 To note the reserves position for the Council.
- 6.3 To note the performance figures and prudential indicators for the Council.
- 6.4 To note the actions that has been taken during 2012/13.

7. REASONS FOR RECOMMENDATIONS

7.1 This monitoring report for the 2012/13 financial year forms part of the closure of accounts and decision making framework culminating in the production of the Statement of Accounts and informs Cabinet of the final position.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None required at this stage.

9. IMPLICATIONS

- 9.1 This report does not have any implications effecting legal, human rights act or human resource issues.
- 9.2 Members must have regard to the advice of the Section 151 Officer. The Council may take decisions which are at variance with this advice, providing there are reasonable grounds to do so.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985. Detailed monthly budgetary control reports prepared in Departments.

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APPENDIX A

- REVENUE MONITORING REPORT AT END OF MARCH 2013

Probable			Final	
Outturn (Dec 12) £k		Budget 2012/13 £k	Outturn 2012/13 £k	Variance 2012/13 £k
~~~	ADULT SOCIAL CARE	20	~1	21
4	Director of Adult Social Care	412	408	4
-889	Strategic Commissioning	34,661	34,870	-209
-660	Care Services Delivery	10,588	11,097	-509
343	Quality, Information and Performance	1,830	1,329	501
305	Finance and Organisational Change	-439	-652	213
-897	TOTAL ADULT SOCIAL CARE	47,052	47,052	0
	CHILDREN SERVICES			
-185	Education and Resources	-1,075	-934	-141
-799	Strategy, Commissioning and Prevention	23,478	24,179	-701
0	Safeguarding Family and Communities	8,641	8,721	-80
137	Departmental Action Plan	0	0	0
-847	TOTAL CHILDREN SERVICES	31,044	31,966	-922
	OPERATIONS			
7	Business Support	380	421	-41
-950	Commercial Operations	-1,544	-528	-1,016
567	Directors Office	1,125	546	579
-550	Neighbourhoods	6,347	6,755	-408
	Planning, Environment, Transport and			
514	Engineering	14,293	13,343	950
326	Departmental Action Plan	0	0	0
-86	TOTAL OPERATIONS	20,601	20,537	64
	CHIEF EXECUTIVE'S DEPARTMENT			
52	Chief Executive's Office	341	279	62
88	Legal and Governance Services	3,739	3,245	494
11	Chief Executive Departmental Support	165	141	24
391	Growth and Regeneration	2,196	1,823	373
0	Communications	548	554	-6
0	Human Resources	965	930	35
542	TOTAL CHIEF EXECUTIVE'S DEPARTMENT	7,954	6,972	982
	STRATEGIC RESOURCES			
0	Director's Office	198	199	-1
1,480	Corporate Services	15,468	14,735	733
0	Environment Capital	694	726	-32
44	Internal Audit	327	263	64
0	Insurance	294	294	0
-305	Strategic Client Services	-976	-1,177	201
0	Peterborough Serco Strategic Partnership	8,090	8,145	-55
0		3,700	3,704	-4
-491	Waste and Operational Services Management	12,279	12,684	-405
-134	Cultural Services	4,542	4,702	-160
9	Registration and Bereavement	-852	-974	122
-95	Westcombe Engineering	11	463	-452
508	TOTAL STRATEGIC RESOURCES	43,775	43,764	11
-780	TOTAL GENERAL FUND	150,426	150,291	135

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### Appendix B – Treasury Management Strategy – Prudential Indicators – 2012/13

The Prudential Code for Capital Finance in Local Authorities provides a framework for local authority capital finance to ensure that:

(a) capital expenditure plans are affordable,

- (b) all external borrowing and other long term liabilities are within prudent and sustainable levels;
- (c) treasury management decisions are taken in accordance with professional good practice.

In taking decisions in relation to the above points, the local authority is accountable by providing a clear and transparent framework.

The Code requires the Council to set a range of Prudential Indicators for the next five financial years. During the financial year to date the Council has operated within the treasury limits and Prudential Indicators set out in the Council's Annual Treasury Management Strategy.

The 2012/13 Prudential Indicators below show the Council's performance for the financial year.

### 1. Indicator One: Estimates and actual Capital Expenditure 2012/13

This indicator is the actual capital expenditure for the financial year.

	Indicator	Actual
Capital Expenditure	£244.6m	£111.7m

### 2. Indicator Two: Estimates of actual capital financing requirements and net borrowing

The Capital Financing Requirement (CFR) measures the Council's underlying need to borrow money in the long term for capital purposes. It is calculated from various capital balances in the Council's Balance Sheet.

	Indicator	Actual
CFR	£433.6m	£316.1m

### 3. Indicator Three: Affordability (1) Estimate of actual ratio of financing costs to net revenue stream

The Council must estimate the proportion of the revenue budget, which is taken up in financing capital expenditure i.e. the net interest cost and to make provision to repay debt. This ratio has been revised to reflect the impact of finance lease adjustments.

	Indicator	Actual
Financing costs to revenue stream	5.9%	5.2%

### 4. Indicator Four: Affordability (2) Estimate of the incremental impact of capital investment decisions on Council Tax

This indicator is intended to show the impact of the Council's decisions about capital investment on the level of Council Tax required to support those decisions over the medium term.

The calculation of this indicator has been done of the basis of the amount of the capital programme that was financed from borrowing. The calculation is based on the interest assumption for borrowing that was included in the capital financing budget. The revenue costs are divided by the estimated Council Taxbase for the year:

	Indicator	Actual
Incremental impact on Council Tax	£5.01	(£71.88)

### 5. Indicator Five: Net Debt and the CFR

This indicator ensures that over the medium term debt will only be for capital purpose and the Council should ensure that debt does not, except in the short term, exceed the total of CFR in the preceding year or for the current and next two financial years. Note this indicator has been revised for 2013/14 onwards to show the percentage of Gross Debt to the CFR.

	Indicator	Actual
Net Debt	£365.3	£239.6
% of Net Debt to the CFR	84.3%	75.8%

### 6. Indicators Six: External Debt Prudential Indicators

The Authorised Limit represents the maximum amount the Council may borrow at any point in time in the year. It is set at a level the Council considers is "prudent".

The indicator takes account of the capital financing requirement estimated at the start of each year, plus the expected net borrowing requirement for the year. This makes allowance for the possibility that the optimum time to do all borrowing may be early in the year.

The limits also incorporated margins to allow for exceptional short-term movements in the Council's cash flow, bids from service departments to finance efficiencies, changes to the timing of capital payments and fluctuations in the realisation of capital receipts.

	Indicator	Actual
Authorised limit for external debt	£536.4m	£250.1m
Operational limit for external debt	£443.6m	£250.1m

It is ultra vires to exceed the Authorised Limit so this should be set to avoid circumstances in which the Council would need to borrow more money than this limit. However, the Council can revise the limit during the course of the year.

"Other long term liabilities" include items that would appear on the balance sheet of the Council under that heading. For example, the capital cost of finance leases and the PFI agreement.

The Operational Boundary is a measure of the day to day likely borrowing for the Council, whereas the Authorised Limit is a maximum limit. The code recognises that circumstances might arise when the boundary might be exceeded temporarily, but if this continues for a lengthy period then it ought to be investigated.

The following indicators take into consideration the capital programme over the life of the MTFS and the ability to phase the borrowing over this period. The indicators provide flexibility for the Council to take advantage favourable interest rates in advance of the timing of the actual capital expenditure.

### 7. Indicator Seven: Variable interest rate exposure

This indicator places an upper limit on the total amount of net borrowing (borrowing less investment) which is at variable rates subject to interest rate movements. The intention is to keep the variable rate borrowing below 25% of the total gross borrowing (CFR).

The limit is expressed as the value of total borrowing less investments

	Indicator	Actual
Upper limit for variable rate exposure	£123.0m	0.0

### 8. Indicator Eight: Fixed Interest rate exposures

This indicator places an upper limit on the total amount of net borrowing which is at fixed rates secured against future interest rate movements. The upper limit allows flexibility in applying a proportion of the investment portfolio to finance new capital expenditure. It also reflects a position where the great majority of borrowing is at fixed rate which provides budget certainty with 100% of borrowing being at fixed rate. The upper limit for fixed interest rate exposure was set to allow for flexibility in applying a proportion of the investment portfolio to finance new capital expenditure. It also reflected a position where the great majority of borrowing was at fixed rates to provide budget certainty.

	Indicator	Actual
Upper limit for fixed rate exposure	£536.4m	£208.9m

### 9. Indicator Nine: Prudential limits for the maturity structure of borrowing

The prudential limits have been set with regard to the maturity structure of the Council's borrowing, and reflected the relatively beneficial long term rates that were expected to be available over the next few years. The limits were as follows:

Period	Upper Limit Estimate	Actual Borrowing
Under 12 months	40%	8%
1 - 2 years	40%	18%
2 - 5 years	80%	5%
5 - 10 years	80%	4%
over 10 years	100%	65%

### 10. Indicator Ten: Total Investments for periods longer than 364 days

Authorities are able to invest for longer than 364 days; this can be advantageous if higher rates are available. However it would be unwise to lend a disproportionate amount of cash for too long a period particularly as the Council must maintain sufficient working capital for its operational needs.

The Executive Director - Strategic Resources has therefore sought the advice of Sector Treasury Services Ltd, the Council's treasury advisors, who recommended that, given the structure of the Council's balance sheet and its day to day cash needs, it would be reasonable to maintain the limit for investments with life spans in excess of 1 year to £25 million. Consequently it is proposed to keep the limit for investments that may be deposited for more than 1 year at £25 million for 2012/13 and later years.

In accordance with the approved Treasury Management Strategy the Council currently has no investments of more than 364 days.

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### Appendix C – Performance Monitoring

### **Treasury Management Update – March 2013**

### 1. Economic Update

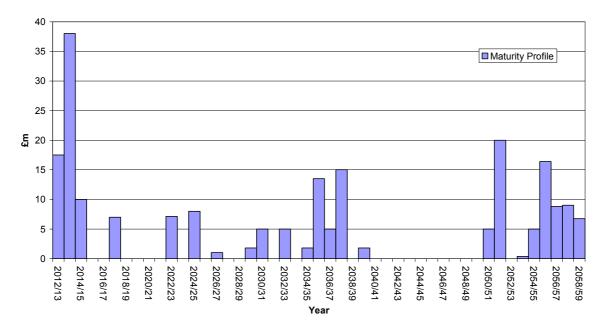
- 1.1 Economists have predicted minimal growth for the economy which will result in an avoidance of a triple dip recession.
- 1.2 The Bank of England kept bank base rate at 0.50% and held off more stimulus measures. The market saw gilt yields and sterling dip on raised expectations that further quantitative easing will be announced in the near future.
- **1.3** The UK's sovereign rating was downgraded by Moody's from "Aaa to "Aa1". This downgrade was due to the continuing weakness of the outlook for growth in the UK and the belief that the debt burden will not go into reverse before 2016. There is pressure on the Chancellor to deliver his promises to preserve the "AAA" status as Fitch have since downgraded the UK in April 2013 and the remaining agency, Standard & Poor's, may consider a similar ratings action.

### 2. Borrowing

- 2.1 It is a statutory duty for the Council to determine and keep under review the "Affordable Borrowing Limits". The Council's approved Prudential Indicators (affordability limits) are outlined in the approved Treasury Management Strategy.
- 2.2 The Council's borrowing as at 31st March was £250.1m. The actual total external debt is measured against the Council's Authorised Limit for borrowing of £536.4m, which must not be exceeded and the Operational Boundary (maximum working capital borrowing indicator) of £443.6m. The table below shows a breakdown of the borrowing:

Borrowing	Amount (£m)	Average Interest Rate
Long Term:		
PWLB	136.4	4.38%
Market Loans	17.5	4.53%
Short Term:		
Local Authorities	55.0	0.40%
Total 'Market' Borrowing	208.9	
PFI & Leases	41.2	
Total Borrowing	250.1	

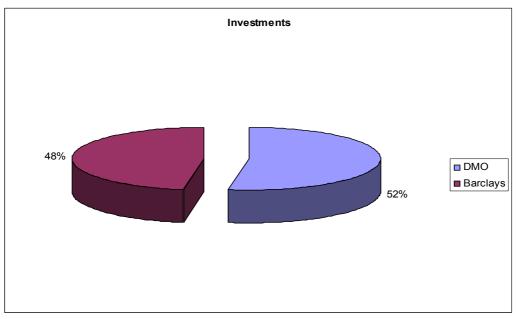
2.3 In 2012/13 the Council has taken out new borrowing of £76.0m of which £75.3m was used to fund the capital programme and £0.7m was used to support short term cash flow fluctuations. The graph below shows the maturity profile of the Council's debt as at 31.03.13:



* please note 2012/13 includes £17.5m of market loans which are repayable in the long term but are classed as current year loans due to a recall option in the loan agreement.

### 3. Investments

- 3.1 The Council aims to achieve the optimum return (yield) on investments commensurate with the proper levels of security and liquidity. In the current economic climate it is considered appropriate to keep investments short term, and only invest with Barclay's (the Council's current banking provider), the Debt Management Office and Local Authorities.
- 3.2 As at 31st March 2013 the Council's external investments totalled £10.5m and have yielded interest at an average rate of 0.33% in the financial year 2012/13. The graph below shows the split of the investments between counterparties:



3.3 The total investment figure excludes the Icelandic investments. The Council continues to receive dividends from the two Icelandic owned banks that went into administration in October 2008, Heritable Bank and Kaupthing Singer & Friedlander Ltd. The expected recovery rates are 86p to 90p in the pound and 84p to 86.5p in the pound respectively. The required accounting treatment estimates that 82% will be recovered in total. To date the Council has recovered £2.4m of the original £3m investment plus interest claimed. Based on current declared dividends, the council currently expects to receive £2.7m back. The final dividends are expected to be paid in January 2014 for Heritable Bank and June 2015 for KSF.

### Prompt Payment (Invoices paid within 30 Days)

The cumulative position on prompt payment of invoices as at 31st March 2013 was 93.63% which is 3.37% below the target of 97%. The current year performance is shown alongside the equivalent figures for 2011/12 in table 4. As can be seen the current year, although below target is showing an improvement of 0.30% when compared to the same period for last year.

### Sundry Debt Performance

The total outstanding sundry debt in excess of 6 months old as at 31st March 2013 is  $\pounds$ 4.323m and is set out in table 5 alongside comparative figures for the previous year. This shows a similar year end position to 2011/12.

The top 20 debts owed to the Council of the sundry debt and commercial rents portfolio total  $\pounds$ 4.45m, of which  $\pounds$ 2.98m is current debt, i.e. up to a month old.

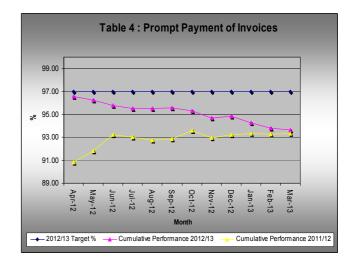
In order to progress action against these debts, bi-monthly review meetings have been set up with each Directorate Head of Finance to discuss issues, disputes and move forward with actions to recover income.

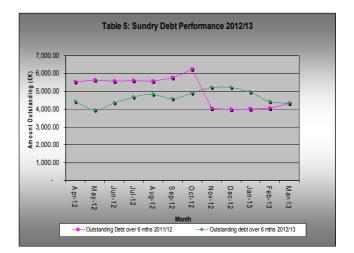
The amount of debt written off for 2012/13 to 31st March 2013 is Nil, however a review of debt is underway to identify debt at risk of none payment.

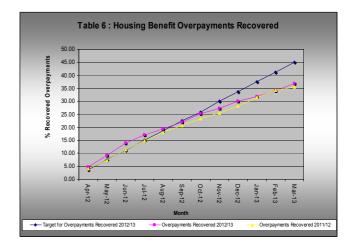
### **Housing Benefit Overpayments**

Table 6 shows the total amount of housing benefit overpayments recovered against the cumulative target rate set for 2012/13.

Housing benefit overpayment collection as at the 31st March 2013 was 36.79% which is 8.21% below the target of 45.0% and is 1.19% higher than last years March figure of 35.60%.





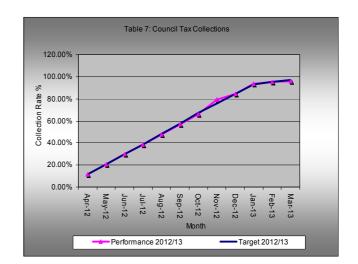


### Council Tax and Business Rates Collection

The following tables, 7 and 8 show the performance for collection of Council Tax and Business Rates for the period to date.

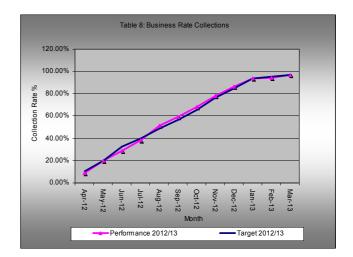
### **Council Tax**

Council Tax collection as at 31st March 2013 (96.15%) is 0.42% up against the same point collected in the previous year (95.73%) but is slightly below the target for 2012/13 (0.6%).



### **Business Rates**

The collection of non Domestic Rates as at 31st March 2013 (97.08%) is 0.71% up against the same point in the previous year (96.37%) and was slightly above the target for 2012/13 (0.33%).



CABINET	AGENDA ITEM No. 6
1 JULY 2013	PUBLIC REPORT

Cabinet Member(s) responsible:Cllr Marco Cereste, Leader of the CouncilContact Officer(s):Neil Darwin, Chief Executive, Opportunity Peterborough317488

### ENDORSEMENT OF THE 2013-14 OPPORTUNITY PETERBOROUGH BUSINESS PLAN

RECOMMENDATIONS		
FROM : Neil Darwin, Chief Executive, OpportunityDeadline date : n/aPeterborough		

1. Cabinet endorses the 2013/14 business plan for Opportunity Peterborough.

### 1. ORIGIN OF REPORT

1.1 This report is submitted to Cabinet following approval of the business plan by the Board of Opportunity Peterborough (OP) on 23 April 2013.

### 2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is for the Council, as the sole shareholder of Opportunity Peterborough, to endorse its annual business plan. As sole funder it is important that the Council is satisfied that the draft business plan will deliver the objectives agreed.
- 2.2 This report is for Cabinet to consider under its Terms of Reference No 3.2.3 'to take a leading role in promoting the economic, environmental and social well being of the area'.

### 3. TIMESCALE

Is this a Major Policy	No
Item/Statutory Plan?	

### 4. ENDORSEMENT OF THE 2013-14 OP BUSINESS PLAN

- 4.1.1 The company's focus, as set out in Annex A, presents a high level strategic forward look for OP. This identifies possible ways forward in light of changes to funding and a new commercial operation.
- 4.1.2 During 2013/14 OP will focus on the following core priorities:
  - a) Governance and Funding
  - b) Marketing Peterborough as a first choice location
  - c) Support local business ambitions and increase innovation

- d) Create conditions to increase skills levels across our communities
- 4.1.3 The business plan was approved by the OP Board on 23 April 2013. The OP Board receives quarterly updates on progress. The Leader of the Cabinet and Cabinet Advisor (Business Engagement, Tourism and International Links) are members of the Board. The priority areas set out in the business plan are communicated via Bondholders, events and newsletters, and available via the OP website.

### 4.2 Financial Implications

4.2.1 OP is audited separately as a company limited by guarantee. The 2013/14 audit is available and has revealed a clean audit for the company. OP now operates with the Council making a contribution. The implications for the Council are a contribution to OP of £380k for 2013/14. A further contribution in kind of £36,000 is made by the Council through an agreement with OP on zero rent payments.

### 4.3 Human Resources Implications

4.5.1 OP has a headcount of 16; fourteen of the staff are on OP contracts and separate terms and conditions to PCC, the Chief Executive is on secondment from the Council and a further team member from Children's Services hosted by OP. All costs staffing costs associated with the OP contracted staff are costed within the organisation budget including any potential wind-up costs if the company were to cease operation.

### 5. CONSULTATION

5.1 The Council is represented on the Board of Opportunity Peterborough by the Leader and Cabinet Advisor for Business Engagement and have been instrumental in the company's decision to approve the draft business plan.

### 6. ANTICIPATED OUTCOMES

6.1 The Business Plan (Annex A) sets out the Strategic Priorities that will guide OP's work during 2013/14.

### 7. REASONS FOR RECOMMENDATIONS

7.1 It is required that the Council considers and agrees the draft business plan. The specific schemes for implementation will potentially evolve during the course of the plan period and it is therefore appropriate that funding is approved by the Council through its normal decision-making processes.

### 8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The draft business plan could not be approved, which would significantly limit the operations of Opportunity Peterborough as the City's Economic Development Company.

### 9. BACKGROUND DOCUMENTS

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

Opportunity Peterborough Draft Business Plan 2013/14.

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Annex A

# BUSINESS PLAN STRATEGIC BRIDGES

Progress up to 2012	2013/14 Covernance and Eunding	2014-2017	Future operation beyond 2018
Established as an Urban Regeneration Company in 2005, converted into an Economic Development Company in 2010	Established Board consisting of Private independent members and lead Councillors from Peterborough City Council	Maintain balanced Board of private independents and PCC	OP becomes a self-sufficient organisation or managed wind down of the company
Board established with private independent members and representative of three founding partners	Notification by PCC that PCC will decrease funding to OP on managed decline basis from April 2014/15 to April 2016/17	PCC funding received from PCC concludes April 2016/17. Revenue generation a critical business driver	Full independence from public sector funding and generating surplus through private contracts
Core Funded by Peterborough City Council, EEDA and HCA, Ceduced to single funder in 2010	Greater reliance on identifying and maximising income from new sources	New sources of income influencing OPs operation. Greater need to rely on income from outside Peterborough. Income reaching £400k by 15/16 and £750k by 16/17. Freedom to seek appropriate income opportunities.	Seek to generate income of 750K per annum beyond 2018
Led development of new plans for Peterborough via Integrated Growth Study – completed and handed over to PCC in 2009 OP has led on attracting investment to Peterborough since 2010	Attract and secure new investment in Peterborough with specific focus on developing a new offer in the city centre and adopting strategic approach to building Evening Economy activity	Continue to attract investment, delivering traded services to new companies locating in Peterborough. Develop an inward investment service available to internationally companies with OP playing a role in delivering investment across the UK	OP will play a key role at local and national level in attracting investment by providing expert practical support to companies seeking to locate to the UK.
Focus on Economic Development issues since 2010	Maintain existing focus during 2013/14 while funding in place, but increased need to narrow our focus in advance of funding reductions in 2014/15	Develop new sources of income through new activities. Including looking for contracts outside of Peterborough and via new structure by establishing a Marketing subsidiary	OP will aim to generate 750k per annum via traded services to private companies beyond 2018
Private company limited by guarantee, with Peterborough City Council holding 100% shares	PCC retains 100% share interest in Opportunity Peterborough	Review Board structure in light of funding changes and increased reliance on generation of income	New income generated from services – operating nationally or internationally.
Progress up to 2012	2013/4 Marketing Peterborough as a first choice location – subject to funding	2014-2017	Future operation beyond 2018

Established as Marketing lead in Peterborough via Urban Regeneration Company status	Leading Marketing activities, where funding allows OP to take a proactive approach to attract new investment to the citv	Reduced commitment to marketing Peterborough based on available funding.	Reduced or ceased operation in Peterborough dependent on funding available
Established Peterborough City Brand with stakeholders	Develop the City brand and achieve greater level of buy in from local public and private sector stakeholders	Where income allows undertake targeted Marketing campaigns for Peterborough albeit on a reduced basis	OP will cease operation of marketing services to promote Peterborough unless funding is secured
Successfully led outdoor campaigns to promote the city. Direct successes attributable: Nandos, Patisserie Valerie and Carluccios	Deliver visible marketing campaigns to attract investors/jobs where funding allows	Develop new commercial services to drive income with OP taking a full step into commercially traded services allowing investment in campaigns	Marketing secures £300k per annum
Launched the Bondholder Network in 2010 to encourage business engagement and communication with OP	Build the Bondholder Network to 1500 members	Explore opportunities to build the network through sponsorship or offer the Bondholder service to other areas.	Roll the Bondholder service out to other areas on a commercial basis
Developed Peterborough's web presence to attract inward investment with refresh in 2010	Use Social and Multi Media to attract new businesses and support growing companies in Peterborough	Use Social media to take forward direct campaigns on a cost neutral basis	OP will be using Social media to access new markets and target delivery of services effectively
Progress up to 2012	2013/14 Support local business ambitions and increase innovation	2014-2017	Future operation beyond 2018
OP has established a proven track record in promoting and supporting local businesses	Support local business and increase innovation by operating cluster groupings such as Enviro Cluster and Manufacturing	Generate new income through connecting companies and products via Cluster groupings	Ensure that new income is attracted through economic development activities
Strong support via the Bondholder network has enabled OP to become a hub for the local business community OP has been providing businesses with signposting advice and support navigating public sector programmes and services since 2010	Manage the Eco Innovation Centre, enabling this to be a hub for innovation and high quality business support and advice Within the Eco Innovation Centre (EIC) establish Peterborough's first 'Co-Worker hub', the first in the city. Establish Peterborough Workspace as a complementary offering to the EIC	Ensure the Eco Innovation Centre maintains optimum occupancy and becomes better recognised as a centre of excellence As with the Eco Innovation Centre ensure occupancy and is seen as a key business centre in the city	Provide high quality services that are respected and used effectively by the private sector
Peterborough's rate of business 'start ups' fluctuates annually basis. The attrition rate remains higher than the regional average	Create the right environment to enhance business start-ups by identifying how OP can best support new entrepreneurs	Develop business support services in partnership with other providers	OP in position to offer business start- up advice and support to entrepreneurs
OP is recognised as having the most effective inward investment	Provide high quality service to prospective investors.	Dependent on funding available seek to develop a new programme whereby OP	OP delivering services at national level.

	Drawide local contrast for LIV Trade and	one deel directly with retentiel investore	
ervice across the LET area and envied within the Greater South East.	Investment	can used unservity with potential investors into the UK by providing practical, complementary programme to UKTI	
OP has supported the city's	Drive the City's Corporate Social Responsibility	Build the Side by Side programme to 100	Side by Side seen as a national
Corporate Social Responsibility	Programme – 'Side by Side'. While ensuring the	company members and ensure that OP	exemplar
programme sunce meepuon. Took	programme supports company objectives and provides community support	covers all auffilling allve costs associated	Continue to grow the Side by Side
December 2012			programme and deliver support in other
	Develop relevant programme of activity, promote opportunities and monitor outcomes	Review whether the approach is deliverable in other cities	areas
OP has built a strong reputation	Lead the delivery of the Future Cities	Ensure that Skills and Innovation	Successful completion of the Future
by securing 'shortlisted' status for	Demonstrator programme	elements of the programme add lasting	Cities Demonstrator programme and
the Green Investment Bank – the		influence to the city's economy and drives	positive links to new programmes being
city finished 4 th and latterly the		a new stream to activity, and creates a	launched by the Technology Strategy
Euture Cities Demonstrator where		clear 'usp' for the city to re-position itself	Board
received £3m for the 'Connected		erectively	
Peterborough programme			
	Develop and lead a Nursery and Childcare	Build a strong network that helps build	Build a nationally recognised network
in with PCC Children's Services and	Network on behalf of PCC Children's Services on	capacity to support Children's Services	on a cost neutral basis.
has been asked to consider	cost neutral basis	objectives	
whether it can operate a Nursery			
and Childcare Service			
Local Enterprise Partnerships	OP provides core services to the wider Local	OP leading Skills, Inward Investment and	OP able to provide services to other
established in 2010/11 to replace	Enterprise Partnership areas commencing in 2013	Marketing services for the LEP	LEPs or equivalent bodies on fee
Regional Development Agencies			paying basis
A positive partnership has been	Develop and grow the Water Innovation Network	Build the new networks across the UK	OP leads established national and
established with Anglian Water.	in partnership with Anglian Water	and potentially overseas, moving into both	internationally recognised Networks that
AW and OP share aspirations to		Gas and Electricity industries	enhance innovation and efficiency
build nationally and internationally	Explore opportunities for OP to run similar		within the sector
and across the spectrum of Utility	Devolos commondial controlatrics		
providers	seeking to engage Utility companies		
Progress up to 2012	2013/14	2014-2017	Future operation beyond
	<b>Create conditions to increase skills</b>		2018
	levels across our communities –		
	subject to funding available		
OP established the 'Peterborough Skills Vision' in 2010. This has	Broker activities between business and schools	Subject to funding available Leading to 2000 brokered activities aimed	OP to roll the Skills Vision and associated activities out across other
been extremely successful with	1200 businesses engaged in activities by March	at raising aspirations and increasing	areas, delivering services where

businesses and schools. The Skills Service was established in 2011.	2014.	employability skills amongst our young people	funding is available.
Through our work OP has gained a firm understanding of the Skills issues facing businesses and is in position to help shape training provision across the city	360 companies fully signed up to the Skills vision; 1100 businesses engaged in Skills Services activities	Subject to funding by 600 companies will committed to the Skills Vision by March 2014 with over 2,000 engagement opportunities to available to young people via Apprenticeships, Coaching or business mentoring.	Skills Vision playing a leading role locally in shaping Education provider decisions Peterborough Skills Vision recognised as a national lead for skills. Ensuring that business demand is met by education provision.
Since 2010 Peterborough has seen an increase in the number of apprenticeships, albeit starting from a low base	Ensure that Apprenticeship numbers increase in Peterborough, the Skills Service to continue to provide advice and support to prospective employers	Ensure that Peterborough demonstrates the highest growth of apprenticeships numbers in the East of England	Peterborough establishes a reputation as a city that supports young people and has engaged businesses that see apprenticeships as a positive benefit
Peterborough has seen positive growth around the availability of high education provision	Support partners to deliver improved access to higher/further education provision	Support the UCP model and help support PCC in delivering University status in the city Provide course development decisions amongst the provider community data and analysis to support	All services are developed to be cost neutral, or creating surplus for OP balances

CABINET	AGENDA ITEM No. 7
1 JULY 2013	PUBLIC REPORT

Cabinet Member(s) r	esponsible:	Councillor Walsh, Cabinet Member for Community ( and Public Health	Cohesion, Safety
Contact Officer(s):	Sue Mitchell		Tel. 207173

### PUBLIC HEALTH

RECOMMENDATIONS	
FROM : Director of Public Health	Deadline date : N/A

Cabinet is asked to note the information provided within the report and at Appendix 1, Delivering Public Health in Peterborough, Public Health Business Plan 2013/2014.

### 1. ORIGIN OF REPORT

1.1 This report is submitted to Cabinet following Scrutiny Committee for Health Issues on 20 June 2013.

### 2. PURPOSE AND REASON FOR REPORT

- 2.1 This report provides Cabinet with an overview of Public Health responsibilities that have transferred to the local authority, along with details of how these responsibilities will be delivered during 2013/14.
- 2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.1, to take collective responsibility for the delivery of all strategic Executive Functions within the Council's Major Policy and Budget Framework and lead the Council's Overall improvement programmes to deliver excellent services.

### 3. TIMESCALE

Is this a Major Policy	NO
Item/Statutory Plan?	

### 4. BACKGROUND, VISION AND STRATEGIC OBJECTIVES

- 4.1 Local authorities (LAs) now have the lead for improving health and coordinating local efforts to protect the public's health and wellbeing, working together with health services to ensure the effective promotion and protection of population health. Local political leadership will be central to making this work. The NHS will continue to play a full role in providing care, tackling health inequalities and ensuring every clinical contact counts.
- 4.2 Most local Public Health roles and functions in Peterborough transferred successfully to Peterborough City Council on 1 April 2013. Others transferred to Public Health England (PHE). This system is new the combination of local government leadership for the public's health supported by an expert national body is a first for England.
- 4.3 Through its new duty to promote and protect the health of the population, and through providing public health healthcare advice to NHS Commissioners, the Council is taking on a major strategic and visionary leading role in influencing and direct decision-making

concerning health, healthcare and wellbeing in the city. In order to deliver this transformational agenda, our aim is to embed a public health approach within all council functions so that taking action to improve health is an automatic part of the work and culture of every department. Work is underway to integrate Public Health commissioning functions with other Council commissioning functions, reducing the potential for duplication across departments, commissioning in isolation, and thereby improving the overall quality of commissioning through the harnessing of a wide range of skills and expertise.

- 4.4 The Public Health Improvement Team, known as the Live Healthy Team, has been integrated within the Neighbourhoods division of Operations Directorate. This brings together a community health development focus with other services focussed on service delivery within neighbourhoods across the city. Public Health advice and input is being provided across Neighbourhoods teams, and alongside them out into local communities. New joint interventions are emerging from these newly established relationships.
- 4.5 The Joint Strategic Needs Assessment (JSNA) will be refreshed this year, and as part of the refresh process work with partners will be undertaken to ensure that the JSNA is in a format that is accessible to both to commissioners and others who wish to understand more fully how wider social determinants impact on health outcomes. This refresh will also support the Joint Health and Wellbeing Board, a driving force locally in efforts to reduce health inequalities, to deliver its Joint Health and Wellbeing Strategy (JHWS) that starts to integrate local commissioning strategies, ensuring a community-wide approach, and aligns public health responsibility with the many levers to tackle the wider determinants of health.

### 4.7 Vision and strategic objectives

- 4.7.1 In this first year following transition of Public Health roles and responsibilities, it is essential that key issues are identified and resolved in order to deliver on the health outcomes needed to reduce health inequalities. Therefore we have identified a vision and objectives that focus in on this transitional first year and on some of the key priorities that need to be addressed.
- 4.7.2 Our vision is: to enable the Council to reduce health inequalities in Peterborough through the successful integration and delivery of Public Health.

The strategic objectives are:

• Successful integration of commissioning functions into the corporate commissioning model

• Design of an integrated care pathway for contraceptive and sexual health services, and subsequent procurement

• Work with commissioning partners to develop and agree a commissioning framework for children's health services

• Develop and implement a Healthy Lives Strategy, which will include:

Delivery through the neighbourhoods function

Healthy Weight Strategy

**Tobacco Control Strategy** 

Localising the PH Responsibility Deal

• Refresh of the Joint Strategic Needs Assessment, focussing initially on health inequalities and building on recent work completed as part of the welfare reform needs assessment.

• Development of a Long Term Conditions Strategy focussing on prevention and early intervention particularly in relation to CHD/Stroke, Diabetes and Cancers.

4.8 We will ensure that there is a specific focus on improving access to public health services for vulnerable people, including Looked after Children and people with learning disabilities.

### 5. CONSULTATION

Public Health continues to work closely with partners externally and colleagues internally in the development, commissioning and delivery of Public Health Services. Appendix 1 is an

internal administrative document describing how PH services will be delivered in this first year. This has not been consulted on, although the transfer of Public Health was subject to thorough Equality Impact Assessment.

### 6. ANTICIPATED OUTCOMES

It is anticipated that following receipt and noting of this first report, further Public Health reports will be presented concerning specific areas of work being taken forward in-year. These will include the procurement of contraceptive and sexual health services that have transferred from NHS Peterborough and which must be re-procured during this financial year.

### 7. REASONS FOR RECOMMENDATIONS

From 1 April 2013, the Council had a new statutory duty to improve and protect the health of the population of Peterborough. The Public Health roles, functions and resources that have transferred are intended to support the Council in fulfilling this new duty. This report (and its accompanying appendix) is intended to provide Cabinet with information concerning plans to deliver Public Health functions during this first transitional year.

### 8. ALTERNATIVE OPTIONS CONSIDERED

The Business Plan attached at Appendix 1 sets out the context for the transfer of Public Health along with details of the roles and responsibilities that have been transferred to the Council as part of the implementation of the Health and Social Care Act (2012). Alternative options for the configuration of Public Health within the Council were considered during 2012/2013 and were detailed within the Public Health transition plan: Options for delivering Public Health in Peterborough. The option chosen was to integrate PH functions rather than choose a 'lift and shift' option. Therefore the business plan focuses on taking forward the model of integration.

### 9. IMPLICATIONS

As the Local Authority now has responsibility for the delivery of certain Public Health functions, the implications are wide reaching. The Council will need to ensure the public health responsibilities (described further in Appendix 1: Delivering Public Health in Peterborough) are delivered as required.

#### 10. ADDITIONAL DOCUMENTS

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

See the list of references in Appendix E of the Delivering Public Health in Peterborough, Public Health Business Plan 2013/2014 attached at Appendix 1 of the report.

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# Delivering Public Health in Peterborough

# **Business Plan**

## 2013 - 2014

v0.5

21 June 2013

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# **1. INTRODUCTION AND PURPOSE**

Local authorities (LAs) now have the lead for improving health and coordinating local efforts to protect the public's health and wellbeing, working together with health services to ensure the effective promotion of population health. Local political leadership will be central to making this work.

The NHS will continue to play a full role in providing care, tackling health inequalities and ensuring every clinical contact counts.

Most local Public Health roles and functions in Peterborough transferred successfully to Peterborough City Council on 1 April 2013. Others transferred to Public Health England. This Business Plan and its related operational detail refer to the work that will be delivered through Public Health within the Council and covers the period from April 2013 to March 2014. The Plan aims to provide a mechanism through which existing strategic and operational work continues during the first full year following transition, and outlines the Public Health work programme.

The Public Health team are committed to ensuring that this Business Plan respects, protects and gives due regard to the health and wellbeing needs of disadvantaged groups specified within the Equalities Act (2010). Through the priorities identified within this Plan, key themes regarding the needs of specific groups with protected characteristics as identified within the Act are addressed. Services commissioned and delivered will reflect these needs through the embedding of the principles of equality, diversity and inclusiveness.

# 2. FAIR SOCIETY, HEALTHY LIVES

The national context for Public Health reforms, and our starting point, is the Marmot Review: Fair Society, Healthy Lives (2010). In this report Professor Marmot identifies six objectives, four of which underpin the Public Health white paper: Healthy Lives, Healthy People (DH, 2010). He states that reducing health inequalities is a matter of fairness and social justice. In England, people who currently die prematurely each year as a result of health inequalities could have enjoyed up to 2.5 million extra years of life. Reducing health inequalities requires action on six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all

- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.
- Action required by central and local government, NHS, the third and private sectors, community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.
- Effectiveness requires participatory decision-making at local level. This can only happen by empowering individuals and local communities

# 3. PUBLIC HEALTH ENGLAND PRIORITIES

Public Health England (PHE) exists to serve the public through the public health system, a system led locally by elected members where responsibility for the public's health sits alongside responsibility for jobs, housing and communities. This system is new – the combination of local government leadership for the public's health supported by an expert national body is a first for England. PHE's aim is to cement a reputation with local authorities for credibility and expertise, as the foundation upon which PHE will help the new system to drive transformation.

Local action will drive sustainable change in the public's health, but PHE are committed to taking action on a national scale where it makes sense, and when it is needed. PHE has identified five high-level enduring priorities. These are listed at Appendix D.

# 4. TRANSFORMATIONAL CHANGE TO IMPROVE HEALTH OUTCOMES

Through its new duty to promote and protect the health of the population, and through providing the required mandatory public health healthcare advice to NHS Commissioners, the City Council is taking on a major strategic and visionary leading role in influencing and direct decision-making concerning health, healthcare and wellbeing in the city. Appendix B: Public Health Commissioning Responsibilities lists the areas of responsibility that have transferred to local authorities. There are five mandatory areas and these are highlighted within the list.

In order to deliver this transformational agenda, it is important that a public health approach is integrated with every council function, its policy and decision-making so that taking action to improve health is an automatic part of the work and culture of every department, section, team and individual.

# 4.1 HEALTH AND WELLBEING STRATEGY AND JOINT STRATEGIC NEEDS ASSESSMENT

The Joint Strategic Needs Assessment (JSNA) will be refreshed this year, and as part of the refresh process work with partners will be undertaken to ensure that the JSNA is in a format that is accessible to both to commissioners and other who wish to understand more fully how social determinants impact on health outcomes. This refresh will also support the Health and Wellbeing Board (H&WB) to deliver its Joint Health and Wellbeing Strategy (JHWS) that starts to integrate local commissioning strategies, ensuring a community-wide approach, and aligns public health responsibility with the many levers to tackle the wider determinants of health and health inequalities. The H&WB was established in shadow form in 2012 as a requirement of the Health and Social Care Act (2012). The Board will work closely together as leaders and commissioners of public health, health and social care for adults and children in those areas of activity that need a high level of collaboration between services and where the interdependence of health and social care is most marked. By working together there is a greater chance that real, sustainable improvements to health and wellbeing can be made.

The priorities within the JHWS are as follows:

**i) Securing the foundations of good health - Objective** Ensure that children and young people, including those with complex needs and disabilities have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.

**ii) Preventing and treating avoidable illness - Objective** Narrow the gap between those neighbourhoods and communities with the best and the worst health outcomes, whilst improving the health of all

iii) Healthier older people who maintain their independence for longer - **Objective** Enable older people to stay independent and safe and enjoying the best possible quality of life

**iv)** Supporting good mental health - Objective Enable good child and adult mental health through effective, accessible mental health promotion and early intervention services.

v) Better health and wellbeing outcomes for people with life-long disabilities and complex needs - Objective Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs. This is through robust, integrated care pathways, care planning and commissioning arrangements from early years into adulthood and old age

4.2. PUBLIC HEALTH OUTCOMES FRAMEWORK

The Public Health Outcomes Framework sets out key indicators of public health from the wider determinants of health through to effectiveness in reducing premature mortality. Overall goals are to increase healthy life expectancy and reduce health inequalities. A one page summary is attached at Appendix D. All public health activity and spend, commissioned and directly delivered, has been mapped to the PH Outcomes Framework. This can be seen at Appendix A: Delivering the PH Business Plan.

# 5. ROLE AND FUNCTIONS OF PUBLIC HEALTH

The changes to the public health system provide real opportunities to make a significant impact on the health of the population. Central to this is ensuring that the public health system continues to have a highly skilled and motivated workforce across all three domains of public health – health protection, health promotion and healthcare public health – wherever they are in the system.

A major element of the new public health system is the key role to be played by local authorities. From April 2013, councils working in partnership with other stakeholders, including the Local Government Association, Public Health England and Health Education England, will play a critical part in developing the workforce. There will be opportunities to harness the expertise of voluntary and other sectors in improving the health of the local population. Public health expertise will be needed to design, deliver and evaluate public health interventions and programmes. *Healthy lives; healthy people: a workforce strategy* (DH, 2013) has recently been published and spells out the actions that will be taken by partners at national, regional and local level to sustain and further develop the public health workforce.

Public Health will work closely with NHS commissioners, NHS providers and others, including third sector organisations through new joint commissioning arrangements and through providing Public Health specialist expertise and advice, scrutiny and challenge. In this first transitional year it is important to ensure that both duplication of effort and resources and or omissions leading to gaps in service provision are identified and avoided.

# 5.1. PUBLIC HEALTH STAFF

The Public Health Team in Peterborough is broadly divided into specialist commissioning and delivery functions, which could also be described as strategic and operational. There is synergy and cross over between the two areas. A range of functions required to deliver the public health role now and in the future include those listed in the table at Appendix C.

The Joint Director of Public Health did not transfer with other staff from NHS Peterborough and therefore this post is being covered on an interim basis by

the AD Public Health with support from the interim Consultant in Public Health Medicine, (pending recruitment to both posts).

Public Health specialist advice to the Council and the Joint Health and Wellbeing Board Public Health and commissioning functions, including the design, development and evaluation of public health interventions, are currently being led and overseen by the interim DPH. Following the transition of commissioning responsibilities from the PCT to the Council, a series of reviews and re-procurements will be undertaken during the next two to 3 years. Further integration of commissioning responsibilities across the Council will see Public Health commissioning embedded alongside commissioning functions. This will enable more effective use of limited resources, reducing duplication and waste and harnessing of expertise, thereby delivering improved outcomes.

# 5.2. PUBLIC HEALTH SPECIALIST HEALTHCARE ADVICE & PUBLIC HEALTH INTELLIGENCE

The Local Authority Healthcare Public Health Advice Service (HPHAS) is one of five mandated services to be delivered by the Council to the Clinical Commissioning Group (CCG) for Cambridgeshire and Peterborough. This service is delivered jointly by Public Health teams within Cambridgeshire County Council and PCC. The HPHAS will work closely with the CCG Improving Outcomes Unit, and with the Local Commissioning Groups, to deliver evidence based strategic change, innovation and robust evaluation – maintaining a strong and consistent focus on improving outcomes for patients within available resources. The main priorities for this service during 2013/2014 are the CCG's three priority areas: Coronary Heart Disease (CHD) and Stroke; Dementia; and End of Life Care.

The Public Health Intelligence team (PHI) provides a specialised public health led service enabling the delivery of key products such as the JSNA core dataset, Public Health Outcomes Framework and the Public Health and Health Inequalities dataset. The team supports local public health and health improvement priorities and health needs assessment, health and disease surveillance. PHI's remit involves the collation, distillation and interpretation of health related data and information of all types.

# 5.3. PUBLIC HEALTH IMPROVEMENT DELIVERY

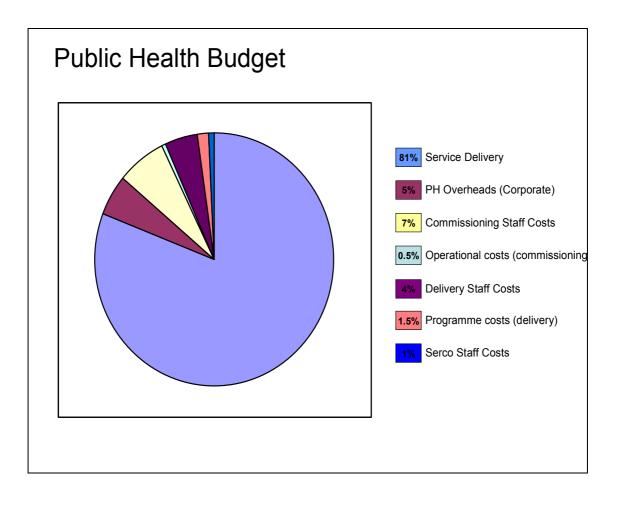
The Public Health Improvement Team, known as the Live Healthy Team, have, for some years, delivered health improvement interventions through community based initiatives, increasing capacity within communities with health trainer and health champion initiatives. This team have now been integrated within the Neighbourhoods Division of Operations Directorate. This creates more opportunities for public health interventions to be delivered alongside Neighbourhoods Services and also directly by public health trained Neighbourhoods staff. Specialist skilled staff are involved in the operational delivery of public health services, such as smoking cessation, weight management and other lifestyle change interventions. Accredited health promotion training to City and Guilds level 3 is provided to Neighbourhoods staff, health and other professionals and members of the community, harnessing the expertise of voluntary and other sectors in improving the health of the population. Business support is provided via SERCO. The organisation chart for Peterborough's public health team is at Appendix G.

# 5. FINANCE AND RESOURCES

The Public Health ring fenced allocation for 2013/2014 is £8.446 million, increasing to £9.2 million in 2014/15.

A full analysis of performance, interventions, contracts, budget and expenditure was completed by officers from PCC and NHSP before the transition. This has provided the necessary detailed due diligence required as part of the transfer of Public Health and is available as a separate document that can be provided if required. The budget breakdown for 2013/2014 is shown below however this may be subject to change as further transitional issues emerge.

Public He	Public Health Budget – Overall Figures				
£6.86m	Service delivery				
£0.43m	PH overheads (corporate)				
£0.56m	Commissioning staff costs				
£0.04m	Operational costs (commissioning)				
£0.36m	Delivery staff costs				
£0.14m	Programme costs (delivery)				
£0.06m	Serco staff costs				
£8.45m	Budget for 2013/14				



# 6. VISION AND OBJECTIVES FOR 2013/14

# 6.1 2013/14

Our vision is: to enable the Council to reduce health inequalities in Peterborough through the successful integration and delivery of Public Health. The strategic objectives are:

- Successful integration of commissioning functions into the corporate commissioning model
- Design of an integrated care pathway for contraceptive and sexual health services, and subsequent procurement
- Work with commissioning partners to develop and agree a commissioning framework for children's health services
- Develop and implement a Healthy Lives Strategy, which will include:
  - Delivery through the neighbourhoods function

- Healthy Weight Strategy
- Tobacco Control Strategy
- Localising the PH Responsibility Deal
- Refresh of the Joint Strategic Needs Assessment, focussing initially on health inequalities and building on recent work completed as part of the welfare reform needs assessment.
- Development of a Long Term Conditions Strategy focussing on prevention and early intervention particularly in relation to CHD/Stroke, Diabetes and Cancers.

We will ensure that there is a specific focus on improving access to public health services for vulnerable people, including Looked after Children and people with learning disabilities.

# 7. CONCLUSION

This will be an exciting and challenging year for the Public Health Directorate. Reductions in staffing complement, along with unfilled vacancies means that the directorate is under capacity. A priority for the Directorate is to recruit to the DPH and CPHM posts. The proposed development of an integrated commissioning team is the next step on in the plan to integrate Public Health within the Council, working with colleagues from across the organisation to improve commissioning in order to address effectively health inequalities.

Maintaining focus and motivation in the team will also be a challenge now that the team is split into commissioning and delivery, and based in differing parts of the organisation. The staff group has coped well with the uncertainty of transition and are ready for the challenges that transformational change bring.

Working with and supporting the Health and Wellbeing Board, particularly in relation to the delivery of the first Health and Wellbeing Strategy for Peterborough is a key priority for the Directorate. This strategy and the associated Joint Strategic Needs Assessment underpin our priorities during 2013/2014 and also going forward to 2015.

# APPENDIX A – DELIVERING THE PUBLIC HEALTH BUSINESS PLAN: 2013/2014

Ref.	LA PH Functions (mandatory and non- mandatory)	PH Outcomes	Programmes / Interventions	Planned Spend 13/14	13/14 Delivery	Target 2013/14
PH001	Tobacco Control & Smoking Cessation	2.9 Smoking prevalence - 15 year olds 2.14 Smoking prevalence -	Stop Smoking Service	-	Core delivery team based within Neighbourhoods 13/14 – a focus particularly on achieving the target of 1434 4-week smoking quitters, increasing the number of referrals from secondary care as part of the implementation of the hospital interface system and reducing the prevalence of smoking in pregnancy from 17.7% to 16%	1434 successful smoking quitters 1.7% reduction in smoking in pregnancy
	Adults (over 18)		Pharmacy & GP LIS	£72,000 (GP and Pharmacy contract)	Contracts for Stop Smoking Services delivered through GP Practices and Pharmacies 13/14 - improve take-up of services and improve quality performance metrics including reduced DNA metric and CO monitoring	Specific contract- related targets
			Prescribing Costs	£239,000	For quit smoking related products prescribed within primary care	
			Illicit Sales Prevention	£17,000	Delivering the PH priorities of preventing sales of tobacco and alcohol to under age young people. A	
PH002	Alcohol Misuse	2.18 Alcohol related	Reducing Alcohol	£300,000	Drinksense Contracts (core and HALP	Reducing regular

Ref.	LA PH Functions (mandatory and non- mandatory)	PH Outcomes	Programmes / Interventions	Planned Spend 13/14	13/14 Delivery	Target 2013/14
		admissions to hospital	related admissions to hospital	(Drinksense and CPFT contracts)	contracts) CPFT contract - Alcohol CPN Service (commissioned by PH) 13/14 – Work with the LCGs to extend the HALP Project to incorporate wider approach to identify and support patients who are very frequent users of emergency and similar services	unplanned admission to hospital alcohol related evidencing savings to the NHS of £0.25m
			Young Peoples Drug & Alcohol	£118,000 (Drug and Drinksense contracts)	Drink and Drugsense YP Treatment Service Contract (commissioned by Children's Services) HYPA and Buzz YP alcohol prevention Service delivered through School and after school settings by Drink and Drugsense (commissioned by PH)	Specific contract- related targets
PH002a	Drug Misuse	2.15 Successful completion of drug treatment	Adult Drug Treatment Service	£2,508,000	Aspire Adult Drug Treatment Service Contract plus pharmacy based services (commissioned by Neighbourhoods) 13/14 – Work with service provider to improve outcomes in line with agreed trajectory following 12/13 performance issues.	Specific contract related targets Improvement of successful treatment outcomes to England rate of 12.2%
PH003	PH Services for CYP (5-19)	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10- 11 year olds 4.2 Tooth decay in children aged 5	5-19 Healthy Child Programme	£780,000 (CPFT contract)	CPFT Contract for delivery of School Nursing Service (commissioned by PH) 13/14 – Implementation of 5-19s Healthy Child Programme and National SN Development Programme - this service will be re-commissioned as	Specific contract related outcomes

Ref.	LA PH Functions (mandatory and non- mandatory)	PH Outcomes	Programmes / Interventions	Planned Spend 13/14	13/14 Delivery	Target 2013/14
					part of the re-commissioning of wider Children's Health Services Programme in collaboration with other child health commissioners.	
PH004	National Child Measurement Programme (NCMP)	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10- 11 year olds	National Childhood Measurement Programme	-	Delivered through the SN Service as part of the SN Contract 13/14 – aim to maintain and improve quality indicators for this service including levels of uptake	Achievement of 95% uptake rate
		2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10- 11 year olds 4.2 Tooth decay in children aged 5	Reducing Childhood Obesity (inc. Carnegie Weight Management Programme for children, and Movers & Shakers)	-	Child weight management programmes delivered by the Live Healthy Team in partnership with Vivacity. (Delivered from within Neighbourhoods) 13/14 – to extend and increase take-up of these programmes, contributing to a reduction in childhood obesity levels at Reception and Year 6.	Specific programme targets
PH005	Tackling Obesity	2.11 Excess weight in adults 2.13 Proportion of physically active adults 1.16 Utilisation of Green Space for health & exercise	Reducing Adult Obesity & Increasing Physical Activity (inc. Lets Get Moving and Lets Keep Moving)	£20,000 (LSFT – ext. funding)	Specific programmes aimed at getting people mobile and active, funded as part of the Local Sustainable Transport Fund Plan. <b>13/14 – extend programmes and join up</b> with existing - eg Full of Beans programme for older people delivered through Age UK ; improve referral and uptake of programmes via Health Checks Programme	Specific programme targets
PH006	Nutrition Initiatives	2.06i Excess weight in 4-5 year olds	Eat Better, Start Better - training for EYFS	-	Pilot Project delivered in partnership with PECT, harnessing Love Local initiative	Specific programme

Ref.	LA PH Functions (mandatory and non- mandatory)	PH Outcomes	Programmes / Interventions	Planned Spend 13/14	13/14 Delivery	Target 2013/14
		<ul> <li>2.06ii Excess weight in 10-</li> <li>11 year olds</li> <li>4.2 Tooth decay in children aged 5</li> </ul>	Nutrition standards to Children Centres		and links to PH investment in Children's Centres 13/14 – development and implementation of Love Local; roll-out of early years nutritional standards	targets
PH007	Physical Activity	<ul> <li>2.11 Excess weight in adults</li> <li>2.13 Proportion of physically active adults</li> <li>1.16 Utilisation of Green Space for health &amp; exercise</li> </ul>	Reducing Adult Obesity & Increasing Physical Activity	£57,000 (CCS contract)	<ul> <li>CCS Contract – Tiers 1 &amp; 2 Weight Management Programmes; Live Healthy Team delivering Healthy Weight/physical activity interventions.</li> <li>13/14 – Further development of RSPH accredited training including offer of new Healthy Weight module</li> <li>Development of Community Health Champions Programme and other programmes funded by LSTF funding</li> </ul>	Specific contract related targets Specific programme targets
PH008	NHS Health Checks	2.22 Take up of NJS Health Check Programme 4.4 Mortality from cardiovascular disease under 75s (rate per 100000)	Delivering NHS Health Checks Programme	£150,000	Delivered through GP contract (commissioned by PH) 13/14 Development and implementation of an action plan to extend the roll-out of the Health Checks Programme, including an increased target of 6061 completed Checks and improved data collection and performance metrics	6061 health checks successfully delivered
PH009	PH Mental Health Services (inc. Promotion)	4.10 Suicide Rate (per 100k of pop.) 1.15i Statutory homelessness - acceptances 1.15ii Statutory	Mental Health Suicide Prevention	£21,300	MIND contract - Advocacy Worker 13/14 - Working as a key part of Welfare Reform Initiative (commissioned through Neighbourhoods)	

Ref.	LA PH Functions (mandatory and non- mandatory)	PH Outcomes	Programmes / Interventions	Planned Spend 13/14	13/14 Delivery	Target 2013/14
		homelessness - households in temp accommodation	Mental Health - Suicide Prevention	£10,000	Support to Welfare Reform Initiative (delivered through Neighbourhoods) 13/14 - As above	
			Homelessness Prevention	£31,000	PH priority - Rough sleeper outreach (delivered from within Neighbourhoods) 13/14 – As above	
PH010	PH Dental Promotion	4.2 Tooth decay in children aged 5	Incorporated within childhood obesity agenda (PH05)	-		
PH011	Accidental Injury Prevention	2.24 Injury due to falls in people (all indicators)	Care & Repair	£31,000	Delivery of PH priority through the Care and Repair Service (delivered by Neighbourhoods)	Specific service targets
PH012	Reduce & Prevent Birth Defects	<ul> <li>2.1 Low birth weight of term babies</li> <li>2.1i Breastfeeding initiation</li> <li>2.2i Breastfeeding prevalence at 6-8 weeks</li> <li>2.3 Smoking status at time of delivery</li> <li>4.1 Infant mortality rate (per 1000)</li> </ul>	Improving the health of pregnant women and infants, reducing infant mortality	£8,900 (NCT contract) £200,000 (Children's Centre)	National Childbirth Contract – coordination of breast feeding Peer Supporters; delivery of 1 Baby Café (commissioned by PH) 13/14 - build on successful accreditation at Tier 3 of both the Primary Care Trust/CCG and PSHFT as UNICEF Baby Friendly organisations. Maintenance of this Gold Standard for evidence-based practice is a priority during the post transitional first year. Work to develop targeted PH outcomes delivered through Children's Centres	Maintain and improve Breastfeeding initiation rate by 1% on 12/13 outturn improve Breastfeeding rate at 6-8 week check by 4% to 46%

Ref	LA PH Functions (mandatory and non- mandatory)	PH Outcomes	Programmes / Interventions	Planned Spend 13/14	13/14 Delivery	Target 2013/14
PH013	Lifestyle Campaigns/Interventi ons that include Cancer & Long Term Conditions	1.20 Social Connectedness 2.14 Smoking Prevalence 2.11 Diet 2.23 Self reporting wellbeing	Improving Community Health Through Volunteering (Community Health Champions)	-	Continue to develop and deliver Health Improvement Training, accredited to level 3 13/14 – Introduction of additional accredited training modules – mental health awareness and nutrition.	Number trained; number of active community health champions
PH014	Workplace Health	1.9 Sickness absence rates 4.5 Mortality from cancer under 75s (rate per 100000)	Workplace health programme	-	Workplace Health Programme delivered through the Live Healthy Service 13/14 Support to the Council to sign-up to the Public Health Responsibility Deal building on existing work with local employers. Also development of joint programme to tackle Health Inequalities with Cross Keys Homes under auspices of GPP with a focus on promoting mental health	Specific programme targets, including number of workplaces signed up
PH015	Screening & Immunisation and Infectious Disease	<ul> <li>2.19 Cancer diagnosed at stage 1 and 2</li> <li>2.20i Breast screening coverage (aged 50 – 70)</li> <li>2.20ii Cervical screening coverage (aged 25 – 64)</li> <li>3.3 Population vaccination coverage</li> </ul>	Scrutiny and challenge role	-	Significant changes to Vaccination Programmes are being introduced by Public Health England and will be rolled out locally. PH will work closely with PHE/ NHS England to ensure robust plans are developed and implemented 13/14 - MMR national Catch-up Programme will be implemented locally between May and September 2013. Also successful local introduction of new Immunisation and Vaccination Programme changes	Achievement of national Imm and Vacc targets

Ref.	LA PH Functions (mandatory and non- mandatory)	PH Outcomes	Programmes / Interventions	Planned Spend 13/14	13/14 Delivery	Target 2013/14
PH016	Sexual Health Services/Commission ing	1.12 Rates of violent crime (inc. sexual violence)	Independent Sexual Violence Advocates Service (SVAs)	£100,000 (CCS contract)	This service is commissioned as part of the Cambridgeshire Community Services (CCS) Contract 13/14 - This service will be re- commissioned during 13/14 as part of major procurement exercise to commission local integrated pathways	Specific contract targets
			Integrated Offender Management	£32,800	Delivery of PH priority tackling inequalities in health experienced by offenders and ex-offenders (delivered within neighbourhoods)	
		2.4 Under 18s conception (per 1000)		£638,320 (CCS	CCS Contract for delivery of Contraceptive and Sexual Health Services (commissioned by PH) <b>13/14 - This service will be re-</b>	Maintain progress in reducing the TP rate aiming for 30% fro 12/13 latest of 34%
	3.2 Chlamydia diagnosis 15- 24 year olds (rate per 1000)	Reducing chlamydia infection in 15-24 year olds	- contract)	commissioned as part of major procurement exercise to commission local integrated pathway	2,400/100,000 population aged 15-24	
		3.4 People presenting with HIV at a late stage of infection	Improving sexual health (prevention, treatment and care)	£716,000 (PSHFT contract)	<ul> <li>13/14 PSHFT Contract for delivery of GUM Services (commissioned by PH)</li> <li>13/14 - This service will be re- commissioned as part of major procurement exercise to commission local integrated pathway.</li> </ul>	Specific contract related targets including increase in uptake of HIV testing from12/13 levels

Ref.	LA PH Functions (mandatory and non- mandatory)	PH Outcomes	Programmes / Interventions	Planned Spend 13/14	13/14 Delivery	Target 2013/14
			Prescribing costs - contraception	£90,000	GP contraceptive additional service and contraceptive prescribing costs by other services	
			HIV Prevention	-	This service has now been integrated as a new service within the CCS contract above 13/14 – This service will be re- commissioned as part of the exercise above.	
PH017	Reduction in Excess Deaths through	4.03 Mortality from causes	Winterwise advice and information	- £23,000	Age UK contract novated (commissioned by PH) 13/14 – This service will be reviewed as part of wider review of advice and information services currently commissioned by PCC	Specific contract related targets
	Seasonal Mortality	considered preventable	Seasonal Campaigns	- (LSTF – ext. funding - £10,000)	Full of Beans (also part of AGE UK contract) 13/14 – This service will be reviewed as part of the wider review of advice and information services currently being commissioned by PCC.	Increase in referrals to PH services
PH018	Health Protection	<ul> <li>3.6 Public sector orgs with</li> <li>board approved</li> <li>management plan</li> <li>3.7 Comprehensive agreed</li> <li>interagency plans for</li> <li>responding to public health</li> </ul>	Emergency preparedness & business continuity	-	13/14 - Development and delivery of approved organisational and interagency plans, including assurance that new systems are robustly established following NHS transition (PH led).	Comprehensive plans in place
PH019	Promotion of Community Safety, Violence Prevention and Emergencies	1.11 Domestic Abuse	DV Outreach Service Reducing the impact of Domestic Abuse	- £250,000	DV contract with Women's Aid for delivery of IDVA Services, MARAC Coordinator and DV Coordinator (commissioned by Neighbourhoods) <b>13/14 – re-procurement of DV services</b>	Specific contract related targets

Ref.	LA PH Functions (mandatory and non- mandatory)	PH Outcomes	Programmes / Interventions	Planned Spend 13/14	13/14 Delivery	Target 2013/14
PH020	Social Inclusion &	1.4 First time entrants in youth justice system by 18 years old 1.5 16-18 year olds NEET	Development & delivery of healthy lifestyle interventions for young people	-	Delivery of Youth Health Champions Programme (recruitment, training and support to young people) within young people's settings by Live Healthy Service (within Neighbourhoods) 13/14 – develop integrated approach alongside other Council initiatives working with young people, with a particular focus on mental health awareness	Specific programme targets
PH020	Community Development	1.20 Social Connectedness 2.14 Smoking Prevalence 2.11 Diet 2.23 Self reporting wellbeing	Neighbourhood Management	£96,000	Community engagement and involvement in delivering PH priorities (delivered within Neighbourhoods)	
			Social Connectedness	£58,000	Social Inclusion lead, welfare reform and tackling poverty (Delivered within Neighbourhoods)	
			NACRO	£35,200	Tackling health inequalities through improving offender health and those at risk of offending (commissioned by Neighbourhoods)	
PH021	Environmental Risks	1.14i % of population affected by noise (no. of complaints)	Air Pollution	£17,000	Delivering against PH priorities through Environmental Health Service (within Neighbourhoods)	
PH022	PH Advice	-	PH Network	£96,000	Delivering the mandated PH advice Service to the Clinical Commissioning Group 13/14 –establish and develop working relationships within new jointly delivered PH Healthcare Advice Service; Review of Pharmaceutical Needs Assessment; Develop and implement plans for the refresh of Joint Strategic Needs Assessment	Delivery of new services as agreed within the MoU JSNA refresh delivered PNS review undertaken and report provided to H&WB

Ref.	LA PH Functions (mandatory and non- mandatory)	PH Outcomes	Programmes / Interventions	Planned Spend 13/14	13/14 Delivery	Target 2013/14
					(JSNA)	

## **APPENDIX B – PUBLIC HEALTH COMMISSIONING RESPONSIBILITIES**

Local authorities will be responsible for:

- The provision of specialist public health healthcare advice to NHS Commissioners (mandatory)
- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people) Services for children aged 0-5 will transfer to PH England until 2015, when they will then be transferred to the Council
- The National Child Measurement Programme (mandatory)
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- NHS Health Check assessments (mandatory)
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention) (mandatory)
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- The local authority role in dealing with health protection incidents, outbreaks and emergencies (mandatory)
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks.
- Health & Disease surveillance

# APPENDIX C – PUBLIC HEALTH ROLES & FUNCTIONS

	Be jointly appointed by the Secretary of State (SoS) for Health and the LA
	<ul> <li>Responsible for exercising the LA's new public health functions</li> <li>Act as lead officer for health within the LA, championing health</li> </ul>
	<ul><li>across the whole of the LA's business</li><li>Produce an annual report on the health of the local population</li></ul>
	<ul> <li>Produce an annual report on the health of the local population</li> <li>Statutory member of the Health and Wellbeing Board</li> </ul>
	<ul> <li>Work with the local criminal justice partners and the new Police</li> </ul>
	and Crime Commissioners to promote safer communities
	• Ensure plans are in place to protect the health of the population
	<ul> <li>Be a critical partner in ensuring that there are integrated health and wellbeing services across the locality</li> </ul>
DPH (statutory	Health protection:
responsibilities)	• Expert input into infection control, communicable disease
	control and outbreak management
	<ul> <li>Ensuring plans are in place to protect the health of the</li> </ul>
	population ranging from small scale outbreaks to full scale
	emergencies, providing advice, challenge and advocacy to
	protect the local population, working with Public Health
	<ul> <li>England</li> <li>Ensure plans are in place for immunisation and screening</li> </ul>
	(cancer and non-cancer screening) as well as control of
	infection, including those that are healthcare associated
	• Faculty of Public Health training programme location for specialist
	registrars
	Working to secure health gain across contracts and service
	specifications
	<ul> <li>Value for money, defining health outcomes</li> </ul>
	• Advising commissioners on the use of incentives and quality
	frameworks
	• Public health specialist input to the commissioning of health care
	services
	Strategic planning and needs assessment
Public Health	<ul> <li>information analysis and high quality health intelligence to improve local understanding of health needs, including the JSNA</li> </ul>
specialist advice	<ul> <li>Understanding/advising on health impact assessment, health</li> <li>page appropriate and similar apply tipel akilla to improve the</li> </ul>
(including	needs assessment and similar analytical skills to improve the commissioning of more equitable service delivery
knowledge	<ul> <li>Management and coordination of public health data</li> </ul>
management)	<ul> <li>Critical appraisal of published evidence on preventative</li> </ul>
	interventions
	<ul> <li>Population segmentation and customer insight</li> </ul>
	Designing and advising on the commissioning of programme and
	service evaluation
	Predictive modelling and risk assessment (horizon-scanning)
	Health economics and programme budgeting     Dravision of data to support convice reducing processes
	<ul> <li>Provision of data to support service redesign processes, prioritisation setting and similar</li> </ul>
	Strategic planning and needs assessment
Public Health	Development of business cases
Commissioning	Budget management
	• Facilitating user/community involvement in policy making, service

	<ul> <li>redesign and planning, integrating patient pathways across settings such as health and social care</li> <li>Influencing commissioning strategies and service redesign to ensure preventative approaches are embedded</li> <li>Market shaping to support innovation and service development to encourage early intervention and prevention</li> <li>Commissioning of services to meet the needs of marginalised groups</li> <li>Prioritisation of interventions to address health improvement needs, based on evidence of effectiveness</li> <li>Commissioning public health services including lifestyle services and interventions that address the wider determinants of health</li> <li>Lead the development and implementation of local strategy to increase public health skills and competence</li> </ul>
PH Delivery (Healthy lifestyles programmes)	<ul> <li>Unleashing talents through community engagement</li> <li>Accessing vulnerable and marginalised groups, including targeted interventions, e.g. for Tuberculosis</li> <li>Stop Smoking Service</li> <li>Childhood and family weight management programmes</li> <li>Health Trainer, health champion and self care programmes</li> <li>Accredited training centre to City and Guilds level 3</li> <li>Health promotion campaigns including local coordination of national campaigns</li> <li>Physical activity programmes</li> <li>Health Checks Programme</li> </ul>

#### **APPENDIX C – PH OUTCOMES FRAMEWORK**

#### Vision

To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

#### Outcome measures

Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life. Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

1 Improving the wider determinants of health	2 Health improvement
Objective Improvements against wider factors that affect health and wellbeing and health inequalities	Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Indicators Children in poverty School readiness Pupil absence First time entrants to the youth justice system 16-18 year olds not in education, employment or training People with mental illness or disability in settled accommodation People in prison who have a mental illness or significant mental illness Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness Sickness absence rate Killed or seriously injured casualties on England's roads Domestic abuse Violent crime (including sexual violence) Re-offending The percentage of the population affected by noise Statutory homelessness Utilisation of green space for exercise/ health reasons Fuel poverty Social connectedness Older people's perception of community safety	Indicators Low birth weight of term babies Breastfeeding Smoking status at time of delivery Under 18 conceptions Child development at 2-2.5 years Excess weight in 4-5 and 10-11 year olds Hospital admissions caused by unintentional and deliberate injuries in under 18s Emotional wellbeing of looked-after children Smoking prevalence – 15 year olds Hospital admissions as a result of self-harm Diet Excess weight in adults Proportion of physically active and inactive adults Smoking prevalence – adult (over 18s) Successful completion of drug treatment People entering prison with substance dependence issues who are previously not known to community treatment Recorded diabetes Alcohol-related admissions to hospital Cancer screening coverage Access to non-cancer screening programmes Take up of the NHS Health Check Programme – by those eligible Self-reported wellbeing Falls and injuries in the over 65s
3 Health protection	4 Healthcare Public Health and preventing premature mortality
Objective The population's health is protected from major incidents and other threats, while reducing health inequalities	Objective Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
Indicators Air pollution Chlamydia diagnoses (15-24 year olds) Population vaccination coverage People presenting with HIV at a late stage of infection Treatment completion for tuberculosis Public sector organisations with board-approved sustainable development management plans Comprehensive, agreed inter-agency plans for responding to Public Health incidents	Indicators Infant mortality Tooth decay in children aged five Mortality from causes considered preventable Mortality from all cardiovascular diseases (including heart disease and stroke) Mortality from cancer Mortality from respiratory diseases Mortality from respiratory diseases Mortality from communicable diseases (Placeholder) Excess under 75 mortality in adults with serious mental illness Suicide Emergency readmissions within 30 days of discharge from hospital Preventable sight loss Health-related quality of life for older people Hip fractures in over 65s Excess winter death

# APPENDIX E- PUBLIC HEALTH ENGLAND PRIORITIES

- 1. Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol
- 2. Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency
- 3. Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics
- 4. Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme
- Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives

To underpin these outcome-focused priorities we will:

- 6. Promote the development of place-based public health systems
- 7. Develop our own capacity and capability to provide professional, scientific and delivery expertise to our partners

# **APPENDIX F- REFERENCES**

## Published documents:

- DH HR Transition Framework (July 2011) <u>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAnd</u> <u>Guidance/DH 126234</u>
- DH Healthy Lives, Healthy People: update and way forward (July 2011) <u>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy</u> <u>AndGuidance/DH 128120</u>
- DH Liberating the NHS white paper documents (July 2011) http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm
- DH HR concordat (Nov 2011) <u>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy</u> <u>AndGuidance/DH 131111</u>
- DH Public Health England operating model (Dec 2011) <u>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy</u> <u>AndGuidance/DH 131882</u>
- DH Public Health in local government (Dec 2011) <u>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy</u> <u>AndGuidance/DH 131889</u>
- New public health system takes shape, factsheets etc (Dec 2011) <u>http://healthandcare.dh.gov.uk/public-health-system/</u>
- DH Advice on the appointment of Directors of Public Health (Jan 2012) <u>http://www.dh.gov.uk/health/2012/01/public-health-directors/</u>
- DH Planning guide for public health transition for PCTs and LAs (Jan 2012) <u>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/docu</u> <u>ments/digitalasset/dh_132179.pdf</u>
- DH Local Government Transition Guidance (Jan 2012) <u>http://www.dh.gov.uk/health/2012/01/public-health-workforce/</u>
- DH Public Health outcomes framework (Jan 2012)
   <u>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy</u>
   <u>AndGuidance/DH 132358</u>
- DH Baseline spending estimates for new NHS and public health commissioning (Feb 2012)

http://www.dh.gov.uk/health/2012/02/baseline-allocations/

• DH - Government response to health committee report on public health (Feb 2012)

http://www.dh.gov.uk/health/2012/02/response-committee-public-health-report/

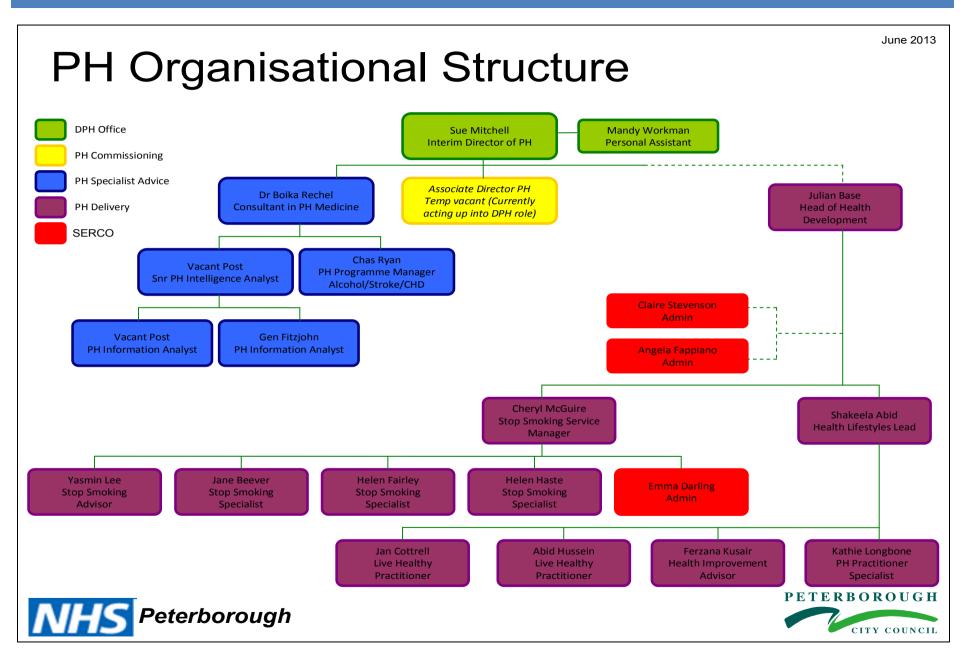
- DH Transforming public health bulletins (quarterly) <u>http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/PublicHealthbulletin/D</u> H 128381
- DH.-. Healthy lives; healthy people: a workforce strategy (2013)
- DH Public Health England, our priorities for 2013/2014 (2013)
- Health and Social Care Act (2012)
   <u>http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted</u>
- SHA Public Health newsletters (quarterly) <u>https://www.eoe.nhs.uk/page.php?page_id=2170</u>
- NHS Cambs PH transition plan
   <u>NHS Cambs\NHS Cambs PH Transfer Plan.doc</u>

NHS Peterborough – PH transition plan
 <u>NHS Peterborough\PH Transition plan draft V4 1 17 January 2012 WITH PROJECT
 PLAN.doc</u>

• LGA – From transition to transformation in public health - A resource to assist the transfer of public health to local authorities, with resource sheets <a href="http://www.local.gov.uk/web/guest/topic-health-adult-social-care-and-ageing/-/journal_content/56/10161/3495380/ARTICLE-TEMPLATE">http://www.local.gov.uk/web/guest/topic-health-adult-social-care-and-ageing/-/journal_content/56/10161/3495380/ARTICLE-TEMPLATE</a>

• LGA – Must-Knows on Health and Wellbeing - These 20 'Must Knows' are designed to provide the key information members need on Health and Wellbeing <u>http://www.idea.gov.uk/idk/core/page.do?pageId=33548410</u>

• LGA – Health, adult social care and ageing, includes info on HWB <u>http://www.local.gov.uk/topic-health-adult-social-care-and-ageing;jsessionid=4ED2C6216F3DB39199035AC5C0D658BB.wlb</u>



CABINET	AGENDA ITEM No. 8
1 JULY 2013	PUBLIC REPORT

Contact Officer:	Alex Daynes, Senior Governance Officer, Democratic	Tel. 01733
	Services	452447

# OUTCOME OF PETITIONS

RECOMMENDATIONS			
FROM : Directors			
1. That Cabinet notes the action taken in respect of petitions presented to full Council.			

# 1. ORIGIN OF REPORT

1.1 This report is submitted to Cabinet following the presentation of petitions to full Council.

# 2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to update Cabinet on the progress being made in response to petitions in accordance with Standing Order 13 of the Council's Rules of Procedure.
- 2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.3 'To take a leading role in promoting the economic, environmental and social well-being of the area'.

# 3. TIMESCALE

Is this a Major Policy	NO
Item/Statutory Plan?	

# 4. OUTCOME OF PETITIONS

#### 4.1 <u>Petition to introduce speed reduction measures into Princes Gardens</u>

This petition was presented to full Council on 17 April 2013 by Councillor John Shearman. The Council's head of Planning, Transport and Engineering Services responded stating that following consideration of the petition, the work would be logged for a future potential scheme and therefore assessed on its merits alongside other requests within the funding available for such schemes in a future programme of works.

## 5. REASONS FOR RECOMMENDATIONS

5.1 Standing Orders require that Council receive a report about the action taken on petitions. As the petitions presented in this report have been dealt with by Cabinet Members or officers it is appropriate that the action taken is reported to Cabinet, prior to it being included within the Executive's report to full Council.

# 6. ALTERNATIVE OPTIONS CONSIDERED

6.1 Any alternative options would require an amendment to the Council's Constitution to remove the requirement to report to Council.

# 7. LEGAL IMPLICATIONS

7.1 There are no legal implications.

## 8. BACKGROUND DOCUMENTS

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

8.1 Petitions presented to full Council and responses from officers.