

**SCRUTINY COMMISSION FOR HEALTH ISSUES**

**THURSDAY 17 SEPTEMBER 2015**

**7.00 PM**

**Bourges/Viersen Room - Town Hall**

**AGENDA**

**Page No**

- 1. Apologies**
- 2. Declarations of Interest and Whipping Declarations**

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.
- 3. Minutes of Meeting Held on 21 July 2015** **3 - 10**
- 4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions**

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.
- 5. Children in Care: Health Outcomes, Emotional Health and Wellbeing Pathway** **11 - 18**
- 6. Peterborough Renal Haemodialysis Capacity** **19 - 22**
- 7. Proposal for Non-Emergency Patient Transport Services** **23 - 58**
- 8. UnitingCare Partnership - Quarterly Report** **59 - 62**
- 9. Forward Plan of Executive Decisions** **63 - 88**
- 10. Work Programme** **89 - 94**
- 11. Date of Next Meeting**

Thursday, 5 November 2015



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#### **Committee Members:**

Councillors: B Rush (Chair), J Stokes, Aitken, R Ferris (Vice Chairman), F Fox, A Shaheed and J Knowles

Substitutes: Councillors: P Thacker, N Shabbir, J Whitby and D Fower

Further information about this meeting can be obtained from Philippa Turvey on telephone 01733 452460 or by email – [philippa.turvey@peterborough.gov.uk](mailto:philippa.turvey@peterborough.gov.uk)





**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL  
ON 21 JULY 2015**

<b>Present:</b>	Councillors B Rush (Chairman), J Stokes, K Aitken, J Whitby, N Sandford, M Jamil and J Knowles	
<b>Also present</b>	Jessica Bawden Simon Pitts  Mark Avery  Dr Gary Howsam Jane Pigg David Whiles Hani Mustafa Oliver Sainsbury	Director of Corporate Affairs, C&PCCG Programme Manager, Borderline and Peterborough LCGs Assistant Director - Health System Transformation Team at Cambridge & Peterborough CCG GP, Borderline LCG Company Secretary, PSHFT Healthwatch Youth Council Representative Youth Council Representative
<b>Officers Present:</b>	Dr Liz Robin Wendi Ogle-Welbourn  Pippa Turvey Paulina Ford	Director of Public Health Corporate Director, People and Communities Senior Democratic Services Officer Senior Democratic Services Officer

**1. Apologies**

Apologies were received from Councillor Ferris, Councillor Shaheed and Councillor Francis Fox. Councillor Jamil was in attendance as substitute for Councillor Ferris, Councillor Sandford was in attendance as substitute for Councillor Shaheed and Councillor Whitby was in attendance as substitute for Councillor Fox.

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

There were no declarations of interest or whipping declarations.

**3. Minutes of Meetings Held on 24 June 2015**

The minutes of the meetings held on 24 June 2015 were approved as an accurate record.

**4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions**

There were no requests for Call-in to consider.

**5. Cambridgeshire and Peterborough Health and Care System Transformation Programme**

The report was introduced by the Assistant Director - Health System Transformation Team at Cambridge & Peterborough CCG and provided the Commission with an update on the Cambridgeshire and Peterborough Health and Care System Transformation programme which included the following:

- Strategic aims and values of the programme
- Strategic Planning Process
- NHS England second wave Vanguard applications for acute hospitals

Observations and questions were raised and discussed including:

- Members commented that the Saturday Cafes had not been well publicised. *Members were informed that this was the first stage of raising awareness and the engagement process. The first four cafes were the first 'batch'. It would be a nine month process and further events would be held in Peterborough. If it was decided that a major change would need to take place then a formal consultation would be undertaken in January.*
- Would the Cambridgeshire and Peterborough System be applying for the second wave of "Vanguard" site applications? *The Assistant Director, Health System Transformation Team responded that the intention was to submit an application.*
- Why was the Cambridgeshire and Peterborough System not selected during the first wave of "Vanguard" site applications? *Members were informed that the NHS England, New Models of Care Programme aimed to co-design different types of new care models for the NHS. The first wave was for a slightly different model of care. Whilst the Cambridgeshire and Peterborough System was shortlisted there were other models selected who were more in line with the model being sought?*
- Members sought further explanation on the application being presented in the second wave. *Members were advised that the application was about how particular strands of work would be presented and overseen in particular areas of work that spanned multiple organisations.*
- Members referred to page 24 and key elements of Phase 2 of the programme. Members sought clarification around the statement "working with key stakeholders about areas of challenge". *Members were informed that a lot of work had been done with Cambridgeshire County Council, Peterborough City Council and the Public Health Intelligence function and information team to look at population projections. The projections had been applied to an activity baseline from last year. This had highlighted an ageing population and an increased birthrate as future challenges.*
- Members sought assurance that more joined up thinking would be used across the services. *The Director of Public Health informed Members that she had joined the System Transformation Programme Board to look at what the system as a whole could do through prevention to help address issues. Lifestyle related issues were providing increased pressures and demands on the health care system, in particular obesity related conditions which could lead to diabetes, high blood pressure, arthritis and cardio vascular conditions.*
- How many people attended the engagement event held at Peterborough Cathedral on 27 June and what sort of issues were raised. *Members were informed that 19 people had attended the session. People had wanted to know what provision was already in place for health care in Peterborough and what the issues and pressures were.*
- One Member felt that the 'Fit for the Future' leaflet had not provided enough information about the real issues.
- Members felt that the first phase of engagement with the public had not been advertised enough and more work would need to be done for the next phase.
- A member of the Youth Council referred to the "Fit for Future" leaflet and wanted to know what improvements would be made on the delivery of mental health services for people in Peterborough. *Members were informed that a high number of attendances (estimated to be 1 in 6) to GP's were linked to mental health. The focus would be on more preventative measures earlier on. Child and adolescent mental health would be a particular focus.*
- Was this a statutory consultation? *Members were informed that if the work which was being done over the next six months to make the health system more sustainable indicated that a significant change was needed then a formal 12 week consultation would have to take place and this would then be a statutory consultation.*

- What can the council do to help prevent bad health amongst the population of Peterborough? *Members were informed that from April 2013 the council had taken on the lead role for a wide range of public health interventions in the area.*
- Members were concerned about air pollution in Peterborough and asked that this be taken in to consideration. *The Director of Public Health advised Members that the council had statutory duties for air quality monitoring. The Director did not have knowledge about the air quality in Peterborough but would look further into this.*
- Members wanted to know what engagement the Director of Public Health had had with the transport department and the development of the Local Transport Plan to ensure that air quality was one of the issues taken into account. *The Director of Public Health responded that she had already been asked to input into the development of the Local Transport Plan.*
- Members were concerned at the level of dioxins that may be produced from the two new incinerators being built in Peterborough.
- A member of the Youth Council sought assurance that the System Transformation Programme had taken into account the increase in population growth going forward. *Members were informed that population projections had been taken into account. The projections forecast modelling had been done up to the year 2031.*
- Members commented that the education of people with regard to alcohol, smoking and obesity had been going on for many years but it had not made a great impact. How can people be made to change their behaviour as it was difficult to force people to lead a healthy lifestyle? What was the anticipated rate of change and was there any historical modelling available. *Members were advised that the System Transformation Team had conducted research and gathered evidence to support the modelling. Smoking had reduced significantly since the 1960's. National statistics for schools had shown the reduction in teenage pregnancies and alcohol use. There was now an evidence base for some interventions to make further changes.*
- Was there anything in the programme which involved businesses in Peterborough to encourage employees to get active? *Members were advised that this was being looked into. Schools and community groups would also be contacted during the second phase.*
- Members were informed that a development session on the System Transformation Programme would be arranged for Members in the autumn.

## **RECOMMENDATION**

The Commission recommended that further consultation and engagement for the Cambridgeshire and Peterborough Health System Transformation Programme should include more detailed information including statistics and information on the real issues affecting the health of people in Peterborough.

## **ACTIONS AGREED**

The Committee noted the report and requested that the Director of Public Health find out further information on the air quality in Peterborough and provide the Committee with a briefing note.

## **6. Minor Injuries and Illness Unit (MIIU) Relocation Proposals**

The report was introduced by the Programme Manager, Borderline and Peterborough LCGs. The report set out the rationale for the proposed relocation of the Minor Injuries and Illness Unit (MIIU) from the City Care Centre to the Peterborough and Stamford Hospital Foundation Trust (PSHFT) Edith Cavell campus, Peterborough. The Commission were asked to endorse the draft proposed consultation process plan on the proposed relocation of the MIIU service.

Observations and questions were raised and discussed including:

- Members commented that there had been numerous health related consultations and were concerned at the cost of each consultation and wanted to know if the MIIU consultation was necessary and what it would cost. *Members were informed that the relocation of the*

*MIIU would be classified as a significant change as the service was being moved away from its existing site, therefore there was a statutory duty to conduct a consultation. The cost of the consultation would be approximately £5,000.*

- Members wanted assurance that there was one person responsible for overseeing all consultations. *Members were informed that the CCG Governing body had oversight of all consultations. The Director of Corporate Affairs acknowledged that there had been many consultations and this was being reviewed.*
- Members sought clarification on how the MIIU would become more accessible by moving it from a city centre location to Bretton. *Members were informed that the health economy and population of Peterborough had changed considerably over the past few years and many more people used urgent care services as their first point of contact with the NHS. By co-locating the MIIU to the hospital site it would mean that all services would be in one place and with access to specialist services if needed. The consultation document would include maps and bus routes and ask questions about transport.*
- Members commented that the MIIU had replaced the Alma Road GP Service and Walk in Centre and the Commission had raised concerns at the time of consultation for this change that by replacing these services with the MIIU it would mean that more people would attend the E.D. This would seem to have happened. Instead of reducing the number of people attending the E.D. there had been an increase. The MIIU did not appear to meet people's expectations and needs. *The Director of Corporate Affairs agreed that people's expectations of what the health service could provide and when, had changed. The reason for the consultation on the MIIU was to find out what service people thought they had now and how they used it.*
- Had any other locations been considered other than the hospital site? *Members were informed that no other locations had been considered but if suggestions came through during the consultation process these would be considered.*
- Members suggested that the provision of services at the MIIU should be reviewed rather than relocating the unit. There should be better education as to what services the MIIU offered.
- The following concerns were raised with regard to the current MIIU:
  - Limited space in the waiting area.
  - People queuing outside when waiting to be seen.
  - Lack of understanding by the public as to what the term Minor Injury and Illness Unit was and the services it offered. People had found it easier to understand the term Walk In Centre and this may have contributed to less people attending the MIIU and going straight to the E.D.
  - Closed at 8.00pm.
- Members were informed that the current usage of the MIIU was 3000 to 3500 people per month. Co-locating the MIIU to the hospital site was about streaming people to the right pathways and care in a more efficient way.
- The Chairman of Healthwatch informed Members that Healthwatch had recently held a community meeting and this item had been on the agenda. Comments that came out of the meeting included:
  - Bus services would need to be carefully considered.
  - Car parking. An additional 3000 people attending the hospital site to go to the MIIU would cause major problems. Additional car parking would be required.
  - Service duration is currently 8.00am to 8.00pm, how would this work with the Emergency Department which is 24 hrs. The design of the new service would need to consider a 24 hr service.
  - There would need to be adequate space provided at the hospital for the MIIU and not just shoehorned in.
  - The current MIIU was badly designed. Healthwatch had carried out numerous inspections following various complaints.
  - The current location may be right although not exactly in the city centre but the current building was not right.

- The Chairman of Healthwatch highlighted that the Hospital site was run by one Trust and the MIU was contracted out to South Lincolnshire Community Services Trust which was a different. This could potentially provide contractual issues.
- The Chairman of Healthwatch then referred to paragraph 3.8, and the statement *“Peterborough Healthwatch has indicated they would support the relocation of MIU to the Peterborough site”* and advised that this statement should have been removed from the report.
- Some Members felt that the service provided by the MIU was trying to do too much, hence the need to relocate to the hospital site.
- Some Members felt that the proposal had been looked at from the health practitioner’s view and not from the patients view. *Members were informed that people were currently waiting a long time to be seen at the Emergency Department and it was important to provide the right service in the right place at the right time and ensure patients were seen quickly.*
- Consideration should be given to upgrading the GP practices to provide more services.
- The Chair referred to page 34, paragraph 3.9 and the statement *“PSHFT have already indicated they are seeking additional space for outpatient clinics and are favourable to moving into the City Care Centre to release capacity on the Hospital Site”* The Chair asked the Programme Manager and Director of Corporate Affairs if this statement was still correct. *Members were informed that early discussions had taken place with the hospital along those lines.*
- The Chair read out the following statement from the Peterborough and Stamford Hospitals NHS Foundation Trust in response to this:

*“Whilst the Trust supports the relocation of the MIU to Peterborough City Hospital in principle, work has yet to be completed on finding a suitable location. The Trust would not want to relocate outpatient services to the City Care Centre as this would then re-introduce split site working. These concerns have been raised with the CCG.”*

- The Chair sought clarification as to how the consultation could begin in September if space at the hospital had not yet been identified. *The Director of Corporate Affairs responded that discussions were ongoing with the hospital but that in principle they had supported the move to the hospital site. Jane Pigg, Company Secretary, PSHFT also in attendance confirmed that discussions were at a very early stage with the CCG but initial thoughts were that moving services out of the hospital when they had only recently been brought together on one site did not seem practical.*
- Members were informed that the system transformation work was a five year plan but the services currently being looked at were in place now. The Director of Corporate Affairs agreed that the various services and consultations did not seem very cohesive to the public and work would be done to try and make this clearer.
- Clarification was sought on timescales for this piece of work. *Members were informed that a consultation would commence in September and a change in service implementation would not take place until April 2016.*
- In view of the many questions and comments raised by the Commission a recommendation was put forward for the CCG to reconsider the proposal and take further time to consider the design of the service before coming back to the Commission with a further proposal. *The Director of Corporate affairs advised that the impact of this would mean no service change in this area next year if it could not be discussed with the public. The Prime Ministers Challenge Fund had already been agreed by the Prime Minister and to delay this would impact on the system transformation work.*
- Would the CCG consult with all local GP’s before going out to consultation? *Members were informed that the Local Clinical Commissioning Group, Borderline and Peterborough GP Board had discussed the proposal at some length and as far as the Programme Manager was aware no GP’s had disagreed with the proposal.*
- Members sought confirmation that no decision had been made with regard to the relocation of the MIU. Members were informed that the MIU was not closing and no decision had been made yet to relocate the service.

The Youth Council Representative asked the following questions:

- What would the City Care Centre site be used for after the relocation of the MIU. *Members were informed that site would be retained for continued use of health services.*
- How do you propose to make the proposals sustainable with regard to achieving the Environment Capital priority? *The Corporate Director responded that an Impact Assessment would be undertaken which takes into account the economic and sustainability aspects of the service change.*

## RECOMMENDATION

1. The Commission noted the report and recommended that the Director of Corporate Affairs bring back a further report in September containing detailed facts and figures and taking into account issues and comments raised by the Commission. The report to also include the draft consultation document.
2. The report to be presented to the Commission in draft format one week prior to publication to ensure all issues raised by the Commission had been taken into account and that they are happy for it to be presented to the Commission at the 17 September meeting.

## 7. Update on the Prime Ministers Challenge Fund Project for Peterborough

The report was introduced by Dr Gary Howsam and provided the Commission with an update on the successful bid by Primary Care providers in the locality to the Prime Ministers Challenge Fund, and the development of the Primary Care Transformation Programme being established to implement this work. Dr Howsam introduced himself and explained that he was a GP based in Stanground and Whittlesey. He was also the Chair of the Borderline Local Commissioning Group, a GP member of the Clinical Commissioning Group Governing Body, one of the co-chairs for the Primary Care Transformation Board and a member of the Health and Wellbeing Boards in Peterborough and Northamptonshire.

Observations and questions were raised and discussed including:

- Members congratulated Dr Howsam on the successful bid.
- Members noted Dr Howsam's comment that Peterborough was not a popular place for doctors to work. What was being done to try and attract doctors to Peterborough? *Members were informed that every effort was being made to attract local people to train as GP's as they were more likely to stay in the area once qualified. The workforce was heavily slanted towards women so it was important to try and provide a work life balance. By transforming the way care was provided this may be achieved and therefore attract more people to become GP's.*
- Members asked if some GP practices in Peterborough still operated restricted appointment booking practices and was it true that people could not transfer out of their geographical area to another GP practice. *Members were informed that people now had the opportunity to transfer out of their geographical area to another practice. Members were also informed that there was no perfect appointment system. The non-attendance rate was much higher with pre booked appointments. There was a balance between the two systems and what worked well for one GP practice may not for another. Some GP's offered an online appointment booking system and a doctor first system where patients called on the day they required an appointment and were triaged over the phone and then if required were offered an appointment later on in the day.*
- What can the council do to help attract more GP's into the city? *Dr Howsam responded that the System Transformation Programme was about Peterborough City Council, Primary Care and Public Health working towards better outcomes for the city. If the city was made a better place to live and work in where people had aspirations of health then doctors would want to come and work here.*
- Where are the newly qualified doctors going? *Members were advised that a lot of them go overseas to Australia and Canada as they were able to work less hours for more money.*

- Members referred to page 46 and sought clarification on the statement “*Primary Care across the locality will reconfigure to operate to scale, with practices grouping into hubs*”. Members were informed that currently there were 30 practices operating across Peterborough and Borderline. These were all individual businesses with an individual contract. Larger practices were able to extend their opening hours but smaller practices found it difficult to offer extended hours. The solution would therefore be to work at scale which would allow financial flexibility and workforce flexibility. The hubs were still developing.

A member of the Youth Council asked the following questions:

- Why was the online appointment booking system not operated in all GP practices in Peterborough? Members were informed that over the next twelve months there would be a requirement for all GP’s to operate this system.
- Were GP’s engaging in schools with young people to educate them on healthy lifestyles? Members were advised that it was difficult for GP’s to find the time to go into schools but it did not have to be a GP that went into schools but someone who was well informed.
- What was being done to address the negative bias within the medical profession with regard to medical students becoming GP’s? Dr Howsam responded that he proactively promoted the role of GP’s at career fairs. Members were also informed that Dr Howsam sat on the Royal College of GP’s Council who did work nationally to encourage and promote the role of GP’s by going into Sixth Form Colleges and Medical Schools.
- Members asked what could be done to stop further health problems arising in Peterborough. Members were informed that the work being done around Public Health would see improvements towards ensuring a healthier population in the future.
- Members referred to repeat prescriptions. Could the system for obtaining repeat prescriptions be more streamlined? Members were advised that having a pharmacy embedded in each GP practice would assist with this. Three monthly repeat prescriptions was moved to monthly repeat prescriptions to try and avoid the waste of medicines which were often left unused. Electronic prescribing was also now in place for long term medication.

The Chairman thanked Dr Howsam for an informative and interesting presentation of the report.

## **ACTION AGREED**

The Commission noted the report.

## **8. Joint Commissioning Unit**

The report was introduced by the Corporate Director, People and Communities and provided the Commission with information on how joint commissioning arrangements would work and improved services for children and young people through a Joint Commissioning Unit (JCU) with a Memorandum of Understanding (MOU) agreed between Cambridgeshire Clinical Commissioning Group (CCG), Peterborough City Council (PCC) and Cambridgeshire County Council (CCC).

Observations and questions were raised and discussed including:

- Members wanted to know what the current waiting times were for CAMH services. Members were informed that some of the waiting times were over a year and it would take until April 2016 to reduce the waiting times down to zero. More staff would need to be recruited to address this issue.

## **ACTION AGREED**

The Commission noted the report and requested a copy of the Memorandum of Understanding.

**9. Forward Plan of Executive Decisions**

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

**ACTION AGREED**

The Commission noted the Forward Plan of Executive Decisions.

**10. Work Programme 2015-2016**

Members considered the Committee's Work Programme for 2015/16 and discussed possible items for inclusion.

Members suggested scrutinising the work of the Health and Wellbeing Board.

**ACTION AGREED**

To confirm the work programme for 2015/16 and the Senior Governance Officer to include any additional items as requested during the meeting.

The meeting began at 7.00pm and finished at 9.40pm

CHAIRMAN



<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>17 SEPTEMBER 2015</b>	<b>Public Report</b>

## **Report of the Corporate Director People and Communities**

**Contact Officer(s) – Janet Dullaghan, Head of Commissioning for Child Health and Wellbeing for the Joint Commissioning Unit**  
**Contact Details – 01733 863730**

### **CHILDREN IN CARE: HEALTH OUTCOMES, EMOTIONAL HEALTH AND WELLBEING PATHWAY**

#### **1. PURPOSE**

- 1.1 The purpose of this report is to inform The Health Scrutiny committee of the latest statutory guidance regarding how the health Needs and outcomes for Children in care (Children Looked after (CLA)) should be addressed.
- 1.2 To inform members of how the health team for CLA are identifying and meeting these needs.
- 1.3 The report explains the current issues with Child and Adolescent Mental Health (CAMHS) services and the emotional health and wellbeing pathway and how these are being addressed.

#### **2. RECOMMENDATIONS**

- 2.1 Committee is asked to note the contents of this report.

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

- 3.1 Creating Opportunities - Tackling Inequalities:
  - Supporting vulnerable children and young people.

#### **4. BACKGROUND**

- 4.1 There has been an overall increase in children becoming Looked After over the last two years in Peterborough. In 12/13 a total of 77 children came into care. In 2013/14, this increased to 157 children and from April 14 to March 2015, 131 children came into care. This increase in demand was leading to the development of a waiting list, particularly in relation to initial health assessments by the designated doctor. This caused the Local Authority and Clinical Commissioning Group (CCG) to jointly request Cambridgeshire and Peterborough Foundation Trust, the provider, to undertake a remedial action plan, which in turn resulted in the CCG funding an additional doctor's session. Weekly reporting has evidenced that the waiting times have reduced.
- 4.2 Research evidence shows that these children often have a higher level of unmet health needs and have experienced poorer access to core health provision (DoH 2009 Statutory Guidance on Promoting the Health and Well-being of Looked after Children). Care Matters (2007) requires that the roles of the Designated Doctor and Nurse improve the co-ordination of health services for individual children according to need. This includes early identification and recording of substance misuse, the assessment of emotional wellbeing and mental health and targeted promotion of sexual health (DfES 2007 Care Matters).
- 4.3 **“Promoting the Health and wellbeing of looked after children Guidance” (March 2015)**
- 4.3.1 This new joint statutory guidance from the Department for Education and the Department of

Health is for local authorities, clinical commissioning groups (CCGs) and NHS England and applies to England only.

4.3.2 This guidance is issued to local authorities, CCGs and NHS England under sections 10 and 11 of the Children Act 2004 and they must have regard to it when exercising their functions.

4.3.3 It is also issued under section 7 of the Local Authority Social Services Act 1970. This requires local authorities in exercising their social services functions to act under the general guidance of the Secretary of State. Local authorities must comply with this guidance unless there are exceptional reasons that justify a departure.

4.3.4 Cambridgeshire and Peterborough CCG Currently commission Health services for Children Looked After from Cambridgeshire and Peterborough Foundation Trust (CPFT). The service consists of:

- 3 sessions of a designated doctor;
- 2.4 WTE CLA nurses; and
- 1.0 WTE admin.

## 5. KEY ISSUES

### 5.1 Initial Health Assessments

5.1.1 All children and young people who come into care have an initial health assessment (IHA). This assessment covers both physical and emotional health and lifestyle. This includes assessment and health promotion on smoking, drugs and alcohol and also sexual health for the older age groups.

5.1.2 It is a statutory requirement that all initial health assessments need to be completed within 20 working days of the child or young person coming into care.

5.1.3 All requests for initial health assessments to the children looked after team are sent by email from the access to resources team (ART) at the local authority. These referrals are then triaged by the lead nurse for children looked after. The triage process is to collate any current health knowledge to inform the health assessment. This information may be collected from GP's and CAMHS and other health teams that may be involved with that child or young person.

5.1.4 All children under the age of 12 are seen by the Designated Doctor. Children/young people are discussed and a joint decision is made on who is the most appropriate member of staff to see the children or young people over the age of 12. Children or young people with complex medical needs are usually seen by the Designated Doctor, the other young people are seen by the Lead Nurse in a clinic where the designated Doctor is available for consultation if her medical expertise is needed.

#### 5.1.5 **Reason for Assessments not Within Timescale:**

- 81% late referral and consent received from Children's Social Care;
- 12% lack of clinic space;
- 3% DNA'd appointment offered;
- 2% carer requested alternative appointment; and
- 2% change of placement delayed assessment.

5.1.6 It was clear from these figures that there was problems with the process of health receiving consent and referral in a timely manner from Children's Social Care so a new process was developed internally to address this issue. Regular monthly meetings between the health team and Children's social Care continue and w/c the 8<sup>th</sup> august there was **no outstanding health assessments**.

## 5.2 **Identified health Needs**

5.2.1 It is recognised that children in care have a higher than average level of ill health, disability, learning difficulties, behavioural problems and poor mental health. Some of these difficulties can be attributed to previous neglect but it has become apparent that parental alcohol and substance misuse is playing a bigger factor in the difficulties than children and young people are experiencing.

5.2.2 For **19%** of children/young people seen for initial health assessments last year, maternal alcohol was reported (excluding unaccompanied minors) for **17%** of those seen, maternal drug misuse was reported. We also now recognise that maternal alcohol and drug misuse has had a detrimental effect on a number of older children/young people who are already in care. We are seeing this impact present as behavioural and developmental problems.

5.2.3 Below is a table that demonstrates some of the most common health needs identified during the assessments, the sample was taken from assessments between the period of October 2014 to February 2015, this sample was of 109 children or young people.

Identified health needs	No of children /young people
Immunisations	28
Physical	7
Behavioural	13
Mental health	14
Developmental	16

### 5.2.4 **Formulation of Health Action Plans**

Following the health assessment, a health action plan is formulated in conjunction with the child or young person and carer, if appropriate. This health action plan clearly identifies the child or young person's health needs and the plan as to how these needs will be addressed. It also states who is responsible for following up the identified health need and gives a timeframe for the action to be completed.

### 5.2.5 **Review Health assessments**

All children under 5 years are seen every six months for a review health assessment and children over 5 years are seen on an annual basis. This year, all children and young people were offered an appointment for their review health assessment within the statutory timescales.

## 5.3 **Unaccompanied Minors**

5.3.1 **17** unaccompanied minors were seen during the time of March 14 -April 15.  
**14** males and **3** females.  
**15** were over the age of 16 and 2 were 14 years old.

5.3.2 The Health CLA service has recognised that the health needs for this group of young people may be different from other young people in care and a more coordinated approach to their health care needs to be recognised. The impact of the chronic emotional trauma these young people have experienced requires more thought into the service provision for addressing their emotional needs.

## 6. **EMOTIONAL WELLBEING AND MENTAL HEALTH STRATEGY (EWMH)**

6.1 An overarching countywide strategy group has been set up to take the emotional wellbeing and mental health pathway forward chaired by the director of people and communities who is also responsible for the joint commissioning unit to ensure:

- Strategic oversight across Cambridgeshire and Peterborough for the Emotional health and wellbeing of children and young people;

- To oversee commissioning of system-wide emotional health and wellbeing services and offer guidance of good practice;
- To hold the strategic lead for the redesign of emotional health and wellbeing services to meet national and local priorities;
- To oversee the development of local 'Transformation Plans' for emotional Health and Wellbeing Services, which will clearly articulate the local offer. These Plans should cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services; and
- To monitor progress against the 'Transformation plans' (C&YP) in Cambridgeshire and Peterborough.

## **6.2. Local CAMH Provision**

6.2.1 There has been significant pressure on CAMH services in Peterborough over recent years, with more children and young people waiting longer than the target 18 week timeframe for assessment appointments. In part this is related to increasing demand with specialist CAMH services seeing an increase in referrals of 18% over 2014/15.

6.2.2 Cambridgeshire and Peterborough Foundation Trust and the Clinical Commissioning Group have been working to identify solutions to the waiting time issue, and £150,000 one off funding and £600,000 recurring funding has been identified for 2015/16 to help address capacity issues.

6.2.3 The Government is also committed to investment in mental health services with an additional commitment of 1.5 million from Autumn 2015.

6.2.4 The immediate priority is to tackle the waiting lists for specialist CAMH services, which will help improve the service to all children and young people including children in care.

6.2.5 In the longer term, there is a need to look at how mental and emotional health needs are responded to strategically including through having single points of contact with the services and ensuring that triaging is working well. Ultimately, the aim will be to invest more in the prevention and early help services to help prevent referral to specialist CAMH services.

### **6.2.6 Summary of Current Position**

6.2.6.1 There are significant demand and capacity issues within CAMHS:

- Emergency assessments in Emergency Department settings have increased fivefold, causing significant additional demand for CAMHS and acute settings;
- There are not enough inpatient CAMHS beds (commissioned by NHSE) to meet demand. Young people have to often stay in acute settings for a number of days, whilst waiting for a bed to become available. When a bed is available, this could be anywhere in the country;
- General referrals to specialist CAMHS have also significantly increased in recent years (18% in 2014/15);
- Core CAMH waiting list is 460 with the longest wait being 77 weeks and the average waiting time approximately 45 weeks;
- With the result that waiting times for non-emergency cases are at unacceptable levels (longest waits over 18 months) for ADHD and Autistic Spectrum Disorder cases in particular;
- ASD/ADHD waiting list is currently at 192 with the longest wait being 84 weeks and the average waiting time approximately 52 weeks;
- Patient journeys are unclear to referrers;
- There are gaps in provision. i.e. diagnostic services for children in Cambridgeshire aged 12-17 with suspected ADHD; and

- Psychiatric liaison service in acute settings do not currently cover below the age 18.

## 6.2.7 **What the CCG has done so far**

6.2.7.1 Waiting lists have been temporarily closed for Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals where there are no associated urgent Mental Health needs.

6.2.7.2 Additional resources have been invested into specialist CAMHS for 15/16, (£600k recurrent and £150k non recurrent) which is equivalent to a 10% increase in funding. The primary focus is to clear the waiting list backlog.

6.2.7.3 However this will not fully address some of the key problems and urgent redesign work required. There is additional funding via NHS England for CAMHS 1.5 million, which will require a local transformation plan to be developed over the next few weeks.

6.2.7.4 The focus of the redesign will include:

- Looking at all of our resources together;
- Integration between LA and Health commissioned services – including single seamless pathways, locality hubs, multi agency teams;
- Planning to enable us to reduce the demand for specialist and emergency interventions and shift resources to early intervention/prevention;
- Service specifications which are outcome based.

6.2.7.5 It is therefore proposed that work on redesigning the CAMHS pathway takes place in parallel to the Transformation Programme, but with shorter timescales.

6.2.7.6 The work will be overseen by the Children and Maternity Transformation Programme to ensure any redesign fits with the general direction of travel for Children's Services and commitments are not made which might compromise future commissioning decisions for Children's Services. Indeed, there are likely to be opportunities to use the CAMHS redesign to develop some of the framework and pathways which can be used for other services (such as hubs, integration with Local Authority services and Multi-Agency teams and assessment processes) as part of Transformed Children's Services. Timescale – six months for redesign.

## 6.3. **Psychology service for CLA**

6.3.1 In recognition that children in care are much more likely to experience mental and emotional health difficulties than the general child population. PCC fund a psychology service to support CLA. The service provides consultation and support to foster carers and adopters as well as individual support to a number of children and young people looked after and is currently managed through the Educational Psychology Service. Examples of what the service has historically offered include:

- Direct assessments and therapeutic input with young people that are fostered, adopted, in kinship or residential placements – including those leaving care;
- Consultation: offering advice regarding young people to carers/adopters and professionals (e.g. social workers, teachers);
- Training for carers/adopters and professionals;
- Running groups for carers and adopters, focused on reducing placement breakdown;
- Recruitment, assessment and training of potential carers and adopters;
- Assisting in the matching of children to adoptive, kinship and fostering and residential placements; and
- Facilitating referrals to local CAMH and other health services, when appropriate.

## **7. IMPLICATIONS**

7.1 There have been longstanding shortfalls in mental health services for children and adults across the country for many years – something about which there is an increasing consensus.

7.2 Although new funding streams are being identified to help improve services, the reality is that it is likely that securing sustainable improvement will not be achieved only by investing in the current model of service delivery and so a planned redesign of the services and transformation of the pathway for EHWP is essential to secure effective prevention and early help services in order that the need for high cost, resource intensive specialist services is reduced.

7.3 Redesigning CAMH services will be challenging, however it will be much more effective if all partners are able to look at how to address issues across the whole system and involve all partners and organisations in developing solutions.

## **8. NEXT STEPS**

8.1 The key next steps are to deliver the investment in CPFT to reduce waiting lists and implement plans to improve transitional services to support young people as they cross from being children to adults.

## **9. BACKGROUND DOCUMENTS**

- CAMH Health Needs Assessment
- JSNA Performance and Delivery plan
- Cambridge and Peterborough's Emotional Wellbeing and Mental Health Strategy 2014
- August 2015 report to scrutiny meeting the health needs of care leavers

## **9. APPENDICES**

- Statutory Guidance

## Main points of the New CLA statutory Guidance (March 2015)

- The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.
- The local authority that looks after the child must arrange for them to have a health assessment as required by *The Care Planning, Placement and Case Review (England) Regulations 2010*.
- The initial health assessment must be done by a registered medical practitioner. Review health assessments may be carried out by a registered nurse or registered midwife.
- The local authority that looks after the child must ensure that every child it looks after has an up-to-date individual health plan, the development of which should be based on the written report of the health assessment. The health plan forms part of the child's overall care plan.
- When a child starts to be looked after, changes placement or ceases to be looked after, the responsible local authority should notify, among others, the CCG – or, in the case of a placement out of authority, both the originating and the receiving CCG (or local health board in the case of a child looked after by a local authority in England but living in Wales) – and the child's GP. If the child is moved in an emergency, the notifications should happen within five working days. Prompt notifications are essential if initial health assessments are to be completed in good time.<sup>2</sup>
- Looked-after children should never be refused a service, including for mental health, on the grounds of their placement being short-term or unplanned.
- CCGs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services to looked-after children are provided without undue delay.
- Local authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.
- The health needs of looked-after children should be taken into account in developing the local Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).
- Every local authority should have agreed local mechanisms with CCGs to ensure that they comply with NHS England's guidance on establishing the responsible commissioner in relation to secondary health care when making placement decisions for looked-after children and to resolve any funding issues that arise.
- If a looked-after child or child leaving care moves out of the CCG area, arrangements should be made through discussion between the "originating CCG", those currently providing the child's healthcare and the new providers to ensure continuity of healthcare. CCGs should ensure that any changes in healthcare providers do not disrupt the objective of providing high quality, timely care for the child.
- Local authorities, CCGs and NHS England should ensure that plans are in place to enable children leaving care to continue to obtain the healthcare they need.
- Looked-after children should be able to participate in decisions about their health care. Arrangements should be in place to promote a culture:
  - Where looked-after children are listened to that takes account of their views according to their age and understanding, in identifying and meeting their physical, emotional and mental health needs.
  - That helps others, including carers and schools, to understand the importance of listening to and taking account of the child's wishes and feelings about how to be healthy.

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 6</b>
<b>17 SEPTEMBER 2015</b>	<b>Public Report</b>

## Report of the Head of Operations

**Contact Officer(s) – Sam Leak, Head of Operations, Renal, Respiratory, Cardiac and Vascular Clinical Management Group and Geraldine Ward, General Manager Renal and Transplant, University Hospitals of Leicester**  
**Contact Details – 01162582547 / 0116584116**

### **PETERBOROUGH RENAL HAEMODIALYSIS CAPACITY**

#### **1. PURPOSE**

- 1.1 The purpose of this report is to brief the Scrutiny Commission for Health Issues on the tender process to provide renal dialysis services for patients in Peterborough.
- 1.2 The main aim of this tender is to provide improve access to haemodialysis facilities for patients in Peterborough city and its surrounding area. For the last 10 years or more a number of patients from Peterborough have had to travel to Corby, Leicester or Boston because of inadequate haemodialysis capacity in Peterborough. The objectives will be:
  - To repatriate approximately 30 displaced patients currently receiving dialysis at Lincoln, Leicester and Kettering;
  - To make sure that the largest number of patients possible have access to local facilities;
  - To meet national standards - Patients should travel less than 30 mins of their home to access haemodialysis (i.e. repatriate displaced patients and reduce increased travel costs circ); and
  - To provide and facilitate the delivery of high quality and most cost-effective care for the users.

#### **2. RECOMMENDATIONS**

- 2.1 The commission is asked to support the process and note the anticipated benefits for the patients

#### **3. BACKGROUND**

- 3.1 The Renal and Transplant Service at University Hospitals of Leicester (UHL) delivers renal dialysis services across the East Midlands network at ten different sites in Leicestershire, Lincolnshire, Northamptonshire and Cambridgeshire. These sites provide haemodialysis treatment for approximately 860 patients.
- 3.2 Most patients receive haemodialysis three times a week. Due to capacity issues a number of patients have not had treatment at their nearest centre and have to travel further to an alternative centre.
- 3.3 Satellite haemodialysis units in Northampton, Kettering and Leicester were old and unfit for purpose with Harborough Lodge in Northampton requiring a priority solution following criticism of the facilities in an investigation into an outbreak of tuberculosis. A number of service contracts were also due to cease in 2014.
- 3.4 **Stage1** - In 2014 a tender process was undertaken (awarded to Renal Services) to replace the three units in Corby, Northampton and Kettering with two large purpose built units. The new Northampton unit opened in April 2015 and the new Kettering unit opened in July 2015

replacing the Corby unit.

- 3.5 **Stage 2** – Due to capacity issues at Peterborough and a high number of patients having to travel to undergo dialysis at other units it was agreed at chief executive level that UHL and Peterborough should work to find a solution to expand local capacity for Peterborough haemodialysis. This would mean that patients could be repatriated to a local treatment centre.
- 3.6 Peterborough currently runs just below maximum capacity to allow for patients on haemodialysis who are admitted to the wards with intercurrent problems. If this is not done, patients would require transfer to Leicester for inpatient treatment of any acute intercurrent illness.
- 3.7 Options to both create local capacity and utilise capacity across the network have been considered. The options in summary are as follows:
1. Expansion at current Peterborough and Stamford Hospitals site;
  2. Peterborough patients to be dialysed at Kettering Unit;
  3. Patients at Peterborough at maximum capacity with nocturnal dialysis creating some additional capacity. Remaining patients to be dialysed at Kettering;
  4. Peterborough at the current maximum capacity with the addition of a small tendered unit; and
  5. Exit from Peterborough Hospital entirely and one large tendered unit in Peterborough.
- 3.8 In terms of the physical estate the Peterborough unit is hosted inside a PFI building which is both costly and less than optimal in the physical layout. The creation of capacity and Peterborough has been challenging due to both physical and financial limitations. To ensure value for money a decision was made by UHL Revenue and investment committee to test the market via the tender process.
- 3.9 The tender is divided into two Lots:
- Lot 1 the provision of a Small Renal Dialysis Managed Service Satellite Unit which will provide extra capacity for patients in Peterborough; and
  - Lot 2 the provision of a Large Renal Dialysis Managed Service Satellite Unit to meet the specification to meet the need of Peterborough dialysis patients off-site from the Peterborough Hospital site.

## **4. KEY ISSUES**

### **4.1 Dependency of patients**

- 4.1.1 Increasingly, the chronic haemodialysis (HD) population is composed of older patients with multiple comorbid conditions and reduced functional independence

### **4.2 Displaced patients**

- 4.2.1 For many years capacity has not met local demand in Peterborough and patients have had to travel over 25 miles each way to facilities at Corby, Leicester or Boston.
- 4.2.2 This fails to meet the national standard that patients should travel less than 30mins to access haemodialysis treatment.

### **4.3 Quality and Patient experience**

- 4.3.1 Although dialysis is a lifesaving treatment for people with End Stage Renal Disease (ESRD), dialysis is also a significant life changing experience for every individual that needs it.
- 4.3.2 For many patients with ESRD, dialysis greatly improves their well-being and their life. However, for some renal patients, it may not be as beneficial due to other health problems.

- 4.3.3 Patients receiving in centre haemodialysis attend the dialysis unit for 3.5-4.5 hours of treatment three times each week. In addition, there is travel time which many patients find difficult to endure. It is therefore critical to get the planning right when considering service development.
- 4.3.4 The types of things that influence a good quality haemodialysis patient experience are as below:
- A suitable clean and welcoming environment that allows HD to be delivered efficiently in a calm setting;
  - Suitable appointment times with HD treatments commenced in a timely manner;
  - Flexibility with appointment times to enable patients to attend special events;
  - A unit 'close to home' with minimal travel time without delays (standard is within 30 minutes from home);
  - Good communication supported by information about their condition and treatment;
  - Continuity of care delivered by competent staff;
  - On-going support to assist them in accepting their life change and adapting their lifestyle as required;
  - Effective 'problem free' vascular access.

## **5. CONSULTATION**

- 5.1 A number of 1:1 discussions have taken place with Peterborough patients. Feedback indicates that the overall the UHL haemodialysis patient experience is very good. The main areas for improvement are consistently related to the travel time and the length of time patients spend away from home. It is therefore really important to recognise that these factors will have a significant impact on the quality of the patient experience
- 5.2 The Advocacy Officer of the National Kidney Federation provides a vital role by representing the views, wishes and needs of patients. This includes being involved in the design of the service specification and is an active member attending service level meetings.
- 5.3 A Patient Event will be held on 25 October in Peterborough. This is a Sunday which enables all HD patients to attend.

## **6. BACKGROUND DOCUMENTS**

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

None.

## **7. APPENDICES**

None.

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>17 SEPTEMBER 2015</b>	<b>Public Report</b>

## **Report of the Director of Contracting, Performance and Delivery, Cambridgeshire and Peterborough Clinical Commissioning Group**

Contact Officer(s) – Sarah Shuttlewood, Director of Contracting, Performance and Delivery, Cambridgeshire and Peterborough Clinical Commissioning Group  
Contact Details – [capccg.engagement@nhs.net](mailto:capccg.engagement@nhs.net) 01223 725400

### **PROPOSAL FOR NON-EMERGENCY PATIENT TRANSPORT SERVICES**

#### **1. PURPOSE**

- 1.1 To introduce the proposal for Non-Emergency Patient Transport Services and the public consultation document.

#### **2. RECOMMENDATIONS**

- 2.1 The Commission is being asked to note the proposal for Non-Emergency Patient Transport Services and to note the public consultation.

#### **3. BACKGROUND**

- 3.1 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is re-procuring the Non-Emergency Patient Transport Service (NEPTS).
- 3.2 Usually patients are responsible for getting themselves to and from non-emergency NHS appointments. In certain circumstances, where patients have a medical need and have no alternative means of getting to and from hospital, the NHS will provide Patient Transport Services. Cambridgeshire and Peterborough CCG has a responsibility to ensure access to NEPTS for patients who meet the eligibility criteria.
- 3.3 NEPTS services are currently delivered by multiple providers in Cambridgeshire and Peterborough, on different contracts and with varying service specifications. These arrangements pre-date the formation of the CCG and this has led to a fragmented service because each contract is delivering to different standards. Therefore we cannot offer our patients equitable access to NEPTS under the current arrangements.
- 3.4 A Project Board was set up to look at re-procuring the service under a single contract. It has been looking at the service model and specification for a new service. At the same time we have been liaising with community transport providers to look at opportunities to collaborate and align services.
- 3.5 The aim is that the procurement will be offered as one service incorporating patient transport and a call centre service to take the bookings.
- 3.6 The Consultation Process Plan and a briefing note on NEPTS proposals are attached as Appendix 1 and Appendix 2.

#### **4. KEY ISSUES**

- 4.1 The current spend on NEPTS is in excess of £6.5m. The work done to date indicates that this budget can be used more effectively. The current set up for booking transport is fragmented and our proposal is to ensure equity of provision across Cambridgeshire and Peterborough. This will

be done by applying the national eligibility criteria consistently via a central booking service.

4.2 Based on the amount we currently spend on the service the East of England procurement hub has advised that, in accordance with EU regulation, Cambridgeshire and Peterborough CCG would need to consider a formal tender in order to re-commission the service.

4.3 The proposals for re-procuring the NEPTS service were agreed at Cambridgeshire and Peterborough CCG's Governing Body meeting in July 2015. The Project Board will now oversee the procurement and the subsequent mobilisation of the service. The Project Board will keep Cambridgeshire and Peterborough CCG's Governing Body updated. It is aimed that the new service will be ready for September 2016.

## **5. IMPLICATIONS**

5.1 A 12-week formal public consultation will take place from August 2015. Public consultation meetings will be held at locations across Cambridgeshire and Peterborough CCG's area.

## **6. CONSULTATION**

6.1 Cambridgeshire and Peterborough CCG is undertaking a formal 12-week public consultation to gather feedback on the current services and how we could improve the service. The purpose of the consultation is to understand from the public what would be a 'good' non-emergency patient transport service from their perspective. The consultation started on 27 August 2015 and will run until 19 November 2015.

## **7. BACKGROUND DOCUMENTS**

- Chief Clinical Officer report to Cambridgeshire and Peterborough CCG's Governing Body meeting July 2015:

## **8. APPENDICES**

- Appendix 1 - Consultation Process Plan
- Appendix 2 - Non-Emergency Patient Transport Services consultation document
- Appendix 3 - Press release – Public Meeting Dates
- Appendix 4 - Advertisement (link from CCG website):<http://www.cambridgeshireandpeterboroughccg.nhs.uk/news-and-events/NEPTS.htm>

## **Consultation Process Plan August 2015**

Have your say on  
**Non Emergency Patient Transport**  
across Cambridgeshire and Peterborough

**Proposed consultation**

DRAFT

## Background

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) has a responsibility to ensure access to transport for those patients that meet the Non-Emergency Patient Transport Services (NEPTS) eligibility criteria.

Non-emergency patient transport services, known as NEPTS, are typified by the non urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers.

NEPTS should be seen as part of an integrated programme of care. A non-emergency patient is one who, whilst requiring treatment, which may or may not be of a specialist nature, does not require an immediate or urgent response.

This can and should encompass a wide range of vehicle types and levels of care consistent with the patients' medical needs.

The CCG has limited resources for patient transport which need to be targeted only at those patients who have a clinical need that prevents them using private or public transport. Transport is not for social or financial reasons.

## Why are we consulting now?

Currently GP practices ensure that patients meet the NEPTS eligibility criteria and undertake booking of journeys with East of England Ambulance Service NHS Trust. However, GP practices have given notice on this service and in accordance with EU regulations the CCG needs to consider a formal tender process for this service.

At present the CCG contracts services from multiple different providers, both directly and indirectly, however contracts are usually based around the acute provider, covering transport to and from that provider.

## Process

### Pre-consultation

Cambridgeshire and Peterborough CCG will:

- Prepare a full and comprehensive consultation document that explains the programme and the options for consultation in clear plain English.
- Translate a summary consultation documents into key community languages, explaining that more information is available if people want it.
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Ensure that drafts of the full consultation documents and questions for consultation are shared with the following groups:
  - Bidders
  - Projects Team
  - Patient Reference Group
  - CCG Governing Body



- Health Scrutiny Committees from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
- The CCG Patient Reference Group (PRG)
- Healthwatch organisations from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
- Ensure that the final consultation document reflects feedback from these groups.
- Plan a series of public meetings in accessible venues across the CCG area.
- Publicise these meetings within the consultation documents and on our website
- Share publicity materials with our partners and stakeholders. Will we put adverts in local papers.
- The CCG's meeting requirements form will detail for each meeting who is attending, roles, equipment and any risk assessments.

## Consultation

Cambridgeshire and Peterborough CCG will:

- Have copies of the consultation documentation available on the website from the first day of the consultation and throughout the consultation.
- Have translations and rich text versions of the documentation on the CCG website as close to the start of the consultation as possible.  
Community languages include:
  - Polish
  - Portuguese
  - Lithuanian
  - Urdu
  - Latvian
  - Other languages on request
- Have photocopies of the documentation prepared for distribution on the first day of the consultation.
- Have printed copies of the full document, and translations as soon as possible after the start of the consultation.
- Distribute hard copies of the documents to:
  - GP practices
  - Dentists
  - Pharmacies
  - Opticians
  - Sheltered Housing schemes
  - Nursing and residential homes
  - Stakeholder database
  - Councils for Voluntary Services (Peterborough and Cambridgeshire).
  - Libraries

- Cambridgeshire Community Services NHS Trust – particularly community/district nursing staff and other staff likely to be involved in providing care
  - Cambridge University Hospitals NHS Foundation Trust
  - Cambridgeshire and Peterborough NHS Foundation Trust
  - East of England Ambulance Service MNHS Trust
  - Hinchingsbrooke Health Care NHS Trust
  - Peterborough and Stamford Hospitals NHS Foundations Trust (Edith Cavell site)
  - Queen Elizabeth Hospital NHS Trust
  - Unions
  - NHS England Area Team
  - Health Education England (Cambridge office)
  - Police
  - Fire
  - Urgent Care Cambridgeshire
  - Herts Urgent Care (providers of C&P CCG NHS 111 service)
  - Lincolnshire Community Health Services NHS Trust / Peterborough Minor Illness and Injury Unit
  - North Cambridgeshire Hospital, Wisbech
  - Princess of Wales Hospital, Ely
  - Doddington Community Hospital
  - St. Neots Walk-in Centre
  - Brookfields
  - Other NHS organisations (on request)
  - Local Authorities
  - District Councils
  - Parish Councils
  - Cambridgeshire Community Services Staff
  - Health Scrutiny Commissions
  - Health and Wellbeing Boards
  - Local Health Partnerships
  - Local Voluntary Sector Organisations
  - Charities
  - CCG Patient Reference Group
  - Practice Patient Groups
  - Healthwatch organisations
  - Mental Health Network
  - NHS England
- 
- Ensure that further copies are distributed throughout the consultation.
  - Ensure that translations are made available on request as well as in key community languages.
  - Ensure that all translations are available on the CCG website when requested.
  - Ensure that all responses received in other languages are translated into English and included in the response reports.
  - Log all calls received with regard to the consultation.

## APPENDIX 1

- Collate all letters and emails received as part of the consultation and include in the response reports.
- Receive and report on all petitions received during the consultation.
- Ensure that all public meetings held have full meeting notes, recording comments and questions.
- Ensure that when we attend meetings we record a briefing note of the meeting and request full minutes when available.
- Collate all meeting notes, briefing notes and minutes and include in the response reports.
- Respond to requests for attendance at meetings to discuss the consultation.
- Attend meetings with the following key stakeholder groups during consultation:
  - Health Scrutiny Committees in Cambridgeshire, Peterborough and Huntingdon.
  - Health Scrutiny Committees in Northamptonshire and Hertfordshire on request.
  - Healthwatch organisations in Cambridgeshire and Peterborough. Attend in Northamptonshire and Hertfordshire on request.
  - CCG Patient Reference Group
  - Health and Wellbeing Boards in Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
  - Local health Partnerships in Cambridge City, South Cambs, East Cambs, Fenland, Hunts, East Northants.
- Hold public meetings in venues across the region.
- Have interpreters at each community meeting where necessary or requested as well as sign language interpreters on request.
- Attend groups or events on request, if possible.
- Ask to attend events and groups in locations where we haven't been able to hold a public meeting.
- Advertise all public meetings via the website, local papers, and on social media, at least two weeks before the meetings.
- List all public meetings on our website, as well as in the consultation document.
- Plot our events to show that we have had CCG coverage.

**Email/letter** with link to/copy of consultation and list of public consultation meetings

- Stakeholder database
- CCG staff
- CCG Patient Reference Group
- PPGs (where possible)
- GP Practices
- GP Members
- Healthwatch(s)
- Local Voluntary sector

## APPENDIX 1

- Parish Councils
- County and City Councils
- District Councils
- NHS organisations as listed
- Unions
- Groups and individuals that we have already engaged with throughout the process

### **Media**

**Media briefing pack** for journalists – copies to be sent via email at launch or earlier if embargo agreed. To include:

- Copies of the consultation document
- About the CCG leaflet
- Link to NEPTS page on website
- Web address for consultation documents
- Public meeting dates

Limited number of hard copies to be available at Public Meetings for attending media.

**Media release** for distribution

### **Social Media**

#### **Facebook**

- Media releases flow through automatically
- Post link to consultation on page with details of what it is about and an invitation to share the link to increase audience.
- Post details of each public meeting a week before, the day before, on the day

#### **Twitter**

- Tweet press releases
- Tweet link to consultation on page with details of what it is about and an invitation to re-tweet the link to increase audience. Repeat monthly throughout consultation
- Tweet details of each Public Meeting a week before, the day before, on the day.
- Tweet after each meeting thanking those who attended.

## Updates

### Staff

- Email to staff from prior to launch
- Email to staff launching consultation with link to consultation documents.
- Staff updates via Connect, staff briefings
- Staff can direct any questions that they may have to the Consultation/Engagement mailbox?

### GPs/practice staff

Email from Clinical Lead via the Membership mailbox prior to launch

- Email launching consultation with link to consultation documents.
- Updates via Members News
- Q&A session at Members' Meeting?
- Members' mailbox for questions

### Stakeholder database

- Update taken from media release following ???? Governing Body
- Link to consultation on launch day
- Reminders for public meetings a week before
- stakeholder update via stakeholder news

### Governing Body Updates

- Date to be agreed

### Post Consultation

A report to be produced on the consultation responses

Cambridgeshire and Peterborough CCG Governing Body will review report and findings before making its decision on the Non emergency Patient Transport

Communications to be sent via email/letter to stakeholders/and consultation respondents with link to consultation report and outcomes.

Feedback to staff via email, staff briefings and Connect

Feedback to members via, Members news and Members email

Continued communication as procurement process progresses – through full solutions phase and throughout mobilisation (to be agreed.)

## **Legal requirements**

This consultation document has been drawn up in accordance with the key consultation criteria as set out in the Cabinet Office Code of Practice on Consultation 2008.

### **1. When to consult**

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

### **2. Duration of consultation exercises**

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

### **3. Clarity of scope and impact**

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

### **4. Accessibility of consultation exercises**

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

### **5. The burden of consultation**

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees buy-in to the process is to be obtained.

### **6. Responsiveness of consultation exercises**

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

### **7. Capacity to consult**

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience. The Code of Practice states that these criteria should be reproduced in all consultation documents.

Find out more about Cabinet Office Code of Practice on consultations: [www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice](http://www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice)

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

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution—

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2)(b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### **Criteria for Significant Service Change**

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

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*Cambridgeshire and Peterborough  
Clinical Commissioning Group*

**Consultation on a future  
model for Non-Emergency  
Patient Transport Services  
(NEPTS) for Cambridgeshire  
and Peterborough**

**27 August – 19 November 2015**

This 12-week consultation is to gather feedback on how we provide good quality Non-Emergency Patient Transport Services to the people living in Cambridgeshire and Peterborough Clinical Commissioning Group's area.

## APPENDIX 2

This document is available in other languages and formats on request. To request alternative formats, or if you require the services of an interpreter, please contact us on:

→ 01223 725304 or

→ capccg.engagement@nhs.net

یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر شکل میں درکار ہو، یا اگر آپ کو ترجمان کی خدمات چاہئیں تو برائے مہربانی ہم سے رابطہ کیجئے۔

Pokud byste si chtěli tento dokument přečíst v jiném jazyce nebo formátu, nebo pokud požadujete služby tlumočnicka, kontaktujte nás.

Siete pregati di contattarci se desiderate ricevere questo documento in un'altra lingua o se richiedete i servizi di un interprete.

Jeżeli chcieliby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

જો તમને આ દસ્તાવેજ બીજી ભાષા અથવા રચનામાં જોઈતો હોય, અથવા જો તમને ઇન્ટરપ્રિટરની સેવાઓ જોઈતી હોય તો, કૃપા કરી અમારો સંપર્ક સાધો.

Jei pageidaujate gauti šį dokumentą kita kalba ar kitu formatu, arba jei jums reikia vertėjo paslaugų, kreipkitės į mus.

Se gostaria de ter este documento noutró idioma ou formato, ou se necessita de um intérprete, contacte-nos.

## APPENDIX 2

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## **The consultation document and process**

### **The consultation will run from 9am on 27 August 2015 to 5pm on 19 November 2015.**

We hope this document is easy to understand. In order to help with any terms or words you may not be familiar with we have included a Glossary of Terms at Appendix 2, on page 9. We have tested this document with our Patient Reference Group (PRG), whose role is to monitor our engagement work and make suggestions on how Cambridgeshire and Peterborough CCG can find out people's views about proposed changes to services. Please let us know if you feel any part of the consultation is unclear.

We have arranged public consultation meetings throughout our area from September 2015. A list of meetings can be found at Appendix 1 on page 8 and on our website.

The meetings have been arranged for different times of the day and on different days of the week, to provide a good range of opportunities for you to find out more about this consultation, and to share your views with us.

The consultation is about proposals to improve services, not the individual organisations participating in the procurement process.

### **You can give us your views in a number of ways:**

- ➔ Complete the questionnaire found online on the CCG's website:  
[www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/nepts.htm](http://www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/nepts.htm)
- ➔ Fill in the paper copy of the questionnaire found on page 13 of this consultation document and send it FREEPOST to Freepost Plus RSCR-GSGK-XSHK, Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge CB2 8FH. (You do not need a stamp).
- ➔ Phone the Engagement Team on 01223 725304.
- ➔ If you belong to a group or organisation, you can invite us along to one of your meetings by contacting our Engagement Team on 01223 725304 or by email to [capccg.engagement@nhs.net](mailto:capccg.engagement@nhs.net), putting 'NEPTS consultation' in the subject field.
- ➔ Come along to one of the public meetings listed in Appendix 1 on page 8.

## APPENDIX 2

## Who we are and what we do

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is the organisation responsible for planning, organising and buying NHS-funded healthcare for people living in the Cambridgeshire and Peterborough area. It replaced NHS Cambridgeshire and NHS Peterborough (the Primary Care Trusts, or 'PCTs') on 1 April 2013.

We are one of the largest CCGs in England, by patient population, with 107 GP practices as members. We are organised into eight local groups, known as Local Commissioning Groups or LCGs, covering all GP practices in Cambridgeshire and Peterborough, as well as three practices in North Hertfordshire (Royston) and two in Northamptonshire (Oundle and Wansford).

We have a patient population of approximately 913,000 which is diverse, ageing and has significant inequalities. We manage a budget of around £940 million to spend on healthcare for the whole population of this area, which is just under £1,000 per person.

**We are responsible for commissioning Non-Emergency Patient Transport Services for patients that meet the eligibility criteria.**

## What is Non-Emergency Patient Transport?

Usually patients are responsible for getting themselves to and from non-emergency NHS appointments e.g. attending an outpatient appointment or visiting a minor injuries unit. In certain situations, where patients have specific medical needs and have no other way of getting to and from their appointment, the NHS will provide Patient Transport Services. Cambridgeshire and Peterborough CCG has a responsibility to ensure access to Non-Emergency Patient Transport Services (NEPTS) for patients who meet the eligibility criteria.

## What are the issues that need to be addressed?

Non-Emergency Patient Transport Services in Cambridgeshire and Peterborough are currently delivered by many providers, on different contracts, and with different service specifications.

These arrangements have been in place since before the CCG came into being, which has led to inconsistency as each contract delivers a different standard of service. This means that we cannot offer our patients equal access to NEPTS under the current arrangements. We are re-commissioning the service under a single contract as we cannot continue to provide the service in the way it is being provided at the moment.

Work is being undertaken to review what the new service could look like. The aim is that the procurement - the process of 'buying' a service - will be offered as 'one service' which includes patient transport and a call centre service to take the bookings.



## APPENDIX 2

We spend more than £6.5m on NEPTS. To comply with regulations, we need to carry out a formal tender when we re-commission the service. A formal tender is a process we go through to invite organisations to bid for a contract to run or deliver NHS services.

The CCG is seeking input from patients, carers, members of the public, medical professionals and stakeholders to hear about their experiences of the current service and how we might improve it in the future. This is why we are seeking your views at this stage.

### **Why are we consulting with you now?**

The current contracts for NEPTS are coming to an end. This is a good opportunity for us to think about the future of these services and to improve the access to, and equity of services, for patients across the CCG's area.

Although these services are currently run by different providers the aim is that in the future NEPTS will be one service which is managed by one provider.

### **What we are asking you**

We are looking for a single provider for the Non-Emergency Patient Transport Service. During this 12-week consultation we want you to give us your views on the current services. We would also like your feedback on how we could improve the service.

The feedback received from this consultation will be collated into a report for the CCG's Governing Body to consider before it makes any decisions on the future of these services.

### **What needs to change?**

We would expect any new contract to:

- ➔ help make sure that patients are discharged from hospital in a timely way, so that they do not have to wait a long time for transport
- ➔ provide better coordination with hospital discharge procedures
- ➔ be able to provide the service out of hours, supporting more comprehensive services being available to patients
- ➔ deliver financial efficiencies
- ➔ support all health services which may move to operating seven days a week.

### **One point of call**

Currently NEPTS can be booked in a number of ways, such as at your doctor's surgery and some hospitals and community clinics. In some areas of the CCG it is the patient that books the transport directly with the transport provider.

We are proposing that NEPTS should be accessed by one point of contact that patients, carers, and healthcare professionals can access.

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## Eligibility

The eligibility criteria will remain unchanged and are set out below.

In summary, eligible patients are those:

- where the medical condition of the patient means that they require the skills or support of NEPTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means
- where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means
- NEPTS could also be provided to a patient's escort or carer where their skills and/or support are needed. For example this might be for a person who needs help because of a physical or mental disability, a vulnerable adult, someone who requires language translation, or a child who needs a recognised parent or guardian. Under the eligibility criteria only one escort should travel with the patient, unless under exceptional circumstances. If an escort needs to travel with the patient this would have to be agreed in advance when the transport is booked.

The eligibility criteria are on the CCG's website and can be found at <http://www.cambridgeshireandpeterboroughccg.nhs.uk/local-services/non-emergency-patient-transport-services.htm>

**It is important to note that this service has no impact on the Emergency Ambulance Services.**



## Appendix 1 – Public Meetings

Date	Time	Venue
Wednesday 16 September	10.30am-11.30am	March Library, City Road, March, Cambridgeshire PE15 9LT
Monday 21 September	2pm-3pm	Huntingdon Library, Prince's Street, Huntingdon, Cambridgeshire PE29 3PA
Thursday 24 September	3.30pm-4.30pm	Peterborough Central Library, Broadway, Peterborough PE1 1RX
Tuesday 29 September	1pm-2pm	Wisbech Library, Ely Place, Wisbech, Cambridgeshire PE13 1EU
Wednesday 30 September	1.30pm-2.30pm	Ely Library, 6 The Cloisters, Ely CB7 4ZH
Tuesday 6 October	11am-12pm	Old Bull Inn, 56 High Street, Royston, Hertfordshire SG8 9AWD
Wednesday 7 October	2pm-3pm	Central Library, 7 Lion Yard, Grand Arcade, Cambridge CB2 3QD
Monday 12 October	10am-11am	Priory Centre, Priory Lane, St Neots PE19 2BH
Wednesday 14 October	11am-12pm	Chatteris Library, 2 Furrowfields Road, Chatteris, Cambridgeshire PE16 6DY

We will also attend other people's meetings. If you belong to a group or organisation and would like us to attend your meeting please contact us on the number below.

Meetings may be subject to change, so please do check our website [www.cambridgeshireandpeterboroughccg.nhs.uk](http://www.cambridgeshireandpeterboroughccg.nhs.uk), contact the Engagement Team by phone on 01223 725304 or email [capccg.engagement@nhs.net](mailto:capccg.engagement@nhs.net)



## Appendix 2 – Glossary of terms

### **Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)**

Cambridgeshire and Peterborough CCG is the organisation responsible for planning, organising and purchasing NHS-funded healthcare for residents. A CCG is clinically-led, meaning that decisions about local health services are made by local doctors and health professionals, alongside patients. Cambridgeshire and Peterborough CCG has a patient population of approximately 913,000. It is a diverse, ageing population with significant health inequalities. We manage a budget of around £940 million to spend on healthcare for the whole population of our area.

### **Commissioning**

Identifying the health needs of local people, planning and buying health services which respond to their needs. CCGs are responsible for deciding what services their local residents need from the NHS and buying these services with public money from the most appropriate providers.

### **Eligibility Criteria**

Patients are required to meet the criteria explained earlier in this document. The criteria are also available on the CCG's website [www.cambridgeshireandpeterboroughccg.nhs.uk/local-services/non-emergency-patient-transport-services.htm](http://www.cambridgeshireandpeterboroughccg.nhs.uk/local-services/non-emergency-patient-transport-services.htm)

### **Procurement**

The act of buying services, intended to promote fair and open competition for their business while minimising exposure to fraud and collusion.

### **Provider**

Providers are organisations that provide services direct to patients. These include hospitals, mental health services and ambulance services.

### **Tender (formal tender)**

A formal tender is a process we go through to invite organisations to bid for a contract to run or deliver NHS services.

## Appendix 3 – Frequently Asked Questions

### Q. What if I do not meet the criteria for NEPTS?

A. Patients that are not eligible to access NEPTS will be advised on other services that are available to them.

### Q. What if I can't afford transport?

A. Schemes exist to help with travel costs. Further information can be found at [www.nhs.uk](http://www.nhs.uk). The form to be completed is a HC11.

### Q. Will NEPTS get me to my appointment on time?

A. The new service will be based on ensuring that the NEPTS provider and other providers who you have an appointment with are able to work together. The purpose will be to ensure that you can be seen at, or around the time of, your appointment. This will be built into the contract with the new NEPTS provider.

### Q. Will I be able to book my own transport?

A. Yes, by dialling one phone number.

### Q. What would I do if I disagree with a decision that stated I was not eligible?

A. An appeals process for the new service will be developed. If you would like to speak to someone about the NEPTS service in the meantime please contact the CCG's Patient Experience Team on 0800 279 2535 or email [capccg.pet@nhs.net](mailto:capccg.pet@nhs.net)

### Q. How has the eligibility criteria been set and why is this not being expanded to support more people to access health care?

A. We have based our criteria on nationally agreed criteria so that we can ensure we are fair to our population.

## Appendix 4 – Legal requirements

This consultation document has been drawn up in accordance with the following legal requirements and guidance.

### **Cabinet Office Consultation Principles July 2012**

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before, and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at: [www.gov.uk/government/publications/consultation-principles-guidance](http://www.gov.uk/government/publications/consultation-principles-guidance)

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

14Z2 Public involvement and consultation by clinical commissioning groups

- (1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).
- (2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) —
  - (a) in the planning of the commissioning arrangements by the group,
  - (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
  - (c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

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- (3) The clinical commissioning group must include in its constitution—
- (a) a description of the arrangements made by it under subsection (2), and
  - (b) a statement of the principles which it will follow in implementing those arrangements.
- (4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.
- (5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).
- (6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see [www.legislation.gov.uk/ukpga/2012/7/section/26/enacted](http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted)

### **Lansley Criteria for Significant Service Change**

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

### **CCG Constitution**

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution which can be found on the CCG's website at [www.cambridgeshireandpeterboroughccg.nhs.uk/governing-body-and-public-meetings-2015-16.htm](http://www.cambridgeshireandpeterboroughccg.nhs.uk/governing-body-and-public-meetings-2015-16.htm)

APPENDIX 2

## Cambridgeshire and Peterborough CCG - Non-Emergency Patient Transport Services (NEPTS) consultation

### Your views on Non-Emergency Patient Transport Services (NEPTS) in Cambridgeshire and Peterborough

We would very much welcome your views via the questionnaire below. You can also complete this survey online by going to [www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/NEPTS](http://www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/NEPTS)

#### 1. Have you used NEPTS in the last 12 months?

Yes       No

#### 2. If you answered yes to Q1, how was your experience of this service?

Good       Average       Poor

#### 3. Do you have any suggestions for improving the service? Please write them in the space below.

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**4. If you answered yes to Q1, which of the following did you visit? please tick all that apply.**

- Addenbrooke's Hospital, Cambridge
- Chesterton Medical Centre, Cambridge
- Doddington Hospital
- Hinchingsbrooke Hospital, Huntingdon
- North Cambs Hospital, Wisbech
- Princess of Wales Hospital, Ely
- Papworth Hospital
- Peterborough City Care Centre
- Peterborough City Hospital
- Queen Elizabeth Hospital, Kings Lynn
- Community Clinics

Please state the location of the community clinic in the box below

**5. Would you, as a patient or health professional, be happy with one point of contact to book the transport?**

- Yes       No       Don't Know

**If you said no to using one point of contact to book transport, please could you give us some more detail on your reasons? Please write them in the space below.**

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**6. Are you?**

- A patient or carer
- A health professional

**7. If you have any other comments you would like to make please write them in the space below.**

Finally, to understand who has given their views, we would like to collect some information.

Any information provided in this section will only be used by Cambridgeshire and Peterborough Clinical Commissioning Group for the purpose of understanding who has responded to this consultation.

**8. Can you tell us which of the following age bands you belong to?**

- 16-29 years
- 30-44 years
- 45-59 years
- 60-74 years
- 75+ years

**9. Are you....**

- Male
- Female

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**10. Which of the following best describes your ethnic background?**

White

- English, Welsh, Scottish, Northern Irish or British       Irish       Gypsy or Irish Traveller       Any other White background

Mixed/multiple ethnic groups

- White and Black Caribbean       White and Black African       White and Asian       Any other mixed/multiple ethnic background

Asian/Asian British

- Indian       Pakistani       Bangladeshi       Chinese  
 Any other Asian background.

Black, African, Caribbean, Black British

- African       Caribbean       Any other Black, African Caribbean background

Other Ethnic Group

- Arab       Any other ethnic group

- Prefer not to say

**11. Do you consider yourself to have a disability?**

- Yes       No

**12. Do you have any particular needs with regard to Non-Emergency Patient Transport that you would like to make us aware of?** Please write them in the space below.

**13. Finally, please could you tell us the first part of your postcode?**

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Thank you for taking the time to complete this questionnaire.



## APPENDIX 2

### **Your feedback**

You can send your feedback to the CCG in many different ways:

- ➔ By filling in the online survey:  
<http://www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/NEPTS>
- ➔ By filling in the survey attached to this document and returning it to:

Freepost Plus RSCR-GSGK-XSHK  
Engagement Team  
Cambridgeshire and Peterborough CCG  
Lockton House  
Clarendon Road  
Cambridge  
CB2 8FH

- ➔ or email your completed survey to: [capccg.engagement@nhs.net](mailto:capccg.engagement@nhs.net)

You can also:

- ➔ write to us with your views (at the address above)
- ➔ telephone us on 01223 725304
- ➔ email us your views to [capccg.engagement@nhs.net](mailto:capccg.engagement@nhs.net)
- ➔ attend one of the planned meetings (details on page 8 and on our website) to tell us what you think.

Through this public consultation your views will be fed into the development of the final proposal. The feedback received from this consultation will be collated into a report for the CCG's Governing Body to consider before it makes any decisions on the future of these services.

**The closing date for receipt of responses to this consultation is 5pm on 19 November 2015.**

## Notes

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©NHS Cambridgeshire and Peterborough Clinical Commissioning Group  
Lockton House, Clarendon Road, Cambridge, CB2 8FH

August 2015

For more information about NHS Cambridgeshire and Peterborough Clinical  
Commissioning Group please:

Visit: [www.cambridgeshireandpeterboroughccg.nhs.uk](http://www.cambridgeshireandpeterboroughccg.nhs.uk)

Call: 01223 725304

Email: [CAPCCG.engagement@nhs.net](mailto:CAPCCG.engagement@nhs.net)



***Cambridgeshire and Peterborough  
Clinical Commissioning Group***

## Consultation on a future model for **Non-Emergency Patient Transport Services (NEPTS)** for Cambridgeshire and Peterborough Clinical Commissioning Group area

**27 August 2015 – 19 November 2015**

This 12-week consultation is to gather feedback on how we provide good quality Non-Emergency Patient Transport Services to the people living in this area.

### Public meeting dates

Date	Time	Venue
Wednesday 16 September	10.30am-11.30am	March Library, City Road, March, Cambridgeshire PE15 9LT
Monday 21 September	2pm-3pm	Huntingdon Library, Prince's Street, Huntingdon, Cambridgeshire PE29 3PA
Thursday 24 September	3.30pm-4.30pm	Peterborough Library, Broadway, Peterborough PE1 1RX
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Meetings may be subject to change, so please do check our website. We will also attend other people's meetings on request. If you belong to a group or organisation and would like us to attend your meeting please contact us on the number below.

For further information please visit [www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/NEPTS.htm](http://www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/NEPTS.htm)  
contact the Engagement Team by phone on 01223 725304 or email [capccg.engagement@nhs.net](mailto:capccg.engagement@nhs.net)

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APPENDIX 4

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Cambridgeshire and Peterborough  
Clinical Commissioning Group



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## Have your say on the future of Non-Emergency Patient Transport Services



27 August 2015

Cambridgeshire, Peterborough, Oundle and Royston residents are invited to have their say on the future of their local Non-Emergency Patient Transport Services

A public consultation has been launched today by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), inviting local residents to share their ideas and views on how non-emergency patient transport services can be improved.

Public meetings to discuss the proposed changes will take place as follows:

- March Library, Wednesday 16 September, 10.30-11.30am
- Huntingdon Library, Monday 21 September, 2-3pm
- Peterborough Central Library, Thursday 24 September, 3.30-4.30pm
- Wisbech Library, Tuesday 29 September, 1-2pm
- Ely Library, Wednesday 30 September, 1.30-2.30pm
- Old Bull Inn at Royston, Tuesday 6 October, 11am-12pm
- Central Library Cambridge, Wednesday 7 October, 2-3pm
- Priory Centre St Neots, Monday 12 October, 10-11am
- Chatteris Library, Wednesday 14 October, 11am-12pm

Dr Neil Modha, Chief Clinical Officer, says: "This consultation is important in helping us develop our services and to deliver a good quality Non-Emergency Patient Transport Service.

"We want to hear your opinions, and your answers to our questions concerning a service that is crucial for those who may be otherwise isolated, or in need of patient transport for health reasons. We want this service to support all its users fairly and as seamlessly as possible."

The consultation document can be read online, with a questionnaire also available for completion – find them at [www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/nepts.htm](http://www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/nepts.htm). Alternatively a hard copy may be requested by phoning 01223 725304.

The deadline for public responses is **5pm on Thursday 19 November 2015**.

Hard copies are also being sent to GP surgeries, pharmacies, and libraries.

Feedback given during the public consultation will be included in a follow-up report, which will be considered by the CCG Governing Body, contributing to any further development of these services.

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 8</b>
<b>17 SEPTEMBER 2015</b>	<b>Public Report</b>

## **Report of the Chief Executive Officer of the UnitingCare Partnership**

**Contact Officer(s) – Keith Spencer, Chief Executive Officer of the UnitingCare Partnership**  
**Contact Details – 01223 884457**

### **UNITINGCARE PARTNERSHIP – QUARTERLY REPORT**

#### **1. PURPOSE**

- 1.1 To provide the Commission with the requested update on the UnitingCare Partnership.

#### **2. RECOMMENDATIONS**

- 2.1 The Commission is being asked to note the contents of the report.

#### **3. BACKGROUND**

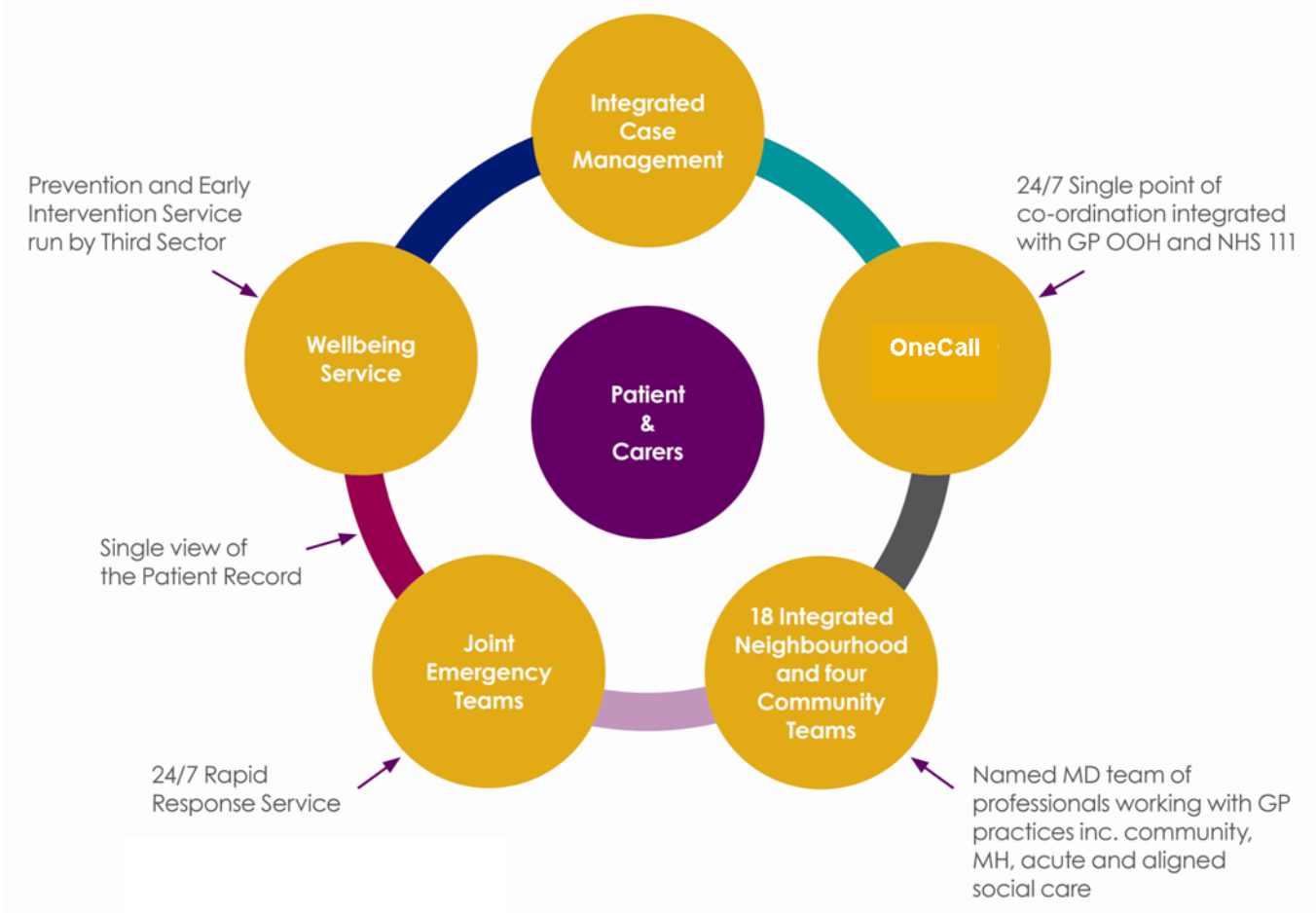
- 3.1 On 1 April 2015, UnitingCare Partnership became responsible for the provision of all healthcare services for people aged 65 and over and community care for people aged 18 and over as part of a five-year contract. UnitingCare is a partnership between Cambridge University Hospitals NHS Foundation Trust (CUH) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). This was following a two-year procurement lead by the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to ensure local care was better integrated and joined up around the needs of the patient. The services included emergency hospital care, community and mental health services for older people and adult community services.
- 3.2 There were a number of other reasons for the procurement including:
- The Cambridgeshire and Peterborough health system is not financially sustainable and if nothing is done, it will face a financial gap of at least £250 m by 2018/19;
  - The population of Cambridgeshire and Peterborough is increasing and there will be a greater proportion of older people in five years' time;
  - Demand for mental health services continues to increase;
  - There are significant levels of deprivation and inequality that need to be addressed; and
  - People are living longer and health outcomes are generally good but there are significant differences in people's health across our system.
- 3.3 In order to make the necessary improvements, UnitingCare will transform existing services to ensure; services are more joined-up around the needs of the patient; organisational boundaries don't get in the way of delivering quality care; and by introducing new ways of working to reduce unnecessary hospital admissions.
- 3.4 For this client group, by March 2017 UnitingCare intends to:
- Reduce avoidable admissions to hospital by 19% over the outturn in March 2015;
  - Reduce the length of time people stay in hospital when they are fit to go home by 19% over the outturn in March 2015;
  - Reduce avoidable A&E attendances by 24% over the outturn achieved in March 2015.

#### 4. THE UNITINGCARE MODEL

4.1 UnitingCare is implementing an evidence based model of integrated care with the following key components:

Clinical frailty assessment	A simple frailty assessment that will identify people who will be put into UCP's case management system who need both health and social care.
Case management	Intensive case management for the 5% (increasing to 15% over 3 years) of patients who are at greatest risk of future admission, to avoid crisis and reduce risk of hospital episode. Also to provide identifiable care co-ordinators for other patients.
Single View of the Patient record	Acts as an integration engine to provide all health and social care professionals with a single unified view of patient records including acute, community, GP and social care information.
Single point of coordination	Access 24/7 to a single telephone number for all healthcare professionals, social care, nursing homes, third sector and identified patients and carers. It will provide information, navigation, coordination and deployment of community services.
Neighbourhood teams	18 multi-disciplinary teams aligned to GP practices across the county comprising: community nurses, therapists and psychiatric nurses with an average of approx. 60 whole time equivalent staff per team with integrated social work support. The teams will also support out of hours cover for planned and rapid response teams working across a locality (ICT) with enhanced staffing levels.
Integrated care teams (ICT)	Four teams in Huntingdon, Peterborough, Cambridge, Fenland/ Ely comprising specialist nursing and therapy staff e.g. respiratory, neurology, cardiology, and tissue viability (approx. 100 whole time equivalent staff per ICT), which will liaise with acute trust specialists from the long term condition (LTC) pathways to avoid crises and hospital admission.
Joint emergency team (JET)	Urgent service to assess, initiate and plan care for people in the community without referral to secondary care. Maximum response time two hours and available 24/7.

4.2 This is described visually below:



4.3 For more information on the UnitingCare service model please visit [www.unitingcare.co.uk](http://www.unitingcare.co.uk).

## 5. WHERE ARE WE NOW

5.1 UnitingCare took over responsibility for healthcare for this client group on the 1 April 2015. For the first phase of implementation from April to the end of June 2015, our priority was to ensure the safe transfer of services from previous providers (1,400 staff transferred employer). This was achieved successfully and without major disruption to services. On the 6th May, we then began the transformation of care through the launch of two new services initially on limited hours and restricted geography: OneCall and the Joint Emergency Team (JET). Both OneCall and JET subsequently became 24/7 services across the entire geography on the 1 July 2015. By the 5th July, the JET service had received 470 referrals, 77% of which were treated without an A&E transfer and 80% of which were seen within 2 hours of referral.

5.2 Overall performance at the end of June 2015 shows:

- A&E attendances across Cambridgeshire and Peterborough are below both contract plan (-7.6%) and last year's comparable figure (-4.7%); and
- Emergency admissions across Cambridgeshire and Peterborough are below contract plan (-1.1%), but slightly above last year's comparable figure (3.5%).

5.3 The next and most important phase of transformation was launched on the 22 July 2015 accompanied by a significant communications and engagement campaign called 'Home's Best'. This is aimed at raising awareness of UnitingCare's aims and its service plans; creating a sense of urgency and pace regarding the changes that need to be made and garnering further ideas from across the health and social care system for how it could operate in an integrated way. (Please see link to video at <https://www.youtube.com/watch?v=9mZGqZ0--4E>).

- 5.4 This phase of transformation will run from the 22 July to the end of September 2015 and will include the following:
- Full rollout of the 24/7 Joint Emergency Team and OneCall to Care homes and patients;
  - Launch of the Single View of the Patient Record;
  - Launch of 17 Neighbourhood Teams and 4 Integrated Care Teams including 7 day working;
  - Roll out of the Wellbeing Service – prevention and early intervention;
  - A new case management and care co-ordination process;
  - A single assessment process between health and social care;
  - Better Discharge arrangements and increasing community intermediate care capacity to reduce delayed transfers of care;
  - A new community led approach to the front door of A&E departments; and
  - A new Dementia Intensive Support Team.

## **6. CONCLUSION**

- 6.1 UnitingCare is committed to improving patient care by ensuring it is provided closer to people's home by avoiding unnecessary admissions to hospital and improving discharge back into the community. We are also committed to supporting people's wellbeing to prevent crisis from happening. Implementation of the UnitingCare model will also enable delivery of the main components of the Better Care Fund for both Cambridgeshire County Council and Peterborough City Council. UnitingCare has established strong links and joint working arrangements with both councils.
- 6.2 With the growth in population and acuity, it is estimated that admissions to hospital from this client group will grow by 31% by 2020 if we continue to deliver services in the same way This would represent neither good patient care nor is it affordable.
- 6.3 In order to prevent this from happening, we need to avoid 17 more hospital admissions across the county per day from 1 September 2015 over and above what we achieved at the end of March 2015. Not only is it important to avoid admissions but also to reduce the number of days a patient has to wait in hospital once they are fit to go home. This is a huge undertaking. Every part of the Cambridgeshire and Peterborough health and social care system will need to play its part in helping to achieve this objective.

## **7. BACKGROUND DOCUMENTS**

None.

## **8. APPENDICES**

None.

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 9</b>
<b>17 SEPTEMBER 2015</b>	<b>Public Report</b>

## Report of the Director of Governance

**Report Author** – Paulina Ford, Senior Democratic Services Officer

**Contact Details** – 01733 452508 or email paulina.ford@peterborough.gov.uk

### FORWARD PLAN OF EXECUTIVE DECISIONS

#### 1. PURPOSE

- 1.1 This is a regular report to the Scrutiny Commission for Health Issues outlining the content of the Forward Plan of Executive Decisions.

#### 2. RECOMMENDATIONS

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

#### 3. BACKGROUND

- 3.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The Plan contains those Executive decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new Executive decisions to be taken after 2 October 2015.
- 3.2 The information in the Forward Plan of Executive Decisions provides the Commission with the opportunity of considering whether it wishes to seek to influence any of these Executive decisions, or to request further information.
- 3.3 If the Commission wished to examine any of the Executive decisions, consideration would need to be given as to how this could be accommodated within the work programme.
- 3.4 As the Forward Plan is published fortnightly any version of the Forward Plan published after dispatch of this agenda will be tabled at the meeting.

#### 4. CONSULTATION

- 4.1 Details of any consultation on individual decisions are contained within the Forward Plan of Executive Decisions.

#### 5. BACKGROUND DOCUMENTS

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

None

#### 6. APPENDICES

Appendix 1 – Forward Plan of Executive Decisions

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

PUBLISHED: 4 SEPTEMBER 2015

## FORWARD PLAN

### **PART 1 – KEY DECISIONS**

In the period commencing 28 days after the date of publication of this Plan, Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below in **Part 1**. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

If the decision is to be taken by an individual Cabinet Member, the name of the Cabinet Member is shown against the decision, in addition to details of the Councillor's portfolio. If the decision is to be taken by the Cabinet, this too is shown against the decision and its members are as listed below:  
Cllr Holdich (Leader); Cllr Coles; Cllr Elsey; Cllr Fitzgerald (Deputy Leader); Cllr Hiller, Cllr Lamb; Cllr North; Cllr Seaton; Cllr Serluca.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis to reflect new key-decisions. Each new Plan supersedes the previous Plan and items may be carried over into forthcoming Plans. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to Gemma George, Democratic Services Manager, Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to [gemma.george@peterborough.gov.uk](mailto:gemma.george@peterborough.gov.uk) or by telephone on 01733 452268. For each decision a public report will be available from the Governance Team one week before the decision is taken.

### **PART 2 – NOTICE OF INTENTION TO TAKE DECISION IN PRIVATE**

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

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

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

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

You are entitled to view any documents listed on the Plan, or obtain extracts from any documents listed or subsequently submitted to the decision maker prior to the decision being made, subject to any restrictions on disclosure. There is no charge for viewing the documents, although charges may be made for photocopying or postage. Documents listed on the notice and relevant documents subsequently being submitted can be requested from Gemma George, Democratic Services Manager, Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to [gemma.george@peterborough.gov.uk](mailto:gemma.george@peterborough.gov.uk) or by telephone on 01733 452268.



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

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

**KEY DECISIONS FROM 2 OCTOBER 2015**

<i><b>KEY DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
<b>Award of Contract for Car Leasing – KEY/02OCT15/01</b> To award a contract to enable the Council to provide a salary sacrifice car leasing scheme.	<b>Councillor David Seaton            Cabinet Member for Resources</b>	<b>October 2015</b>	Sustainable Growth and Environment Capital	Employment Committee and Trade Unions	Paul Smith HR Consultant Tel: 01733 863629 Paul.smith@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.  <b>The report will contain an exempt annex.</b>
<b>Future of America Farm Solar and Wind Project – KEY/02OCT15/02</b> For Cabinet to agree the future of the project at America Farm.	<b>Cabinet</b>	<b>9 November 2015</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	John Harrison Corporate Director Resources Tel: 01733 452520 John.harrison@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<p><b>Installation of Solar Panels on Roof Tops – KEY/02OCT15/03</b> To approve the extension of scope to the scheme and additional finance arrangements.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>October 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>John Harrison Corporate Director Resources Tel: 01733 452520 John.harrison@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
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<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<b>PREVIOUSLY ADVERTISED DECISIONS</b>						
<b>Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park - KEY/03JUL/11</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Dickens Street Car Park. For Cabinet to consider future options for service delivery.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>September 2015</b>	Sustainable Growth and Environment Capital	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate.	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Sale of the Herlington Centre - KEY/21MAR14/03</b> Delivery of the Council's capital receipts programme through the sale of the Herlington Centre, Orton Malborne.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>September 2015</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Simon Webber Capital Projects Officer Tel: 01733 384545 simon.webber@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<b>Formalise Integrated Community Equipment Service Funding and Commissioning Arrangements - KEY/18APR14/01</b> To formalise integrated community equipment service joint funding arrangements.	<b>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b>	<b>September 2015</b>	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Nick Blake Head of Commissioning for Older People, Physical Disabilities and Sensory Impairment Tel: 01733 452406 nick.blake@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Award of Contract for Build of a Waste Transfer Station - KEY/18APR14/02</b> To award a contract for the build of a waste transfer station.	<b>Councillor Gavin Eley Cabinet Member for Digital, Waste and Street Scene</b>	<b>September 2015</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Paul Robertson Waste Project Officer Tel: 01733 864740 paul.robertson@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Print Managed Services - KEY/13JUN14/01</b> To enable Council officers to be able to print, copy and scan.	<b>Councillor David Seaton Cabinet Member for Resources</b>	<b>September 2015</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Vicki Palazon Financial Services Manager – Planning and Reporting Tel: 01733 864104 Vicki.palazon@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<p><b>Selective Licensing - KEY/17OCT14/01</b> To improve standards and management of properties in the private rented sector.</p>	<p><b>Councillor Peter Hiller Cabinet Member for Growth, Planning, Housing &amp; Economic Development</b></p>	<p><b>September 2015</b></p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders</p>	<p>Belinda Child Housing Strategic Manager Tel: 01733 863769 Belinda.child@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>KEY DECISION REQUIRED</b></p>	<p><b>DECISION MAKER</b></p>	<p><b>DATE DECISION EXPECTED</b></p>	<p><b>RELEVANT SCRUTINY COMMITTEE</b></p>	<p><b>CONSULTATION</b></p>	<p><b>CONTACT DETAILS / REPORT AUTHORS</b></p>	<p><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></p>
<p><b>Peterborough Visitor Economy Strategy 2015-2020 (Draft) – KEY/06JAN15/13</b> To approve the strategy and recommend that Council adopt as a major policy document.</p>	<p><b>Cabinet</b></p>	<p><b>9 November 2015</b></p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Douglas Gyte Strategic Tourism Manager Tel: 01733 453490 Douglas.gyte@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Classroom Extension and Associated Works Heltwater School - KEY/06MAR15/01</b> To authorise the construction of an extension at Heltwater School and give authority to the Executive Director of Resources to award the construction contract within the approved budget.</p>	<p><b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University</b></p>	<p><b>September 2015</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Alison Chambers Assets and School Place Planning Officer Tel: 01733 863975 Alison.chambers@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<p><b>St Michaels Expansion – KEY/06MAR15/07</b> Award of contract for the expansion of St Michaels Church School to a 2FE, including the approval of property, legal and financial arrangements for various enabling agreements and third parties.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>September 2015</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Howard Head of Schools Infrastructure 01733 863976 Brian.howard@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>KEY DECISION REQUIRED</b></p>	<p><b>DECISION MAKER</b></p>	<p><b>DATE DECISION EXPECTED</b></p>	<p><b>RELEVANT SCRUTINY COMMITTEE</b></p>	<p><b>CONSULTATION</b></p>	<p><b>CONTACT DETAILS / REPORT AUTHOR</b></p>	<p><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></p>
<p><b>Fletton Quays – KEY/06MAR15/08</b> Disposal of Fletton Quays land and property assets to Peterborough Investment Partnership.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>September 2015</b></p>	<p>Sustainable Growth and Environment Capital Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Hodgson, Head of Strategic Projects 01733 384535 Richard.hodgson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Pleasure Fair Meadow – KEY/06MAR15/09</b> Disposal of Pleasure Fair Meadow Car Park to Peterborough Investment Partnership.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>September 2015</b></p>	<p>Sustainable Growth and Environment Capital Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Hodgson, Head of Strategic Projects 01733 384535 Richard.hodgson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<p><b>Wirrina Car Park – KEY/06MAR15/10</b> Disposal of Wirrina Car Park to Peterborough Investment Partnership.</p>	<p><b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b></p>	<p><b>September 2015</b></p>	<p>Sustainable Growth and Environment Capital Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Hodgson, Head of Strategic Projects 01733 384535 Richard.hodgson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Mobile Homes Charging Schedule – KEY/01MAY15/04</b> To approve the mobile homes charging schedule.</p>	<p><b>Councillor Peter Hiller</b> <b>Cabinet Member for Growth, Planning, Housing &amp; Economic Development</b></p>	<p><b>September 2015</b></p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders during eight week consultation.</p>	<p>Belinda Child Head of Housing and Health Improvement Tel: 01733 873769 Belinda.child@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>KEY DECISION REQUIRED</b></p>	<p><b>DECISION MAKER</b></p>	<p><b>DATE DECISION EXPECTED</b></p>	<p><b>RELEVANT SCRUTINY COMMITTEE</b></p>	<p><b>CONSULTATION</b></p>	<p><b>CONTACT DETAILS / REPORT AUTHOR</b></p>	<p><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></p>
<p><b>Novation of Contract Regarding Temporary Staff – KEY/15MAY15/01</b> To approve the novation of the temporary staff contract.</p>	<p><b>Councillor John Holdich</b> <b>Leader of the Council and Cabinet Member for Education, Skills and University</b></p>	<p><b>September 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>James Fordham Recruitment and Retention Officer Tel: 01733 864581 James.fordham@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<p><b>Extension and Variation to the Integrated Sexual Health Service Contract – KEY/26JUNE15/02</b> To extend the current contract for the two additional years specified in the original contract. In addition, this decision will reduce to current contract value.</p>	<p><b>Councillor Diane Lamb Cabinet Member for Public Health</b></p>	<p><b>September 2015</b></p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Wendi Ogle-Welbourn, Director of People and Communities Tel: 01733 863749 Wendi.Ogle-welbourn@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Offtake Arrangements for Power from the Energy from Waste Plant - KEY/10JUL15/01</b> To approve the offtake arrangements.</p>	<p><b>Councillor Gavin Elsey Cabinet Member for Digital, Waste and Street Scene</b></p>	<p><b>September 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal external stakeholders.</p>	<p>Richard Pearn Waste Partnership Manager Tel: 01733 864739 richard.pearn@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><b><i>The decision will include an exempt annex.</i></b></p>
<p><b>KEY DECISION REQUIRED</b></p>	<p><b>DECISION MAKER</b></p>	<p><b>DATE DECISION EXPECTED</b></p>	<p><b>RELEVANT SCRUTINY COMMITTEE</b></p>	<p><b>CONSULTATION</b></p>	<p><b>CONTACT DETAILS / REPORT AUTHORS</b></p>	<p><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></p>
<p><b>Real Time Passenger Information – KEY/10JUL15/02</b> To approve the expansion and maintenance contract.</p>	<p><b>Councillor Peter Hiller Cabinet Member for Growth, Planning, Housing &amp; Economic Development</b></p>	<p><b>September 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and External stakeholders.</p>	<p>Amy Pickstone Senior ITS Officer Tel: 01733 317481 Amy.pickstone@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>



<p><b>Delivery of the Council's Capital Receipt Programme through the sale of Welland House, Dogsthorpe – KEY/24JUL15/01</b> To authorise the sale of Welland House, Dogsthorpe.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>September 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Simon Webber Strategic Projects Officer Tel: 01733 384545 Simon.webber@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Delivery of the Council's Capital Receipt Programme through the sale of Pyramid Centre, Bretton North – KEY/24JUL15/02</b> To authorise the sale of the Pyramid Centre, Bretton North.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>September 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Gareth Dawkins Capital Projects Officer Tel: 01733 384618 Gareth.dawkins@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><b><i>The decision will include an exempt annexe.</i></b></p>
<p><b><i>KEY DECISION REQUIRED</i></b></p>	<p><b><i>DECISION MAKER</i></b></p>	<p><b><i>DATE DECISION EXPECTED</i></b></p>	<p><b><i>RELEVANT SCRUTINY COMMITTEE</i></b></p>	<p><b><i>CONSULTATION</i></b></p>	<p><b><i>CONTACT DETAILS / REPORT AUTHORS</i></b></p>	<p><b><i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i></b></p>

<p><b>Sale of Land at Rear of Braybrook School, Orton Longueville – KEY/24JUL15/03</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Land.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>December 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Davies Sales and Acquisitions Tel: 01733 384547 Brian.davies@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Sale of the Lindens, Lincoln Road – KEY/24JUL15/04</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>December 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Davies Sales and Acquisitions Tel: 01733 384547 Brian.davies@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>Sale of Bretton Court, Bretton North – KEY/24JUL15/05</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale.</p>	<p><b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b></p>	<p><b>December 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Davies Sales and Acquisitions Tel: 01733 384547 Brian.davies@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Expansion by One Form of Entry to Jack Hunt Secondary School – KEY/07AUG15/02</b> To approve expansion by 1 form of entry of Jack Hunt Secondary School to include award of building contracts for the required enhancement of facilities and any legal changes to the schools PFI contract.</p>	<p><b>Councillor John Holdich</b> <b>Leader of the Council and Cabinet Member for Education, Skills and University</b></p>	<p><b>September 2015</b></p>	<p>Strong and Supportive Communities Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Brian.howard@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<p><b>Procurement Strategy - KEY/21AUG15/01</b> To approve the Procurement Strategy.</p>	<p><b>Cabinet</b></p>	<p><b>9 November 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Vicki Palazon Financial Services Manager – Planning and Reporting Tel: 01733 864104 Vicki.palazon@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>KEY DECISION REQUIRED</b></p>	<p><b>DECISION MAKER</b></p>	<p><b>DATE DECISION EXPECTED</b></p>	<p><b>RELEVANT SCRUTINY COMMITTEE</b></p>	<p><b>CONSULTATION</b></p>	<p><b>CONTACT DETAILS / REPORT AUTHORS</b></p>	<p><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></p>
<p><b>Care Act 2014 Framework – KEY/21AUG15/02</b> Approval of publication of the Council’s framework for delivery of the statutory obligations and powers introduced by the Care Act 2014.</p>	<p><b>Cabinet</b></p>	<p><b>9 November 2015</b></p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Tina Hornsby Assistant Director, Quality Information and Performance Tel: 01733 752427 tina.hornsby@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Changes to the Council’s Adult Social Care Charging Policy – KEY/21AUG15/03</b> Consultation around proposed changes to the Council’s charging policy in recognition of the statutory obligations and powers introduced by the Care Act 2014.</p>	<p><b>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b></p>	<p><b>September 2015</b></p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders</p>	<p>Mark Gedney Financial Systems Manager Tel: 01733 452335 Mark.gedney@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<p><b>Integrated Substance Misuse Treatment System – KEY/21AUG15/06</b> To approve the contract award for the Integrated Substance Misuse Treatment System.</p>	<p><b>Councillor Diane Lamb Cabinet Member for Public Health</b></p>	<p><b>September 2015</b></p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Wendi Ogle-Welbourn Corporate Director People and Communities Tel: 01733 863749 Wendi.ogle-welbourn@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<b><i>KEY DECISION REQUIRED</i></b>	<b><i>DECISION MAKER</i></b>	<b><i>DATE DECISION EXPECTED</i></b>	<b><i>RELEVANT SCRUTINY COMMITTEE</i></b>	<b><i>CONSULTATION</i></b>	<b><i>CONTACT DETAILS / REPORT AUTHORS</i></b>	<b><i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i></b>
<p><b>Subsidised Passenger Transport Service Provision – KEY/04SEPT15/05</b> Following a Cross Party Working Group a report will be submitted to cabinet outlining their recommendations regarding maintaining and/or enhancing the Subsidised Passenger Transport Service Provision in Peterborough</p>	<p><b>Cabinet</b></p>	<p><b>9 November 2015</b></p>	<p>Sustainable Growth and Environment Capital Scrutiny Committee</p>	<p>Cross Party Working Group</p>	<p>Richard Mayes, Principal Passenger Transport Contracts and Planning Officer Tel: 01733 317451 richard.mayes@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<p><b>Peterborough Local Plan (Preliminary Draft version) - KEY/04SEPT15/04</b> Cabinet to approve the first draft of the updated Local Plan for public consultation in January 2016</p>	<p><b>Cabinet</b></p>	<p><b>14 December 2015</b></p>	<p>Sustainable Growth and Environment Capital Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Kay Head of Sustainable Growth Tel: 01733 863795 richard.kay@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
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<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>Installation of solar power on roof tops: extension of scheme to Axiom Housing Association Limited - KEY/04SEPT15/03</b></p> <p>To approve the extension of the scheme to Axiom Housing Association Limited.</p>	<p><b>Councillor David Seaton, Cabinet Member for Resources</b></p>	<p><b>September 2015</b></p>	<p>Sustainable growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>John Harrison Corporate Director Resources Tel: 01733 452520 John.harrison@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Installation of Solar Panels on Roof Tops: Extension of Initial Target Area and Extension of Qualifying Property Ownership - KEY/04SEPT15/02</b></p> <p>To approve the extension of the scheme's initial target area and extension of qualifying property ownership.</p>	<p><b>Councillor David Seaton, Cabinet Member for Resources</b></p>	<p><b>October 2015</b></p>	<p>Sustainable growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>John Harrison Corporate Director Resources Tel: 01733 452520 John.harrison@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<p><b>Installation of Solar Panels on Residential Roof Tops: Change in Initial Investment – KEY/04SEPT15/01</b> To approve the change in initial investment</p>	<p><b>Councillor David Seaton, Cabinet Member for Resources</b></p>	<p><b>September 2015</b></p>	<p>Sustainable growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>John Harrison Corporate Director Resources Tel: 01733 452520 John.harrison@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<i><b>KEY DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
<p><b>Peterborough Statement of Community Involvement (SCI) – KEY/21SEPT15/01</b> For Cabinet to approve the Statement of Community Involvement.</p>	<p><b>Cabinet</b></p>	<p><b>14 December 2015</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Kay Head of Sustainable Growth Strategy Tel: 01733 863795 Richard.kay@peterborough.gov.uk</p> <p>Gemma Wildman Principal Strategic Planning Officer Tel: 01733 863824 Gemma.wildman@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>



<p><b>Eyrescroft Primary School – KEY/21SEPT15/02</b>  Closure of Eyrescroft Primary School, academy transfer agreement and lease of premises.</p>	<p><b>Councillor John Holdich  Leader of the Council and  Cabinet Member for Education,  Skills and University</b></p>	<p><b>September 2015</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Alison Chambers  Assets and School Place Planning Officer  Alison.chambers@peterborough.gov.uk  Tel: 01733 863975</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Draft Housing Strategy – KEY/21SEPT15/03</b>  For Cabinet to approve the Strategy for public consultation.</p>	<p><b>Cabinet</b></p>	<p><b>8 February 2016</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Anne Keogh  Housing and Strategic Planning Manager  Anne.keogh1@peterborough.gov.uk  Tel: 01733 863815</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

**PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE**

**KEY DECISIONS TO BE TAKEN IN PRIVATE**

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
<b>NONE AT THE CURRENT TIME</b>						

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

**NON-KEY DECISIONS**

<i><b>DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
<p><b>Registration of the Mayor's Charity</b> To approve the registration of the Mayor's Charity with the Charity Commission.</p>	<p><b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University</b></p>	<p><b>September 2015</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Natalie Moulton Assistant Lawyer (Contracts and Procurement) Tel: 01733 452527 Natalie.moulton@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>Vivacity Premier Fitness – Invest to Save Scheme</b> To authorise investment in developing Vivacity Premier Fitness on an invest to save basis</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>September 2015</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>John Harrison Corporate Director Resources Tel: 01733 452520 John.harrison@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><b><i>The decision will include an exempt annex.</i></b></p>

<p><b>Extension of Current Adult Social Care Contracts</b> – To approve the extension of Mental Health Employment, Wellbeing and Recovery Services contracts from 1 October 2015 and 30 Nov 2016 due to reconfiguration of the contract.</p>	<p><b>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</b></p>	<p><b>September 2015</b></p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 Mubarak.darbar@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b><i>DECISION REQUIRED</i></b></p>	<p><b><i>DECISION MAKER</i></b></p>	<p><b><i>DATE DECISION EXPECTED</i></b></p>	<p><b><i>RELEVANT SCRUTINY COMMITTEE</i></b></p>	<p><b><i>CONSULTATION</i></b></p>	<p><b><i>CONTACT DETAILS / REPORT AUTHORS</i></b></p>	<p><b><i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i></b></p>
<p><b>Delegation of Authority</b> - To delegate authority for funding governance arrangements for care placements for Looked After Children to the Service Director – Safeguarding and Children for a period of 12 months.</p>	<p><b>Councillor Andy Coles Cabinet Member for Children’s Services</b></p>	<p><b>September 2015</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Helene Carr Head of Service, Access to Resources and Specialist Commissioning Tel: 01733 863901 Helene.car@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<p><b>Personal Budgets in Peterborough</b> To agree to adopt Peterborough's Personal Budget Policy Statement as part of the revised statutory duties that apply to the Council as part of the SEND reforms, under the Children and Families Act 2014.</p>	<p><b>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University</b></p>	<p><b>September 2015</b></p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders</p>	<p>Carrie Gamble Commissioner Tel: 01733 863931 Carrie.gamble@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
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**DIRECTORATE RESPONSIBILITIES**

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

Strategic Finance  
Internal Audit  
Schools Infrastructure (Assets and School Place Planning)  
Corporate Property  
Waste and Energy  
Strategic Client Services (Enterprise Peterborough / Vivacity / SERCO including Customer Services, ICT and Business Support)

**PEOPLE AND COMMUNITIES DEPARTMENT Director's Office at Bayard Place, Broadway, PE1 1FB**

Adult Services and Communities (Adult Social Care Operations, Adult Social Care and Quality Assurance, Adult Social Care Commissioning, Early Help – Adults, Children and Families, Housing and Health Improvement, Community and Safety Services, Offender Services)  
Children's Services and Safeguarding (Children's Social Care Operations, Children's Social Care Quality Assurance, Safeguarding Boards – Adults and Children's, Child Health, Clare Lodge (Operations), Access to Resources)  
Education, People Resources and Corporate Property (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure)

Business Management and Commercial Operations (Commissioning, Recruitment and Retention, Clare Lodge (Commercial), Early Years and Quality Improvement)

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

Legal and Democratic Services

Human Resources (Business Relations, HR Policy and Rewards, Training and Development, Occupational Health and Workforce Development)

City Services and Communications (Markets and Street Trading, City Centre Management including Events, Regulatory Services, Parking Services, Vivacity Contract, CCTV and Out of Hours Calls, Marketing and Communications, Tourism and Bus Station, Resilience)

Performance and Information (Performance Management, Information Governance, Systems Support Team, Coroner's Office, Freedom of Information)

**GROWTH AND REGENERATION DEPARTMENT Director's Office Stuart House, St Johns Street, Peterborough, PE1 5DD**

Development and Construction (Development Management, Planning Compliance, Building Control)

Sustainable Growth Strategy (Strategic Planning, Housing Strategy and Affordable Housing, Climate Change and Environment Capital, Natural and Built Environment)

Opportunity Peterborough

Peterborough Highway Services (Network Management, Highways Maintenance, Street Naming and Numbering, Street Lighting, Design and Adoption of Roads, Drainage and Flood Risk Management, Transport Policy and Sustainable Transport, Public Transport)

Peterborough Investment Partnership

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

**SCRUTINY COMMISSION FOR HEALTH ISSUES  
DRAFT WORK PROGRAMME 2015/16**

Meeting Date	Item	Indicative Timings	Progress
<b>24 June 2015</b> <i>Draft report 5 June</i> <i>Final report 12 June</i>	<b>Cambridgeshire and Peterborough Clinical Commissioning Group Performance Report</b>  <b>Contact Officer: Jessica Bawden</b>		Carried over from 10 March 2015
	<b>Public Health / Adult Social Care: Introduction, Overview and Future Work Programme</b>  <b>Contact Officer: Dr Liz Robin / Adrian Chapman</b>		Carried over from 10 March 2015
	<b>End of Consultation Report on a future model for NHS 111 and GP Out of Hours Services</b>  <b>Contact Officer: Jessica Bawden</b>		
	<b>Adult Social Care and Public Health – 2014/15 Performance Overview Report</b>  <b>Contact Officer: Tina Hornsby</b>		Carried over from 10 March 2015
	<b>Review of 2014/15 and Future Work Programme 2015/16</b>  To review the work undertaken during 2014/15 and to consider the future work programme of the Committee.  <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		

<b>21 July 2015</b> <i>Draft Report 2 July</i> <i>Final Report 9 July</i>	<b>Cambridgeshire And Peterborough Health And Care System Transformation Programme</b>  <b>Contact Officer: Jessica Bawden</b>		
	<b>Joint Commissioning</b>  <b>Contact Officer: Wendi Ogle-Welbourn</b>		
	<b>Minor Injury and Illness Unit (MIU) Relocation Proposals</b>  <b>Contact Officer: Cathy Mitchell</b>		
	<b>Update on Prime Minister's Challenge Fund Project for Peterborough</b>  <b>Contact Officer: Cathy Mitchell</b>		
<b>17 September 2015</b> <i>Draft report 28 Aug</i> <i>Final report 7 Sept</i>	<b>Children in Care: Health Outcomes plus Emotional Health and Wellbeing Pathway</b>  <i>To discuss jointly with the Creating Opportunities and Tackling Inequalities Scrutiny Committee</i> <b>Contact Officer: Janet Dullaghan</b>		
	<b>UnitingCare Partnership – Quarterly Report</b>  <b>Contact Officer: Keith Spencer (via Katrina Saunders)</b>		



	<b>Peterborough Renal Haemodialysis Capacity</b>		
	<b>Contact Officer: Geraldine Ward, General Manager Renal &amp; Transplant UHL</b>		
	<b>Proposal for Non-Emergency Patient Transport Services</b>		
	<b>Contact Officer: Jessica Bawden</b>		
<b>8 October 2015</b> <i>Draft Report 23 Sept</i> <i>Final Report 28 Sept</i>	<b>Joint Meeting of Scrutiny Committee and Commissions</b>  To discuss and comment on the proposals for the Alternative Governance arrangements.  <b>Contact Officer: Kim Sawyer</b>		
<b>5 November 2015</b> <i>Draft report 19 Oct</i> <i>Final report 26 Oct</i>	<b>Cabinet Member for Integrated Adult Social Care and Health Portfolio Progress Report</b>  <b>Contact Officer: Adrian Chapman</b>		
	<b>Health and Wellbeing Board Draft Strategy</b>  <b>Contact Officer: Dr Liz Robin</b>		
	<b>Peterborough and Stamford Hospitals NHS Foundation Trust – Monitoring Report Update</b>  <b>Contact Officer: Jane Pigg</b>		

	<b>MIU Draft Consultation</b>		
	<b>Contact Officer: Cathy Mitchell</b>		
<b>13 January 2016</b> <i>Draft report 24 Dec</i> <i>Final report 31 Dec</i>	<b>Cambridgeshire and Peterborough Clinical Commissioning Group Performance Report</b>		Report requested at 24 June 2015 meeting.
	<b>Contact Officer: Sarah Shuttlewood, C&amp;P CCG</b>		
	<b>Transfer of Commissioning of Health Visitors</b>		
	<b>Contact Officer: Janet Dullaghan</b>		
	<b>Cabinet Member for Public Health Portfolio Progress Report</b>		
	<b>Contact Officer: Dr Liz Robin</b>		
	<b>Service Director Report: Adult Social Care and Public Health</b>		
	<b>Communications Plan for New GP Out of Hours / 111 Service</b>		Requested at 24 June meeting
	<b>Contact Officer: Jessica Bawden</b>		
<b>(Joint Meeting of the Scrutiny Committees and Commissions)</b> <b>10 February 2016</b>	<b>Budget 2016/17 and Medium Term Financial Strategy 2025/2026</b> To scrutinise the Executive's proposals for the Budget 2016/17 and Medium Term Financial Strategy 2025/2026 <b>Contact Officer: John Harrison/Steven Pilsworth</b>		

<b>15 March 2016</b> <i>Draft report 25 Feb</i> <i>Final report 3 March</i>	<b>Cardiovascular Disease Programme</b>		

**Items for Scrutiny:**

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<p><b>Cabinet Member for Public Health – Portfolio Progress Report to include update on the following:</b></p> <ul style="list-style-type: none"> <li>• Young Peoples Sexual Health and Wellbeing Strategy</li> <li>• Suicide Prevention Strategy</li> <li>• Healthy Schools Programme</li> </ul>	
<p><b>Cabinet Member for Integrated Adult Social Care and Health – Portfolio Progress Report to include update on the following:</b></p> <ul style="list-style-type: none"> <li>• Implementation of the Care Act</li> <li>• Implementation of the Better Care Fund Programme</li> <li>• Transformed Day Opportunities Service</li> </ul>	

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