CABINET

MONDAY 13 JUNE 2016
10.00 AM

Council Chamber - Town Hall
Contact – gemma.george@peterborough.gov.uk, 01733 452268

AGENDA

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MINUTES OF CABINET MEETING HELD 21 MARCH 2016

PRESENT:

Cabinet Members: Councillor Holdich (Chair), Councillor Coles, Councillor Elsey, Councillor Hiller, Councillor North and Councillor Seaton

Cabinet Advisors: Councillor Casey and Councillor Stokes

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Serluca and Councillor Maqbool. Councillor Stokes was in attendance, on a voluntary basis, in place of Councillor Maqbool.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE CABINET MEETINGS HELD ON:

3.1 29 FEBRUARY 2016

The minutes of the meeting held on 29 February 2016 were agreed as a true and accurate record.

3.2 7 MARCH 2016

The minutes of the meeting held on 7 March 2016 were agreed as a true and accurate record.

4. PETITIONS PRESENTED TO CABINET

There were no petitions presented to Cabinet.

STRATEGIC DECISIONS

5. ARMED FORCES COMMUNITY COVENANT GRANT SCHEME

Cabinet received a report which sought endorsement for ongoing support for work involving the Armed Forces Community Covenant and associated grant scheme.

The purpose of the report was for Cabinet to understand the success that the Armed Forces Community Covenant Grant had had in integrating Forces and Civilian communities.

The Cabinet Member for Communities and Environment Capital introduced the report and explained the relationships that Peterborough City Council had with the Armed Forces and the ways that the Council had offered support. It was commented that the Council was committed to ensuring that the Armed Forces community should not face any disadvantage compared to other members of the community and that all would be done to recognise and address the issues that veterans may have.

The Cabinet Member for Communities and Environment Capital introduced Mark Davis from RAF Wittering and the Social Inclusion Manager, who outlined key achievements and projects.

The Service Director Adult Services and Communities thanked RAF Wittering and other partnership organisations and commented how positive it had been to work in partnership with the base and on the project. It was commented that Councillor John Fox had taken the role of Armed Forces Champion extremely seriously and was now seen as a true champion by many individuals and communities.

Cabinet debated the report and in summary, key points raised and responses to questions included:

- Wittering Parish Council had been consulted about each project that had been undertaken;
- The coordination and delivery of support for the mental and physical health outcome for the Community Covenant grant scheme had closed. It was expected to reopen later in 2016 when the government announced the new criteria;
- The priorities for future projects would be a veterans gateway single point of communication for advice; to support families in stress; projects which could join up local delivery amongst Councils and projects about community integration and cohesion;
- Future plans for the Community Covenant Scheme would take the four priorities for future projects and apply these to the needs of Peterborough. The focus would be on the first three priorities. A project was currently being worked on with Inspire Peterborough and Disability Peterborough to get veterans back into sport;
- The Wittering Families Centre and Community Learning Centre helped to generate community cohesion between Armed Forces and civilian families because they were placed in the centre of the village, had no military protection and were open to all members of the Wittering community;
- The Youth Drop In had moved buildings and had taken into account the needs and wants of young people. Young people had been involved in planning the building, via the Youth Forum, and they had stated that they wanted to learn life skills. As a result a large kitchen area, a music area, an arts and crafts area, more toilets and a café were to be created; and
- Members wished for it to be minuted that a fantastic job had been done so far and Peterborough should be proud.

Cabinet considered the report and **RESOLVED** to note the close partnership working between the Council and RAF Wittering which had led to a number of successful projects to support the Armed Forces and Civilian communities.

REASONS FOR THE DECISION

To ensure Cabinet was informed of the close partnership working between the Council and RAF Wittering which had led to a number of successful projects to support the Armed Forces and Civilian communities.

ALTERNATIVE OPTIONS CONSIDERED

There were no alternative options considered.

6. PETERBOROUGH SKILLS STRATEGY

Cabinet received a report following a request from Councillor John Holdich OBE, Leader of the Council and Cabinet Member for Education, Skills and University.

The purpose of the report was for Cabinet to approve the Peterborough Skills Strategy.

The Leader of the Council and Cabinet Member for Education, Skills and University introduced the report and the Principal City College Peterborough provided Members with an overview of the Peterborough Skills Strategy and the methods by which it was informed.

Cabinet debated the report and in summary, key points raised and responses to questions included:

- The Principal, City College Peterborough had visited all secondary headteachers in the area to discuss a city wide approach to the Skills Agenda and the options to build a pathway to post 16 learning. Headteachers had also been consulted to map the current curriculum and as a result of that, a Local Authority post 16 education plan had been created;
- The Gigabit City underpinned all aspects of the Peterborough Skills Strategy and linked with Digital City Peterborough;
- Engagement with employers would be wide and it would include 'Small and Medium Sized Enterprises (SMEs)'. The Peterborough Chamber of Commerce and Opportunity Peterborough would lead on an employer engagement group which would include a Forum;
- The demand in Peterborough for 'English for Speakers of Other Languages (ESOL)' was great and there were a number of waiting lists for qualifications. The qualifications required very highly qualified staff to deliver the training. The levels of ESOL that people needed and the reasons why they needed it was in the process of being determined and mapped with the hope of achieving a reduction in waiting times;
- Two projects were currently being undertaken to increase capacity. One of these projects was training people in the local community to teach the language requirement of ESOL and in turn they would do pro-bono work in the community to teach ESOL. The other was providing the training for those attending the course to become qualified to teach ESOL;
- The Strategy Action Plan would be updated quarterly and the Peterborough Skills Strategy would be reviewed annually;
- Employability would be addressed in the Peterborough Skills Strategy and skills would be mapped to local employers;
- The questions and comments from Members of the Creating Opportunities and Tackling Inequalities Scrutiny Committee held on Monday 14 March 2016 were outlined; and
- Members commented that the Air Cadets could become involved in the Peterborough Skills Strategy.

Cabinet considered the report and **RESOLVED** to approve the Peterborough Skills Strategy for implementation.

REASONS FOR THE DECISION

The Strategy would assist in:

- supporting partnership and collaboration on the collective vision and shared purpose;
- strengthening and building capacity;
- aligning skills development to local need;

- addressing business skills gaps;
- improving the social and economic wellbeing of local residents;
- improving health and wellbeing; and
- reducing poverty.

ALTERNATIVE OPTIONS CONSIDERED

To not develop a Skills Strategy; this option would not enable the City to focus attention on the need to increase skills levels in the city and this would adversely impact on the economic growth of the City.

7. LEASING COUNCIL OWNED PROPERTY TO START-UP AND FLEDGLING BUSINESSES

Cabinet received a report following approval of the Phase 2 Budget Proposals by Council on 9 March 2016 which included a proposal to use empty Council owned commercial properties to support new businesses.

The purpose of the report was to seek approval from Cabinet to implement a scheme to support new and fledgling companies to lease Council owned property for an initial rent free period, subject to the company paying normal business costs such as rates and utility charges.

The Cabinet Member for Resources and the Interim Assistant Director Property Services introduced the report and commented that it was the first of two reports to follow on from the recent agreement by Council to the Medium Term Financial Strategy. The scheme would be cost neutral to the Council and would be piloted in four locations.

Cabinet debated the report and in summary, key points raised and responses to questions included:

- When determining which businesses would benefit from the scheme, Opportunity Peterborough had agreed to provide support to businesses;
- Members commented that they were worried about the proposed plans regarding business plans being considered and supported by Opportunity Peterborough. It was commented that due diligence must be taken by Peterborough City Council and that the incoming businesses must be viable;
- Members suggested that the Manager of Peterborough Workspace could work with Opportunity Peterborough;
- Two leases were currently under negotiation and the scheme would start fully immediately; and
- The scheme could be extended to other Council owned property in the future.

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

1. A scheme to let Council owned retail and industrial units to fledgling and start-up businesses for short periods on ‘easy in easy out’ rent free terms at the following locations:

    a) Herlington Centre, Orton Malborne
    b) Pyramid Centre, Bretton
    c) Alfric Square, Woodston
    d) Saville Road, Westwood

2. That the Corporate Director Growth and Regeneration, in consultation with the Corporate Director Resources be given delegated authority to extend the scheme.

REASONS FOR THE DECISION

The proposals would assist with letting of Council owned vacant commercial units and supporting new and fledgling businesses in their early stages.

ALTERNATIVE OPTIONS CONSIDERED

To do nothing. The Council would remain financially liable for void rates and other property costs associated with void premises. The proposal recommended offered an opportunity to better manage the Council's ongoing liabilities on vacant premises.

8. FUTURE DELIVERY OF PROPERTY SERVICES

Cabinet received a report following the Phase One Budget Proposals approved by Council on 17 December 2015. This included a proposal to transfer property services into a joint venture with NPS Property Consultants Ltd (NPS), including estate management, asset acquisition, disposals and rent collection.

The purpose of the report was to seek approval from Cabinet to formally establish a joint venture property services company with NPS Property Consultants Ltd (NPS).

The Cabinet Member for Resources and the Interim Assistant Director Property Services introduced the report and outlined the proposals. It was proposed that the joint venture would be implemented by 1 July 2016. The Corporate Director Growth and Regeneration commented that the report demonstrated a much more proactive and rigorous approach to property services.

Cabinet debated the report and in summary, key points raised and responses to questions included:

- Additional income would be generated because the joint venture would operate on a commercial basis with a profit and loss account, an annual business plan and profit would be divided between the shareholders;
- The shareholders would be Peterborough City Council and NPS;
- In year one, emphasis would be placed on improving service provision and after this, it was envisaged that the shareholders would provide services to a broader base of clients across local authorities in Cambridgeshire and perhaps in East Anglia, the East Midlands and Bedfordshire;
- Income gained from providing services to a broader base of clients would be limited to 19% of revenue; and
- NPS were chosen because they were controlled by a local authority, had a public sector ethos and had a long standing track record of creating joint ventures with other local authorities.

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

1. To approve the proposal to formally establish a joint venture company with NPS Property Consultants Ltd;

2. To delegate authority to the Corporate Director of Growth & Regeneration and Corporate Director Resources to conclude negotiations and set up a performance framework for managing the joint venture;

3. To delegate authority to the Corporate Director of Growth and Regeneration and Director of Governance the ability to finalise any individual matters within their remit; and

4. To recommend to Council amendments to the Constitution 'Appointments to external organisations' to include the joint venture company within the key partnerships category to enable the Leader to make appointments to the governing body.

REASONS FOR THE DECISION

This report sought to implement the approved Phase One Budget proposals to enter into a joint venture with NPS Property Consultants Ltd, including access to robust and quality property specialisms at short notice and the ability to generate income, thereby contributing toward closing the budget gap.

ALTERNATIVE OPTIONS CONSIDERED

The following options were considered:

1. To do nothing. This option was ruled out for the reasons set out in the EELGA report, relating to the sub-optimal way that property services were currently provided; and
2. To bring the service in house to address the issues set out in the EELGA report. This had a number of disadvantages related to cost and the management resource required to establish the significant team required to specify, procure and manage appointments of a wide range of property service providers. It would also run counter to the commissioning council model and would not provide significant income generation opportunities.

9. ALTERNATIVE GOVERNANCE ARRANGEMENTS – EXECUTIVE PROCEDURE RULES

Cabinet received a report which followed the Council's decision on 27 January to adopt an alternative form of governance to take effect from the Annual Council meeting in May 2016 and to approve amendments to those sections of the Constitution relating to overview and scrutiny.

The purpose of the report was to obtain Cabinet's approval to the amended executive procedure rules for ratification by Council. These amendments reflected the changes in the Council's governance model from Annual Council 2016.

The Director of Governance introduced the report and explained the reasons for the amendments to the executive procedure rules.

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

1. To approve the proposed changes to the Executive Procedure Rules (Part 4 - Section 7); and

2. To request that Council ratify the Rules at the Annual meeting of Council on 23 May to take effect upon introduction of the new governance model.

REASONS FOR THE DECISION

The proposed changes would ensure the Cabinet Procedure Rules are aligned with the scrutiny procedure rules agreed by Council. The Constitution needs to be amended to enable the arrangements to be put in place following the Annual meeting in 2016.

ALTERNATIVE OPTIONS CONSIDERED

If the Executive did not agree with the proposals, it would not be possible to implement them without the approval of the Leader who had statutory responsibility for executive decision making and delegations of executive functions as set in the Local Government Act 2000 as amended.

Chairman
10.00am – 10.56am

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CABINET	AGENDA ITEM No. 5
13 JUNE 2016	PUBLIC REPORT

Cabinet Member(s) responsible:	Cllr Holdich – Leader of the Council, Cabinet Member for Education, Skills and University and Chair of the Health and Wellbeing Board	
Contact Officer(s):	Dr Liz Robin, Director of Public Health	Tel. 01733 207175

PETERBOROUGH JOINT HEALTH AND WELLBEING STRATEGY 2016/19

RECOMMENDATIONS	
FROM : Director of Public Health	**Deadline date : July 2016**

Cabinet is requested to:

1. Note the feedback from the public and stakeholder consultation on the draft Peterborough Joint Health and Wellbeing Strategy; and

2. Approve the final version of the Peterborough Joint Health and Wellbeing Strategy which has been amended to reflect the key themes of the consultation feedback and to recommend the Strategy to the Health and Wellbeing Board for approval.

1. ORIGIN OF REPORT

1.1 This report is submitted to Cabinet prior to the submission of the Strategy to the Health and Wellbeing Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to ensure that Cabinet has approved those elements of the Joint Health and Wellbeing Strategy which are the executive responsibility of Peterborough City Council, before the draft Joint Health and Wellbeing Strategy is taken to the Peterborough Health and Wellbeing Board in July for final approval by the partner agencies represented on the Board.

2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.3 To take a leading role in promoting the economic, environmental and social well-being of the area.

3. TIMESCALE

Is this a Major Policy Item/Statutory Plan?	**NO**	If Yes, date for relevant Cabinet Meeting	N/A

4. THE DRAFT PETERBOROUGH JOINT HEALTH AND WELLBEING STRATEGY

Background

4.1 Production of a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment (JSNA) is a statutory function of the Peterborough Health and Wellbeing Board under the Health and Social Care Act (2012). Both NHS Commissioners and Local Authorities are required to have regard to the Joint Strategy in their service plans.

4.2 The first Peterborough Joint Health and Wellbeing Strategy covered the period 2012-2015. This period was extended to cover the first part of 2016, pending approval of the new Joint Health and Wellbeing Strategy for 2016-19.

4.3 The draft Peterborough Joint Health and Wellbeing Strategy 2016-19, attached as **Appendix A**, has been developed collaboratively, with a wide range of local authority and NHS senior officers involved in drafting chapters for their lead area of responsibility.

4.4 The Strategy follows a framework agreed by the Health and Wellbeing Board in September 2015 with sections on:

- Health needs analysis
- Health and wellbeing through the lifecourse
- Creating a healthy environment
- Tackling health inequalities
- Working together effectively

4.5 The Strategy is not able to cover every service which promotes or delivers health and wellbeing in Peterborough. As outlined in the statutory guidance – the main focus of the Strategy is on joint work between the local authority, NHS commissioners and other partner organisations to meet local health and wellbeing needs.

5. CONSULTATION

5.1 The consultation on the draft Peterborough Joint Health and Wellbeing Strategy was launched on 1 February 2016 and ran until 30 April. Both the full Strategy and a summary version of the Strategy were made available on the Council's website, with long and short survey monkey questionnaires developed by Peterborough HealthWatch.

5.2 Before the consultation was launched both the full and summary versions of the draft Strategy were discussed by the Scrutiny Commission for Health Issues at their meeting on January 13th.

5.3 The consultation and engagement process was promoted in the following ways:

- The consultation web-link was distributed to a wide range of local stakeholders by e-mail.
- Hard copies of the summary Joint Health and Wellbeing Strategy (JHWS), with freepost envelopes for return of the questionnaire, were distributed to libraries, GP surgeries, parish councils, Town Hall and Bayard Place receptions, HealthWatch.
- An All Party Policy seminar on the JHWS was held in February and hard copies of the summary JHWS provided to all attendees.

The draft JHWS has also been discussed at, or distributed to members of, the following meetings and Boards:

- Health and Wellbeing Programme Delivery Board
- Greater Peterborough Executive Partnership Board (previously known as Borderline and Peterborough Executive Partnership Board)
- Peterborough City Council Public Health Board
- Safer Peterborough Partnership
- Peterborough Housing Partnership
- Childrens and Families Joint Commissioning Forum
- HealthWatch Peterborough
- Cambs & Peterborough NHS Clinical Commissioning Group Patient Forum
- Peterborough NHS Local Commissioning Group Patient Forum
- Borderline NHS Local Commissioning Group Patient Forum
- Adult Joint Commissioning Board

- Mental health stakeholder forum
- The City College ran sessions with young adults with learning disabilities, and with vocational trainees, asking participants for feedback on the JHWS.
- The JHWS was discussed at the Joint Mosques Group Meeting on the 30th March 2016. This is a joint meeting between City Council officers and Mosque leaders.

5.4 In total, 84 responses were received to the short version of the Health & Wellbeing strategy consultation and 17 responses were received to the full version of the Health & Wellbeing strategy consultation. For questions below, respondents were asked to select how strongly they agreed with each statement on a scale from 1 (strongly disagree) to 5 (strongly agree). An overview of results is included below. Please note, percentages will not add up to 100% due to exclusion of 'neither agree nor disagree' responses.

Question	Percentage of respondents answering 'agree' or 'strongly agree'	Percentage of respondents answering 'disagree' or 'strongly disagree'
The information presented in the strategy was easy to understand	67%	20%
The graphs and statistics provided helped to improve my understanding of health in Peterborough	54%	13%
The different sections made sure the health needs of every group of people in Peterborough were addressed	42%	11%
In general, I could see how the plans and projects outlined in the survey would benefit the health and wellbeing of the community	48%	15%
I could see that for every health issue included in the strategy, it described a plan to address that issue	43%	14%

5.5 Prominent themes expressed by several respondents to Health & Wellbeing strategy consultation included:

- People welcome and agree with the intentions stated in the strategy, but are concerned about whether they will be implemented
- People want to see the implementation plans for the strategy with visible actions to be taken, and to see the metrics which would be used to monitor progress.
- People are concerned about the pressure that population growth will place on services (particularly health services) in Peterborough.
- Some additional topics need to be included in the children's and young people's section of the strategy.
- Long term conditions which are less likely to cause premature mortality but cause pain and disability – e.g. arthritis and back pain need to be addressed in the strategy.
- More engagement is needed with carers of people with mental health conditions, and the strategy should include providing more information and support for them.
- The strategy should say more about dementia.
- Loneliness is often a problem for older people and the strategy should address this.
- Many older people do not engage through digital channels, so face to face contact and engagement is essential.
- The importance of access to green spaces for children and adults (including woodland) is strongly supported

- The focus of the housing chapter on the needs of older people is supported, but should be widened to include all vulnerable people and in particular appropriate housing for people with a disability
- The strategy must include the needs of all residents of Peterborough, and focus more on people with disabilities and carers.
- There needs to be more focus and information on the health inequalities experienced by migrants, and the health needs of different ethnic communities in Peterborough.
- The front cover and illustrations are very important – they should reflect the diversity of residents.
- There is too much information for a lot of readers – a simple version of the strategy is needed, made accessible to a range of readers in different languages/easy read/audio-book.

The outcome of the consultation is attached at **Appendix B**. **Appendix B1** is a summary of key themes from the consultation feedback and of the way that the draft Joint Health and Wellbeing Strategy was modified as a result. **Appendix B2** and **B3** are the collated responses to the short survey and long survey questionnaires. **Appendix B4** is a collation of the response from Healthwatch Peterborough, minutes of meetings at which the draft Strategy was discussed, and letters from the public.

6. ANTICIPATED OUTCOMES

6.1 The anticipated outcome of the consideration of this report is that Cabinet will approve the Joint Health and Wellbeing Strategy 2016-19 from the perspective of Peterborough City Council before it goes to the Health and Wellbeing Board for partnership approval.

7. REASONS FOR RECOMMENDATIONS

7.1 The Peterborough Joint Health and Wellbeing Strategy is a key document for driving forward the City Councils' strategic priority of 'Achieve the best health and wellbeing for the City'. The content and aims of the Strategy cover a range of Cabinet Portfolios, beyond those of Health and Wellbeing Board members, so discussion and approval by the full Cabinet is important.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The Joint Health and Wellbeing Strategy could have been taken to the Health and Wellbeing Board without consideration by Cabinet. However this would mean that some Cabinet members with portfolios relevant to the Strategy would not have been given the opportunity to consider and approve it.

9. IMPLICATIONS

9.1 Financial and legal implications

The Health and Wellbeing Board has a statutory duty to develop a Joint Health and Wellbeing Strategy to meet the needs outlined in the Joint Strategic Needs Assessment. The Strategy is high level and outlines plans for the future which involve the City Council, local NHS and other organisations working in partnership. There will be financial and legal implications for a number of the plans and objectives outlined in the Strategy, which will need to be delivered within the financial and capacity constraints of the organisations involved.

9.2 Corporate priorities

The Strategy reflects the Council's Strategic Priority 'Achieve the best Health and Wellbeing for the City'

9.3 Discrimination and Equality

In line with legislative requirements, an equality impact assessment has been undertaken and considered.

9.4 Cross Service implications

This Strategy has been drafted by a range of staff from across the City Council and CCG – and covers several Council services which have been involved in its development.

9.5 Risk assessment

A risk assessment has been prepared and considered.

10. BACKGROUND DOCUMENTS

Equality impact assessment
Risk assessment

11. APPENDICES

APPENDIX A: Draft joint Health and Wellbeing Strategy
APPENDIX B1 / B2 / B3 and B4: Outcome of consultation

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APPENDIX A

Peterborough
Creating a Healthy City

Peterborough Health and Wellbeing Board

HEALTH AND WELLBEING

2016 - 19 Draft Strategy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

PETERBOROUGH
CITY COUNCIL

TABLE OF CONTENTS:

1. INTRODUCTION

Peterborough Health and Wellbeing Board is a statutory partnership across Peterborough City Council, local NHS commissioners and Peterborough HealthWatch. Producing a Joint Health and Wellbeing Strategy to meet the health needs of local residents is one of the Board's main duties.

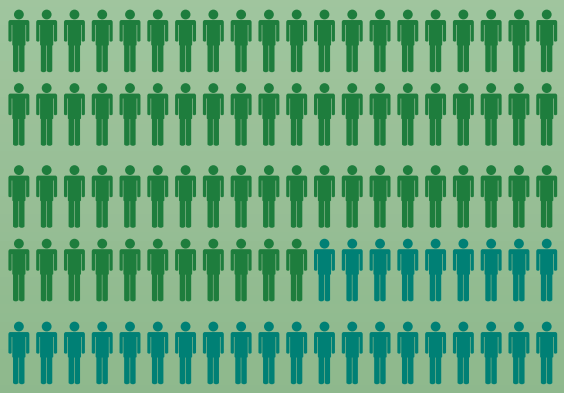
Information about health and wellbeing statistics and needs in Peterborough is available in the Annual Public Health Report and Joint Strategic Needs Assessment Assessment: **www.peterborough.gov.uk/healthcare/public-health**. This Strategy outlines the joint plans of the Health and Wellbeing Board to address these needs and health challenges.

Between February and April 2016, we engaged with stakeholders and the public in a three month public consultation on the draft Strategy. Overall, people fed back that the Strategy was welcome and focussed on the right priorities. There were some priorities which people felt had been missed and needed to be added, and some people wanted to see implementation plans for the Strategy and details of how progress would be monitored.

We're grateful for the effort which people made to respond to the consultation and the suggestions which were provided. Key points from the consultation have been included in each chapter of the Strategy, so that they can be taken account of when the Strategy is implemented. Implementation plans and monitoring of progress will be brought back to the Health and Wellbeing Board regularly for review.

JSNA THE FINDINGS

Peterborough Joint Strategic Needs Assessment



71%
of our residents are white british

29%
are from an ethnic minority group

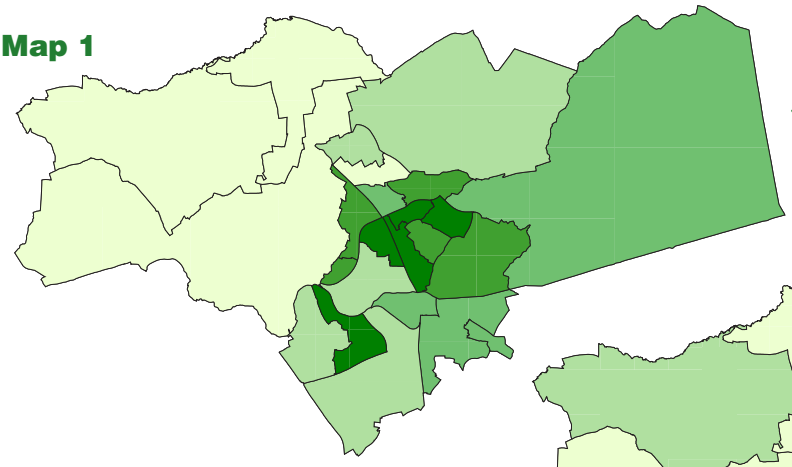
Peterborough has a higher proportion of residents living in deprivation than England.

Levels of deprivation are highest in the Central, North and Ravensthorpe electoral wards.

Significant inequalites

There are health inequalities in Peterborough linked to social and economic factors. Maps of Peterborough show that areas with more social and economic deprivation (darker areas on Map 1) also have higher premature mortality from heart disease (darker areas on map 2).

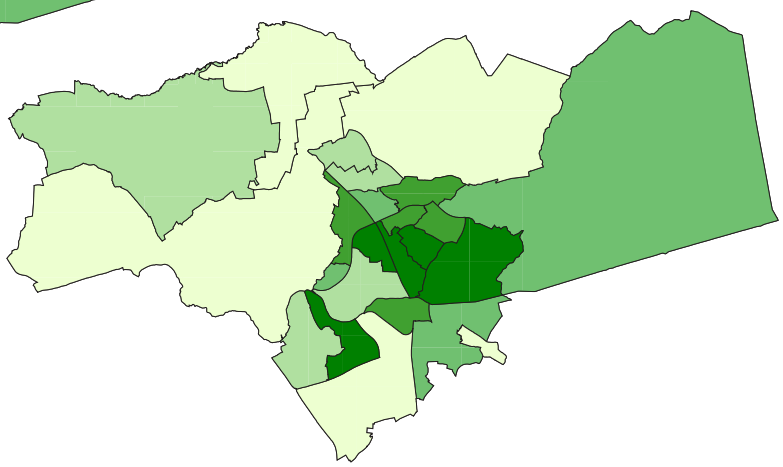
Map 1



Wards by IMD score 2015
- 40 to 45.8 (5)
- 25.95 to 39.9 (5)
- 20.5 to 25.94 (5)
- 14.5 to 20.4 (5)
- 9.7 to 14.4 (4)

* Please note that a darker colour is used to indicate a higher level of deprivation

Map 2



Coronary Heart Disease Mortality, SMR, under 75's
- 165 to 225 (5)
- 123 to 164 (5)
- 100.3 to 122.9 (4)
- 81 to 100.2 (5)
- 54 to 80 (5)

** Please note that a lighter colour is used to indicate a lower rate of coronary heart disease

PETERBOROUGH

is the UK's 3rd fastest growing city

with a relatively young, ethnically diverse population

LOWER than average

Peterborough has a lower average life expectancy and 'healthy life expectancy' than England.

On average in Peterborough a man can expect to **live in good health to the age of 61 years** with a **total lifespan of 79 years.**

A woman can expect to **live in good health to the age of 60** with a **total lifespan of 82 years.**

A few other KEY facts

1 in 5 4-5 year olds are overweight or obese and 7 in 10 adults.

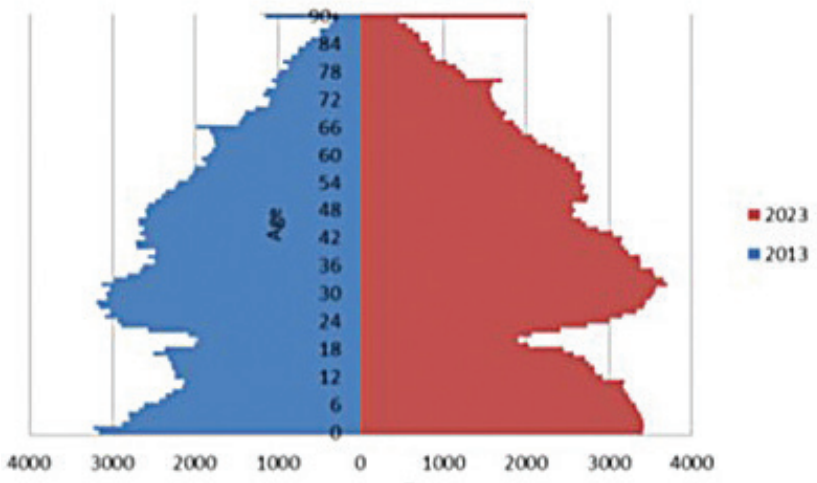
Our rate of UNDER 18 pregnancy is **32% higher than England**

Of 150 local authorities in England, where rank 1 is 'best' and rank 150 'worst' Peterborough is ranked:

- 106th for premature mortality (death rate under age 75) from heart disease and stroke)
- 98th for premature mortality from lung disease
- 94th for premature mortality from cancer

1.2 FORECASTING FUTURE NEEDS FOR HEALTH AND CARE IN PETERBOROUGH

Peterborough population pyramid (2013-2023)



- The total resident population of Peterborough was 189,300 in 2013 and is forecast to rise by 19% to 2023, reaching a total of 224,800.
- The population aged 65 and over is forecast to rise by 28% by 2023. The number of people aged 90 or over will almost double in this time.
- The number of children and young people aged 18 and under is forecast to rise by 23% to 2023.

MATERNITY SERVICES

There were 3,200 births to women living in Peterborough in 2013. This is forecast to rise to 3,440 in 2023.

PRIMARY CARE

There are 29 GP practices in Greater Peterborough Local NHS Commissioning Groups (LCGs), which cover the Peterborough City Council area and also some neighbouring GP practices in Cambridgeshire and Northamptonshire. Together these serve a registered population of 257,000 people. GP practice list size (the number of patients registered with one GP practice) varies from 2,000 to 25,800, with an average list size of 8,900. If GP practice populations increase in line with expected population growth, average list size will rise to 10,600 in 2023 (an increase of 19%).

HOSPITAL (SECONDARY) CARE

Annual hospital care attendances and admissions for people registered with Greater Peterborough LCGs is shown in the table below. Most but not all of these attendances and admissions are at Peterborough and Stamford Hospitals Foundation Trust (PSHFT). Demand for hospital services is forecast to rise by about 20% over the next five years. This takes into account the effect of population change and rising obesity. Types of hospital services used more by older people show the greatest increase, in line with the rapid rise in the older population.

FORECAST INCREASES IN HOSPITAL USE BY GREATER PETERBOROUGH PATIENTS 2013/14-2018/19

	A&E attendances	Outpatients	Elective Admissions	Non-elective Admissions	Procedures
2013/14	57,774	307,347	28,558	22,982	33,757
2018/19	68,484	361,750	34,094	27,542	40,501
% Change	18.5%	17.7%	19.4%	19.8%	20.0%

2.1 CHILDREN AND YOUNG PEOPLE'S HEALTH

NEEDS IDENTIFIED IN THE JSNA

Peterborough children and young people are more likely to live in areas where there are high levels of deprivation than England or East of England averages. Areas of Peterborough with the highest levels of deprivation, which are concentrated in the central and eastern areas, are also those where birth rates are highest. Overall around 22% of children and young people aged 0-16 are living in poverty.

Peterborough is a young, fast growing and increasingly diverse City. Population forecasts indicate that numbers of children and young people in the 5-15 age group will increase by around 30% between 2013 and 2021. Increasing population diversity brings considerable cultural richness, but also leads to some challenges in ensuring that families from newly arrived communities are aware of and are able to access prevention and early help services that can support them and prevent any additional needs from coming more serious.

Other key priority areas include:

- High rates of teenage conceptions in the City;
- Children aged 4-5 who are obese;
- High levels of teeth decay;
- Relatively fewer young people achieving well in education compared with England and regional averages, although this position is improving;
- High levels of hospital admissions among 10-24 year olds for self-harm.

Issues such as obesity and tooth decay may be associated with neglect, and there are indications from referrals into Children's Services and other softer measures that relatively high numbers of children and young people are impacted by neglect.

CURRENT JOINT WORK:

The Joint Commissioning Unit has been established to bring together commissioning activities across Peterborough and Cambridge in relation to children's health and wellbeing. Current priorities include:

- Managing the transition of commissioning arrangements for health visiting from NHS England to the Local Authority;
- Developing a healthy child programme that ensures that emerging needs for support are identified early and are acted upon effectively in partnership with children and families;
- Reviewing the Child and Adolescent Mental Health (CAMH) offer across the area, including overseeing action related to reducing waiting list for specialist CAMH services and remodelling support for children and young people with emotional health and wellbeing needs to make the best use of additional funding from Central Government.

The Children and Families Joint Commissioning Board includes local authority, local health commissioning and provider bodies, key partners such as social landlords, education services and voluntary organisations and is working to address a number of areas of needs. Priorities for the board are:

- Child Health, including emotional health and wellbeing, and children and young people who have special educational needs and disabilities;
- Children and young people in care performance group;
- Primary school age children: behaviour and emotional wellbeing;

- Education and Skills post 16;
- Vulnerable adults as Parents;
- Developing approaches to addressing neglectful parenting.

FUTURE PLANS:

Key priority future plans include:

- Developing a child and adolescent mental health (CAMH) pathway that better meets need and manages demand so that pressures on specialist services are minimised;
- Continuing a pilot approach where additional community psychiatric nurse (CPN) capacity is aligned with schools to enable better support to be offered to children and young people with emerging emotional and mental health difficulties;
- Working with the Peterborough Safeguarding Children Board to develop a more effective multi-agency response to neglect, focused particularly on addressing early indications of neglectful parenting and offering support to prevent patterns becoming established;
- We will also renew the Child Poverty Strategy in 2016.
- Developing a joint strategy to address high rates of teenage pregnancy
- We will jointly review the commissioning and delivery of services for children and young people with special educational needs and disabilities, from age 0-25.
- We will include consideration of the needs of single parent families in these workstreams

HOW WILL WE MEASURE SUCCESS?

Key indications of success include:

- Bringing waiting times for assessment and treatment for specialist CAMH services in line with national targets;
- Reducing childhood obesity
- Continued good performance in relation to young people Not in Education, Employment or Training [NEET];
- Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched.
- Reductions in the rate of teenage pregnancies

2.2 HEALTH BEHAVIOURS AND LIFESTYLES

Our lifestyles influence the way our health develops over our lifetime. Local research in East Anglia has shown that people with four key 'healthy' behaviours – not smoking, taking regular exercise, eating five fruit and vegetables a day and drinking alcohol within recommended limits, stay healthy for longer and live on average 14 years more than people with none of these behaviours.

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- Smoking rates are similar to the national average – about one in five adults smoke.
- Two in three adults are overweight or obese.
- Fewer people than average are physically active.
- Hospital admissions directly resulting from alcohol consumption are higher than average.

Key health inequalities:

- Smoking is more common among routine and manual workers - about one in three adults' smoke.
- Hospital admissions for alcohol are higher in some parts of the City than others.

CURRENT JOINT WORK

The Health and Wellbeing Board is aware of the need to ensure that people in Peterborough can access clear information about what a healthy lifestyle means and how to achieve it. Some people will also benefit from services, which specialise in helping people to stop smoking, manage their weight, or their alcohol consumption. To support local people to have healthy lifestyles the Health and Wellbeing Board is working together to:

- Develop a joint 'Prevention Strategy' to ensure that supporting people to improve and maintain their own health is a key part of managing demand on local NHS services.
- Commission a Joint Drug and Alcohol Service through the Clinical Commissioning Group and Peterborough City Council, which reaches into the Hospital. More information is available on www.saferpeterborough.org.uk
- Improve support for local employers to promote healthy workplaces through a new contract with 'Business in the Community'.

FUTURE PLANS

- We plan to commission an integrated healthy lifestyle service – with the aim that people can access one service for help and support with stopping smoking, healthy eating, physical activity, weight management and mental wellbeing. We will ensure that this links with services for people with mental and physical health, disability and ageing issues.
- We plan to improve our communication with local residents on health issues and to develop local campaigns and access to health information sources in a range of settings, which can be trusted to provide reliable advice on healthy lifestyles.
- We would like to recognise the vital role schools play in supporting the health and wellbeing of children and young people through a Healthy Schools Peterborough programme.
- We would like to reduce the number of local people developing Type 2 Diabetes.

HOW WILL WE MEASURE SUCCESS?

We will aim to achieve improvements in the following outcomes:

- The percentage of adults in Peterborough who smoke.
- The percentage of children and adults in Peterborough who are overweight or obese.
- The percentage of adults in Peterborough who are active.
- The numbers of attendances to sport and physical activities provided by Vivacity
- The percentage of adults in Peterborough admitted to hospital for alcohol-related conditions.
- The annual incidence of newly diagnosed Type 2 diabetes.

2.3 LONG TERM CONDITIONS AND PREMATURE MORTALITY

Since the early twentieth century there have been great improvements in life expectancy and in medical treatments. There are now many people who manage one or more long-term health conditions such as

diabetes or heart disease as part of their lives. Cardiovascular disease (CVD) describes a range of conditions including coronary heart disease and stroke. CVD takes many years to develop, is influenced by a number of factors, including lifestyle and health behaviours, and is more common among people living in relative deprivation. Having diabetes is associated with an increased risk of CVD. The Health and Wellbeing Board prioritised addressing CVD in 2014.

NEEDS IDENTIFIED IN THE JSNA

In Peterborough:

- Premature deaths (age under 75) from CVD and from respiratory disease are higher than the national average.
- Premature deaths from cancer are similar to the national average
- Preventable deaths from CVD are higher than average.
- About one in sixteen adults suffers from diabetes.

KEY HEALTH INEQUALITIES

- Emergency hospital admissions and premature deaths from coronary heart disease are higher in electoral wards in the City which have higher levels of deprivation.
- Diabetes and coronary heart disease rates are known from national research to be more common in South Asian communities.

CURRENT JOINT WORK

- The Health and Wellbeing Board commissioned a detailed CVD JSNA for Peterborough, which is now completed. https://www.peterborough.gov.uk/healthcare/public-health/JSNA/
- The local NHS Clinical Commissioning Group 'Tackling Health Inequalities in Coronary Heart Disease Programme Board' has worked closely with City Council's public health services to improve uptake of CVD 'health checks' for 40-74 year olds and to promote smoking cessation services for people at risk of heart and respiratory disease.

FUTURE PLANS

- The Health and Wellbeing Board has set up a Cardiovascular Steering Group, and this will develop and implement a joint strategy to address cardiovascular disease in Peterborough.
- The potential for a specific programme to work with South Asian communities to address higher rates of diabetes and coronary heart disease is being explored.
- Options are being explored to reduce the risk of stroke within the local population by improved identification of atrial fibrillation (an irregular heart rate which can lead to formation of blood clots and cause a stroke).
- A long term conditions needs assessment will be carried out which will cover a wider range of long term conditions including cancer and musculo-skeletal disorders. The needs assessment will focus on issues of pain, mental health, disability and activities of daily living associated with long term conditions, multi-morbidity (the problems experienced by people with more than one long term condition), the potential contribution of lifestyle and behaviour change services to slowing the progression of long term conditions, and local service plans for end of life care.

HOW WILL WE MEASURE OUR SUCCESS?

We will aim to achieve improvements in the following outcomes:

- Premature death rates from CVD (under age 75).
- Inequalities between electoral wards in emergency CVD hospital admissions.
- The upward trend in the prevalence of diabetes.
- The rate of hospital admissions for stroke and heart failure.
- Outcomes for a wider range of long term conditions will be defined following completion of the Long Term Conditions needs assessment.

2.4 MENTAL HEALTH FOR ADULTS OF WORKING AGE

Mental ill health is the largest cause of disability in the UK, representing 23% of the burden of illness. People with severe mental illness die on average 20 years earlier than the general population. Peterborough has its own challenges with mental illness, particularly around prevention and management of mental health crisis and support to those with severe mental illness and their carers.

NEEDS IDENTIFIED IN THE JSNA:

There is need to reduce mental health crisis, self-harm and suicide. In Peterborough:

- Hospital admission rates for self-harm are 40% above expected.
- Suicide rates were consistently higher than England rates until a drop was seen in 2012/14
- Referral rates to Crisis Resolution Home Treatment services for mental health problems are higher than Cambridgeshire.
- Use of police powers to take a person in mental health crisis to a place of safety (section 136) occurred at a much higher rate in Peterborough population than in Cambridgeshire.

Demand for mental health acute care occurs at a higher rate than all other areas in Cambridgeshire and mental health hospital admission rates are also higher.

Enablement – Data indicates that the proportion of people in Peterborough with severe mental illness who live independently or are in employment were consistently below the England rates, although there has been recent improvement.

Data indicates that carers of people with mental health disorders in the Peterborough community have unmet needs for services, information and advice.

CURRENT JOINT WORK

The Joint Suicide Prevention Strategy and implementation plan for Cambridgeshire and Peterborough is being delivered. This includes the award winning ‘Stop Suicide’ campaign, which raises awareness and offers training in suicide prevention and provides resources for self-help.

A local ‘Crisis Care Concordat implementation plan aims to prevent mental health crisis in community settings and reduce the use of section 136 of the Mental Health Act. A new crisis care telephone helpline and a community place of safety are proposed for the coming year.

Implementation of the Joint Peterborough Mental Health Commissioning strategy includes redesign of

the mental health accommodation pathway, increased choice of housing options, a placement model of employment support, stronger links between commissioners and clear focus on the right support, the first time, at the right place, by the right people.

FUTURE PLANS

- Bring together findings from the Peterborough Mental Health JSNA (2015) and refresh the Mental Health Commissioning strategy in 2016 to tailor implementation plans to address unmet mental health need.
- A new recovery coach service to support people after discharge from secondary care and during transitions by connecting between third sector, local authority and mental health services
- An enhanced Primary Care Mental Health Service is planned to support people with greater needs upon discharge from secondary care. This will operate through community based teams.
- The new Mental Health Commissioning and Delivery Partnership Board which includes representatives of carers and the voluntary sector, will ensure that the needs of carers are considered in joint planning of services.
- Service user representation will also be invited to the Partnership Board.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in:

- Hospital admissions for self-harm.
- Rates of use of section 136 under the mental health act
- Suicide rate
- Hospital readmission rates for mental health problems
- Enablement of those with severe mental illness, with more people in employment and independent living
- Carers for people with mental health problems receiving services advice or information

2.5 HEALTH AND WELLBEING OF PEOPLE WITH DISABILITY AND/OR SENSORY IMPAIRMENT

NEEDS IDENTIFIED IN THE JSNA:

The population of Adults in Peterborough living with a learning disability is forecast to rise by 10% between 2014 and 2030 from 2865 people to 3152 (source Department of Health Information Centre). In particular:

- Growth in in number of residents with severe Learning Disabilities is from 174 to 193 (11%)
- Growth in number of residents with autistic spectrum disorders is from 1179 to 1320 (12%)

The number of people with moderate or serious physical disabilities is forecast to rise by 14% between 2014 and 2030 from 11,208 to 12,743

In particular

- Forecast growth in those requiring assistance with personal care is from 5155 to 5904 (15%)
- Forecast growth in residents with serious visual impairment is from 76 to 84 (11%)
- Forecast growth in residents with moderate to profound hearing impairment is from 4178 to 4895 (17%)

CURRENT JOINT WORK AND FUTURE PLANS:

- The Council and Clinical Commissioning Group have agreed a strategy for supporting older people and adults with long term conditions within the Better Care Fund plan, working together to support people with disabilities through the following five key workstreams:
    - Data Sharing – enabling effective sharing of care and support information between health and social care professionals with access controlled by the person with disabilities.
    - Seven Day Working – expansion of health and social care service provision to be accessible and responsive at evenings and weekends.
    - Person Centred System – multi-disciplinary teams linked to the communities in which people live.
    - Information, Communication and Advice- enhanced information and advice to support people to access the support they might need.
    - Ageing Healthily and Prevention – help for all to stay healthy and self-manage long term conditions wherever possible.
- The Learning Disability Partnership maintains an overview of needs and services for people with a learning disability in Peterborough.
- A Vulnerable People's Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed.
- We will work with users of St Georges hydrotherapy pool to explore future options for sustainability.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

National measures: Adult social care outcomes framework (ASCOF)

- Percentage of adults known to ASC in employment - to increase
- ASCOF Percentage of adults known to ASC in settled accommodation – to increase
- ASCOF permanent residential admissions of adults to residential care – to decrease

Local measures

- Numbers of adults in receipt of assistive technology
- ASC Service user survey quality of life measure – improvement for clients aged under 65 with both learning disability and physical disability
- Numbers of adults with disabilities receiving short term services to increase independence
- Number of adults with disabilities receiving information advice and guidance

2.6 AGEING WELL

Ageing is not just about being older or living for longer - it's about ensuring that people have quality of life that adds value and purpose and through which they can continue to contribute to their families, communities and the wider economy as they grow older. Ageing can however bring challenges, such as frailty and dependence which need not be an inevitable part of ageing. There is much that individuals can do to maintain their own health and wellbeing as they age. Public services, the third sector, the commercial sector and local government can ensure Peterborough is a good place to grow older.

NEEDS IDENTIFIED IN THE JSNA:

- Numbers of people over the age of 65 within Peterborough are expected to grow substantially over the

next few years, by about 28% between 2013 and 2023.

- More people over 65 years have multiple long-term health conditions (LTCs) requiring treatment, and about 50% of people with multiple LTCs experience limitation of their day to day activities.
- Rates of hospital admission and need for social care packages of care increase with age.
- There are currently approximately 1,660 people living with dementia in Peterborough – this is projected to rise to 2,660 by 2030.

KEY HEALTH INEQUALITIES

- There are a higher proportion of older people aged 65+ in rural areas of Peterborough.
- In more deprived areas, people develop multiple long-term health conditions at a younger age.

CURRENT JOINT WORK

The health and wellbeing challenges facing older people have been prioritised locally across health and care systems. A service model has been developed by local NHS commissioners and community service providers, local Councils and voluntary organisations to enable people to age well and to live the life they want to lead by:

- Providing high-quality, responsive care and support
- Integrated working across health, social care and third sector services in Peterborough to ensure that care is joined-up around the needs of individuals within local communities, and avoidable admissions to hospital and care can be prevented.
- This is supported by jointly agreed plans for the Better Care Fund.

FUTURE PLANS

- The Health and Wellbeing Board has commissioned an “Older People: Primary Prevention of ill health” JSNA for Peterborough which is due for completion during 2016.
- Developing a joint “Healthy Ageing and Prevention Agenda” to ensure that preventative action is integrated and responsive to best support people to age well, live independently and contribute to their communities for as long as possible. This will include workstreams on isolation and loneliness.
- Review and refresh the joint dementia strategy for Peterborough
- To understand the challenges faced by local older populations, a specific programme of work in collaboration with older residents, will explore the main health and care issues faced by this group to inform future commissioning of services across the system and how stronger communities can empower people to self-manage with minimal support.
- We recognise that some older people prefer face to face communication rather than digital – for example through community hubs which are part of the Council’s wider strategy for communicating with the public.

HOW WILL WE MEASURE SUCCESS?

We will aim to achieve improvements in the following outcomes:

- Increased access and uptake of preventative services to promote and ensure ageing well
- Reduced rates of admissions to hospital and social care due to conditions that could have been managed in the community
- Customer survey to establish if Older people feel safer and supported in their communities
- Using an Outcomes Framework – covering several key priority areas for older people in relation to their NHS care, and the Social Care outcomes framework

2.7 PROTECTING HEALTH

NEEDS IDENTIFIED THROUGH THE ANNUAL HEALTH PROTECTION REPORT

- Rates of Tuberculosis (TB) in Peterborough are well above the national average – there are implications from the new national strategy and the opportunity to offer screening for latent TB infection to new migrants from high prevalence communities
- There is relatively poor uptake of adult bowel and cervical cancer screening programmes
- The uptake of childhood immunisation programmes is generally lower in the inner city and areas of higher socio-economic deprivation
- Chlamydia screening is focussed on young people aged 15 – 24, with a high diagnosis rate in Peterborough despite low screening uptake suggesting that some young people who are infected may be missing out on screening
- There is reported late diagnosis of HIV for some men leading to poorer outcomes.

KEY HEALTH INEQUALITIES

- TB is recognised as being associated with deprivation and overcrowding
- There is some evidence that screening uptake is lower among some more deprived and marginalised populations and some new migrant groups
- The picture around immunisation uptake is complex but there is evidence that certain populations have difficulty accessing services for immunisation

CURRENT JOINT WORK

- Cambridgeshire & Peterborough CCG has convened a joint TB commissioning group, to develop a plan to commission accessible and responsive services. The first task has been to develop a plan for implementation of Latent TB Infection (LTBI) screening in line with the national TB strategy and a successful bid for pilot funding was submitted to Public Health England.
- The Health Protection Steering Group, which involves the City Council, local NHS and Public Health England, has oversight of immunisation and screening uptake. Task & Finish Groups to look at uptake issues for immunisation and screening have completed reports and implementation groups are due to take forward their recommendations.
- A multi-agency sexual health strategy group is due to commence work shortly, convened by Peterborough City Council – this will look at a range of sexual health issues, not just communicable diseases.

FUTURE PLANS

- Develop a TB Commissioning plan for Cambridgeshire & Peterborough
- Develop a joint strategy to address poor uptake of screening including improved communication with communities and individuals
- Develop a joint strategy to address poor uptake of immunisation including improved communication with communities and individuals.
- Develop a Peterborough Joint Sexual Health Strategy, covering a range of issues

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in:

- Percentage of eligible people screened for latent TB infection
- Percentage of eligible newborn babies given BCG vaccination (aim 90%+)
- Increase in rate of completion of TB treatment
- Evidence of increasing uptake of screening and immunisation
- Reduction in late diagnosis of HIV
- Increased uptake of chlamydia screening

CREATING A HEALTHY ENVIRONMENT

3.1 GROWTH, HEALTH AND THE LOCAL PLAN

The Planning System for the built environment affects health in many ways - through securing good housing construction, transport infrastructure, improving air quality and noisy environments, remediating contaminated land, providing open space and play space, enhancing biodiversity, providing opportunities for local food growing, reducing flood risk, provision of local employment and many more. The adopted Core Strategy for Peterborough sets the requirement for an additional 25,500 new homes and 20,000 new jobs by 2026. The new Local Plan will extend the plan period to 2036.

There is a clear correlation between health and where we live. A number of published studies have provided evidence that our local environments can have a positive effect on individual health and wellbeing. On the other hand, many aspects of the built environment can deter people from being physically active, which is important for health. Consideration of 'social infrastructure', encouraging communities in new housing developments to develop supportive social networks, has a positive impact on wellbeing.

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- The percentage of physically active adults is lower than the England average
- The Peterborough Open Space Study Update Final Report (October 2011) indicates which areas of Peterborough are better or less well served in terms of open space.

KEY HEALTH INEQUALITIES

- Lack of access to open and green spaces can be bad for people's physical and mental health. Residents in areas of deprivation which have access to green space have lower rates of premature death than residents of deprived areas with less access to green space. The Peterborough Open Space Study Update Final Report (October 2011) indicates which areas of Peterborough are better or less well served in terms of open space.

CURRENT JOINT WORK

- The Environment Capital Action Plan describes the following actions:
  - Secure funding to increase the number of Green Flag awards to 6.
  - Nene Park Trust will continually raise the quality of its facilities and improve the participation and engagement of visitors.
  - Seek funding to carry out a feasibility study into local, sustainable food production.
  - Achieve Fairtrade city status.
  - Develop planning guidance to support local food.

FUTURE PLANS

- The health of residents is being specifically considered in the new Local Plan, consideration will be given to the access needs of vulnerable and marginalised groups.
- Public Health outcomes and/or objectives will be added to the Plan
- Public health advice will be embedded into the City Council Growth and Regeneration directorate, through a post which will work with local land use and transport planners to consider the impact of land use planning on health.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

- The Local Plan potentially affects a wide range of health outcomes. Some outcomes likely to be influenced by the built environment and land use planning are:
- The percentage of physically active and inactive adults
- Excess weight in 4-5 and 10-11 year olds, and Adults
- The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime
- Utilisation of outdoor space for exercise/health reasons

3.2 HEALTH AND TRANSPORT PLANNING

Transport is a complex system affected by infrastructure, individual characteristics and behaviours and can have a broad impact on health. Components that could be linked to health outcomes include issues such as air and noise pollution, road design, impact on physical activity, road injuries and deaths, and access to health services. This illustrates the diverse nature of the policy areas that are related to transport and may have a direct or indirect impact on health. Travel offers an important opportunity to help people become more physically active. Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups.

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- The number of children killed or seriously injured in road traffic accidents is not significantly different to the England Average.
- The number of adults killed or seriously injured on road is not significantly different to the England Average.
- Travel offers an important opportunity to help people become more physically active. However, inactive modes of transport have increasingly dominated in recent years.

KEY HEALTH INEQUALITIES

- The effects of road traffic disproportionately impact on socially excluded areas and individuals through pedestrian accidents, air pollution, noise and the effect on local communities of busy roads cutting through residential areas.
- Areas with higher levels of deprivation tend to have lower levels of general physical activity
- Cycling proficiency is also linked to where people live, with those in more deprived neighbourhoods less likely to report being able to cycle.

CURRENT JOINT WORK

The City Council's Travelchoice initiative encourages people to walk, cycle, use public transport, and car share, as well as the uptake of low emission vehicles.

- Increasing the number of pupils receiving Bikeability training from 951 to 1300 annually.
- The Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) works with a number of organisations to look at the causes of road accidents, understand current data and intelligence regarding the county's roads and develop multi-agency's solutions to help prevent future accidents and reduce collisions.
- Addenbrooke's Regional Trauma Network is a key partner in the CPRSP, and through various data sources allow the serious accident data to be broken down into more detail to gain a clear understanding of the impact of severe collisions to the NHS and longer term social care and other partners.
- The Fourth Local Transport Plan (2016-2020) emphasises the role transport can play in health of Peterborough residents

FUTURE PLANS

- Collect further joint strategic needs assessment (JSNA) information on transport and health for Peterborough, using locally developed methodologies.
- Permanently embed public health advice into the City Council Growth and Regeneration directorate, through a post which will work with local land use and transport planners to consider the impact of transport planning on health and health inequalities.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes

- The numbers of adults and children killed or seriously injured in road traffic accidents.
- The number of businesses with travel plans
- % of adults who meet the Chief Medical Officer guidelines on physical activity (active people survey)
- To further develop a robust monitoring network to enable in depth transport modal data to be collected.
- Measures of air quality

3.3 HOUSING AND HEALTH

The National Housing Federation states that poor housing conditions increase the risk of severe ill-health or disability by up to 25% during childhood and early adulthood. Housing conditions that adversely affect health, include; indoor dampness; pollutants associated with respiratory problems; features that lead to physical injury. Household overcrowding is associated with an increased risk in the spread of infection,

and indoor cold is associated with excess winter deaths and cardiovascular problems. The combination of factors associated with poor housing and economic stresses has been identified as having an adverse effect on mental health.

Homelessness is associated with adverse health, education and social outcomes, particularly for children. Statutory homeless households contain some of the most vulnerable and needy members of our communities.

The Welfare Reform Act 2012 introduced a range of benefit changes which are likely to result in a loss of income for some claimants and could result in an increase in homelessness if people are unable to meet their housing costs. There are also national requirements to reduce social rented housing.

NEEDS IDENTIFIED IN THE JSNA AND KEY HEALTH INEQUALITIES:

In Peterborough:

- The rate of family homelessness is worse than the England average.
- The 3 year rate of excess winter deaths (which may be related to winter infections, cold homes, and becoming cold outside the home) remained similar to the England average in Peterborough in 2010 -2013.
- It is estimated that poor housing conditions are responsible for over 651 harmful events requiring medical treatment every year in Peterborough. The estimated cost to the local NHS of treating these is £2.2M annually. .

CURRENT JOINT WORK:

- Housing Related Support (formerly Supporting People) funds support to a variety of providers and settings to ensure their clients are supported into move on accommodation, can maintain tenancies, and therefore prevent them from becoming homeless.
- The Peterborough Older Persons Accommodation Strategy identified that over 90% of people wished to remain at home and be supported to do so through the provision of aids and adaptations, and a demand for Extra Care Accommodation. To date, 262 additional units of Extra Care accommodation have been provided in partnership with Registered Providers. A further scheme of 54 dwellings is under construction.
- Care and Repair provides a handyperson (HP) scheme to help aged and vulnerable people with small scale works. The minor aids and adaptations installations and the HP assist hospital discharge and enable health services to be delivered in people's homes. The Agency provides advice and has a network of contacts for onward referral and works with other voluntary sector groups on winter warmth initiatives.
- City Council Cabinet has approved introducing selective licensing in 5 areas of the city covering 6205 privately rented properties. This would help raise the standard of private rented accommodation and therefore improve the health and well- being of those residents. The proposal is currently (May 2015) awaiting Secretary of State response.

FUTURE PLANS

- Peterborough City Council is working in partnership with Registered Providers to provide new supported housing schemes including accommodation for people with learning disabilities and mental health disorder to enable them to live independently with a live-in carer where necessary or floating support.
- A Vulnerable People's Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed.

- The Peterborough Market Position Statement has identified a significant shortfall of nursing and residential care accommodation and it will be a priority to increase this provision for the aging population.
- A task and finish group including Housing managers and Hospital managers is reviewing complex cases causing hospital discharge delays, and how use of disabled facility grants could address this.

HOW WILL WE MEASURE SUCCESS?

- Decrease in the ratio of excess winter deaths to average non-winter deaths
- Reduction in unintentional injuries in the home in the under 15 year olds
- Reduction in delayed discharge from hospital related to housing issues. .

4.1 GEOGRAPHICAL HEALTH INEQUALITIES

NEEDS IDENTIFIED IN THE JSNA:

- This link between more adverse socio-economic circumstances (deprivation) and poorer health is well known.
- The five most deprived electoral wards in Peterborough (pre-2016) were Dogsthorpe, North, Paston, Central and Ravensthorpe. Within these wards, deaths rates from all causes under the age of 75 and rates of admission to hospital were significantly high.
- Other parts of Peterborough also have residents living in difficult socio-economic circumstances – for example Bretton North, Orton Longueville and Park wards (pre-2016) are not included in the five 'most deprived' but have a higher percentage of children in poverty, lower achievement at GCSE and a higher percentage of the working age population claiming out of work benefit than the Peterborough average.

CURRENT JOINT WORK

- The City Council has a focus on economic development and regeneration in the City, together with improving educational attainment. In the long term these measures should improve both socio-economic circumstances and health.
- City Council Children's Centres work closely with health visitors, and are located to ensure focus on the areas of the City with the highest levels of need. Early child development, which Children's Centres help to support is important for future healthand wellbeing.
- The City Council has identified the 'Can Do' Area around Lincoln Road, which includes parts of Central Ward, Park ward and North ward. The 'Can Do' Board focusses on supporting environmental and service improvements for the area and includes senior staff from the City Council.

FUTURE PLANS

- The NHS Clinical Commissioning Group has a statutory duty to reduce health inequalities and to carry out health inequalities impact assessments of any significant services changes.
- City Council proposals for selective licensing of private sector housing in parts of the City (outlined in the previous section) could impact on geographical health inequalities in the longer term.
- There is potential to target preventive public health initiatives and services so that they focus more on areas of the City with the greatest health and wellbeing needs.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

- Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation.
- Increase in life expectancy in wards with highest levels of deprivation.
- Reduction in emergency hospital admissions from wards with the highest levels of deprivation.
- Smoking cessation rates in wards with highest levels of deprivation
- Health checks completion in wards with highest levels of deprivation

4.2 HEALTH AND WELLBEING OF DIVERSE COMMUNITIES

NEEDS IDENTIFIED IN THE JSNA:

Diverse Communities

- Peterborough has an ethnically diverse population; 70.9% of residents self-identified as White English/ Welsh/Scottish/Northern Irish/British compared to 86.0% in England as a whole. A higher proportion of our population than average are of South Asian and Eastern European descent.
- Black & Ethnic Minority populations are highest in the Central ward (58.2%), Park (35.8%) and Ravensthorpe (30.8%).
- World Health Organization research concludes that
    - the risk of cardiovascular disease and type 2 diabetes is higher in South Asian population groups
    - alcohol consumption is rising in many Eastern European countries, contributing to a significant decline in life expectancy among men of Eastern European descent
    - rates of tuberculosis are also known to be higher in some African, South Asian and Eastern European countries than in England.

CURRENT JOINT WORK

- The Health and Wellbeing Board has commissioned a Joint Strategic Needs Assessment (JSNA) on the health and wellbeing needs of Eastern European migrants.
- Eastern European 'community connectors' employed by the City Council are working closely with the local NHS on issues such as promotion of screening and immunisations

FUTURE PLANS

- The benefits of tailored preventive programmes, working with South Asian communities to prevent diabetes and cardiovascular disease, are increasingly recognised nationally. The CCG and City Council will work together to assess the feasibility of local schemes.

HOW WILL WE MEASURE SUCCESS?

Measuring success is more challenging for health and wellbeing issues in diverse communities, as recording of ethnicity by health services is not always complete. This makes it hard to rely on routinely collected data. Population mobility and change can also make measuring progress more challenging.

- We will work with local health services to improve data collection on ethnicity, both generally and to assess the success of targeted interventions.
- Outcome measures for health and wellbeing of Eastern European migrants will be developed following completion of the JSNA.

5.1 PARTNERSHIP BOARDS

The Peterborough Health and Well Being Board is supported by a number of Boards and Groups that are key to delivering the outcomes of the Joint Health and Wellbeing Strategy.

The Boards are as follows:

- Housing Partnership
- Children and Families Joint Commissioning board
- Older People's Stakeholder Group
- Carers Board
- Learning Disability Partnership
- Adult Joint Commissioning Board
- Mental Health Stakeholder Group
- Sexual Health Stakeholder Group
- Substance Misuse Stakeholder Group
- Greater Peterborough Executive Partnership Board
- Public Health Board
- Skills Partnership Board

These Boards include officers from the Local Authority, Clinical Commissioning Group, GP's and other health officers, Housing, Education, Police, Voluntary Sector, Prison and parents, carers and service users. The Boards define outcomes for delivery by focussed Task Groups, and these outcomes are core to delivery of the Joint Health and Wellbeing Strategy. A Community Serve Board is also in development to support delivery in and by communities.

To avoid duplication and give opportunities to join up work when appropriate, the Health and Wellbeing Board agreed to the development of a Health and Wellbeing Partnership Delivery Board. This comprises the Chairs of all the above Boards and the joint chair of the City's Skills Board. It's role is to take an overview of the work going on and ensure it is co-ordinated. This Delivery Board also reports to the Safer Peterborough Partnership Board (which has an important impact on health and wellbeing through its work on community safety and cohesion) and links to the Adult and Children Safeguarding Boards.

The terms of reference (including membership) of the Partnership Boards which feed into the Health and Wellbeing Board will be published on the City Council's website. Relevant work by the Partnership Boards on delivering the Joint Health and Wellbeing Strategy will be fed back to the Health and Wellbeing Board, which meets in public.

5.2 COMMISSIONING PRINCIPLES

Commissioning is about supporting the development of a thriving, strong and diverse social and health care market that is flexible and responsive to everyone in Peterborough, not just those eligible for direct Council or Health support - We want to stimulate the development of new services, and promote competition and collaboration so people have a varied care and support market to purchase from. To achieve this, we will work to ensure all the services we commission are:

1. Affordable and sustainable;
2. Evidence based;

3. Locally shaped;
4. Improving quality and the patient experience;
5. Address Health Inequalities
6. Appropriate in scale; and
7. Reflect the user's voice.

5.3 KEY PROGRAMMES

The following pages describe two key programmes to meet the future needs of growing populations, within available resources:

- The Cambridgeshire and Peterborough Health System Transformation Programme
- The Peterborough City Council Customer Experience Programme

The Health System Transformation Programme, Customer Experience Programme and other relevant health and social care programmes such as the Better Care Fund Plan, are being brought together in Peterborough under a joint governance and management system overseen by the Greater Peterborough Executive Partnership Board, which reports through to the Health and Wellbeing Board.

5.4 CAMBRIDGESHIRE AND PETERBOROUGH HEALTH SYSTEM TRANSFORMATION PROGRAMME

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), which plans, organises and buys most NHS-funded healthcare, is working together with the providers of local hospital and community healthcare to plan for local health and care needs. They have joined together under the Health System Transformation Programme to look at shaping a sustainable health system fit for the future. Peterborough City Council and Cambridgeshire County Council are also part of the programme, as are local Healthwatch organisations. The work of the programme also fits in with NHS England's Five Year Forward View. The Five Year Forward View recognises that the world has changed and health services need to evolve to meet the challenges NHS health services face.

SYSTEM STRATEGIC AIMS AND GOALS

The Cambridgeshire and Peterborough health system has agreed to a set of strategic aims for the next five years. These strategic aims are set out in the diagram below which shows how the strategic aims relate, with people at the centre of all we do.

The Cambridgeshire and Peterborough System Transformation Programme is looking at all hospital-based, GP and community healthcare services in Cambridgeshire and Peterborough. It is particularly focussing on the following areas of care:

- Children's and maternity services

- Mental health services
- Care delivered through GP surgeries
- Planned care (both in hospital and in the community)
- Emergency and urgent care.

It's also taking into account proposals to maintain planned improvements for older people's (over 65s) healthcare, following termination of the Integrated Older People's and Adult Community Services contract with Uniting Care Partnership. Prevention is key to the programme with everyone having a role in helping to reduce demand on our health services.

If we do not plan to change our health system, we are likely to see:

- funding shortfalls, possibly leading to unplanned service changes over which we have little control
- decreased quality of care and poorer health outcomes for people
- a continued rise in the need for health care
- some General Practices going out of business
- hospitals continuing to experience a rise in emergency admissions
- hospitals finding it harder to undertake planned work (such as scheduled operations)
- a decrease in quality and access performance standards in hospitals, and an increase in financial deficits
- an increase in pressure on all parts of the health system and an already stretched workforce.

The Health System Transformation Programme has taken a range of opportunities to engage with the wider public and feedback will inform and be reflected within the development of ideas for change across the system.

5.5 PETERBOROUGH CITY COUNCIL CUSTOMER EXPERIENCE PROGRAMME

The Customer Experience programme will develop and improve the ways in which customers access or are provided with public services, ensuring those that need help the most are able to reach the most appropriate services quickly and first time. This approach will enable services to meet the needs of those affected by health, social and economic inequalities across Peterborough, and will build resilience and capacity in communities to sustain improvements. The programme targets a reduction in costs, an increase in revenue and the management of current and future demand. The programme is divided into seven themes:

i. Front Door – redefining the method of accessing and contacting the council, ensuring those that can will be able help themselves and those with more complex needs reach the right services quickly

ii. Investment in Communities – ensuring we invest appropriately in community, voluntary or faith services and capacity as an alternative to public sector services

iii. Operating Models – designing new service delivery arrangements between council services and with partners

iv. New Ways of Working – enabling staff to work flexibly and in an agile way, making full use of digital technologies

v. Revenue – strengthening the council's commercially-minded approach, Increasing the amount of profitable revenue

vi. Building Optimisation – making the best use of public buildings and office space

vii. Digital Technology – investing in new technologies to improve ways of working and to enhance the offer to customers

The council wants its customers to:

- Ask once – we will only ask the customer for any information needed once
- Be self-directed – we will maximise any opportunity for the customer to self-serve
- Be in control – we will ensure services are customer-led and take account of the customer's views
- Be protected – we will identify and act upon any safeguarding concerns
- Be confident the information we hold about them is consistent across the organisation
- Be able to make full use of universal information and provision as the norm through interactive use of technology, blended with 'expert' assistance
- Have their queries resolved at the first point of contact wherever possible
- Be able to access council services or information in the most appropriate settings – there will be no wrong front door.

If we get these things right then it will be better for customers as they will receive a better and more accessible service, whilst at the same time enabling us to manage demand more effectively and sustainably.

CURRENT JOINT WORK

The Customer Experience programme is enabling a sharp focus on developing greater integration between the council and health partners. For example:

- the Operating Models theme is scoping an integrated health and social care operational delivery model which could see social workers co-located with health professionals
- the Operating Models theme is developing a new delivery model to bring together reablement and preventative health and social care services into a trading vehicle
- the Front Door theme is exploring a single, integrated front door model for council and health services
- the Investment in Communities theme is determining what health and social care preventative projects could be commissioned to help manage demand
- the Digital Technology strand is piloting new assistive technologies that could help reduce demand on the health and social care system

FUTURE PLANS

- The Customer Experience programme is still at the early stages of delivery, but has well established principles including the desire to deliver integration across health and social care services wherever possible and appropriate. We will ensure that health colleagues across the system are fully engaged in the programme.

5.6 A VISION FOR HEALTH AND WELLBEING IN 2016/19

To conclude, the context for the 2016/19 Joint Health and Wellbeing Strategy is:

- Significant budget reductions
- Growing population and demand for services

To meet these challenges, Health, Local Authority and other partners in the Health and Wellbeing Board will work in a new way - focusing on outcomes not organisations. We will get done what needs to be done by who is best to do it, and use evidence based sources and best practice to ensure what we deliver has the best chance of success. Success is now seen as collective.

PLACING PEOPLE AT THE HEART OF A SYSTEM WHICH MAKES SENSE TO THEM

The Health and Wellbeing Board will achieve its aims by:

A focus on **prevention**

- making Peterborough a healthy environment in which to live
- supporting all people and communities to maintain their own health and independence.

Driving **delivery** of:

- The right services
- To the right people, families and communities
- By the right people
- At the right time
- In the right place
- At the right cost

Monitoring **outcomes** which matter to all local residents, families and communities

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Peterborough
Creating a Healthy City

PETERBOROUGH
CITY COUNCIL

www.peterborough.gov.uk/healthcare/public-health

APPENDIX B1: CONSULTATION SUMMARY TABLE

Theme/Chapter of HWB Strategy	Summary consultation feedback	Action taken in response
Overall lay out and writing	• The front cover and illustrations are very important – the front cover must reflect the diversity of residents. • Several people thought that there is too much information for a lot of readers – a simple version is needed, but some people wanted more detail. • The strategy should be more accessible to different groups of readers - in different languages/easy read/audio-book. • Some people would value more links in the text to other strategies and documents, others think this would be too complicated.	• The front cover has been amended to reflect the diversity of residents • A summary leaflet describing the strategy will be prepared as well as the full version • Production of the summary leaflet in different languages/forms will be considered. • Links to the public health pages of the Council website and to the Safer Peterborough Partnership website have been included.
1.1 Joint strategic needs assessment findings	• The map (deprivation) and teenage pregnancy statistic were confusing.	• These have been altered to present information more clearly
1.2 Forecasting future needs	• People are concerned about the pressure that population growth will place on services (particularly health services) in Peterborough. • Some people thought that more emphasis on innovation was needed to meet these challenges, and that more education/information for people about how to use health services may help ease the pressures.	• Chapters on health system transformation and the City Council customer experience programme describe plans to address pressures from population growth. These include more accessible information for people using services, and a range of innovative approaches to redesign services.
2.1 Children and young people's health	• People would like more in the strategy about local service plans for children with disabilities, life threatening illness and needing end of life care.	• Information about the multi-agency review of services for children and young people with special educational needs and disabilities age 0-25 has been added to the strategy.

APPENDIX B1: CONSULTATION SUMMARY TABLE

	• The challenges faced by single parent families should be considered when implementing the strategy. • High teenage pregnancy rates are included in this chapter as an issue - and it would help to have more detail on plans to address this. • Children and young people's mental health is very important. • Education about health and wellbeing in schools is useful for children's future health.	• An intention to consider the needs of single parent families across the strategy workstreams has been included. • An action to develop a joint strategy to address high rates of teenage pregnancy has been added, together with an outcome metric on teenage pregnancy rates . • Plans to address children and young people's mental health services are outlined in the strategy • This is covered through the action to . develop a 'Healthy Schools Peterborough' programme
2.2 Health behaviours and lifestyles	• To support people's understanding of a healthy lifestyle, clear information is needed in different settings • 'Healthy Lifestyles' are important for people with mental health, disability and ageing issues and those recovering from severe illnesses , so this links through other parts of the HWB Strategy. • Some people were concerned about workplaces which don't provide a healthy environment • Some people wanted more information about plans for services for drug and alcohol misuse and the health of offenders.	• This is covered in the strategy through the plans to improve communication with residents. • A sentence has been added to the strategy to make clear that the planned integrated lifestyle service will include links for these groups. • Information about the new public health contract with Business in the Community to support employers with healthy workplaces has been included in the strategy. • A link to the Safer Peterborough Partnership website has been included which will have more information on plans for drug and alcohol misuse and services for offenders.

APPENDIX B1: CONSULTATION SUMMARY TABLE

2.3 Long term conditions and premature mortality – cardiovascular disease	• Cardiovascular disease is an important cause of early deaths and should be a priority. • Cancer should also be included in our plans. • Several people said that long term conditions which are less likely to cause premature mortality but cause pain and disability – e.g. arthritis and back pain need to be addressed in the strategy. • Some people thought that more information on plans for end of life care (at all ages) should be included	• Cardiovascular disease is a priority in the strategy. • The strategy has been amended to include a commitment to carry out a needs assessment for a wider range of long term conditions including cancer and musculo-skeletal conditions, and including end of life care.
2.4 Mental health for adults of working age	• Several people fed back that more work and engagement is needed with carers of people with mental health conditions, and to provide more information and support for them. It was suggested that an additional success measure was needed on the support offered to carers. • People also emphasised the importance of engaging with and listening to people with mental health problems and those working in the sector.	• The strategy has been amended to include a commitment that the new Mental Health Commissioning and Delivery Partnership Board which includes representatives of carers and the voluntary sector, will ensure that the needs of carers are considered in joint planning of services. An outcome metric on services and information for carers has been added. • Service user representatives will be invited to the Partnership Board
2.5 Health and wellbeing of people with disability and/or sensory impairment.	• People fed back concerns about housing, access, and support for people with disabilities and their carers – and felt that the needs of people with disabilities should be considered throughout the	• The chapter about people with disabilities and/or sensory impairment has been moved to the 'Health and Wellbeing through the Lifecourse' section of the Strategy to emphasise the

APPENDIX B1: CONSULTATION SUMMARY TABLE

	different aspects of the health and wellbeing strategy. • Some people also felt that more information is needed on service plans for people with a combination of learning disability, autism and epilepsy. • Feedback was received from users of the St Georges hydrotherapy pool, emphasising its benefits.	interdependencies with other 'Lifecourse' chapters. Additional points/ actions. relating to disability have been included in the chapters on children and young people's health; lifestyles; long term conditions; local plan, and housing. • The strategy states an intention to work with users of St Georges hydrotherapy to explore options for sustainability
2.6 Ageing well	• Several people felt that dementia was a significant issue and would like to see more details of the plans for addressing this. • Several people said that loneliness is often a problem for older people and needs to be considered when implementing the strategy. • Several people said that many older people don't engage through digital channels, so face to face contact to understand older people's needs remains important.	• The Strategy now makes reference to the joint dementia strategy for Peterborough being reviewed and refreshed • The Strategy now makes clear that the Better Care Fund Healthy Ageing and Prevention workstreams include a workstream on addressing loneliness • Recognition that older people don't always want to engage through digital channels but may prefer face to face contact has been explicitly added to the strategy.
2.7 Protecting health – communicable diseases	• Some people suggested that more communication with communities and individuals about immunisation and screening would help improve uptake rates . • Some people wanted more detail about plans to improve sexual health.	• This is included in the work of the task groups on screening and immunisation outlined in the strategy • This will be covered in the development of the Peterborough Joint Sexual Health

APPENDIX B1: CONSULTATION SUMMARY TABLE

		Strategy
3.1 and 3.2: Growth, health and the Local Plan; Health and transport planning *(chapters taken together as comments often overlapped)*	• Several people thought that access to green spaces (including woodland) was important for both children and adults. • Some people emphasised the importance of planning access for people with disabilities – for example to green spaces and cycle routes. • Some people are concerned about whether the links between health/wellbeing and local transport planning are strong enough; and about the impacts of increased road traffic as a result of economic and housing growth - particularly on areas of deprivation.	• This is recognised in the strategy. • Clarification that access needs of vulnerable and marginalised groups will be considered in the Local Plan has been added. • Clarification that ublic health input to transport planning will include the impact of transport on health inequalities and the impact of housing growth on transport and health have been added.
3.3 Housing and health	• People felt that the focus of the housing chapter on the needs of older people was right, and that this should be widened to include all vulnerable people and in particular appropriate housing for people with a disability	• Reference to the new Vulnerable People's Housing Sub-Group, which will work to address these issues has now been included in the strategy.
4.1 and 4.2 Health inequalities – geographical and of diverse communities *(chapters taken together as comments overlapped)*	• Several people were concerned that there needs to be more focus and information on the health inequalities experienced by migrants, and the health needs of different ethnic communities in Peterborough. • Some people fed back that they would like more explanation of the role of Children's Centres in addressing geographical health inequalities	• This is a focus of the strategy • An explanatory sentence has been included in the text.

APPENDIX B1: CONSULTATION SUMMARY TABLE

5.1 Working together effectively: Partnership boards	• It is good that partnership boards exist but people would like to know more about who sits on the partnership boards and the issues which they are discussing.	• The terms of reference (including membership) of the partnership boards will be placed on the City Council's website.
5.2 Commissioning principles	• Some people think that the commissioning principles are good and clear – others that they have some 'jargon' which needs more explanation. Clarity is needed that the principles are for <u>all</u> people in Peterborough with no groups excluded.	• The detailed commissioning principles in Appendix A, which could be seen as 'jargon' have been removed. The summary principles remain. • The text makes clear that the principles apply to everyone in Peterborough.
5.4 C&P Health System Transformation Programme	• The content of this chapter is not always clear, particularly about what will be done, and the arrows on the diagram are confusing. • It needs more about the needs of people requiring care long term and their carers	• The content of this chapter has been updated in the light of termination to the Uniting Care Contract. • Further updates will be available through the production of a Sustainable Transformation Plan for the Health System later this year.
5.5 PCC Customer experience programme	• This and the previous section may need re-writing to explain how the City Council Customer Experience Strategy and NHS System Transformation Strategy will work together.	• An additional short section (5.3) has been added to explain how the two programmes work together, overseen by the Greater Peterborough Executive Partnership Board.
5.6 A vision for health and wellbeing 2016/19	• The vision doesn't include everybody. More work is needed on the strategy for people with disability and their carers.	• The vision has been amended to make it clear it is for all local residents.
Issues thought to be missing from the strategy (some 'missing issues are also flagged in	• End of life care (all ages) • Disability housing, employment, access and carer	• This will be included in the planned long term conditions needs assessment. • These have been added to the relevant

APPENDIX B1: CONSULTATION SUMMARY TABLE

earlier feedback on individual chapters)	issues. • Loneliness particularly for older people. • Health issues associated with drug and alcohol misuse and offending • Sexual health not covered in enough detail • Cancer • The importance of religion for health	chapters. This is covered under the Better Care Fund heatlhy ageing and prevention workstream. More information is available on the Safer Peterborough Partnership website which has been included in the text. This will be covered in the joint sexual health strategy for Peterborough This will be included in the planned long term conditions needs assessment While this is acknowledged as important - actions are likely to lie outside the scope of the strategy
Other general comments on the Strategy	• Several people said that they agreed with the intentions stated in the Strategy, but were concerned that it would not be implemented • Several people wanted to see the implementation plans for the strategy with visible actions to be taken, and to see the metrics which would be used to monitor progress.	• Implementation plans will be developed and monitored by the HWB Board. The outcome metrics outlined in the strategy will also be monitored.

APPENDIX B1: CONSULTATION SUMMARY TABLE

	• The Strategy should be embedded in all the work the Council does. • Some people were concerned that the Strategy was not innovative enough • Some people were concerned about evidence that the CCG and CPFT could deliver effectively, following the termination of the Uniting Care Partnership. • Some people were concerned that joint working might mean services would shift to Cambridge.	• There will be ongoing review through the public health officer board within the Council and the Health and Wellbeing Programme Delivery Board. • More innovation is likely through the detailed implementation plans. • This is outside the scope of the strategy • This is not the intention of the strategy. The purpose of joint working is to make best use of available resources, and improve the outcomes and experience of residents using services.

APPENDIX B2: 2016-19 Peterborough Health & Wellbeing Strategy Consultation, Short Version Results

Question 1: The information presented in the strategy was easy to understand.

Answer Choices	Responses	
Agree	42.86%	36
Strongly agree	23.81%	20
Disagree	17.86%	15
Neither agree nor disagree	13.10%	11
Strongly disagree	2.38%	2
Total		84

Question 2: The strategy used too much medical jargon.

Answer Choices	Responses	
Agree	33.33%	28
Neither agree nor disagree	32.14%	27
Disagree	20.24%	17
Strongly agree	10.71%	9
Strongly disagree	3.57%	3
Total		84

Question 3: The graphs and statistics provided helped to improve my understanding of health in Peterborough.

Answer Choices	Responses	
Neither agree nor disagree	31.71%	26
Agree	30.49%	25
Strongly agree	24.39%	20
Disagree	12.20%	10
Strongly disagree	1.22%	1
Total		82

Question 4: The different sections made sure the health needs of every group of people in Peterborough were addressed.

Answer Choices	Responses	
Neither agree nor disagree	46.91%	38
Agree	35.80%	29
Disagree	9.88%	8
Strongly agree	6.17%	5
Strongly disagree	1.23%	1
Total		81

Question 5: If there are any groups whose needs you felt weren't addressed, or weren't addressed thoroughly enough, who were they and what should we be doing for them?

Response Number	Response
1	Single parent families
2	More carers would be good to help people with disabilities
3	I don't see action for people with back problems like my husband
4	Older people with rheumatism
5	Single mothers – help for childcare and cases of depression
6	Alcohol and drug problems
7	People with arthritis
8	People with poor work environments that are not often/never inspected
9	Insufficient addressing of needs of migrant workers and South Asian communities
10	More required on learning disabilities
11	This strategy is very limited regarding sexual health services given the increase of teenage pregnancy and the decrease of HIV detection in the area
12	Only one sentence included about dementia and nothing about carers
13	The 40-60 age group needs more support. They are often forgotten about and left to fend for themselves
14	There is no mention of children with disabilities/long term and terminal health issues
15	Lesbian, Gay, Bisexual & Transgender (LGBT) – more preventative work required re: sexual health including HIV – work on wellbeing, mental health and substance misuse, suicide prevention etc.

Question 6: In general, I could see how the plans and projects outlined in the survey would benefit the health and wellbeing of the community.

Answer Choices	Responses	
Agree	39.02%	32
Neither agree nor disagree	36.59%	30
Disagree	13.41%	11
Strongly agree	8.54%	7
Strongly disagree	2.44%	2
Total		82

Question 7: If there were any projects you couldn't see the benefit of, what were they?

Response Number	Response
1	It would be really useful to understand what is being offered locally to address some of the health issues. As a local resident I am interested in visible changes and services that are accessible to community members with no cost implications. The projects where I see little impact are where initiatives are all online and the expectation is that people will use social media to search for answers and book on to programmes. You will not reach the people who need the support, face to face engagement is more effective.
2	Limited impact for children and young person's mental health in plans described above. How will the Health Visitor programme actually address childhood obesity or self-harm?
3	Scientific projects or scientific knowledge-based programmes have a natural limit. Human behaviour is driven by spiritual forces. Nowhere have you mentioned the importance of my church. "The stone you ignore is the capstone to be". God bless.
4	A lot of talk. Where is the funding? Examples include day centres for people to find and advise, workshops and courses to aid and support people.
5	No details or specifics that will make any difference
6	Poor physical health of migrant workers due to poor enforcement of legal work practices leading to wellbeing & mental health issues as well as organic health problems should be addressed.

Question 8: I could see that for every health issue included in the strategy, it described a plan to address that issue.

Answer Choices	Responses	
Neither agree nor disagree	42.17%	35
Agree	34.94%	29
Disagree	12.05%	10
Strongly agree	8.43%	7
Strongly disagree	2.41%	2
Total		83

Question 9: Please add any additional comments regarding this strategy.

Response Number	Response
1	All good but no help for single mothers. More support for them would be nice and helpful.
2	Not enough work is being done to help disabled children but it's good to see how much is

Response Number	Response
	being done in the city for different groups of people.
3	Too much information. Need to read again but plans do look good.
4	Good plans but please more help for people with bad backs.
5	I didn't know there were so many projects and so much action going on for people with big problems. I will tell my friends and family.
6	Would be helpful to include a helpline, telephone number or other specific contact details.
7	Happy to see so many plans for people in Peterborough with health issues, especially older people and people with mental health problems.
8	The drug problem in Peterborough is significant; more help will be good.
9	There is too much suffering for old people with arthritis, but good to see projects helping many groups.
10	Employer exploitation of workers should be tackled, including associated stress problems.
11	I would like to see mention of the role of trees and natural green space. For example, trees can help to improve air quality, which can reduce asthma rates. Woods provide a range of social, economic and environmental benefits and woodland has been shown to contribute to 10 of the 20 quality of life indicators for the UK. Woods make particularly outstanding green spaces for public access because of the experience of nature they provide, their visual prominence alongside buildings which offers balance between the built and natural worlds, their low maintenance costs and their ability to accommodate large numbers of visitors. Woodland and related activities can also be valuable in promoting social inclusion. Woodland activities, such as tree planting, walking and woodland crafts can provide a forum for people of all ages and cultural backgrounds to come together to learn about and improve their local environment. Therefore I would like to see trees and woodland mentioned in this strategy and to see this reflected in terms of delivery.
12	The plans are high-level and talk about strategies and boards. This does not mean anything to local residents with low levels of literacy.
13	Will the problem be the implementation of the plans?
14	Having read the summary document, all I could see were a list of intentions to do better but no real plan of actions. I will read the 'full' document to see if it tells me more.
15	HIV screening, young people's self-harm and childhood obesity are not covered by the questionnaire. There is limited substance to the plans to give assurance that plans are developed to a degree of analysis which can give confidence that they will actually address the concerns identified in the data.
16	Britain brags that it is a Christian country, yet God's power to change people from drug addicts, prostitutes, robbers etc. is not acknowledged. Science and modern medicine has eclipsed God's power. Without God, science will fail. Please do not get me wrong; science and scientific approaches have some measure of success. However, human behaviour changes cannot be sustained by this approach. Only when people fear God will they abandon their evil lifestyles, most of which cause them disease, misery and crime. I hope my advice will not be ridiculed as unscientific or uneducated. Yet me and many others, not the majority though, are convinced that the purely scientific and secular approach, to the exclusion of God's precepts and the way of life he wants us to live, will fail. God save Britain from science.
17	To improve the lives of Peterborough citizens and to reduce health inequalities when measuring Peterborough averages against national averages would involve serious investment in services, more health-related employees, investing in ethnic minorities, disability groups and reinstatement of staff numbers and programmes in the public health department. Free exercise classes and a return to the number of stopping smoking clinics is vital.
18	Add more on dementia.
19	Involve more end users in policy and direction of services. Develop local projects in helping people to help themselves.

Response Number	Response
20	More information should be in the public domain, e.g. libraries, supermarkets, pubs etc.
21	Not inventive or innovative enough. You're going to need significant and extreme change to make any difference – a completely different set of ideas and ways of working. This is not it!
22	Strategy seems biased towards adults/senior citizens.
23	The issue of loneliness, especially but not only among older people, does not seem to have been fully addressed. Simple things like visiting schemes can have a major positive impact.

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APPENDIX B3 : 2016-19 Peterborough Health & Wellbeing Strategy Consultation, Full Version Results

Section 1 – Accessibility

Question 1: The information presented in the strategy was easy to understand.

Answer Choices	Responses	
Agree	**70.59%**	12
Strongly agree	**17.65%**	3
Neither agree nor disagree	**5.88%**	1
Disagree	**5.88%**	1
Strongly disagree	**0.00%**	0
Total		17

Question 2: The strategy used too much medical jargon.

Answer Choices	Responses	
Disagree	**58.82%**	10
Neither agree nor disagree	**23.53%**	4
Strongly disagree	**17.65%**	3
Strongly agree	**0.00%**	0
Agree	**0.00%**	0
Total		17

Question 3: The document was easy to navigate.

Answer Choices	Responses	
Agree	**58.82%**	10
Strongly agree	**41.18%**	7
Neither agree nor disagree	**0.00%**	0
Disagree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		17

Question 4: It was difficult to find the information I was looking for.

Answer Choices	Responses	
Disagree	**52.94%**	9
Neither agree nor disagree	**23.53%**	4
Strongly disagree	**11.76%**	2
Strongly agree	**5.88%**	1
Agree	**5.88%**	1
Total		17

Question 5: The graphs and illustrations in the strategy were easy to understand.

Answer Choices	Responses	
Agree	**70.59%**	12
Strongly agree	**23.53%**	4
Disagree	**5.88%**	1
Neither agree nor disagree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		17

Question 6: The graphs and illustrations were about the right size.

Answer Choices	Responses	
Agree	**64.71%**	11
Strongly agree	**23.53%**	4
Neither agree nor disagree	**11.76%**	2
Disagree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		17

Question 7: It wasn't always clear what the statistics were trying to illustrate/what they were referring to.

Answer Choices	Responses	
Disagree	**52.94%**	9
Neither agree nor disagree	**23.53%**	4
Agree	**17.65%**	3
Strongly disagree	**5.88%**	1
Strongly agree	**0.00%**	0
Total		17

Question 8: If you had any specific difficulties understanding the information in the policy, or if you have any suggestions to make it more accessible, please let us know here.

Response Number	Response
1	Some of the text could benefit from more graphs/illustrations to demonstrate the point. These are generally contained to the start of the document.
2	The information was well presented showing current statistics and forecast projections. The layout and illustrations are good. However the content may be too long for many people to digest.
3	For the general public far more information would be required for them to have hope in the strategy. I am engaged in fully supporting NHS and public health planning, that which was planned to improve and eventually produce a reasonably healthy public and for this you need to look at the planning of the late 1950's. Your statistics tell of a massive problem here. It concerns me that the bureaucracy is in place but unfortunately not the feet on the ground or is it the case that when you state that the plan is to keep the elderly well and useful in the community - are therefore the elderly to be coerced into providing the desperate number of volunteers you will require - An Idea - Why not have a voluntary bureaucracy and a paid workforce!! The bureaucracy might be older retired public health types only to keen to get the job really done!! Thanks for giving me the opportunity to put that idea across.
4	The statistic '37% - our rate of under 18 pregnancy is higher than England' - it is not clear at all whether this means 'our rate is 37% higher than England' or 'our rate is 37%, which is higher than England'. The diagram on page 37 isn't informative - the information isn't helped by being in a diagram, the arrows indicate a flow of movement of the ideas but it is impossible to tell how the ideas are supposed to interrelate.
5	Clear wording on titles such as a ranking. Is 1 good or bad?
6	An easy to read document.

Section 2 - Relevance

Question 9: The strategy is relevant to the health and wellbeing needs of the people of Peterborough.

Answer Choices	Responses	
Agree	**37.50%**	6
Strongly agree	**25.00%**	4
Neither agree not disagree	**18.75%**	3
Disagree	**12.50%**	2
Strongly disagree	**6.25%**	1
Total		16

Question 10: The graphs and statistics provided helped to improve my understanding of health in Peterborough.

Answer Choices	Responses	
Agree	**56.25%**	9
Strongly agree	**18.75%**	3
Neither agree not disagree	**12.50%**	2
Disagree	**12.50%**	2
Strongly disagree	**0.00%**	0
Total		16

Question 11: It wasn't always clear what the graphs and statistics were trying to illustrate.

Answer Choices	Responses	
Disagree	**62.50%**	10
Agree	**18.75%**	3
Neither agree not disagree	**18.75%**	3
Strongly agree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		16

Question 12: I understood which problem(s) each section of the strategy was intended to address.

Answer Choices	Responses	
Agree	**68.75%**	11
Strongly agree	**18.75%**	3
Neither agree not disagree	**12.50%**	2
Disagree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		16

Question 13: I understood how the contents of each section in the strategy were intended to address those problem(s).

Answer Choices	Responses	
Agree	**68.75%**	11
Neither agree not disagree	**12.50%**	2
Disagree	**12.50%**	2
Strongly agree	**6.25%**	1
Strongly disagree	**0.00%**	0
Total		16

Question 14: Were there any areas of concern to you that were not covered in the strategy, or that you feel received insufficient attention? If so, what were they?

Response Number	Response
1	Your strategy didn't go anywhere near enough to address the problems and issues and health and wellbeing of people with learning disability epilepsy and mental health problems. Also this includes carers and siblings? There services are cut or there are no support at all? There is more needed than just a support group, leaflet and health check. Your strategy does not reflect peoples voices. Who exactly are you listening too?
2	Dementia sufferers and support
3	I think Maternity and Women's Health and Protecting Health were insufficient compared with Ageing and Mortality
4	There is little information on offender health both youth and adult and given they are often the most excluded groups and suffer high health inequalities this for me is an omission.
5	No mention of improving cancer outcomes although cancer is mentioned in the page about causes of death
6	I feel that the local CCG needs to be tested. Is the current CCG fit for purpose bearing in mind it's two previous commissioning failures i.e. Circle Health, Hinchingbrooke Hospital and Uniting Care for adults and older people.
7	In the housing section the strategy has failed yet again to address specialised housing for disabled people. Extra care can not cater for this group.
8	I am not sure that the issue of loneliness - especially but not exclusively among older people - was sufficiently covered. There is evidence that Age UK's friendship schems can make a difference in many ways including on hospital admission rates.

Question 15: Were there any sections that you could not see the relevance of? If so, what were they?

Response Number	Response
1	No

Section 3 – Key Health and Wellbeing Themes

Question 16: Do you think we are planning adequately for the expected increase in Peterborough's child population?

Answer Choices	Responses	
Disagree	**41.67%**	5
Agree	**33.33%**	4
Neither agree not disagree	**25.00%**	3
Strongly agree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		12

Question 17: If not, what else should we be doing?

Response Number	Response
1	There is no mention of addressing teenage pregnancies despite this being listed as an area of need.
2	More needs to be done to support children with disabilities and their families
3	Education in Children Health to reverse current trends
4	Increase the number of hospitals/child services etc instead of just trying to make existing ones more efficient - that will be helpful but not sufficient. (It may be that this is what you are planning but this is not entirely clear)
5	investing more in Children & Young Person's services

Question 18: Are there any priorities that you think should be included, but are not?

Response Number	Response
1	We presume these will be covered through the refresh of the child poverty strategy.
2	Getting the support right is really important. Getting the schooling right is important too.
3	Preventative and early intervention in Child Health
4	Offender health, effective access to mental health services for young people who have chaotic lifestyles
5	Cancer

Question 19: Are there any areas we are prioritising, that you think we should not be?

Response Number	Response
1	Diagnosis, family support, professional support and understanding

Question 20: Do you think our success criteria are useful indicators? Are there any other outcomes we should be measuring to evaluate our project success?

Response Number	Response
1	Improvements in feelings of self-worth and wellbeing
2	Children with disability indicator, a carer indicator, siblings
3	Success should be measured in achieving healthier outcomes
4	Maybe fewer suicides/attempts among young people?

Question 21: Do you have any other thoughts on our children and young people's health section?

Response Number	Response
1	There could be some data on how the wider needs are being addressed such as increased school capacity, green space and safe areas of play and GP and Dentist services.
2	Encourage outdoor activities by making available reasonable costs to enjoy those activities bearing in mind that many families work to a tight budget.
3	Working with families to increase Immunisation, Healthy Eating and Exercise

Question 22: In addition to not smoking, taking regular exercise, eating five portions of fruit and vegetables a day and drinking alcohol within recommended limits, are there any other behaviours you think we should be working to encourage or discourage?

Response Number	Response
1	These are good and clear priority areas supported by national focus.
2	Educate children not to drop litter in the public domain ,making local communities better with less rubbish which creates a deprived outlook to local communities
3	No, I think you'll have your hands full!
4	Teenage pregnancy and long term conditions
5	Improving screening uptake
6	Discourage bullying especially through social media

Question 23: What services would you like to see in the proposed 'integrated healthy lifestyle service' offer?

Response Number	Response
1	Creativity in suggested interventions that address multiple needs. For example "regular exercise" could be coupled with befriending services for the elderly, taking out shopping for example.
2	Support with health for people with disability and carers. Some people with autism struggle to eat healthy food because of their condition. No help or support is offered to the families, only criticism.
3	Counselling and the ability to manage stress to combat mental illness self harm and suicide
4	The services outlined in the strategy sound good.
5	Screening opportunities

Question 24: Do you think our success criteria are useful indicators? Are there any other outcomes we should be measuring to evaluate project success?

Response Number	Response
1	Creativity in suggested interventions that address multiple needs. For example "regular exercise" could be coupled with befriending services for the elderly, taking out shopping for example.
2	Success should be in reducing Mental Health issues and Hospital Admissions
3	Yes, but is it possible to measure non vivacity provided sport attendances?
4	They look OK to me
5	Screening uptake

Question 25: Do you have any other thoughts on our health, behaviours and lifestyles section?

Response Number	Response
1	No
2	N/A

Question 26: Did you feel the high level of focus on CVD was justified, given how common it is?

Response Number	Response
1	Yes, we should seek to address preventable deaths of this nature.
2	Yes
3	Yes
4	Yes
5	Yes
6	Not really - it is needs a whole system approach

Question 27: Would you like to see more focus on other long term conditions besides CVD and if so, which ones?

Response Number	Response
1	COPD stands out as a high level of need. More focus as well on how diabetes will be addressed.
2	Yes. As autism, learning disabilities, epilepsy are under long term conditions, you should focus on these conditions too.
3	Mobility problems
4	Arthritis, Rheumatism and other disabling conditions
5	Yes

Question 28: Did you find the link to the CVD Joint Strategic Needs Assessment (JSNA) for Peterborough helpful?

Answer Choices	Responses	
Agree	**66.67%**	6
Neither agree not disagree	**22.22%**	2
Disagree	**11.11%**	1
Strongly agree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		9

Question 29: Would you like to see more links to external/supporting documents elsewhere in the strategy document?

Response Number	Response
1	Yes, the link to the JSNA takes us to a page with wider datasets that could be referred to. Also where referring to other strategy documents it would help to provide links to these.
2	Yes
3	No. It would make the document too complex
4	Yes, links to cited evidence are always good
5	No the information provided was adequate to understand the problem
6	Maybe
7	Yes

Question 30: Do you think our success criteria are useful indicators? Are there any other outcomes we should be measuring to evaluate project success?

Response Number	Response
1	Success should be measured in positive outcomes
2	Seem to be useful.
3	Maybe what the national indicators or regional ones to see if things are going in the right direction
4	Ok
5	Yes

Question 31: Do you have any other thoughts on our long term conditions and premature mortality section?

Response Number	Response
1	People need more support with long term condition especially if they also have Autism and or a learning disability. Not enough is done to help people with these conditions even harder when they cannot speak or have limited understanding.
2	Needs to mention greater effort for social services to work with NHS CHC people and their clients.

Question 32: When we refresh the Mental Health Joint Commissioning strategy in 2016, which approaches do you think should take priority?

Response Number	Response
1	To include people with Autism and learning disability and carers
2	Quicker access to help
3	Support for people experiencing stress to prevent further Mental Health issues
4	There should be a clear focus on commissioning talking therapies based on an evidenced based approach
5	Is CPFT management team fit for purpose considering this organisation was part of Uniting Care?
6	Question not understood

Question 33: Do you think we should be doing more to meet the needs of carers? What should we be doing?

Response Number	Response
1	Yes, information on support available is available but needs to be sought. Greater promotion of services and support available would be extremely beneficial. Think of working with key partners who can use existing information sources and staff to get the word out.
2	Yes do not do enough to support carers. We need than a support group and a leaflet.
3	Support with better information
4	Carers need respite and support
5	Yes, set up information and advice services to support them and make sure there is adequate help for people caring in their homes.
6	Yes definitely especially young carers
7	More robust communications to people who are carers. A carers support team would be good.
8	Yes, carers of those under NHS CHC are a neglected group, although they look after the most challenging in society.
9	Yes. Make sure that Social Care and CPFT have fulfilled their greater duties to carers under the Care Act. Make sure that CPFT are always identifying carers and offering them a carers assessment, this is not evidenced at present.

Question 34: Do you think our success criteria are useful indicators? Are there any other outcomes we should be measuring to evaluate project success?

Response Number	Response
1	Include carers. Why not ask carers what it's like to look after people with mental health problems and what they need
2	Success should be indicated by Mental illness being prevented
3	They could be improved. Location of the S 136 place of safety is a good indicator - this should be a health setting in all cases (in many areas e.g. Hertfordshire police stations are never used.) Performance on specific questions in the annual national mental health service user survey especially those about recovery is a very strong measure of progress. Readmission rates are a weak indicator.

Question 35: Do you have any other thoughts on our mental health for adults of working age section?

Response Number	Response
1	How will the high levels of self harm be addressed?
2	Why not start asking people what they need than putting limited services in place YOU think they need to save you money
3	Should there not be a section on mental health of everyone else?
4	Engage better with those working in the sector and those living with mental health conditions
5	The section seems superficial and ignores the increasing levels of unmet need which are partly due to the year on year disinvestment from CPFT

Question 36: Do you think we are planning adequately for the expected increase in Peterborough's elderly population?

Answer Choices	Responses	
Agree	**33.33%**	4
Disagree	**33.33%**	4
Neither agree not disagree	**25.00%**	3
Strongly disagree	**8.33%**	1
Strongly agree	**0.00%**	0
Total		12

Question 37: If not, what else should we be doing?

Response Number	Response
1	You focus on people with dementia which is right but older people have other conditions too. They also are lonely they need help with getting out and about and please not just bingo. Talk to their carers too.
2	Make available support for those living alone to improve their mental state which could impact on their health and general wellbeing
3	Please see previous comment regarding the CCG and them not being fit for purpose.
4	Extra care is not the answer to all problems. Most fail to cater for the most disabled in our society, creating dangerous living conditions.

Question 38: How can we ensure older people want to collaborate with us in planning for their own health and wellbeing and for future services?

Response Number	Response
1	Stress that their opinion matters, look for quick wins that can show contribution is being acted on. The term "Healthy ageing and Prevention Agenda" sounds overly formal and so messages should be considered. Also engage partners such as housing providers who have access to older tenants and established methods of communicating to reach wider audience.
2	Start getting out in the community and talking to people
3	Talk to them ask them where their problems lie and how can you help them
4	Education and awareness among older people
5	Make sure you contact them in ways they can access, e.g. newspapers rather than social media
6	Ensuring access to people to discuss the issues and not and over-reliance on technology
7	Find out where the elderly meet or go to organisations that have an elderly person remit such as Age UK or over 50 groups or maybe do an event for people who are over a certain age
8	Engage better with older people
9	You need to engage and work with your older community. What do they want?
10	Talk to them, many don't use computers.
11	Give them evidence that your initiatives have made a difference in the past

Question 39: Do you think our success criteria are useful indicators? Are there any other outcomes we should be measuring to evaluate project success?

Response Number	Response
1	More success criteria is needed
2	Success should be measured in a better health among older people
3	Yes
4	Like I said before use national or regional indicators
5	How many people with significant disabilities are still on the housing list

Question 40: Do you have any other thoughts on our ageing well section?

Response Number	Response
1	As more services move online what consideration is given to supporting older people to achieve this and also what steps are being taken to ensure information is wider available through other methods.
2	Just shows how little you understand people
3	Not everyone has their own transport or the spare money to access physical activities, social groups would help in local areas
4	Tackle loneliness

Question 41: Do you think our focus on improving access to immunisation and screening services is justified? If not, how else should we be combating the spread of communicable diseases?

Response Number	Response
1	Yes, this seems essential in preventing the spread of communicable diseases
2	Yes. Prevention is better than a cure.
3	Screening isn't just about communicable diseases
4	Yes
5	Yes
6	Don't know

Question 42: Do you have any suggestions for our proposed joint plans to improve poor uptake of screening and immunisation?

Response Number	Response
1	Education among young families and adults regarding Immunisation and Screening programmes
2	Make it very clear that the service is free!
3	Better engagement with communities

Question 43: Do you have any other thoughts on our protecting health – communicable diseases section?

Response Number	Response
1	This section feels light on detail but this is understandable as it is referring to the development of further strategies. Links to how to get involved in these areas or learn more would be very helpful here.
2	Bring back the no spitting in public places again with notices on buses and notice boards and educate young and old that spitting increases risk of spreading illnesses, as well as the slogan ‘coughs and sneezes spread diseases’.
3	Routine screening should be introduced for HIV
4	More, easier to understand training sessions with community workers and members of local communities
5	None

Section 4 – Growth, Health and Local Plan, Health and Transport Planning, Housing and Health

Question 44: Do you think the focus on increasing access to green space is justified?

Answer Choices	Responses	
Agree	**50.00%**	5
Strongly agree	**30.00%**	3
Neither agree nor disagree	**10.00%**	1
Disagree	**10.00%**	1
Strongly disagree	**0.00%**	0
Total		10

Question 45: If not, what should we be focusing on instead?

Response Number	Response
1	Health Prevention and Intervention to promote Good Health
2	Not instead, but as well - community workers not just open space
3	Make sure all space provided is wheelchair accessible.

Question 46: Was it unclear how many of our 'current joint work' actions are intended to help improve health in Peterborough? If so, which ones?

Response Number	Response
1	Yes, it is not clear what the Green Flag award is or how it will help. Same is true of the Fairtrade status. More detail would help or a link to further information.
2	Some were unclear
3	No

Question 47: Do you think our criteria for success are useful indicators? Are there any other outcomes we should be measuring to evaluate success?

Response Number	Response
1	Yes but not clear how this will be measured.
2	Yes
3	Yes
4	Don’t know

Question 48: Do you have any other thoughts on our growth, health and the local plan section?

Response Number	Response
1	Yes access to more green spaces. Better access to ferry meadows by public transport. Why do we have to pay to park? More parks for older children especially with disabilities
2	Do not forget the needs of the disabled.

Question 49: Do you think we are doing enough to address the disproportionately severe health effects of road traffic on deprived areas?

Response Number	Response
1	It is not clear what specific steps are being taken to address this.
2	Not for deprived areas
3	Progress brings intrusion of traffic noise and pollution think before giving approval of industrial expansion when close to residential areas
4	No - I can't see any specific plans about this.
5	No

Question 50: Do you think there ought to be more information in the strategy about the Travelchoice and Bikeability training initiatives?

Answer Choices	Responses	
Agree	**33.33%**	3
Neither agree nor disagree	**33.33%**	3
Strongly agree	**22.22%**	2
Disagree	**11.11%**	1
Strongly disagree	**0.00%**	0
Total		9

Question 51: Do you think our criteria for success are useful indicators? Are there any other outcomes we should be measuring to evaluate success?

Response Number	Response
1	Yes although some guidance on targets for clean air quality would be beneficial.
2	Yes for people with disabilities
3	Yes, seem useful
4	As I have said previously national and regional
5	Yes

Question 52: Do you have any other thoughts on our health and transport planning section?

Response Number	Response
1	Your transport planning in Peterborough is really bad. About time you had a rethink. What about trams as in Nottingham?
2	Make sure all bike routes are accessible to disabled wheelchair users

Question 53: Do you think the focus of our current work on the elderly is justified, given the increased effect cold homes can have on their health?

Answer Choices	Responses	
Strongly agree	50.00%	4
Agree	25.00%	2
Neither agree nor disagree	12.50%	1
Disagree	12.50%	1
Strongly disagree	0.00%	0
Total		8

Question 54: If not, what else should we be focusing on?

Response Number	Response
1	Include all vulnerable people
2	I would need to know whether the 651 harmful events per year are in Peterborough or nationwide - this isn't clear.

Question 55: Do you think our criteria for success are useful indicators? Are there any other outcomes we should be measuring to evaluate success?

Response Number	Response
1	Reduction in the number of homeless families.
2	Maybe general satisfaction with housing - conduct surveys
3	Yes
4	Yes
5	Maybe
6	No, how many disabled people are happy with where they are living have you asked them.

Question 56: Do you have any other thoughts on our housing and health section?

Response Number	Response
1	You do no forward planning. It would good to see short term and long term planning. Talking to people about their needs. Put people first
2	Closing the care homes was a mistake ,many lonely elderly get to a point where they need companionship too, and if beds were available to accept hospital discharge patients that would reduce pressure on hospital beds by providing temporary extended care until patient was fully able to cope at home .Much like the old convalescent homes provided
3	Disgusting lack of thought about how the disabled can be helped into suitable fit for purpose housing.

Section 5 – Health Inequalities

Question 57: Besides the electoral wards mentioned in the section, do you think there are other wards or areas experiencing deprivation in the city which we ought to be focusing our efforts on? If so, which are they?

Response Number	Response
1	Welland possibly Parnwell
2	All of them as they could in the future have the same problems

Question 58: Do you think the role of the City Council commissioned children's centres is explained clearly?

Answer Choices	Responses	
Neither agree nor disagree	**33.33%**	3
Disagree	**33.33%**	3
Agree	**22.22%**	2
Strongly disagree	**11.11%**	1
Strongly agree	**0.00%**	0
Total		9

Question 59: Do you think our criteria for success are useful indicators? Are there any other outcomes we should be measuring to evaluate success?

Response Number	Response
1	Yes these are clear and good indicators.
2	Yes
3	You will need to compare the criteria with the same criteria in less deprived areas - for instance, if life expectancy in all wards started improving at about the same rate it would mean that the inequality remains and the reasons for that would need to be explored.
4	Yes

Question 60: Do you have any other thoughts on our geographical health inequalities section?

Response Number	Response
1	Not applicable
2	What about people with disabilities and carers?
3	No
4	No

Question 61: Was it clear how the research by the World Health Organisation cited in the survey was relevant to the population of Peterborough?

Response Number	Response
1	Yes
2	Yes
3	Yes
4	Yes
5	No
6	Not entirely – it is not clear whether, for instance, the higher alcohol consumption in Eastern European countries means that there is higher alcohol consumption in Eastern European communities in Britain. Maybe the JSNA will be investigating this, but that needs to be clearer – you can't use statements about populations in other countries to describe populations from those countries in Peterborough.

Questions 62: Do you think the health needs of all of Peterborough's ethnic groups are given sufficient attention in the strategy?

Answer Choices	Responses	
Agree	40.00%	4
Neither agree nor disagree	30.00%	3
Disagree	30.00%	3
Strongly agree	0.00%	0
Strongly disagree	0.00%	0
Total		10

Questions 63: If not, which ethnic groups/specific health needs should be given more attention?

Response Number	Response
1	People with learning disabilities and autism
2	Not much information on health needs among people of African descent, or among British people
3	Eastern Europeans

Question 64: Do you think our criteria for success are useful indicators? Are there any other outcomes we should be measuring to evaluate success?

Response Number	Response
1	This is difficult to answer as part of the measure is based on developing a JSNA
2	As above need to be included
3	Yes
4	I approve of the honest appraisal that more research needs to be done before you can find good success criteria
5	yes

Question 65: Do you have any other thoughts on the health and wellbeing of diverse communities section?

Response Number	Response
1	Not applicable
2	You do not give enough support to these hard-to-reach communities
3	No
4	I am confused about the responsibilities of the local authority to everyone from ethnic minorities living in the area. I don't know if EU migrants and asylum seekers from the rest of the world pay council tax and will reside long term in Peterborough

Question 66: Is it clear how each of the five key work streams in the Better Care Fund plan will be of benefit to people with disabilities and/or sensory impairment in Peterborough?

Answer Choices	Responses	
Agree	33.33%	3
Strongly agree	22.22%	2
Neither agree nor disagree	22.22%	2
Disagree	11.11%	1
Strongly disagree	11.11%	1
Total		9

Question 67: If not, which work streams are you struggling to see the benefit of?

Response Number	Response
1	It's not enough to have leaflets, support groups and health checks if people with disabilities need services and support

Questions 68: Do you think our criteria for success are useful indicators?

Response Number	Response
1	These are good, very clear
2	Yes
3	Yes

Question 69: Do you have any other thoughts on our health and wellbeing of people with disabilities and/or sensory impairment section?

Response Number	Response
1	Not applicable
2	Start asking people what they need, stop putting in services that you think they need. It's all about money, what about people?
3	Not to reduce people's access to outside social activities
4	No
5	This section is very light, no mention of the effects of housing on health. Need closer working relationship between social services and those in charge of NHS CHC. The way disabled people are treated in Peterborough makes me very angry.

Section 6 – Commissioning and Partnerships

Question 70: Do you feel this section gives a sufficiently clear picture of how we coordinate with our partnership boards?

Response Number	Response
1	Yes
2	Yes but who sits on these boards? Who represents people with autism, learning disabilities etc. Where do they feed back to?
3	No
4	No. I have little idea of who sits on these boards and why, or how the focussed task groups related to the boards
5	Yes
6	Yes
7	Yes
8	Yes

Question 71: Do you have any other thoughts on our partnership boards section?

Response Number	Response
1	There is no mention of the Older Person Partnership Board which I would feel would be a key partner in terms of older person's wellbeing
2	Good to talk but how do we know what you are discussing?
3	No
4	No
5	They rarely work, especially where there are different political agenda
6	Please see previous comment regarding the CCG and being fit for purpose – is this the right organisation with the right people to lead health commissioning in Cambridgeshire & Peterborough?
7	No

Question 72: Does the rest of the strategy reflect our aim, stated here, to 'support the development of a thriving, strong and diverse social and healthcare market that is flexible and responsive to everyone in Peterborough?

Answer Choices	Responses	
Agree	40.00%	4
Neither agree nor disagree	30.00%	3
Disagree	30.00%	3
Strongly agree	0.00%	0
Strongly disagree	0.00%	0
Total		10

Question 73: If not, what more could we be doing to achieve this aim?

Response Number	Response
1	Your aim does not include all people in Peterborough
2	Your weak link may be the local CCG
3	People with disabilities are neglected again

Question 74: Do you have any other thoughts on our commissioning principles section?

Response Number	Response
1	You set out the objectives really well
2	Your commissioning principles do not include all people in Peterborough
3	No
4	What reassurance are you going to give to the local community that the CCG is being tested and reviewed to make sure it is safe to commission local NHS care. The current management team have a track record of wasting money and questionable decision making

Question 75: Is it clear how the health system transformation programme aims to carry out its strategic aims?

Response Number	Response
1	It could perhaps be clearer in terms of how it would apply practically
2	Clear on what you state in your strategy. You have just excluded people/groups
3	No
4	No – talks a lot about what it's looking at and very little about what it's going to do
5	The complexity of the landscape generally in this area makes it difficult
6	No

Question 76: Do you have any other thoughts on our Cambridgeshire & Peterborough health system transformation programme section?

Response Number	Response
1	Not applicable
2	Yes. More needs to be done for people with learning disabilities, autism, epilepsy and carers
3	No
4	Keep the party politics out – no sensible decision was ever made by a politician
5	Make sure that people and their carers that come under NHS CHC do not, as at present, get totally neglected and written off

Question 77: Is it clear how each of themes of the customer service programme is relevant to improving health services in Peterborough?

Response Number	Response
1	Yes
2	Relevant only to what's listed in your strategy
3	How will you get suitably qualified and experienced people to give advice regarding the local NHS/team economy
4	Yes
5	No

Question 78: Do you have any other thoughts on the Peterborough City Council customer experience programme section?

Response Number	Response
1	This is very clear and proactive, the approach is very positive
2	Start talking to more people
3	No
4	This would not be a role suitable for volunteers

Question 79: Do you think the plans contained in our strategy will help us bring about our aim of 'making Peterborough a health environment in which to live'?

Answer Choices	Responses	
Agree	40.00%	4
Disagree	30.00%	3
Neither agree nor disagree	20.00%	2
Strongly agree	10.00%	1
Strongly disagree	0.00%	0
Total		10

Question 80: If not, why not? How should we be amending our plans?

Response Number	Response
1	It doesn't go far enough for everyone
2	Depends on take-up
3	It's not about amending the plans, it's about having the right people in place to deliver them
4	No strategy for housing all ages with a disability

Question 81: Do you think the plans contained in our strategy will help us bring about our aim of 'supporting people and communities to maintain their own health and independence'?

Answer Choices	Responses	
Neither agree nor disagree	44.44%	4
Agree	22.22%	2
Disagree	22.22%	2
Strongly agree	11.11%	1
Strongly disagree	0.00%	0
Total		9

Question 82: If not, why not? How should we be amending our plans?

Response Number	Response
1	Only for people included in your strategy
2	Talk and listen to those who are most affected
3	Ignored those with a disability and their carers

Question 83: Do you have any other thoughts on the vision for health and wellbeing section?

Response Number	Response
1	The collective approach is absolutely is the right way to tackle this broad area. As a representative of a key partner we welcome the chance to work together to improve the health and wellbeing of people across Peterborough
2	Yes, please include people with learning disabilities, autism, epilepsy, carers associated mental health problems and siblings
3	Go back do some more work regarding carers and those with disabilities

Section 7 – Commissioning Design Principles

Question 84: Do you have any other thoughts on Peterborough City Council's commissioning design principles?

No answers were provided for this question.

Question 85: Was it clear how each of the principles related to improving Health and Wellbeing in Peterborough?

Response Number	Response
1	Yes, particularly around strong leadership and joint working
2	Yes
3	Yes
4	No – the whole section seemed quite 'jargony' and meaningless
5	No
6	No

Question 86: Do you have any other thoughts on the commissioning design principles section?

Response Number	Response
1	Could benefit from some diagrams to break up the page. It is a little difficult to read and understand in the wider context of health and wellbeing
2	Doesn't reflect the user voice. Shaped locally?
3	No
4	No
5	The CCG's questionable decision making should be taken in to account

Section 8 – Final Comments

Question 87: Please provide any additional feedback you would like to give regarding this strategy and/or any issues not covered by previous sections.

Response Number	Response
1	The only area that really stands out as missing is end of life care. This is important in the complete journey of someone's life and treatment at this point can have a massive impact on family and friends' wellbeing
2	Should also talk to other local groups
3	It is good forward plan for an increase in population and an ageing population
4	I think a lot of the plans in this strategy have merit, but they are often not communicated as clearly as they could be and sometimes concerns are raised but no concrete plans to address them are outlined
5	Very disappointed that improving cancer outcomes was not specifically mentioned in the document, especially since PHE is working with NHSE, Macmillan and cancer research to improve screening uptake. It's also mentioned at the front of the document and is a leading cause of death in Peterborough, which will increase given the numbers of people living in deprivation, as well as those who are overweight/obese and those from the Asian and Eastern European populations.
6	The local community needs to be provided with robust proof that the CCG and its wider leadership team are suitably qualified to lead the NHS in Cambridgeshire and Peterborough. How can communities have faith in an organisation that has wasted millions of pounds? Please supply evidence that the CCG is going to be audited by an independent organisation regarding their failed Uniting Care project.
7	Need to do a lot more work on the problems facing people with disabilities in Peterborough. This group, in my personal experience, have faced a totally inadequate supply of fit for purpose housing. Extra care facilities are being relied on too much to fill the gap and are totally not kitted out to meet the needs of people with very severe disabilities. We still have new small business in Peterborough it is okay to have no accessibility, larger companies

Response Number	Response
	constantly flout equality laws, making the quality of those who use a wheelchair to get about very difficult. Lack of suitable housing for the disabled not only destroys the lives of the person who is disabled but also any family carers that become collateral fallout. Make Peterborough a healthy place to live for all, not just the fit and healthy.

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APPENDIX B4: Health and Wellbeing Strategy Consultation – Comments received from Meetings, Groups and Members of the Public

1) Feedback received from Healthwatch Peterborough:

Healthwatch Peterborough is a stakeholder and statutory member of the Peterborough City Council Health and Wellbeing Board. The following comments submitted and gathered by Healthwatch Peterborough over the consultation period cover a range of comments from partners, stakeholders and members of the public.

Comments relating to format -

- I think the document is clear and uses appropriate language. It is well set out and engaging, with good use of graphics. The proposals appear to be evidence based, with proposed measures of success. I am not sure that CVD and Long Term Conditions should be a single unit. And I would suggest that 'Creating a healthy environment' is linked to Greater Cambs Local Nature Partnership and their work on 'Naturally Healthy'.

- I think that the document is well written and straightforward.

Comments relating to delivery/implementation of the strategy -

- Unless there is increased funding to meet the additional needs identified in this document, I fear that not a lot will change in the health inequalities and lower than average outcomes for the local population.

- Few would disagree with the thrust of this document, but there remains some scepticism about the implementation. Having said that I feel that if what is included in the strategy document is implemented this will be a step forward. I would like to see the councils plan for implementation after the consultation is complete.

Comments relating to specific sections covered –

- I felt that there was more content about 65+ age than any other group, and was concerned that there was limited content to do with children: in particular there was no reference to facilitate better care for children with life threatening conditions eg. Cystic Fibrosis, Leukaemia etc. (there are quite a number of life threatening conditions that require extra care and could be mentioned), and no mention of the ways families who face these situations can be helped.

- The section on 'long term conditions' only mentions in detail, conditions which produce acute symptoms, there are a lot of others, such as Musculoskeletal conditions, which have long term implications for the provision of services such as primary and secondary care, disability, mobility, specialist housing, home care etc.

- The teenage pregnancy and young mother figure is stated as being well above the national average. After reading the document I am not sure what is planned to reduce the figures and educate on this subject.

- In terms of areas of deprivation I would like to see information on the incidence of Autism, Mental Health, as these can all can stem from poor health i.e. malnutrition which in my experience are seldom screened for or appropriately screened for. The references to medical training are not up to date with current trends. Children in these areas are at a high risk of impaired learning and behavioural concerns, which are not often identified as a priority.

- Given the prevalence of dementia in the community and in care home settings it was unclear as to the priority being given to dealing with early diagnosis and treatment, especially at community level and in the home. I could not quite work out where this condition fitted into the key work streams (was it older people generally or mental health?). I do feel that this could be clarified. I felt that there was limited effort to identify the role and importance of GP surgeries in working with carers and supporting early stage diagnoses. This is an issue that also needs clarification.

Comments relating to future concerns –

- The report covers a lot of ground and many of the issues contained in the report are well made. However I am concerned about the existing and future strains being placed on the NHS and its services. The population expansion of Peterborough will obviously impact on this as we move forward.

- I am concerned about the long term economic implications of rapid growth and increasing levels of diversity in Peterborough and the implications for future funding and future implementation of the Health and Wellbeing Strategy in Peterborough.

- The document makes some references to East European communities, but there is limited mention of researching in greater detail the incidence of, and poor health of the migrant communities generally.

Issues relating to the promotion of the strategy –

- I would like to see appropriate promotion and education of health services for the people of Peterborough to ensure they are aware of where to go, for what treatment, thus easing strains on existing and well know services i.e. ED/A&E.

Comments relating to 'ideas' in the Strategy document –

- When talking about specific issues - accessing help for arrivals, CVD, mental health, communicable diseases it is well written, but could do with more clarity on items such as lifestyle, housing and transport.

- I think the strategy document is satisfactory but contains limited real innovation, the exception to this relates to joined up care for over 65s.

- There is an assumption that people do not know what constitutes a healthy lifestyle, they usually do, just don't act on it, it would be useful to have a better understanding of 'an integrated healthy lifestyle service'.

2) Feedback received from a local resident of Peterborough:

This *(reference to the Environment Capital Action Plan)* means the Health and Wellbeing Board's Draft Strategy is based on a document in need of urgent revision. Until this has been achieved the Draft Strategy must be "put on hold". It is clear the Environment Capital Action Plan is a poorly thought-out document with too many questions left unanswered.

Feedback received from the January 2016 Borderline & Peterborough Executive Partnership Board:

Comments/Suggestions:

- Front page to be more diverse, to reflect the diversity of Peterborough.
- Where Borderline & Peterborough mentioned, now to be known as Greater Peterborough.
- More information required regarding vertical integration
- Looking at delivery, in terms of health checks and quality agenda may need to be replicated, if we do not have the right proportion, into the plan.
- Page 4 – quote regarding "37% our rate of under 18 pregnancy is higher than England" – to be reworded.
- Page 5 – all areas to be labelled on the map.
- Page 27 – BP highlighted observation; noted section to be re-written or taken out completely. Take into consideration element regarding "How We Got There" which actually signals that we are working together; understanding where we are coming together.
- Pages 26/27 – logos of recognised brands to be illustrated; to simplify for people.
- "So What" questions – useful to have some answers here; links back to going "live".
- Key Points – have these to identify on an annual basis, rather than too much detail.
- "What Can You Do" – interesting point; giving ownership back; strategy for public as well as us; strong message regarding integration work.

3) Feedback received from the Cambs & Peterborough Patient Reference Group meeting held on 3 March 2016 at 2.00 pm

- It was questionned if the Strategy accounted for Wisbech patients that used Peterborough services and if the statistics were based on Peterborough GPs only. Also if the draft Strategy had been to the Fenland HWB partnership? It was also asked why there was a need for two separate HWB Boards and Strategies for Peterborough and Cambridgeshire, given the financial pressures on the NHS.

- There was comment on the low uptake of vaccinations and that patients did not receive a reminder for the seasonal flu vaccination, for example by email or text. It was proposed that electronic media should be encouraged to get the information out there.

- It was commented that the document was common sense and he said that there was a big task ahead to educate the population.

- There was a comment on health inequalities and the 10 year difference between central ward and Newborough for example in Peterborough. It was asked if the HWB strategy and consultation would be produced in other languages

4) Feedback from the Borderline Patients Forum – 12th April 2016:

- Younger generations should be targeted through primary and secondary schools to ensure they understand the importance of health and wellbeing from a young age.

- There needs to be a statutory requirement for large housing developments to have infrastructure for health care.

- There is a new school being built at Hampton which is close to a major road but it was thought there was a ban on building schools near pollution blackspots.

- If the strategy only covers the Peterborough City Council area should Borderline patients be responding as some are outside of this area?
  -
- Patients use the internet to search for health related issues but the information they find is not always correct. They should be made aware of the appropriate sites to use.

5) April Peterborough Patients Forum:

- How is the document going to be accessed by people with impaired vision. A large print version available?
- What consideration to translate into other Languages?
- Suggested we consider an Audio Book (from Libraries).
- Front page.
  - Lack of Ethnicity. Not representative of Peterborough.
  - Not engaging. Doesn't tell people what it is.
- More engaging headers for person on street

6) Feedback received by email from a local resident:

This requested that the St Georges Community Hydrotherapy Report be considered. 234 local people using the pool over the course of a week contributed to this report. They were all very anxious that their voices, experiences and outcomes should be heard and known by those undertaking health commissioning and service planning residents.

7) Feedback received from Learners at City College, Peterborough:

Learner	Feedback
Mild learning disability	I like the front cover The people look funny It looks like Peterborough Lots of writing – it's too much for me The map isn't clear – I couldn't see where I lived
Mild learning disability	All the people are white on the front My teacher had to help me understand it People are not teenagers they are old or little children The numbers on the first page were interesting
Mild learning and social and emotional barriers	The colours are good and I think that the pictures show all different people

	There are lots of words could there be a simple version
Main stream vocational learners	Looks boring and I wouldn't read it The front looks like it's for young children It's boring why do I need to see it

8) Feedback received from the Health Scrutiny meeting on held on 13th January 2016:

Observations and questions were raised and discussed including:

- The Committee was pleased to see that a number of issues had been collated in one place.
- Concerns were raised regarding how success would be measured and what specific aims had been identified.
- The Committee expressed their hope that the Strategy would feed into the work of every service of the Council. It was further question whether an extended engagement period would be worthwhile, in order to reach greater numbers.
- The Committee congratulated the Communications Team on a well-designed product. It was noted, however, that the smaller scale maps were of little practical use, particularly without a key.
- Councillor Sandford, Group Leader of the Liberal Democrats, noted that the Strategy had the capability to feed into the Environment Capital agenda, particularly in terms of the Local Transport Plan. It was further commented that the Council may need to shift its focus from growth towards health and wellbeing.
- The Committee commented that there was opportunity for the Health and Wellbeing Board Strategy to be undermined in certain areas and suggested that Health and Wellbeing in the city needed to be prioritised.

Health and Wellbeing Strategy, All Party Policy to Members of Peterborough City Council.

25th February 2016.

Point raised included:

How the strategy would be monitored – there was a need for improvement trajectories for key health outcomes which could be monitored to make sure that the strategy delivered . Also a need to address key health inequalities.

Would the strategy cover TB vaccination?

Why was Eye and Thorney picked out particularly on the map of life expectancy on page 3?

What evidence is there of practical join up between the HWB Strategy and the Local Transport Plan?

The Health and Wellbeing Strategy should be embedded in all work that the Council does. It needs to be backed up by hard evidence.

Health Inequalities. There are a number of issues were investment is needed. Areas such as Millfield have been starved of investment for some time.

The Cambridgeshire and Peterborough Transformation Programme needs clarity, including links with the CCG . Concern that rural GPs sit on some of the relevant committees and groups and would therefore be unfamiliar with urban practices and their problems. .

Concerns about partnerships moving to Cambridgeshire and being based in Cambridge again over the next five years. For example that the PCT was previously based in Peterborough but now the Cambridgeshire and Peterborough NHS Foundation Trust is based in Fulbourn, near Cambridge.

Green space and park funding can contribute to health. The specific issue is social prescribing - following this some green gyms have been implemented. For funding, one of the challenges is someone could say you had a public health grant and that you should look at that first before coming to us.

Vivacity do good things and that there are lots of opportunities in Nene Park to provide health and wellbeing – is this recognised in the strategy?

Fitness and sport should be taken more seriously in schools and that fitness tests should be implemented.

What is happening with health trends over time?

CABINET	AGENDA ITEM No. 6
13 JUNE 2016	PUBLIC REPORT

Cabinet Member(s) responsible:	Cllr David Seaton, Cabinet Member for Resources	
Contact Officer(s):	John Harrison, Corporate Director: Resources Steven Pilsworth, Service Director, Financial Services	Tel. 452520 Tel. 384564

BUDGET MONITORING REPORT FINAL OUTTURN 2015/16

RECOMMENDATIONS	
FROM: Corporate Director: Resources	**Deadline date:** 3 June 2016

That Cabinet:

1. Note the final outturn position for 2015/16 (subject to finalisation of the statutory statement of accounts) of a £1.0m underspend on the Council's revenue budget.

2. Note the outturn spending of £81.8m in the Council's capital programme in 2015/16.

3. Note the reserves position, including the position on the Grant Equalisation reserve.

4. Note the performance against the prudential indicators;

5. Note the performance on treasury management activities, payment of creditors, collection performance for debtors, local taxation and benefit overpayments.

1. ORIGIN OF THE REPORT

1.1. This report is submitted to Cabinet as a monitoring item. The report will also be submitted to Audit Committee on 29th June 2016.

2. PURPOSE AND REASON FOR REPORT

2.1. The report provides Cabinet with the outturn position for both the revenue budget and capital programme for 2015/16, subject to any changes required in the finalisation of the Statement of Accounts.

2.2. The report also contains performance information on treasury management activities, payment of creditors and collection performance for debtors, local taxation and benefit overpayments.

2.3. The report is for Cabinet to consider under its terms of reference 3.2.7 to be responsible for the Council's overall budget and determine action to ensure that the overall budget remains within the cash limit.

3. TIMESCALE

Is this a Major Policy Item/ Statutory Plan	No	If yes, date for Cabinet meeting	n/a

4. FINAL OUTTURN 2015/16

Corporate Overview

4.1. The Council, at its meeting in March 2015 approved a balanced budget for 2015/16 that supported the Council's key priorities. The approved budget included £25m of savings, comprising £12.5m of grant reductions and £12.5m of demand-related pressures. The MTFS also outlined a number of risks that were required to be monitored during the year. Following on from the publication of the Autumn Statement, and subsequently, the Budget, officers have taken a proactive approach to meeting the financial challenges that face the Council in future years.

4.2. During the year CMT have received regular updates on the in-year budget position including progress updates against savings approved as part of previous budget rounds. The Cabinet also discuss the financial position regularly, with formal positions reported to Cabinet meetings held between September and March. Financial plans have also been considered by a cross-party budget working group.

4.3. Actions undertaken by the CMT and Cabinet have included:

- Departmental management teams have reviewed the budget position monthly and have taken appropriate action including plans to address budget issues. These have been acknowledged in corporate budget reports;
- Regular reports to CMT have included a summary of progress with savings proposals, additional pressures and risks;
- Savings brought forward as part of a two stage budget process for 2016/17 at December Council;
- Review of the capital programme during the year, deferring projects into future financial years or removing projects that are no longer required. Any reduction in the amount that the council requires to borrow to fund the capital programme has reduced the costs of financing borrowing which has been reflected in the revenue outturn position;
- As part of the 2016/17 MTFS, a revised Minimum Revenue Provision (MRP) policy was agreed by Council for 2015/16. This has enabled the Council to reprofile the timing of its debts repayments resulting in additional savings for 2015/16 which have contributed to the Grant Equalisation Reserve.
- Utilising all opportunities to capitalise expenditure relieving pressure on the general fund; and
- Review of reserves and provisions, and the management of risk.

4.4. Management initiatives outlined above, and a number of one-off actions in 2015/16 have allowed for the creation of a Grant Equalisation reserve, which will defer the impact of reductions in Government funding in the short term, to allow officers to tackle the issues that lay ahead whilst protecting, as far as possible, the services that residents value the most. Further details on the Grant Equalisation reserve can be found in section 6.

4.5. After taking into account contributions to the new Grant Equalisation reserve, the November information upon which the probable outturn was based indicated a £0.5m overspend for the

year. The Council can now report a departmental underspend of £1.028m. This is outlined in a summary table section 5 below, with additional detailed information in **Appendix A**.

4.6. In addition to this, there was an over-achievement against savings brought forward from the MTFS totalling £3.2m. These underspends will be added to the Grant Equalisation Reserve. This reserve was created in the 2016/17 MTFS to protect the Council's financial position over the longer term. The table on page 5 shows the contributions to the Grant Equalisation reserve forecast in the MTFS and the outturn position, along with an explanation of any variances.

4.7. The Council's budget for 2016/17 includes savings of £23.2m and a further budget gap for 2017/18 exceeding £4.1m, with the gap increasing substantially from 2018/19 onwards, with an extra £33.8m of savings being required by the end of 2020/21.

4.8. Whilst the Council has achieved a balanced position for 2015/16, it will remain challenging to deliver a balanced position for 2016/17 and to deliver the substantial savings required from 2017/18 onwards. To be clear, many difficult decisions remain.

4.9. Contributions made in 2015/16 to the Grant Equalisation Reserve will aid officers in taking a strategic and measured approach to address this, however, it remains a significant gap to cover and difficult decisions will be needed in the future. The Grant Equalisation will be utilised in full to address the challenges outlined above.

5. Financial Report – Revenue Outturn

5.1. The Council's overall revenue outturn shows a balanced position for 2015/16, after movements in reserves. The table below summarises the revenue outturn position by the Directorates during 2015/16.

Revenue outturn 2015/16

Department	Budget £000	Contributions from Reserve £000	Revised Budget £000	Actual £000	Variance £000	Contributions to Reserve £000	Revised Variance £000
Chief Executive	365	0	365	260	**-105**	50	**-55**
Governance	5,349	208	5,557	4,925	**-632**	126	**-506**
Growth & Regeneration	11,845	884	12,729	11,181	**-1,548**	281	**-1,267**
People & Communities	70,635	2,927	73,562	71,643	**-1,919**	3,610	**1,691**
Public Health	-455	296	-159	-669	**-510**	510	**0**
Resources	53,724	5,230	58,954	48,611	**-10,343**	9,494	**-849**
Totals	**141,463**	**9,545**	**151,008**	**135,953**	**-15,055**	**14,069**	**-986**
						Financing Adjustment	**-42**
						Revised Underspend	**-1,028**
						Additional contribution to Grant Equalisation Reserve	1,028
						Final Variance	**0**

5.2. A detailed breakdown of the outturn by Directorate and explanation of the major variations is provided in **Appendix A**.

5.3. The overall position shows a £1.0m underspend against a November BCR forecast of a £0.5m deficit. This is largely due to favourable variances in the Growth & Regeneration directorate, with underspends also achieved in the Resources and Governance Directorates.

5.4. In addition to this, an additional £3.2m was contributed to the Grant Equalisation Reserve due to the over-achievement of one-off savings brought forward from the 2016/17 Medium Term Financial Strategy. Further details are provided in section 6.

5.5. The Dedicated Schools Grant shows an underspend of £5.5m against a budget of £118.2m. The Schools Forum is responsible for decisions relating to the Dedicated Schools Grant. This has been included for information purposes only. In accordance with accounting guidance, the under spend has been carried forward to next financial year.

6. Financial Report – Reserves

6.1. The Council's departmental reserves and the capacity building reserve are monitored throughout the year as part of budget monitoring and feed into the budget setting process accordingly. The next table summarises the balance for all reserves at the end of 2014/15 against the position at the end of 2015/16.

Earmarked Reserves	31/3/15 Balance £000	Contributions From £000	Contributions To £000	31/3/16 Balance £000	Change £000
Departmental Reserve	6,717	-3,974	1,641	4,384	-2,333
School Capital Expenditure Reserve	1,150	-417	693	1,426	276
Future Cities Reserve	2,074	-801	-	1,273	-801
Insurance and Other minor reserves	4,109	-46	503	4,566	457
Risk Management Contingency	657	-	55	712	55
Capacity Building Reserve	8,237	-3,970	1,130	5,397	-2,840
Public Health Reserve	254	-240	510	524	270
Grant Equalisation Reserve	-	-98	12,023	11,925	11,925
Subtotal - Earmarked Reserves	**23,198**	**-9,546**	**16,555**	**30,206**	**7,009**
General Fund Balance	6,000	-	-	6,000	-
Total Reserve Balances	**29,198**	**-9,546**	**16,555**	**36,206**	**7,009**

6.2. The majority of reserve balances are set aside for specific purposes and a significant element will be required in 2016/17 and 2017/18. They are therefore not additional monies, only a timing issue between financial years of when the commitments are likely to occur.

6.3. Key comments for reserve movements are as follows:

Departmental Reserves - the amounts set aside by departments during the preparation of the accounts is in accordance with financial guidance to minimise risk exposure to the council in the following financial year.

School Capital Expenditure Reserves/Insurance/Other Minor Reserves - are held on behalf of others or are sums that the Council is independently advised to hold.

Future Cities Reserve – the movement on this reserve represents further drawdowns from the Future Cities Grant awarded to Peterborough in 2013/14.

Risk Management Contingency – this reserve was created in the 2014/15 budget process by transfer from the capacity building reserve to fund one-off type expenditure.

Capacity Building Reserve - this reserve is held to meet one off costs of service transformation and the delivery of savings within the MTFS. The MTFS agreed that a proportion of this would be used in 2016/17 to drive savings in 2017/18 and beyond.

Public Health – movements on this reserve represent a net carry forward of Public Health grant. Any underspends are carried forward to this reserve in accordance with appropriate accounting treatments.

Grant Equalisation – the Medium Term Financial Strategy forecast a contribution to the Grant Equalisation reserve of £12.1m. During the year, the forecast schedule for capital receipts income was revised, which will have a cash flow impact in the amount in reserve at the year end. Overall, there is an additional £3.2m being added to the Grant Equalisation reserve from additional savings, as well as a departmental underspend of £1.0m. Further details of movements on this reserve are detailed in 6.4 below.

General Fund – the general fund will be maintained at £6.0m and this is consistent with the current budget strategy.

6.4. The Grant Equalisation Reserve has been created to mitigate the impact of known Government funding reductions, in order that officers can take a measured and strategic response to the financial challenge ahead. The MTFS has agreed that this reserve will be fully utilised by 2017/18.

Table 1: Grant Equalisation Reserve Contributions

Item	Forecast in MTFS £000s	Outturn £000s	Variance £000s	Explanation
Direct Revenue Finance Savings	340	1,227	887	For MTFS an estimate was made of additional capital expenditure schools may incur and fund from revenue resources. The £1.2m represents the original MTFS contribution of £750k which would have been transferred to the Capacity Reserve, and an additional capital expenditure incurred by schools over and above the estimate.
Minimum Revenue Provision (MRP)	5,865	6,739	874	Following detailed discussions with the Councils auditors on the precise calculation for MRP, the estimated contribution to reserve was increased as the average life increased from 42 to 46 years. Other savings are a result of recharging MRP to invest to save projects which are self-financing, capital expenditure profiling between years, and other minor corrections of past MRP charges.
Shared Chief Executive	50	50	0	n/a
Capital Receipts	5,202	766	(4,436)	This is due to changes in expected cashflows and does not represent a risk to the forecast amount. It is expected that these funds will be received in 2016/17.
VAT Shelter Income	840	800	(40)	The MTFS was based on a best estimate. Confirmation of the final figure is £40k below forecast.
Additional Business Rates Income	908	1,412	504	This is additional income received from the Council's Business Rate Retention pilot scheme.
Procurement	(615)	0	615	Reported via the departmental BCR.
Solar	48	(98)	(146)	The outfit of solar panels to residential homes has not occurred at the rate original envisaged at the time of the MTFS, and therefore the loan drawn down by Empower has not occurred in order to achieve interest and Feed In Tariff income.
Contribution	(500)	0	500	Following management actions, the contribution

Item	Forecast in MTFS £000s	Outturn £000s	Variance £000s	Explanation
to Risk Management Reserve				from Risk Management reserve to cover the forecast overspend is no longer required.
Departmental Underspend	0	1,028	1,028	
Total	**12,138**	**11,924**	**(214)**	

7. Financial Report – Capital

7.1. The planned capital programme for the financial year was £141.4m. Slippage of expenditure from 2014/15 of £58.9m increased the agreed budget at 1 April 2015 to £200.3m. Throughout the year the capital programme was regularly reviewed and finally reduced to £140.3m through slippage and savings. Much of the slippage has been built into future budgets as part of setting the 2016/17 budget.

7.2. Capital expenditure during 2015/16 totalled £81.8m as shown in the summary table below:

Capital Programme 2015/16 by Directorate	Budget 01/04/2015 £000	Revised Budget £000	Actual £000
Governance	540	447	-
Growth & Regeneration	17,850	22,152	18,499
People & Communities	4,947	32,188	22,550
Resources	63,227	39,821	31,466
Invest to Save	54,791	61,930	9,252
Total	**141,355**	**156,538**	**81,767**
Financed by:			
Capital Receipts	11,820	1,583	1
External Sources	16,920	25,384	17,096
Prudential Borrowing	112,615	129,571	64,670
Total	**141,355**	**156,538**	**81,767**

7.3. The Council and CMT have agreed to reduce and re-phase some projects in the programme during the year to reduce the impact on financial resources or to reflect changing demographic needs. Other projects have been subject to delays which have led to budgets being slipped to 2016/17. Listed below are the significant projects that have been slipped into 2016/17 that has contributed to the variance between the revised budget reported in November 2015 and the reported capital programme outturn of £81.8m.

Growth & Regeneration

- £ 3.1m Street Lighting projects
- £ 1.4m Affordable Housing
- £ 4.2m Roads & Bridges/Transport projects
- £ 1.6m Public Realm projects

Resources

- £ 1.0m ICT projects
- £ 0.7m Renewable Energy projects
- £ 1.2m Waste Management Strategy
- £ 0.5m Cycle Track Embankment

People & Communities

- £ 8.7m New School Places
- £ 2.0m Academies
- £ 1.0m Adult Social Care transformation
- £ 5.7m Capital Maintenance on Schools

Invest to Save

- £10m Axiom Loan
- £31m Empower Loan

7.4. The Invest to Save outturn of £9.3m in 2015/16 includes expenditure on delivering energy efficiency measures across the council's buildings portfolio including schools. The schemes are self-funding in two ways:

a. Firstly, introducing energy efficiency measures through the replacement of plant inside the buildings driving down energy costs (for example in our swimming pools through new filters and a combined heat and power unit for the regional pool, more efficient lighting in car parks and replacing school boilers).

b. Secondly, putting solar panels on roofs to provide a cheaper source of energy for the buildings and an income stream by selling surplus energy to the grid (including schools and the central library).

7.5. The Invest to Save outturn also includes the investment the Council has made in its strategic partnership with Empower Community Management LLP (EC), a social enterprise company that has, as its primary purpose, the installation of solar panels on residential properties. This scheme is the first scheme of its type in the UK and in particular the first of its kind that involves a Council. The major benefits of the scheme are:

- No cost to the owner for installation
- Free energy generated to the occupier
- A fee for installation paid to the owner
- Creation of a local community fund out of profits
- A fee to the Council out of profits generated
- Investment returns generated by the Council

7.6. The capital programme is financed through borrowing, capital receipts, grants and contributions. Although the amount of borrowing required has reduced due to slippage in the capital programme since the MTFS was approved, the Council would need to borrow £64.4m to fund 2015/16 capital expenditure although the actual Council borrowing was £57.4 as reported in paragraph 8.3b.

8. Financial Report – Treasury Management Activity for 2015/16

8.1. The Council is required to operate a balanced budget, which means that cash raised through the year will meet cash expenditure. The role of treasury management is to ensure cash flow is adequately planned so that cash is available when it is needed. Surplus monies are invested in low risk counterparties commensurate with the Council's low risk appetite ensuring that security and liquidity are achieved before considering investment return.

8.2. Another role of treasury management is to fund the Council's capital programme. The programme provides a guide to the borrowing needs of the Council and the planning of a longer term cash flow to ensure capital obligations are met. The management of long term cash may involve arranging short or long term loans or using longer term cash flow surpluses.

8.3. The treasury activity for the Council during 2015/16 is compliant with the Treasury Management Strategy approved in March 2015. Investment and borrowing activities include:

a. Investment – The Council aims to achieve the optimum return (yield) on investments commensurate with the proper levels of security and liquidity. In the current economic climate it is considered appropriate to keep investments short term and only invest with Barclays (the Council's current banking provider), the Debt Management Office and Local Authorities. As at 31 March 2016 the Council's external investments totalled £19.1m and have yielded interest at an average rate of 0.29% in the financial year 2015/16. Investments were placed for short periods to cover daily cash flow fluctuations.

b. Borrowing – In 2015/16 the Council increased its borrowing by £57.4m. Although £64.7m was required to fund the capital programme, due to timing issues surplus cash balances were utilised to off-set the actual borrowing requirement in the year. The borrowing has been taken out over a range of periods to best fit the Council's maturity profile of debt. Also the best possible interest rate has been sought in line with the budget for borrowing, including the continuation of the council benefitting from reduced interest rates on long term PWLB loans by 20 basis points (0.2%) due to it submitting borrowing plans to government.

c. Consideration has been made to rescheduling debt however there have been no suitable opportunities to do this. The difference between the repayment rate and the rate of a new loan has not resulted in a net discount to the Council and no savings were to be made.

8.4. The Capital Financing Requirement (CFR) measures the Council's underlying need to borrow money in the long term for capital purposes. In accordance with the 2015/16 Code the liability for the Private Finance Initiative (PFI) agreement and finance leases also impact on the CFR.

8.5. In 2015/16 the CFR was:

Capital Financing Requirement	**£000**
Opening Capital Financing Requirement 1 April 2015	422,532
New Capital Expenditure Financed by Borrowing	64,670
Minimum Revenue Provision for Debt Repayment	(5,210)
Minimum Revenue Provision for PFI	(350)
Minimum Revenue Provision for Leases	(576)
Closing Capital Financing Requirement 31 March 2016	**481,066**

8.6. As part of the setting of the treasury strategy, the Council sets annual prudential indicators to measure effectiveness of treasury management and reports against these indicators during the financial year. The indicators have not been breached during 2015/16.

8.7. Further information on the Council's capital financing arrangements can be found in the Prudential Indicators performance found in **Appendix B** along with an update on treasury management activity and other financial performance indicators in **Appendix C**.

9. Consultation

9.1. Detailed reports have been discussed in Departmental Management Teams and this report with the Corporate Management Team.

10. Anticipated Outcomes

10.1. That the outturn position for 2015/16 is noted.

11. Reasons for Recommendations

11.1. This monitoring report forms part of the 2015/16 closure of accounts and decision making framework culminating in the production of the Statement of Accounts and informs Cabinet of the final position.

12. Alternative Options Considered

12.1. None required.

13. Implications

13.1. Members must have regard to the advice of the Section 151 Officer.

14. Background Documents

14.1. The 2015/16 and 2016/17 Medium Term Financial Strategies.

15. Appendices

Appendix A – 2015/16 Revenue Outturn Report
Appendix B – Treasury Management Strategy – Prudential Indicators – 2015/16
Appendix C – Performance Monitoring

APPENDIX A – 2015/16 REVENUE OUTTURN REPORT

Forecast Variance in 2016/17 MTFS (Nov 15)	Department	Revised 2015/16 Budget	Contributions From Reserve	**Revised Budget**	Actual	Contributions To Reserve	**Revised Actual**	**Final Variance**
		£000	£000	£000	£000	£000	£000	£000
-50	Chief Execs Office	328	0	**328**	233	50	**283**	**-45**
0	Chief Execs Departmental Support	37	0	**37**	27	0	**27**	**-10**
-50	**TOTAL CHIEF EXECUTIVE**	365	0	**365**	260	50	**310**	**-55**
15	Director of Governance	328	0	**328**	334	0	**334**	**6**
-223	Legal & Democratic Services	3,231	4	**3,235**	3,140	15	**3,155**	**-80**
-69	Human Resources	1,423	65	**1,488**	1,219	0	**1,219**	**-269**
-121	Performance & Information	1,306	0	**1,306**	1,216	36	**1,252**	**-54**
-14	City Services & Communications (CSC) – Head of Service	443	0	**443**	416	0	**416**	**-27**
-300	CSC - Regulatory Services	337	0	**337**	-36	0	**-36**	**-373**
-56	CSC - Parking Services	-2,513	50	**-2,463**	-2,544	0	**-2,544**	**-81**
1	CSC - Communications	237	32	**269**	166	75	**241**	**-28**
92	CSC - CCTV, Resilience & Health + Safety	502	7	**509**	657	0	**657**	**148**
226	CSC - Markets, Tourism & Events	55	50	**105**	357	0	**357**	**252**
-449	**TOTAL GOVERNANCE**	5,349	208	**5,557**	4,925	126	**5,051**	**-506**
18	Director, OP & JV	454	0	**454**	187	150	**337**	**-117**
-146	Development & Construction	213	46	**259**	-131	0	**-131**	**-390**
-77	Sustainable Growth Strategy	1,302	801	**2,103**	1,727	97	**1,824**	**-279**
-116	Peterborough Highway Services	9,876	37	**9,913**	9,398	34	**9,432**	**-481**
-321	**TOTAL GROWTH AND REGENERATION**	11,845	884	**12,729**	11,181	281	**11,462**	**-1,267**
145	Director of People and Communities	18	0	**18**	697	0	**697**	**679**
68	Adult Services	36,493	2,303	**38,796**	38,721	76	**38,797**	**1**
138	Communities	4,889	180	**5,069**	5,350	30	**5,380**	**311**
-183	Children's Services and Safeguarding	24,469	27	**24,496**	23,522	35	**23,557**	**-939**
1,172	Education	3,877	0	**3,877**	4,543	788	**5,331**	**1,454**
241	Business Management & Commercial Ops	623	0	**623**	808	0	**808**	**185**
n/a	*Dedicated Schools Grant*	*266*	*417*	***683***	*-1,998*	*2,681*	***683***	**0**
1,581	**TOTAL PEOPLE AND COMMUNITIES**	70,635	2,927	**73,562**	71,643	3,610	**75,253**	**1,691**

Forecast Variance in 2016/17 MTFS (Nov 15)	Department	Revised 2015/16 Budget	Contributions From Reserve	**Revised Budget**	Actual	Contributions To Reserve	**Revised Actual**	**Final Variance**
		£000	£000	£000	£000	£000	£000	£000
0	Public Health	-455	296	**-159**	-669	510	**-159**	**0**
0	**TOTAL PUBLIC HEALTH**	-455	296	**-159**	-669	510	**-159**	**0**
2	Director's Office	231	0	**231**	230	0	**230**	**-1**
-12	Financial Services	3,382	61	**3,443**	2,742	401	**3,143**	**-300**
-2,977	Capital Finance	23,590	0	**23,590**	13,740	7,531	**21,271**	**-2,319**
146	Corporate Items	4,321	1,146	**5,467**	3,984	1,151	**5,135**	**-332**
615	Peterborough Serco Strategic Partnership	7,745	3,010	**10,755**	10,991	300	**11,291**	**536**
0	ICT	4,087	0	**4,087**	4,667	18	**4,685**	**598**
4	Commercial Group	-1,771	27	**-1,744**	-1,740	0	**-1,740**	**4**
216	Amey Peterborough & Waste Management	10,384	262	**10,646**	11,001	-2	**10,999**	**353**
75	Westcombe Engineering	96	0	**96**	190	0	**190**	**94**
-231	Energy	444	361	**805**	1,172	0	**1,172**	**367**
0	Vivacity / Cultural Services	2,545	244	**2,789**	2,688	0	**2,688**	**-102**
-32	Cemeteries, Cremation & Registrars	-1,150	99	**-1,051**	-1,223	91	**-1,132**	**-80**
515	Corporate Property	-180	20	**-160**	169	4	**173**	**333**
-1,970	**TOTAL RESOURCES**	53,724	5,230	**58,954**	48,611	9,494	**58,105**	**-849**
2,617						Other reserve adjustments		**0**
500	**SUBTOTAL**	**141,463**	**9,545**	**151,008**	**135,953**	**14,069***	**150,022**	**-986**
0						Other financing adjustments		**-42**
500						**TOTAL OVER / (UNDER)SPEND**		**-1,028**

**N.B. The reserve movements shown in the BCR do not include financing and business rates adjustments included in section 6.*

Key Departmental Variances (<>£100k):

The following table details the reasons for significant (<>£100k) variations between the budgeted for and outturn positions (before movements in reserves).

Department	Variances <>£100k £000s	Explanation
Chief Executive	None	n/a
Governance		
Human Resources	-269	Training budgets have been underspent by £188k following a period of reviewing how training activity is commissioned. Staff vacancies led to a £37k underspend, Occupational Health income exceeded target by £17k along with other minor variances.
City Services & Communications - Regulatory Services	-373	Land charges income exceeded the budgeted target by £154k, and Trading Standards income by £40k. Additional New Burdens funding of £136k has been received. Across regulatory services, spend management work undertaken to review supplies and services budgets has delivered additional savings.
City Services & Communications - CCTV, Resilience & Health + Safety	148	Income has been lower than budgeted in respect of Health & Safety (£73k) and CCTV (£54k) contracts. The cost of CCTV transmissions and communications equipment has exceeded budget (£21k) and there are measures to address this in future years.
City Services & Communications - Markets, Tourism & Events	252	Income budgets at the City Market and the Visitor Destination Centre and Travel Centre are higher than the amounts generated. Rental income from the Market is £407k which is £58k lower than budgeted. Income from the Visitor Destination Centre and Travel Centre totals £262k compared with a budgeted income of £347k. Costs exceeded budget by £49k at the Visitor Centre, and £60k across the rest of the service.
Growth & Regeneration		
Director, OP & JV	-117	Income from the Peterborough Investment Partnership joint venture was higher than anticipated (£77k), and the City wide funding unit was set up later than initially planned, saving £40k.
Development & Construction	-390	Income has exceeded the budget by £218k, mainly as a result of a late upturn in planning applications. Staffing vacancies have led to an underspend of £147k, along with £25k of supplies and services savings.
Sustainable Growth Strategy	-279	Additional income of £152k has been generated from shared service arrangements. Staff vacancies have led to an underspend of £52k, and savings have been made across supplies and services budgets of £75k.
Peterborough Highway Services	-482	The concessionary fares and bus services budgets have achieved a saving of £229k, prior to the contract renewal period. Savings in transport planning have been achieved of £101k. Staff vacancies have led to a £142k underspend, and £30k has been saved in the footbridge budget.
People & Communities		
Director of People and Communities	679	£472k of business support savings were unachievable during the year which has been addressed in 16/17. Customer Experience savings of £200k were achieved in other ways. Other minor variances of £7k.
Communities	311	Unachieved income from EPC Certificates caused pressures of £95k. Non achievement of savings targets in communities caused a pressure of £99k, YJB reduced their grant in year causing a pressure of £72k. Other minor variances across the business area

Department	Variances <>£100k £000s	Explanation
		of £45k.
Children's Services and Safeguarding	-939	Favourable movement in placement mix for Looked After Children (LAC) gave a favourable variance of £347k. Savings with turnover in agency staff gave a favourable variance of £198k. Delays in recruitment to the new teams of Quality Assurance and Quality Improvement has given a favourable variance of £263k. The Alternatively Qualified Staff proposal achieved savings of £235k which offset supplies and services adverse variances across childrens services of £105k.
Education	1,454	Non achievement of savings proposal for home to school transport of £400k and demography increases and availability of school places gave rise to further home to school transport pressures of £463k. Reduction in the Education Support Grant gave pressures of £182k. Central recharges to Dedicated Schools Grant no longer allowed £435k and minor favourable variances across education of £26k
Business Management & Commercial Ops	185	Pressures have arisen from transporting LAC of £58k. Legal and professional fees have continued to cause pressures resulting in adverse variance of £109k. Other minor variances across the business area caused pressures of £18k.
Public Health	None	
Resources		
Financial Services	-300	The underspend is mainly on staffing costs following a restructure and delays in filling posts, and also in some contractual budgets and through income being higher than planned.
Capital Finance	-2,319	Approximately half of the underspend is due to savings on interest payments for new debt and savings put aside in order to repay debt as part of the Minimum Revenue Provision (MRP). Further savings arose from recharges to Invest to Save projects not previously forecast – MRP & Interest. There was also a small variance from the receipt of a dividend from ESPO.
Corporate Items	-332	This area includes the budgets for some pension payments and for any pay awards (prior to allocation to departments). Underspends in these areas have been partly offset by the costs of bad debt provision.
Peterborough Serco Strategic Partnership	536	The 2016/17 MTFS outlined a pressure against procurement savings due to a reduction in the level of spend available to achieve those savings. This represents the 2015/16 pressure for this issue.
ICT	598	It has not been possible to achieve a previous MTFS saving aimed at centralising some staff across the organisation. Also some costs of external ICT costs have been higher than predicted.
Amey Peterborough & Waste Management	353	Income from the ERF plant is lower than budgeted, partly due to the removal of the Climate Change Levy exemption for renewable energy sources, and because of lower energy prices. Repairs and Maintenance costs on some Council buildings were also higher than expected.
Energy	367	Income from the Councils energy performance contract with Honeywell has not reached the levels expected in the current year
Vivacity / Cultural Services	-102	Lower energy prices, have led to an underspend in this area and some savings have been made on repairs and maintenance costs.
Corporate Property	333	Commercial Lease income is lower than budgeted following a rent review, and there have been additional rent, rates and service charge costs.

Appendix B – Treasury Management Strategy – Prudential Indicators – 2015/16

1. The Prudential Code for Capital Finance in Local Authorities provides a framework for local authority capital finance to ensure that:
   (a) capital expenditure plans are affordable,
   (b) all external borrowing and other long term liabilities are within prudent and sustainable levels;
   (c) treasury management decisions are taken in accordance with professional good practice.

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

3. The Code requires the Council to set a range of Prudential Indicators for the next financial year and at least the following two financial years. The Council has set out indicators for the next 10 financial years in line with setting a 10 year budget. The indicators include the Invest to Save scheme however the costs of borrowing associated with the scheme will be offset by the income generated by these projects.

4. During 2015/16 the Council has operated within the treasury limits and Prudential Indicators set out in the Council's Annual Treasury Management Strategy.

5. The Council's outturn performance position against the 2015/16 Prudential Indicators are shown below.

Indicator 1: Capital Expenditure

This indicator is the actual capital expenditure for the year based on the Capital Programme in 2015/16.

Capital Expenditure	**2015/16 Indicator £m**	**2015/16 Actual £m**
Capital Expenditure	86.6	72.5
Invest to Save	54.8	9.3
Total	**141.4**	**81.8**

Indicator 2: Capital Financing Requirement (CFR)

The CFR measures the Council's underlying need to borrow money in the long term for capital purposes. Any capital expenditure which has not immediately been paid for will increase the CFR.

Capital Financing Requirement	**2015/16 Indicator £m**	**2015/16 Actual £m**
CFR b/fwd	482.9	422.5
Underlying Need to Borrow	45.1	49.3
Underlying Need to Borrow - Invest to Save	54.8	9.3
Total CFR C/fwd	**582.8**	**481.1**

Indicator 3: Actuals and estimates of the ratio of financing costs to net revenue budget

The Council must estimate the proportion of the revenue budget, which is taken up in financing capital expenditure i.e. the net interest cost and to make provision to repay debt.

Ratio of net financing costs to net revenue stream	2015/16 Indicator	2015/16 Actual
Total Ratio	7.6%	4.8%

The difference between the Indicator and final ratio percentage is largely the result of the revised Minimum Revenue Provision (MRP) policy that was approved by Council as part of the 2016/17 Medium Term Financial Strategy (MTFS) process where debt repayment was rephased.

Indicator 4: Actuals and estimates of the incremental impact of capital investment on Council Tax

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

The calculation of this indicator has been done on the basis of the amount of the capital programme that is financed from borrowing and the interest assumption for borrowing that was included in the capital financing budget for the MTFS. The revenue costs are divided by the estimated Council Tax base for the year, and the actual performance is shown in the table below.

Incremental impact on capital investment decisions on Council Tax	2015/16 Indicator £m	2015/16 Actual £m
A – Cap Fin Budget -Previous MTFS	29,275	29,275
B – Cap Fin Budget - Current	23,567	13,803
C - Incremental change (B-A)	(5,708)	(15,472)
D - Council Tax Base (1,000's)	52.75	52.75
Total Incremental Impact (C/D)	**(108.21)**	**(293.30)**

The incremental change of £15.5m shown in the table is largely the result of the 2016/17 MTFS where the Council agreed to revise the 2015/16 MRP policy. The impact of the policy amendment is also seen in the Grant Equalisation Reserve table earlier in this document, see point 6.1, and the explanation of departmental variances shown in Appendix A.

Indicator 5: Proportion of Gross Debt to the CFR

This indicator shows the proportion of the Council's external borrowings (Gross Debt) against the CFR.

Proportion of Gross Debt to the CFR	2015/16 Indicator £m	2015/16 Actual £m
CFR	582.9	481.1
Gross Debt	513.5	402.1
% of Gross Debt to CFR	**88.1%**	**83.6%**

Indicator 6: The Operational Boundary

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

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

Operational Boundary	2015/16 Indicator £m	2015/16 Actual £m
Borrowing	648.0	363.2
Other Long Term Liabilities	38.5	38.9
Total Operational Boundary	**686.5**	**402.1**

Indicator 7: The Authorised Limit

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

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

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

Authorised Limit	2015/16 Indicator £m	2015/16 Actual £m
Borrowing	682.4	363.2
Other Long Term Liabilities	38.5	38.9
Total Authorised Limit	**720.9**	**402.1**

It is ultra vires to exceed the Authorised Limit so this should be set to avoid circumstances in which the Council would need to borrow more money than this limit. However, the Council can revise the limit during the course of the year. The actual outturn is lower than the indicator as the Council did not need to borrow in advance of need during 2015/16.

Indicator 8: Fixed Interest rate exposure

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

Upper limit for fixed rate exposure	2015/16 Indicator £m	2015/16 Actual £m
Upper Limit - Borrowing	682.4	363.2
Other Liabilities eg PFI/Leases	38.5	38.9
Total Upper Limit Fixed Rate Exposure	**720.9**	**402.1**
% of fixed interest rate exposure	100%	100%

Indicator 9: Variable interest rate exposure

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

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

Upper limit for variable rate exposure	2015/16 Indicator £m	2015/16 Actual £m
Upper Limit	180.2	0.0
% of variable interest rate exposure	25%	25%

The indicator for actual outturn is zero due to the current borrowing strategy of borrowing only at a fixed interest rate in the current economic climate of volatile interest rates and also provides budget certainty for the Council.

Indicator 10: Maturity structure of borrowing

The prudential limits have been set with regard to the maturity structure of the Council's borrowing, and reflects the beneficial long term rates that are available to the Council.

Period	Upper Limit Indicator	Actual Borrowing	Actual Borrowing £m
Under 12 months*	40%	10.9%	39.5
1 – 2 years	40%	7.1%	25.8
2 – 5 years	80%	5.4%	19.5
5 – 10 years	80%	4.4%	16.1
Over 10 years	100%	72.2%	262.3
		Total 'Market' Borrowing	**363.2**

** The borrowing for under 12 months includes £17.5m of Lenders Option Borrowers Option (LOBO) loans. Although the loans are due to mature in 30-40 years' time, they are classified as loans repayable within the financial year due to LOBO's having a call-in date every 6 months.*

Although this table is not a Prudential Indicator it gives a breakdown of the types of borrowing held by the Council and the average interest rates for each:

Borrowing	31 March 2015		31 March 2016	
	Amount £m	Average Interest Rate	Amount £m	Average Interest Rate
Long Term:				
Public Works Loan Board	234.4	4.09%	282.4	3.90%
Market Loans	17.5	4.53%	17.5	4.53%
Short Term:				
Local Authorities	51.0	1.58%	59.5	1.44%
Other Borrowing:				
Local Enterprise Partnership	3.1	0.00%	3.8	0.00%
Total 'Market' Borrowing	**306.0**		**363.2**	
Public Finance Initiative & Leases	40.4		38.9	
Total Borrowing	**346.4**		**402.1**	

Indicator 11: Total Investments for periods longer than 364 days

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

Interest Rate Exposure (Upper Limits)	2015/16 Indicator £m	2015/16 Actual £m
Principal sums invested >364 days	6.0	0.0

This indicator reflects the Council's current lending policy of keeping investments short term for liquidity purposes. Also the Council has run down its cash balances over the last three financial years as an alternative to new borrowing and does not have the available cash balances to invest for long periods.

The indicator was set at £6m to allow for the accounting treatment of the Local Authority Mortgage Scheme (LAMS). At present the Council has £2m deposited in the LAMS scheme with Lloyds TSB and this is treated as capital expenditure, as a loan to a third party, (see section 3.5 of the TMS). There is currently no plan to extend this initiative. The Council's external auditors highlighted in a previous Statement of Accounts report that there was some debate about the accounting treatment for LAMS. Whilst the Council is confident of its accounting treatment as a capital loan, if the accounting treatment changed for this deposit for to be classed as an investment then this indicator would cover this investment.

Appendix C – Performance Monitoring

1. Treasury Management Update – March 2015

1.1 Economic Update

The following paragraphs are based on information from the Council's Treasury Advisors (Capita Asset Services)

Economic forecasting remains difficult with so many external influences weighting on the UK. Capita Asset Services Bank Rate forecasts, (and also MPC decisions), will be liable to further amendment depending on how the economic data and developments in financial markets transpire over the next year. Forecast for average earnings beyond the three year horizon will be heavily dependent on economic and political developments. Major volatility in bond yields is likely to endure as investor fears and confidence ebb and flow between favouring more risky assets or the safe haven of bonds.

The November Inflation Report flagged up particular concerns for the potential impact of these factors on the UK. The Inflation Report was also notably subdued in respect of the forecasts for inflation; this was expected to barely get back up to the 2% target within the 2-3 year time horizon. The increase in the forecast for inflation at the three year horizon was the biggest in a decade and at the two year horizon was the biggest since February 2013.

However, the first round of falls in oil, gas and food prices over late 2014 and also in the first half 2015, will fall out of the 12 month calculation of CPI during late 2015 / early 2016 but a second, more recent round of falls in fuel and commodity prices will delay a significant tick up in inflation from around zero: this is now expected to get back to around 1% by the end of 2016 and not get to near 2% until the second half of 2017, though the forecasts in the Report itself were for an even slower rate of increase.

However, more falls in the price of oil and imports from emerging countries in early 2016 will further delay the pick up in inflation. There is therefore considerable uncertainty around how quickly pay and CPI inflation will rise in the next few years and this makes it difficult to forecast when the MPC will decide to make a start on increasing Bank Rate.

The weakening of UK GDP growth during 2015 and the deterioration of prospects in the international scene, especially for emerging market countries, have consequently led to forecasts for when the first increase in Bank Rate would occur being pushed back to quarter 4 of 2016. There is downside risk to this forecast i.e. it could be pushed further back.

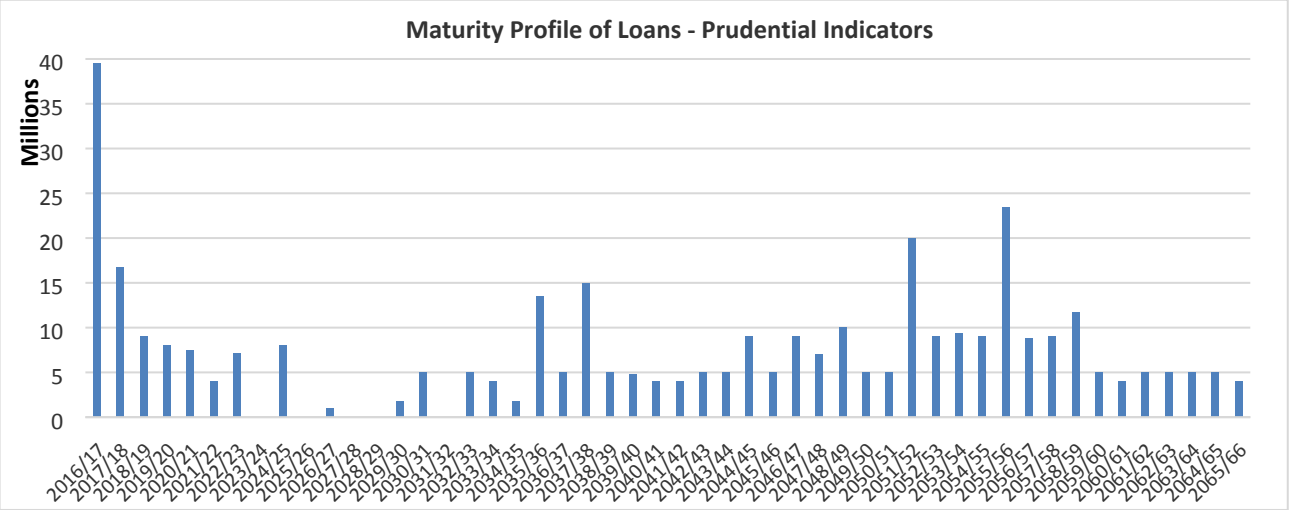
The UK are experiencing exceptional levels of volatility which are highly correlated to emerging market, geo-political and sovereign debt crisis developments.

2. Borrowing

2.1. It is a statutory duty for the Council to determine and keep under review the "Affordable Borrowing Limits". The Council's approved Prudential Indicators (affordability limits) are outlined in the approved Treasury Management Strategy.

2.2. The Council's borrowing as at 31 March 2016 was £402.1m. The actual total external debt is measured against the Council's Authorised Limit for borrowing of £720.9m, which must not be exceeded and the Operational Boundary (maximum working capital borrowing indicator) of £686.5m. The table in Appendix B, Indicator 10 shows a breakdown of the borrowing.

2.3. The following chart shows the maturity profile of the Council's debt as at 31 March 2016:



** 2016/17 includes £17.5m of market loans which are repayable in the long term but are classed as current year loans due to a callable option in the loan agreement.*

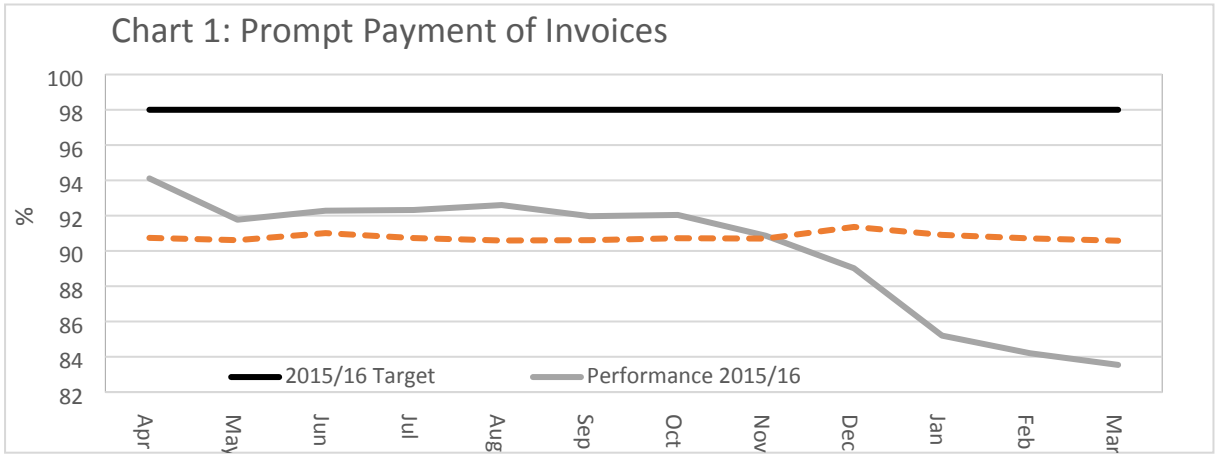
3. Investments

3.1. The Council aims to achieve the optimum return (yield) on investments commensurate with the proper levels of security and liquidity. In the current economic climate it is considered appropriate to keep investments short term, and only invest with Barclays (the Council's banking provider), Bank of Scotland, the Debt Management Office and Local Authorities.

4. Prompt Payment of Invoices (Invoices paid within 30 Days)

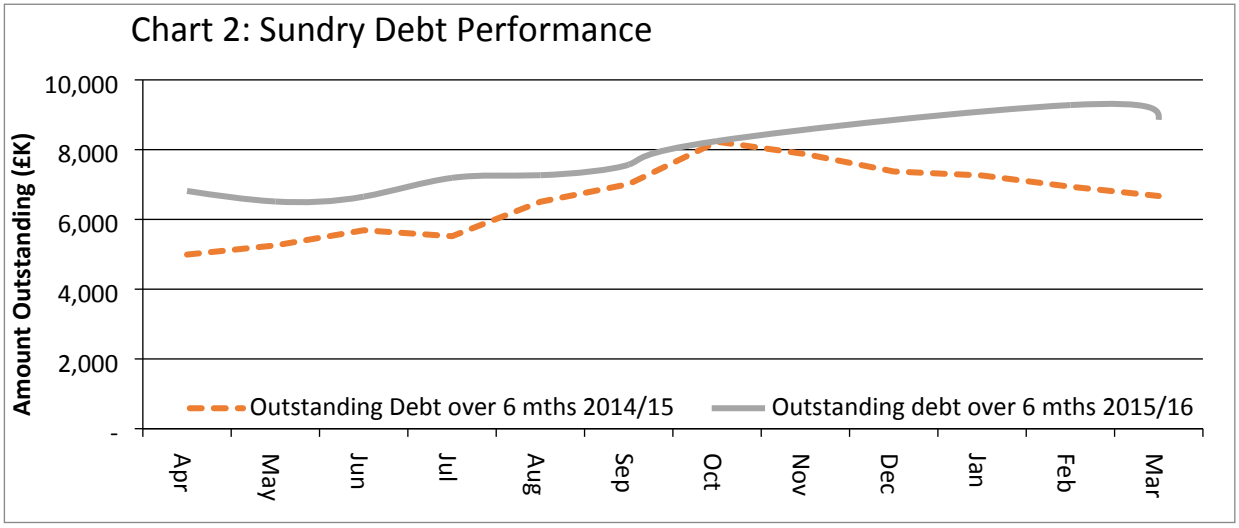
4.1. The cumulative position on prompt payment of invoices as at 31 March 2016 was 83.54%, which is below the target of 98% and 7.04% below the previous year's performance (90.58%). Performance against the prompt payment of invoices indicator was adversely affected by the implementation of the Council's new finance system. Business processes are being reviewed and updated to reflect the new financial system and this coupled with additional temporary resource will drive performance during 2016/17. The current year performance is shown alongside the equivalent figures for 2014/15 in chart 1.

4.2. Regulation 113(7) of the Public Contracts Regulations 2015 has introduced a requirement that from March 2016, all in-scope organisations must publish, on an annual basis and covering the previous 12 months, the percentage of their invoices paid within 30-days and the amount of interest paid to suppliers due to late payment. For PCC, 71,377 invoices were paid during 2015/16 of which 83.54% were paid within 30 days. No interest was paid due to late payment during this period.



5. Sundry Debt Performance

5.1. The total outstanding sundry debt in excess of 6 months old as at March is £8.86m and is set out in Chart 2 alongside comparative figures for 2014/15. The top 20 debts owed to the Council of the sundry debt and commercial rents portfolio total £9.13m of which £7.79m is current debt (up to a month old). In order to progress action against these debts, bi-monthly review meetings have been set up with each Directorate Head of Finance to discuss issues, disputes and move forward with actions top recover income.

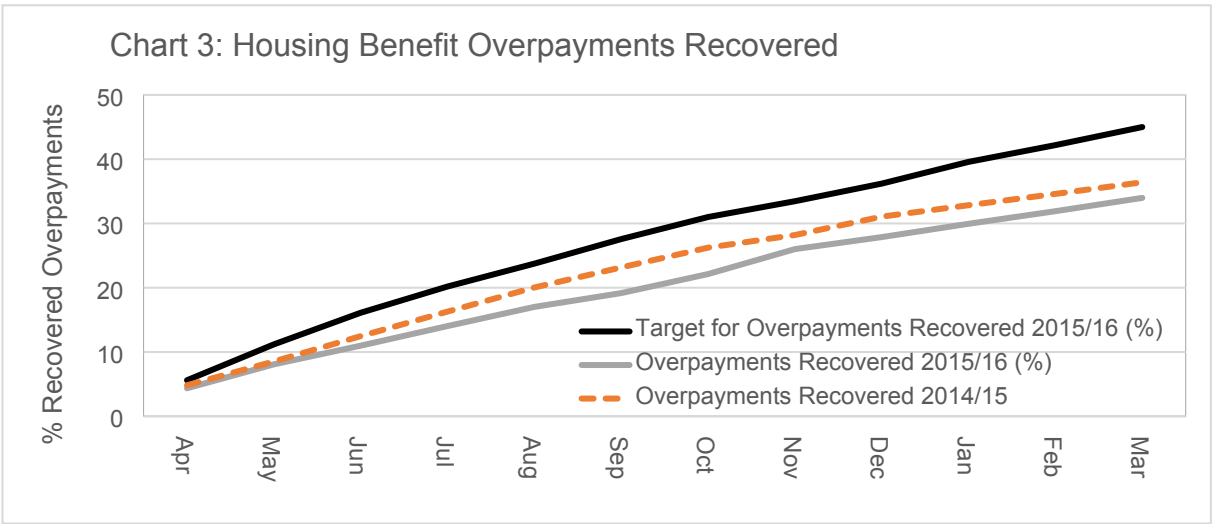


N.B. data is not available for the period Nov-Jan due to the implementation of Agresso.

6. Housing Benefit Overpayments

6.1. Chart 3 shows the total amount of housing benefit overpayments recovered against the cumulative target rate set for 2015/16 and the 2014/15 figures.

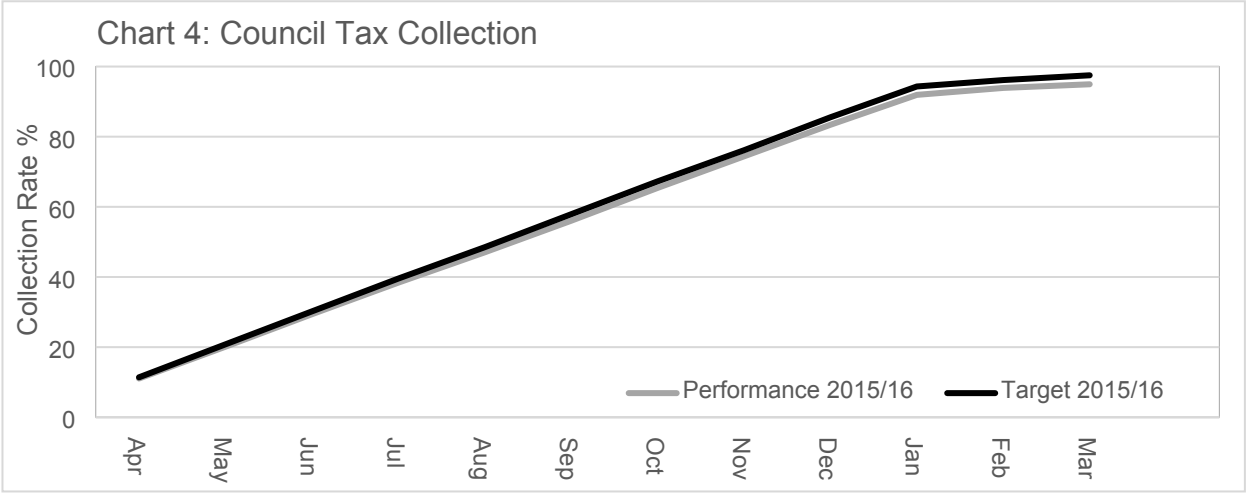
6.2. Housing benefit overpayment collection as at the 31 March 2016 was 33.98% which is below the target of 45.0% and 2.43% lower than the figure for March 2015 (36.41%). Due to the improved speed of processing claims for housing benefits the amount of new debt identified in-year reduced by 15% (down to just under £4m). This improvement had a negative effect on the percentage of overall debt recovered because much less was recent debt which is the easiest to recover. The actual value of debt collected during 2015/16 remained at the same level (£3.2m) as 2014/15.



7. Council Tax and Business Rates Collection

7.1. Charts 4 and 5 show the performance for the collection of Council Tax and Business Rates for the period to date. In year council tax collection at 31 March 2016 is 94.94%, which is 0.16% more than the amount collected by this stage in 2014/15.

7.2. The administration of the council's local council tax support scheme remains challenging and continues to impact overall council tax collected in the year. It has been recognised that greater resource needs to be directed to the recovery aspect of council tax collection and 4 new staff have been recruited to focus on this area. A third enforcement agent (bailiff) has also been appointed.



7.3. The in-year collection of business rates as at 31 March 2016 was 96.51%, which is 1.29% below the target set and a decrease of 1.27% compared with 2014/15.

7.4. The business rates liability usually reduces during March (the last 3 years has seen an average decrease of 0.61%). However, in 2015/16, it increased by 0.28%. Although this is positive for the City in terms of business growth it did adversely impact the percentage of business rates collected during the year. The remainder of the shortfall is explained by a single occupier that currently owes the equivalent of 0.44% of the total business rates due which has not been paid due to a dispute between them and the Valuation Office Agency.