

SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 15 NOVEMBER 2016

7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

Page No

1. **Apologies**

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

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification" that has been disclosed to the Monitoring Officer.

Members must also declare if they are subject to their party group whip in relation to any items under consideration.

3. **Minutes of Meeting Held on 15 September 2016**

3 - 6

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

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions.. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.

5. **Cambridgeshire and Peterborough Clinical Commissioning Group
General Practice Forward View**

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6. **Adult Social Care 'Front Door' Transformation Programme**

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7. **Forward Plan of Executive Decisions**

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8. **Work Programme**

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9. **Date of Next Meeting**

Tuesday, 10 January 2016



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Committee Members:

Councillors: Cereste (Chairman), Rush (Vice Chairman), Aitken, Ayres, Dowson, Lillis and Sylvester

Substitutes: Councillors: Fuller, Barkham and Khan

Further information about this meeting can be obtained from Philippa Turvey on telephone 01733 452508 or by email – philippa.turvey@peterborough.gov.uk



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSSEN ROOMS, TOWN HALL
ON 15 SEPTEMBER 2016**

Present: Councillors Cereste (Chairman), Rush (Vice-Chairman), Aitken, Ferris, Lillis, Bisby, and Sylvester

Also present Lee Miller Head of Transformation and Commissioning (Children and Maternity), Cambridgeshire and Peterborough Clinical Commissioning Group

Officers Present: Dr Liz Robin Director of Public Health
Philippa Turvey Senior Democratic Services Officer

1. Apologies

Apologies for absence were received from Councillor Ayres and Councillor Dowson.

Councillor Bisby and Sylvester were in attendance as substitutes.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 19 July 2016

The minutes of the meetings held on 19 July 2016 were approved as an accurate record, subject to the following amendments:

- "The Commission further discussed the importance of physical education for children in schools," be amended to, "The Commission further discussed the importance of physical education and engagement for children in schools."
- "In addition, it was noted that the provision of targeted services for the elderly was considered vital, both in terms of outreach services and physical activity," be amended to, "In addition, it was noted that the provision of targeted services for the elderly was considered vital and should be reintroduced, both in terms of outreach services and physical activity."

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

There were no requests for Call-in to consider.

5. Transformation of Child Health and Wellbeing

The report was introduced by the Head of Transformation and Commissioning (Children and Maternity), Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). The

report provided an update on the proposal of joint commissioning of integrated children's health services.

The Head of Transformation and Commissioning (Children and Maternity), CCG responded to comments and questions raised by Members. A summary of responses included:

- The proposals had not yet reached the stage where it could be determined who would run the integrated service. If it were subsequently proposed to have a single provider, the Commission would be duly updated.
- It was not considered likely that the proposed integrated service would be ready to begin work within the current financial year.
- In relation to transformative care, it was intended to involve parent and carer representatives in the design of the integrated service. The need to also involve traditionally hard to reach communities was acknowledged.
- Equipment would not be moved from specialist care facilities. The proposals were not intended to result in services being moved, but instead to merge into co-located service hubs.
- In terms of providing services in GP practices, it was considered that this could be a nurse provided service, in order to help build capacity alongside community knowledge. This would, however, need to be considered in more detail.
- The proposed hubs could be located in any community building, such as schools, if there was the capacity.
- The service pressures were a national problem, and more creative solutions were required.
- It was requested that once the process was complete, a further report be provided to the Commission on the findings and proposed solutions.
- The iThrive Framework was a national development to aid mental health issues in children.
- It was suggested that recruitment could be carried out within the pool of retired health service workers, who may wish to return to work on a part time basis.

ACTION AGREED

The Scrutiny Commission for Health Issues endorsed the proposal to bring together the Joint Commissioning of integrated children's health services.

6. Public Health Priorities in Peterborough

The report was introduced by the Senior Democratic Services Officer. The report sought consideration of proposals to recommend that Council establish a joint scrutiny committee between Peterborough City Council and Cambridgeshire County Council to scrutinise proposals to merge Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) with Hinchingsbrooke Health Care NHS Trust (HHCT). It was further requested that the Commission recommend to Council that its terms of reference be amended, in order for it to establish joint health committees for specific matters in the future.

The Commission discussed the report and raised the following key points:

- It was considered important that Healthwatch and Huntingdonshire District Council be represented on the proposed joint committee.
- It was suggested that scrutinising the implementation and governance arrangements of the proposed merger was a sensible inclusion within the joint committee's remit, should the merger go ahead.

- Concern was expressed in relation to the location and timing of a number of the proposed meetings. It was suggested that the time of the meeting should be later, in order to allow people sufficient time to attend.
- It was suggested that the terms of reference of the joint committee be amended to include a rotating chairmanship between Peterborough City Council and Cambridgeshire County Council.
- Confirmation of those Commission Members appointed to the joint committee would be provided to the Senior Democratic Services Officer in due course.

RECOMMENDATIONS

The Scrutiny Commission for Health Issues recommended to Council that:

- 1) Agree to the establishment of a joint scrutiny committee with Cambridgeshire County Council to scrutinise proposals for the merger of PSHFT and HHCT;
- 2) Agree the preferred size for the Joint Committee to be five Members each from Peterborough City Council and Cambridgeshire County Council;
- 3) Authorise the Joint Committee to respond on behalf of the Scrutiny Commission for Health Issues to the public engagement / consultation proposals;
- 4) Require the Joint Committee to scrutinise the implementation and governance arrangements, should the proposed merger be agreed by the two NHS Trust Boards;
- 5) Endorse the draft terms of reference, subject to the inclusion of arrangements for a rotating Chair and Vice-Chair between Peterborough City Council and Cambridgeshire County Council; and
- 6) Amend the Scrutiny Commission for Health Issues terms of reference, in order to delegate powers from Council to the Commission to establish joint health committees in relation to health issues that cross local authority boundaries.

ACTION AGREED

The Scrutiny Commission for Health Issues' appointments to serve as Members of the Joint Committee, and Members to serve as substitutes, would be identified and their names notified to the Senior Democratic Services Officer, subject to Council approving the establishment of the Joint Committee.

7. Forward Plan of Executive Decisions

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

ACTION AGREED

The Commission noted the Forward Plan of Executive Decisions.

8. Work Programme

Members considered the work of the Commission in 2015/16 and the Work Programme for 2015/16, and discussed possible items for inclusion.

ACTION AGREED

The Scrutiny for Health Issues requested that:

- 1) An item regarding the IVF Service Consultation be added to the 15 November 2016 meeting;
- 2) An item regarding the Annual Public Health Report be added to a future meeting;
- 3) The Sustainable Transformation Programme item and the Minor Injury and Illness Unit item be rescheduled to January 2016;
- 4) A workshop or briefing session be arranged on the Minor Injury and Illness Unit consultation in November 2016; and
- 5) An item regarding the progress of the Healthy Peterborough Programme be added to the work programme for an appropriate meeting date.

9. Date of Next Meeting

The next meeting of the Commission was scheduled for 15 November 2016.

The meeting began at 7.00pm and finished at 7:45 pm.

CHAIRMAN

Scrutiny Commission for Health Issues	Agenda Item No. 5
15 November 2016	Public Report

Report of the Cambridgeshire and Peterborough Clinical Commissioning Group		
Contact Officer	Jessica Bawden, Director of Corporate Affairs, CCG	Tel. 01223 725400

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP GENERAL PRACTICE FORWARD VIEW

1. PURPOSE

- 1.1 The Scrutiny Commission for Health Issues requested information from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on the General Practice Forward View (GPFV), with a focus on GP recruitment and retention in Peterborough. Information provided in this report is for the whole of Cambridgeshire and Peterborough as moving forward it is essential to work as a whole system, however, where appropriate, specific data or information on Peterborough has been included.

2. RECOMMENDATIONS

- 2.1 The report is provided for information and discussion by the Scrutiny Commission for Health Issues.

3. BACKGROUND

General Practice Forward View

- 3.1 Called ‘the most significant announcement for general practice since the 1960’s’¹, the GPFV was published in April 2016 as a response to the pressures facing general practice and outlines how the government plans to act. It contains specific, practical and funded steps on five areas: investment, workforce, workload, infrastructure and care redesign². A brief overview of these areas can be seen in Appendix A.

- 3.2 The GPFV sets ambitious workforce aspirations to address the gaps and issues relating to the aging workforce. As well as aiming to recruit GPs, the GPFV also supports the development of new roles in General Practice to improve skill mix and to maximise the GP resource available.

- 3.3 The following paragraphs provide further information about some of the investment areas for which more detail is becoming increasingly available:

- 3.3.1 *General Practice Resilience Programme - Nationally investing £40 million over 4 years, £16m identified for 16/17*

This programme is about buying direct support for practices who are defined as “good but challenged”, and for whom support from a menu of interventions should support sustainability. It is managed by NHS England local teams with the commitment that it will be deployed as flexibly as possible. Practices have indicated whether they wish to be considered for this fund and the CCG and NHS England locally are working closely to maximise the support available.

¹ RCGP (2016) Maureen Baker, Chair comment on release of General Practice Forward View

² NHS England (2016) General Practice Forward View

- 3.3.2 *General practice national development programme - £30million nationally over 3 years.*
This investment is about managing workload differently and supporting groups of practices to implement the published 10 High Impact Actions. This is for less-challenged practices and will be wider in its application.

Practices or their CCG can submit an expression of interest form any time until summer 2018. They will be allocated an expert development advisor, who will help them plan their own Time for Care programme. It is expected that over the course of a typical 9-12 month programme, most practices could expect to release about 10% of GP time.

NHS England is also providing a new £45m fund over the next five years to support training for reception and clerical staff – it was stated that this would be devolved to CCGs and therefore sourced locally.

- 3.3.3 *GP Access Fund*
This funding is being targeted at those areas of England which had successful pilot sites in 2015/16, known as the “Prime Minister’s Challenge Fund” or “General Practice Access Fund” sites. Peterborough has been such an area and investment continues in 2015/16. The CCG is planning to receive additional funding in 17/18 and 18/19 to commission the associated additional access across the rest of Cambridgeshire.

- 3.3.4 *Estates and Technology Transformation Fund*
This fund supports improvements in estate and technology. The schemes which have been supported in principle have now been confirmed by NHS England. Schemes supported for cohort 1 funding will need to complete by end of March 2017 rather than the previous expectation that resource will more closely reflect the length of time that premises improvement and technology developments take to implement. The CCG is working with practices to maximise the utilisation of confirmed resource across this and the subsequent two cohorts of funding.

- 3.4 The CCG is working closely with NHS England locally to ensure that the funding opportunities and support that the General Practice Forward View offers are accessed and used to their full potential for primary care in Cambridgeshire and Peterborough.

General Practice in Cambridgeshire and Peterborough

- 3.5 The CCG covers a diverse patient population of over 900,000. In common with other areas we have an aging population with significant inequalities and a mix of urban and rural districts.

- 3.6 The CCG has 105 member practices, making it one of the biggest CCGs in the country – it is also one of the most financially challenged. The local population is growing with people migrating to new developments in Huntingdonshire and established cities such as Cambridge and Peterborough. The population is also aging, resulting in patients increasingly developing complex and longer term conditions. The local workforce is not growing at the rate required to support demand and there is recognition from the system that the current model for the delivery of primary care needs to change from a GP delivered system to a multi-professional GP led system.

- 3.7 The CCG has been supporting local general practices to consider and develop organisational structures and models of care that enable them to work more closely and at scale. Three GP Federations are now operating across the county, including the Greater Peterborough Network Ltd. covering Peterborough and beyond. The recent development of the local Sustainability and Transformation Plan (STP) builds on this and recognises the requirement to ensure and support the sustainability of Primary Care as the foundation of a strong and resilient health system. Integration with acute and community health services, social care and voluntary sector provision are an essential factor of future care models.

- 3.8 A Sustainable Primary Care Strategy Development Group has been meeting regularly to identify the wider strategy as well as shorter term steps that need to be taken to develop a

sustainable future for primary care across Cambridgeshire and Peterborough. Key to delivery is implementation of the General Practice Forward View (GPFV), maximising the resource available through the committed investment and ensuring the engagement of local practices in the processes.

Workforce Development

- 3.9 Working in collaboration with the CCG, the Cambridgeshire and Peterborough Workforce Partnership (part of Health Education England, HEE) implemented a workforce development programme in 2015 to address some of the pressing workforce issues across the local system. In its first year it saw 54 per cent of the nursing workforce accessing Continuing Professional Development and 13 Practice Nurses commence an Advanced Nursing Practice Masters (MSc) at Anglia Ruskin University. The programme also saw 66 new apprenticeships starts across primary care; with 73 percent (n=48) of those being in general practice. A GP Fellowship programme was developed, supported by two of our provider Trusts, recruiting (over 2 years) 8 GPs to the local system. The programme received recognition by the Health Service Journal by being shortlisted for its work in the 2016 HSJ Value in Healthcare Awards. A workforce and Organisational Development plan for general practice forms part of the Sustainability and Transformation Plan for Cambridgeshire and Peterborough.

4. KEY ISSUES

Pressures in General Practice

- 4.1 The challenges facing general practice are widely reported. Practices across Cambridgeshire and Peterborough are not immune to these pressures. As part of the work to understand the current issues and improve the sustainability, the CCG held two workshops in the summer of 2016 for member practice representatives to attend. In addition to the workforce challenges that this report covers, issues relating to increased demand and complexity of caseload; demanding practice administration and bureaucracy, navigating patients between the different health and social care provision; and having the space and time to plan for future service delivery, were identified as impacting on current capacity and ongoing sustainability. Perceived and actual pressures in general practice are a deterrent to recruitment. Local management to support new care models and implementation of the aspirations of the GPFV are key to addressing these service delivery and small business pressures.

Workforce Profile

- 4.2 The General Practice workforce across Cambridge and Peterborough has a relatively young GP profile with only 18 percent of GPs over the age of 54; however in Peterborough this rises to 25 percent over 54, higher than the national average. The age profile for GPs under the age of 35 is below national average, with the lowest in the county being Peterborough at just 6% aged under 35. A third of general practice nurses in Cambridgeshire and Peterborough are aged over 54. An outlier again, general practice nurses in Peterborough represent 0.9 whole time equivalent for 1 GP which is much higher than the national average of 0.5:1. There is also a high ratio of advanced, extended and specialist nurses in Peterborough.
- 4.3 Patient demographics are positive, with lists being around 5% smaller per whole time equivalent GP than the national average.

Workforce Demand and Supply

- 4.4 The GPFV has set a national target of 5,000 more GPs by 2020 which equates to approximately 600 GPs in the east of England (using a population share of 10.6%). Assuming good retention, the supply pipeline has the potential to make good progress towards this requirement.
- 4.5 In Cambridgeshire and Peterborough, 54 GP specialty training posts have been allocated and filled in 2016. This is a 3 year programme (4 years for 3 academic posts available). The Peterborough training scheme has an allocation of 15 posts. It is more difficult to provide a

supply forecast for general practice nurses as general practice isn't a defined branch of nursing, meaning that it is not possible to track university starters through training to completion. However, general practice nurses tend to have trained in the adult branch of nursing and generally move to general practice after they have spent time working in secondary or community care and are seeking a more traditional 9-5 work life.

Recruitment and Retention

- 4.6 There are around 137 current GP vacancies across Cambridgeshire and Peterborough, with a high proportion of these in Peterborough.
- 4.7 In Peterborough just 6% of GPs are aged under 35 years, compared to 13% across Cambridgeshire. Retention of GP specialist trainees (GPSTs) post completion of training in Peterborough is an issue which is a likely result of centralisation of post appointments. A high proportion of Peterborough trainees are from the London area who swiftly return home at the end of their training. The 2014 cohort has 13 GPSTs and it is estimated that only 5 will remain in the local system when they complete in 2017. Last year Peterborough employed just one newly qualified nurse and a small proportion of experienced nurses moving into general practice from another setting.
- 4.8 The percentage of Advanced, Specialist or Extended nurses here is high at 41% of total general practice nurse workforce, suggesting that nurses are working to the top of their licence and supporting GPs with more complex patients. This provides career opportunities for general practice nurses moving into the system, and goes some way to help with the current issue of GP vacancies, however with 32% of general practice nurses aged over the age of 54, the area faces a serious gap in clinical expertise and capacity if steps are not taken to
- increase the number of GPs
 - promote the career progression opportunities available to general practice nurses in order to attract nurses into general practice, post qualification
 - formally recognise the role of Advanced Nurse Practitioners as clinical leaders and clinicians who are clinically competent to deliver care to complex patients.

Training

- 4.9 This year saw a significant reduction in Continuing Professional Development (CPD) for the non-medical workforce across both primary and secondary care. Practices recognise the value in developing their staff, however pressures on small practice teams often prevent staff being released from practice as they are unable to cover patient appointments. Practice nurse forums have been well established in the past and provided opportunities for group learning; however these have become less frequent recently.
- 4.10 There is also insufficient change management and leadership capability across the system to manage the successful delivery of primary care at scale. Two of the local GP Federations have been funded to establish Community Education Provider Networks, one of which is offering a leadership course to practice teams.

Workload

- 4.11 Increasing patient demand and a reduced workforce has resulted in significant administration activities for GPs, many of whom spend a considerable amount of time responding to referral letters and the review and management of patient medications. The worried well, those undiagnosed but with rising risk, also contribute to the workload for both GPs and advanced nurses as more time is required to support these patients. Different types of appointments are increasingly offered, including telephone and online consultations. From a management perspective, back office functions are localised to practices and require time to manage effectively. GP Federations are exploring solutions that can be delivered at scale to address some of the local duplications of effort.

5. SOLUTIONS

- 5.1 The development of a local primary care strategy will combine the requirements of the national GPFV and the context of the local STP to set a sustainable direction for general practice in Cambridgeshire and Peterborough. The workforce challenges are just one illustration of the need for primary care to embrace new models of care, to maximise the resource that is available to meet the growing and more complex needs of the population. Solutions that see greater integration between practices and across health care providers will result in new roles and utilisation of the primary care workforce. The emphasis will be on creating efficient ways of working and directing clinical staff to clinical functions and away from administration and bureaucracy.

Workforce

- 5.2 A workforce plan is being developed and will be finalised once the outcomes of the primary care strategy are published. The following are interventions which have been implemented since the start of this work in 2015 or areas being considered as key to the final plan:
- Peterborough network for public sector jobs encouraging people to choose the city as a place to live and work. Health pages are being developed both for general practice and Peterborough and Stamford Hospitals NHS FT
 - Greater Peterborough Network Ltd– practices working as a Federation will provide more opportunities to GPs looking for portfolio careers, as well as working to produce local training opportunities through the Community Education Provider Networks.
 - Overseas recruitment. Whilst the pool of overseas nursing is starting to deplete, other plans are being developed to recruit overseas GPs.
 - Retention of organisational knowledge. Ways to retain older GPs and general practice nurses within the local system are being considered, for example through developing opportunities which are attractive to them post retirement, including educational roles, covering school holidays and support with their indemnity costs.
 - Newly qualified clinicians – develop greater understanding of what newly qualified clinicians want and expect from careers will allow better tailoring of career opportunities
 - Growing Our Own. Development routes which support unregistered staff into registrant roles should increase retention rates and the clinical competence of the local workforce. Apprenticeships, Foundation degrees and flexible nursing pathways provide opportunities for Healthcare Assistants to move into nursing.
 - Proving opportunities for portfolio working enabling clinicians to work across settings to deliver care
 - Centralisation of back office functions – for example outsourcing payroll, HR, and other activities would release practice workload and drive down costs if a number of practices shared a contract.
 - Establishing true integrated care across the system is a key component of the STP plan to ensure patients are most efficiently supported along their pathway. This will improve working relationships between general practice and neighbourhood community teams, and secondary care.
- 5.3 Reviewing skill mix will be a key part of the strategy. Emerging clinical models must consider whether clinicians are being used to their fullest potential; and if the workforce has the required skills, knowledge and competencies to address our population's needs. We will be working with practices, taking direction from the General Practice Forward View and local initiatives, to consider how expansion of the multi-professional workforce and new roles will support appropriate delegation of tasks. Nationally, the General Practice Forward View, Health Education England and NHS England have committed to place and train: 1,000 Physician's Associates (PAs), an extra 1,500 Clinical Pharmacists, and 3,000 Mental Health therapists.
- To date, Cambridgeshire and Peterborough have supported clinical placements for three PAs in two of our practices.
 - Practices chose not to engage in the first Clinical Pharmacy pilot; however we have 6 clinical pharmacists employed in practice at present, with more practices keen to understand the cost and quality benefits.
 - Mental health therapists can work across a number of areas in primary care and it is important for general practice to work with the wider system, to understand how these

roles can best be grown. Expansion of the traditional GP team may also bring opportunities to attract clinicians into primary care roles from other specialities which may be over supplied at present.

6. CONSULTATION

- 6.1 Engagement with member practices and other sector organisations from our system have and continue to be included in the development of the localisation of the GPFV and design of a primary care strategy for the Sustainability and Transformation programme.

7. NEXT STEPS

- 7.1 Further updates can be brought for future monitoring on request.

8. BACKGROUND DOCUMENTS

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

- 8.1 The General Practice Forward View (NHS England, April 2016) document
<https://www.england.nhs.uk/ourwork/gpfv/>

9. APPENDICES

Appendix A – General Practice Forward View: On a Page

Appendix B – Primary Care Workforce Development Programme Leaflet

Authors:

Emma Wakelin, Strategic Development Manager, Health Education East of England

Alice Benton, Head of Primary Care, Cambridgeshire and Peterborough CCG

03 November 2016

General Practice Forward View: On A Page	
Maureen Baker (RCGP President) called this “the most significant announcement for general practice since the 1960s.”	
CHAPTER 1: £	<ul style="list-style-type: none"> Investing a further £2.4 billion by 2020/21 into general practice services. This means that investment will rise from £9.6 billion a year in 2015/16 to over £12 billion a year by 2020/21. This includes recurrent and transformational funding Additionally a review on Carr-Hill formula in progress to ensure it reflects derivation and workload etc
CHAPTER 2: WORKFORCE	<ul style="list-style-type: none"> Create an extra 5,000 additional doctors working in general practice by 2020 Attract an extra 500 GPs from abroad and targeted £20,000 bursaries that have found it hardest to recruit. A minimum of 5,000 other staff working in general practice by 2020/21 ❖ <i>3,000 mental health therapists</i> ❖ <i>1,500 pharmacists</i> • £206 million in support for the workforce through: ❖ <i>£112 million (in addition to £31m already committed) for the clinical pharmacist programme to enable a pharmacist per 30,000 population</i> ❖ <i>£15 million national investment for nurse development support including improving training capacity in general practice, increases in the number of pre-registration nurse placements and measures to improve retention of the existing nursing workforce and support for return to work.</i> ❖ <i>£45 million benefitting every practice to support the training of current reception and clerical staff to play a greater role in navigation.</i> ❖ <i>Investment by HEE in the training of 1,000 physician associates to support general practice. Introduction of pilots of new medical assistant roles that help support doctors.</i> ❖ <i>£6 million investment in practice manager development, alongside access for practice managers to the new national development programme.</i>
CHAPTER 3: WORKLOAD	<p>Support for GPs to manage demand, unnecessary work, bureaucracy and integration with wider system</p> <ul style="list-style-type: none"> £16 million extra investment in specialist mental health services to support GPs with burn out and stress. £30 million ‘Releasing Time for Patients’ development programme, new standard contract measures for hospitals to stop work new four year £40 million practice resilience programme (plus an additional £16m in 2016/17) move to five yearly CQC inspections for good/outstanding practices introduction of a simplified system across NHS E, CQC and GMC, streamlining of payment for practices, & automation of common tasks.
CHAPTER 4: INFRA- STRUCTURE	<ul style="list-style-type: none"> £900m for premises and IT (this is the continuation of the Primary Care Transformation Fund, now renamed) £45m for e-consultation support New rules to allow up to 100% reimbursement of premises developments Over 18% increase in allocations to CCGs for provision of IT services and technology for general practice
CHAPTER 5: CARE REDESIGN	<ul style="list-style-type: none"> Support to strengthen & redesign general practice by commissioning and funding of services to provide extra primary care capacity across every part of England, backed by over £500 million of funding by 2020/21 incl. £171 million one-off investment by CCGs starting in 2017/18, for practice transformational support, introduction of a new voluntary Multi-speciality Community Provider contract from April 2017. New national three year ‘Releasing Time for Patients’ programme to reach every practice in the country to free up to 10 percent of GPs’ time (£30m), building on recent NHS England and BMA roadshows.

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2016 and beyond

Focus on

Practice Nurse Supply

- Placement capacity
 - Mentoring
- Flexible pathways
- Preceptorship

Skill mix

- Pharmacy
 - ANP
- GP Fellowships
- Apprenticeships

System transformation

- Sustainable Transformation Programme
- Community Education Provider Networks'



Primary Care Workforce Development Programme – helping people reach their potential in Cambridgeshire and Peterborough

A collaborative programme between Cambridgeshire and Peterborough Workforce Partnership (Health Education England) and Cambridgeshire and Peterborough Clinical Commissioning Group.

“The PCWDP has had a great first year. Working in collaboration, the Workforce Partnership and the Clinical Commissioning Group have engaged stakeholders to design a programme to support and develop a sustainable Primary Care workforce capable of delivering new models of quality patient care. The solution was to design a multi-faceted programme of workforce transformation interventions which enables the local system to be in a position to deliver its new models of quality patient care whilst ensuring the sustainability of its workforce. The PCWDP has had a successful first year and is now working towards enhanced delivery and moving to a system owned programme.”



Dr David Roberts
Chair, Primary Care Board
Cambridgeshire and
Peterborough Clinical
Commissioning Group

Our area

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) has 105 GP practices as members across Cambridgeshire, Peterborough and parts of Hertfordshire and Northamptonshire.

We are the third largest CCG in England, responsible for providing NHS services to our 922,857 patient population.

The CCG is organised into six local groups (known as Local Commissioning Groups or LCGs). The six LCGs are part of the wider Clinical Commissioning Group

Programme enablers

- Collaborative working
has enabled us to pool expertise from commissioners and providers
- Engagement
our workforce have informed the strategic direction of the programme
- Whole workforce
The programme recognises value of multi-disciplinary teams and skill mix



Scrutiny Commission for Health Issues	Agenda Item No. 6
15 November 2016	Public Report

Report of the Corporate Director of People and Communities		
Contact Officer	Debbie McQuade - Assistant Director Adult Operations	Tel. 01733 452440
	Cath Mitchell - Acting Director of Primary Care and Integration	Tel. 01733 776189

ADULT SOCIAL CARE 'FRONT DOOR' TRANSFORMATION PROGRAMME

1. PURPOSE

- 1.1 This report provides an overview of progress being achieved in delivering the Adult Social Care Front Door transformation programme.

2. RECOMMENDATIONS

- 2.1 The Commission is requested to:

- 1) Consider the report;
- 2) Endorse the direction of travel and suggested next steps; and
- 3) Suggest areas of specific focus that it feels are relevant.

3. LINKS TO THE CORPORATE PRIORITIES AND RELEVANT CABINET PORTFOLIO

- 3.1 The Adult Social Care Front Door Transformation Programme is part of the wider Customer Experience programme which is designed to help the council to manage demand for services and to improve the experience of service users when accessing key services.
- 3.2 The programme specifically links to the corporate priority to safeguard vulnerable children and adults, and contributes to the priorities (i) to keep our communities safe, cohesive and healthy, and (ii) to achieve the best health and wellbeing for the city.
- 3.3 The programme sits within the portfolio of the Cabinet Member for Integrated Adult Social Care and Health.

4. BACKGROUND

4.1 Sustainability and Transformation Plans (STPs)

- 4.1.1 In 2014 NHS England published a paper on the changes the NHS needs to make and how it will provide care in the future. This included how it will address its financial challenge. Every local NHS Clinical Commissioning Group was asked to produce a plan explaining how they were going to meet these objectives. These plans are called the Sustainability and Transformation Plans (STPs).
- 4.1.2 For Peterborough, the approach being taken is to build on a number of existing initiatives, these are:
- Development of neighbourhood teams
 - Development of an integrated workforce

- Development of the Adult Social Care 'Front Door' with the NHS 111 / Out of Hours Service
- IT systems which 'talk to' each other
- Proactive management of care through Health and Social Care programmes of work such as the falls programme and development of the Home Service Delivery Model

4.2 Vertical Integration

4.2.1 Starting in the Autumn 2015 a series of meetings have been held with representatives from across the Health and Social Care System in Peterborough, including Peterborough City Council (PCC), Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The aim was to identify opportunities to work more effectively together and deliver the Sustainability and Transformation Plans (STPs). These became known as the 'Vertical Integration' Meetings.

4.3.2 Three initial opportunities were identified:

- i. The alignment of appropriate Adult Social Care (ASC) Services with Community Health Services and Primary Care
- ii. Development of a 'Home Services Delivery Model'
- iii. Alignment of the Adult Social Care 'Front Door' with the NHS 111 / Out of Hours Service – the subject of this paper

4.3 *The alignment of Adult Social Care (ASC) Services with Community Health Services and Primary Care*

4.3.1 The aim is to develop a 'one team approach' to provide routine and unplanned care, coordinated and delivered by a locally based, consistent multi professional team who know the person, reducing duplication and providing continuity for people. This will result in an improved seamless service offer to patients and service users.

4.4 *Development of a 'Home Services Delivery Model'*

4.4.1 Bringing together a number of services to improve or maintain people's independence, support people recovering from illness or injury and help people re-learn lost skills or abilities. With a focus on early intervention and prevention the Model will comprise Care and Repair services, reablement, occupational therapy and assistive technology.

4.5 *Alignment of Adult Social Care and the NHS 111/Out of Hours service*

4.5.1 In July 2016, a review of the potential to align Adult Social Care and the NHS 111/Out of Hours service was initiated, to determine whether closer alignment would drive more effective demand management savings across the health and care system. This did not encompass Children's Services.

4.5.2 Findings identified that demand management could be achieved by:

- More effective triage and the development of a model for an urgent care multi-disciplinary 'hub'
- Up-skilling and cultural change to deliver increased resolution of queries at first point of contact
- Using digital solutions as an enabler to increased independence, self-serve and self-management of conditions, wherever possible

4.5.3 There was less evidence of immediate savings from co-located call-handling, although benefits would be realised from a broader approach to Front Door services across the health and care system. It was acknowledged however that this would require investment in resource and design to deliver the outcomes required.

- 4.5.4 As a result of the review, a commitment was made across the Health and Social Care system in Peterborough to deliver aligned working between Adult Social Care and the NHS 111/Out of Hours services, although the mobilisation of a new NHS 111/Out of Hours contract was a priority for the CCG at the point of commitment.
- 4.5.5 Subsequent to this system commitment for Adult Social Care, Peterborough Children's Services expressed an interest in engaging with the programme: the scope and outcome requirements for this aspect of work is to be discussed and developed.
- 4.5.6 In addition, approval is being sought to proceed with the development of the 'Digital Front Door' project. The intention of the Digital Front Door is to support automation and self-service and will encourage greater independent resolution of needs by citizens. This will extend to increased capacity to provide help, information, advice and guidance on-line for vulnerable people, their families and carers – work in hand to deliver a system-wide Directory of Services will support content for this service.

5. KEY ISSUES

- 5.1 A number of recommendations emerged from the independent review.
- 5.2 One of the key findings was that the differences between the *type* of contact and the *demographic* making contact between the NHS 111 Service and the Adult Social Care front door service made it clear that co-location benefits would largely be realised through changes to culture and more effective management of 'warm transfer' of cases/multi-agency case review, rather than integrated call handling.
- 5.3 Initially, a programme of rapid mobilisation and change was envisaged. However, some aspects of that mobilisation require review, in light of the emerging health landscape and what that implies for early delivery.
- 5.4 Positively, an up-skilling and cultural change approach has been agreed for the council's front door teams (Inform and Advise and See and Solve). This model has been implemented elsewhere in the UK with impressive impacts on overall demand management (up to 70% of contacts resolved at first point – although this is probably from a lower baseline than currently exists in PCC). Training for this approach is in the process of being procured. Interest in the model has been expressed by a number of other service areas and the potential for extension into other contact areas will be evaluated as part of the initial delivery programme. There are no immediate interdependencies with health or other parts of council services which will have a bearing on the roll-out of this aspect of the change programme.
- 5.5 There is good evidence from sites elsewhere that the model can be applied successfully to Children's Services and to Long Term/Planned Care services. This will be evaluated by relevant subject matter experts, with a view to upskilling for demand management in these areas, if deemed appropriate.

6. IMPLICATIONS

6.1 Benefits

- Improved professional negotiation of local services and alternatives to unplanned admissions to the acute: Where there is a need for urgent triage and service planning, a combined 'professional hub' (working as an Urgent Care MDT (multidisciplinary team) will ensure that people will only have to tell their story once, minimising duplication and providing a direct warm transfer to the right place, improving the quality of response and experience;
- Increased 'warm transfer' of cases – minimising customer journeys and risk of crisis;
- Enables a whole-systems solutions focussed approach – supporting independence and self-

management in the short term, to reduce unnecessary A&E attendances and identify alternatives to GP or social care – e.g. community resources, supporting confidence and capability for individuals, referrals to voluntary sector support, advice from pharmacists, independent counselling or housing support, etc (however, this could be offered as part of service improvement, where the call handling services remain independently located);

- The MDT 'hub' could significantly increase collaboration across the Health and Care system;
- The 'hub' model supports/reflects the MDT model proposed for planned and community care and could improve consistency of approach, referral pathway and planning, resulting in improved demand management and reductions in emergency or unplanned admissions;
- Once the 'hub' is established, there may be an improved case for co-located call handling and first point of contact; and
- Further benefits and opportunities e.g. cost avoidance if the Front Door operation is broadened to include Children's Services, General Practice and elements of community provision.

6.2 Risks

- The benefits from the relationship between Urgent Care and ASC is not currently demographically proven (although there is a better relationship for Children's Services);
- The independent review indicated that the likelihood of co-location of the call handling service delivering financial benefit in the short term was limited – there is some potential to reduce costs from estates and overheads, but facilities management costs and additional costs of parking, relocation and infrastructure improvement required to deliver co-location into the City Care Centre may eradicate these benefits;
- Limited overlap between the two cohorts of users (Adult Social Care and 111/Out of Hours) as things stand. There are therefore unlikely to be significant efficiency benefits in the short term from potentially resolving in one query a combination of health and social care issues;
- A large proportion of Adult Social Care costs relate to service users already in care and therefore change takes time to work through the system and make an impact, so cost savings to PCC may not emerge in the short term. By contrast, more benefit may be possible in the short term for Health as A&E attendances and resulting emergency admissions can be re-diverted sooner; and
- Attribution of benefits may be difficult and therefore realisation and extraction of direct/cashable benefits to PCC may be challenging (although the overall system benefits and benefits to the public are likely to be significant).

6.3 Considerations

- For all options, there is a need to agree revised performance indicators and outcomes for service delivery, quality and citizen satisfaction, in line with statutory and other reporting requirements for PCC;
- Identification of risk and reward opportunities will be required across the partnership; and
- The independent review identified more significant benefits to Health from co-location and collaboration. Mapping and attribution of benefits will be required, as will agreement on recovery of costs to PCC which drive benefit to the NHS.

7. CONSULTATION

7.1 Partners involved in the development of Front Door services include:

- Peterborough City Council
- Serco
- Cambridgeshire Clinical Commissioning Group
- Herts Urgent Care
- Peterborough & Stamford Hospitals Trust

- Cambridgeshire and Peterborough Foundation Trust
- Greater Peterborough GP Network
- Peterborough Council for Voluntary Services
- Peterborough City College
- NHS England (for STP)

8. NEXT STEPS

8.1 The next steps are:

- Decision on target operating model for the Peterborough City Council Social Care Front Door. This includes options for integration of the See and Solve and Inform and Advise Teams and associated transfer across the Serco/PCC partnership;
- Procurement and roll out of up-skilling for solutions focussed approaches to contact during November and December 2016;
- Delivery of a Digital Front Door Requirement for Social Care and associated development of a technical specification, agreement of proposals for procurement and tendering arrangements;
- Engagement with Herts Urgent Care (the 111/Out of Hours provider) to design and develop collaborative working and the model proposals for a multi-disciplinary Urgent Care MDT; and
- Delivery of the detailed business case for colocation and collaborative working, due early 2017.

9. BACKGROUND DOCUMENTS

None.

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
15 NOVEMBER 2016	Public Report

Report of the Director of Governance

Report Author – Pippa Turvey, Senior Democratic Services Officer

Contact Details – 01733 452460 or email philippa.turvey@peterborough.gov.uk

FORWARD PLAN OF EXECUTIVE DECISIONS

1. PURPOSE

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

2. RECOMMENDATIONS

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

3. BACKGROUND

- 3.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix A. The Forward Plan contains those executive decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after 28 November 2016.

- 3.2 The information in the Forward Plan of Executive Decisions provides the Commission with the opportunity of considering whether it wishes to seek to influence any of these executive decisions, or to request further information.

- 3.3 If the Commission wished to examine any of the executive decisions, consideration would need to be given as to how this could be accommodated within the work programme.

- 3.4 As the Forward Plan is published fortnightly any version of the Forward Plan published after dispatch of this agenda will be tabled at the meeting.

4. CONSULTATION

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

5. BACKGROUND DOCUMENTS

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

None.

6. APPENDICES

Appendix A – Forward Plan of Executive Decisions

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PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PART 1 – KEY DECISIONS

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

If the decision is to be taken by an individual Cabinet Member, the name of the Cabinet Member is shown against the decision, in addition to details of the Councillor's portfolio. If the decision is to be taken by the Cabinet, this too is shown against the decision and its members are as listed below:

Cllr Holdich (Leader); Cllr Fitzgerald (Deputy Leader); Cllr Elsey; Cllr Goodwin; Cllr Hiller, Cllr Lamb; Cllr Smith; Cllr Seaton and Cllr Walsh.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis to reflect new key-decisions. Each new Plan supersedes the previous Plan and items may be carried over into forthcoming Plans. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to philippa.turvey@peterborough.gov.uk, Senior Democratic Services Officer, Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to or by telephone on 01733 452460. For each decision a public report will be available from the Democratic Services Team one week before the decision is taken.

PART 2 – NOTICE OF INTENTION TO TAKE DECISION IN PRIVATE

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

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

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

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

You are entitled to view any documents listed on the Plan, or obtain extracts from any documents listed or subsequently submitted to the decision maker prior to the decision being made, subject to any restrictions on disclosure. There is no charge for viewing the documents, although charges may be made for photocopying or postage. Documents listed on the notice and relevant documents subsequently being submitted can be requested from Philippa Turvey, Senior Democratic Services Officer, Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to philippa.turvey@peterborough.gov.uk or by telephone on 01733 452460.

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

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 28 NOVEMBER 2016

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
1. Uncollectable debts in excess of £10,000 – KEY/28NOV16/01 Sundry and business rates	Councillor David Seaton Cabinet Member for Resources	January 2017	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@pete.rborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
2. Peterborough Serco Strategic Partnership Contract Amendments – KEY/28NOV16/02 To agree amendments to the Serco Partnership Contract	Councillor David Seaton Cabinet Member for Resources	December 2016	Sustainable Growth and Environment Capital	Relevant stakeholders and Serco.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@pete.rborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
3. Serco ICT Contract Amendments – KEY/28NOV16/03 To agree amendments to the Serco ICT Contract.	Councillor David Seaton Cabinet Member for Resources	December 2016	Sustainable Growth and Environment Capital	Relevant stakeholders and Serco.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@pete.rborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
4. Council Tax and NNDR – KEY/28NOV16/04 To agree the calculation of the Council Tax base for 2017/18.	Cabinet	16 January 2017	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
5. Amendment of Existing Loan Arrangements to Empower – KEY/28NOV16/05 To agree the further amendment to existing arrangements to Empower.	Councillor David Seaton Cabinet Member for Resources	5 December 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders	John Harrison Corporate Director Resources John.harrison@peterborough.gov.uk Tel: 01733 452520	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
6. Contract (S) for the Provision of Highway Works at Lode Way, Hampton Peterborough – Key/28nov16/06 To authorise an award of contract.	Councillor Peter Hiller Cabinet Member for Growth, Planning, Housing & Economic Development	November 2016	Sustainable Growth And Environment Capital	Relevant internal and external stakeholders	Andy Tatt Peterborough Highway Services Tel: 01733453469 andy.tatt@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PREVIOUSLY ADVERTISED DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>7. Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park - KEY/03JUL/11 To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Dickens Street Car Park. For Cabinet to consider future options for service delivery.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>March 2017</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Consultation will take place with the Cabinet Member, Ward Councillors, relevant internal departments & external stakeholders as appropriate.</p>	<p>Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
8. Real Time Passenger Information – KEY/10JUL15/02 To approve the expansion and maintenance contract.	Councillor Peter Hiller Cabinet Member for Growth, Planning, Housing & Economic Development	November 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Amy Pickstone Senior ITS Officer Tel: 01733 317481 Amy.pickstone@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
9. Sale of the Lindens, Lincoln Road – KEY/24JUL15/04 To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale.	Councillor David Seaton Cabinet Member for Resources	November 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Brian Davies Sales and Acquisitions Tel: 01733 384547 Brian.davies@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
<p>10. Sale of Bretton Court, Bretton North – KEY/24JUL15/05 To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>November 2016</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Davies Sales and Acquisitions Tel: 01733 384547 Brian.davies@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>11. Draft Housing Strategy – KEY/21SEPT15/03 For Cabinet to approve the Strategy for public consultation.</p>	<p>Cabinet</p>	<p>7 November 2016</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Anne Keogh Housing and Strategic Planning Manager Anne.keogh1@peterborough.gov.uk Tel: 01733 863815</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>12. Passenger Transport Services AMEY – KEY/27NOV15/01 To approve the award of six routes to Amey under the existing contract arrangements.</p>	<p>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University</p>	<p>November 2016</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Sara Thompson Team Manager, Passenger Transport Operations Tel: 01733 317452 Sara.thompson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></p>
<p>13. Intelligent Transport Systems Infrastructure – KEY/11DEC15/01 To introduce the use of Variable Message Signs (VMS) on the road network to provide real-time driver information.</p>	<p>Councillor Peter Hiller Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>November 2016</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Peter Tebb Network and Traffic Manager Tel: 01733 453519 Peter.tebb@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></p>

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<p>14. Direct Payment Support Service – KEY/11DEC15/02 To approve the direct payment support service.</p>	<p>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>February 2017</p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Gary Jones Lead commissioner for Older people Tel: 452450 gary.jones@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></p>
<p>15. Offtake Arrangements for Power from the Energy Recovery Facility – KEY/25DEC15/01 To approve putting into place arrangements for the sale of heat and/or electricity from the Energy Recovery Facility.</p>	<p>Councillor Gavin Elsey Cabinet Member for Waste and Street Scene</p>	<p>November 2016</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Pearn Waste Partnership Manager Tel: 01733 864739 Richard.pearn@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></p>

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16. Review of Emergency Stopping Places – KEY/25JAN16/02 For Cabinet to review existing and proposed emergency stopping places.	Cabinet	16 January 2017	Strong and Supportive Communities	Relevant internal and external stakeholders.	Belinda Child Head of Housing and Health Improvement Tel: 01733 863769 Belinda.child@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
17. Provision of Non Social Care Temporary Agency Workers – KEY/25JAN16/04 To approve the provision of temporary agency workers.	Councillor David Seaton Cabinet Member for Resources	November 2016	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	James Fordham Recruitment and Retention Officer Tel: 01733 864581 James.fordham@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
18. Personal Care and Support (Homecare) in Peterborough – KEY/02MAY16/01 To approve the awarding of a contract to an external provider following a competitive tender exercise.	Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health	May 2017	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders	Karen Hodsdon Senior Category Manager Karen.hodsdon@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
19. Peterborough City Council Construction Framework – KEY/30MAY16/01 Approval of Peterborough City Council Construction Framework	Councillor David Seaton Cabinet Member for Resources	November 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Brian.howard@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>
20. Business Advice Charging Policy – KEY/25JUL16/01 To approve the charging policy.	Councillor Irene Walsh Cabinet Member for Communities and Environment Capital	November 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Peter Gell Head of Regulatory Services Tel: 01733 453419 Peter.gell@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
21. Market Position Statement – KEY/08AUG16/01 To approve the market position statement.	Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Social Care and Health	November 2017	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Oliver Hayward Assistant Director of People Commissioning and Commercial Operations Oliver.hayward@peterborough.gov.uk Tel: 01733 863708	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
22. Local Plan - KEY/22AUG16/01 To approve the Plan for public consultation in December 2016.	Cabinet	7 November 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Gemma Wildman Principal Planner Tel: 01733 863824 Gemma.wildman@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
23. Integrated Healthy Lifestyles Service - KEY/05SEPT/01 To award a contract for the Integrated Healthy Lifestyles Service in Peterborough.	Councillor Diane Lamb Cabinet Member for Public Health	November 2016	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Julian Base Head of Health Strategy Tel: 01733 207180 Julian.base@peterborough.gov.uk Oliver Hayward Assistant Director: People Commissioning and Commercial Operations Tel: 01733 863910 Oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>24. Award of Contract for Construction and Operation of Fengate Household Recycling Centre – KEY/05SEPT16/02 To approve the award of contract for construction and operation of Fengate Household Recycling Centre.</p>	<p>Councillor Gavin Elsey Cabinet Member for Waste and Street Scene</p>	<p>February 2017</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Pearn Waste Partnership Manager Tel: 01733 864739 Richard.pearn@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></p>
<p>25. Governance Arrangements for the Community Infrastructure Levy - KEY/19SEPT16/01 To approve the governance arrangements for the Community Infrastructure Levy (CIL) – IDS 2016.</p>	<p>Cabinet</p>	<p>7 November 2016</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Anne Keogh Housing and Strategic Planning Manager Tel: 01733 863815 Anne.keogh@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>26. Community Supported Living Services – KEY/19SEPT16/02 To approve the award of the contract for Community Supported Living Services for adults with complex learning disabilities.</p>	<p>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>January 2017</p>	<p>Scrutiny Commission for Health Issues</p>	<p>Engagement with service users, family members, carers and current provider.</p>	<p>Peter Brennan Interim Head of Mental Health and Learning Disabilities Tel: 452474 peter.brennan@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>27. Academy Conversion of Maintained School - KEY/31OCT16/01 To approve the closure of the maintained school. To authorise the grant of a 125 year lease of land and buildings. To authorise entering into Deeds of Assignment with the Academy Trust</p>	<p>Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University</p>	<p>December 2016</p>	<p>Creating Opportunities and Tackling Inequality</p>	<p>Relevant Internal and External Stakeholders</p>	<p>Emma Everitt – Capital Projects and Assets Officer Tel: 01733 863660 emma.everitt@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>28. Cambridgeshire and Peterborough Devolution Proposal – KEY/14NOV16/01 Purpose: to consider a scheme for a combined authority for the Cambridgeshire and Peterborough area, with a directly elected Mayor, and to propose that scheme to Council before submission to the Secretary of State</p>	<p>Cllr John Holdich, Leader & Cabinet Member for Education, Skills, University and Communications</p>	<p>17 November 2016</p>	<p>Strong and Supportive Communities Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Kim Sawyer Director of Governance Tel: 01733 452361 Kim.sawyer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
<p>40</p> <p>1. Potential Energy Joint Venture – KEY/07MAR16/04 For Cabinet to consider and approve a potential energy joint venture.</p>	<p>Cabinet</p>	<p>16 January 2017</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Pearn Waste Partnership Manager Tel: 01733 864739 Richard.pearn@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></p>

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY DECISIONS

<i>DECISION REQUIRED</i>		<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
41 1.	Budget Proposals First Tranche Recommendation - To recommend the first tranche of budget proposals to Council.	Cabinet	5 December 2016	Sustainable Growth and Environment Capital	Relevant Internal and External Stakeholders	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@pete rborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
2.	Council Tax Support Scheme 2017/2018 – To recommend the scheme to Council.	Cabinet	16 January 2017	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@pete rborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
3.	Budget Proposals Second Tranche Consideration – To approve the consultation on the second tranche of Budget Proposals.	Cabinet	6 February 2017	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@pete rborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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4. Budget Proposals Second Tranche Recommendation – To recommend the second tranche of budget proposals to Council.	Cabinet	27 February 2017	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@pete rborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
5. Procurement Strategy – To update Cabinet on the procurement strategy	Cabinet	December 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.pilsworth@pete rborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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PREVIOUSLY ADVERTISED DECISIONS

43 6.	Proposal for Loan of Senior Management Staff Under Joint Arrangements – To approve a sharing agreement for senior management staff.	Councillor Seaton Cabinet Member for Resources	November 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Kim Sawyer Director of Governance Tel: 01733 452361 Kim.sawyer@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7.	Opportunity Peterborough Business Plan 2016/17 – For Cabinet to endorse the Opportunity Peterborough 2016/17 business plan.	Cabinet	7 November 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steve Bowyer Chief Executive Opportunity Peterborough Tel: 01733 317489 Steve.bowyer@opportunitypeterborough.co.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
8.	Request for Public Consultation for Public Space Protection Orders – To authorise the commencement of public consultation for public space protection orders.	Councillor Irene Walsh Cabinet Member for Communities and Environment Capital	November 2016	Strong and Supportive Communities	Police, Fire Service, internal PCC departments.	Laura Kelsey Anti-Social Behaviour Co-ordinator Tel: 01733 453563 Lara.kelsey@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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9. Food Safety Service Plan – To approve the service plan.	Councillor Irene Walsh Cabinet Member for Communities and Environment Capital	November 2016	Strong and Supportive Communities	Relevant internal and external stakeholders.	Peter Gell Head of Regulatory Services Tel: 01733 453419 Peter.gell@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
10. To Adopt the Highway Asset Management Policy and Strategy To approve the adoption of the Highway Asset Management Policy and Strategy.	Councillor Peter Hiller Cabinet Member for Growth, Planning, Housing and Economic Development	November 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Lewis Banks, Principal Transport Planning Officer Tel: 01733 317465 Lewis.banks@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
11. Empty Homes Strategy – To approve the Empty Homes Strategy.	Councillor Irene Walsh Cabinet Member for Communities and Environment Capital	November 2016	Strong and Supportive Communities	Relevant internal and external stakeholders.	Belinda Child Head of Housing and Health Improvement Tel: 01733 863769 Belinda.child@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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12. Vivacity Funding – To fund Vivacity £1278 until March 2016 (via DWP grant funding) to provide digital support for UC claimants to make benefit claims online at Central Library.	Councillor David Seaton Cabinet Member for Resources	November 2016	Strong and Supportive Communities	Relevant internal and external stakeholders.	Ian Phillips Social Inclusion Manager Tel: 01733 863849 ian.phillips@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
13. Vivacity Premier Fitness Invest to Save Scheme - To authorise investment in developing Vivacity Premier Fitness on an invest to save basis	Councillor David Seaton Cabinet Member for Resources	November 2016	Strong and Supportive Communities	Relevant internal and external stakeholders.	John Harrison Corporate Director Resources Tel: 01733 452520 John.harrison@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>

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14.	Delivery of the Council's Capital Receipt Programme through the sale of Welland House, Dogsthorpe – KEY/24JUL15/01 To authorise the sale of Welland House, Dogsthorpe	Councillor David Seaton Cabinet Member for Resources	November 2016	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	David Gray Capital Projects Officer Tel: 01733 384531 david.gray@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

DIRECTORATE RESPONSIBILITIES

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

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

Strategic Finance

Internal Audit

Schools Infrastructure (Assets and School Place Planning)

Waste and Energy

Strategic Client Services (Enterprise Peterborough / Vivacity / SERCO including Customer Services, ICT and Business Support)

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

Adult Services and Communities (Adult Social Care Operations, Adult Social Care and Quality Assurance, Adult Social Care Commissioning, Early Help – Adults, Children and Families, Housing and Health Improvement, Community and Safety Services, Offender Services)

Children's Services and Safeguarding (Children's Social Care Operations, Children's Social Care Quality Assurance, Safeguarding Boards – Adults and Children's, Child Health, Clare Lodge (Operations), Access to Resources)

Education, People Resources and Corporate Property (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure)

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

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

Legal and Democratic Services

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

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

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

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

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

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

Corporate Property

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

Health Protection, Health Improvements, Healthcare Public Health.

PETERBOROUGH CITY COUNCIL'S CABINET MEMBERS WOULD LIKE TO HEAR FROM YOU

The Leader of Peterborough City Council is offering everyone a chance to comment, or raise queries on the decisions highlighted on the Council's Forward Plan.

Your comments and queries can be submitted to the Council's Governance Team using the form overleaf, or alternatively by telephone or email. The Governance team will then liaise with the appropriate Cabinet Member and ensure that you receive a response. Members of the Cabinet, together with their areas of responsibility, are listed below:

Councillor Holdich	Leader of the Council and Cabinet Member for Education, Skills, University and Communications
Councillor Fitzgerald	Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health
Councillor Elsey	Cabinet Member for Waste and Street Scene
Councillor Goodwin	Cabinet Member for City Centre Management, Culture and Tourism
Councillor Hiller	Cabinet Member for Growth, Planning, Housing and Economic Development
Councillor Lamb	Cabinet Member for Public Health
Councillor Smith	Cabinet Member for Children's Services
Councillor Seaton	Cabinet Member for Resources
Councillor Walsh	Cabinet Member for Communities and Environment Capital

SUBMIT YOUR COMMENTS OR QUERIES TO PETERBOROUGH CITY COUNCIL'S CABINET

Your comment or query:

How can we contact you with a response?
(please include a telephone number, postal and/or e-mail address)

Name

Address
.....

Tel:

Email:

Who would you like to respond? (if left blank your comments will be referred to the relevant Cabinet Member)

SCRUTINY COMMISSION FOR HEALTH ISSUES
DRAFT WORK PROGRAMME 2016/17

Meeting Date	Item	Indicative Timings	Comments
19 JULY 2016 <i>Draft report 27 June</i> <i>Final report 7 July</i>	PSHFT – PUBLIC Consultation & Hinchingsbrooke (Merger) (Not formal consultation but it is engagement) CCG && PSHFT to present findings/engagement feedback re proposals and discuss any potential impact on clinical services Contact Officer: Jessica Bawden/Stephen Graves		
	JSNA Public Health Annual Report PH to highlight key priorities for the city Contact Officer: Liz Robin		
	Forward Plan of Executive Decisions That the Commission identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Commission. Contact Officer: Paulina Ford, Senior Democratic Services Officer		
	Review of 2015/16 and Work Programme 2016/17 To review the work undertaken during 2016/17 and to consider the work programme of the Committee. Contact Officer: Paulina Ford, Senior Democratic Services Officer		
15 SEPTEMBER 2016	Transformation of Child Health and Wellbeing Contact Officer: Lee Miller		

Meeting Date	Item	Indicative Timings	Comments
<i>Draft Report 26 Aug</i> <i>Final Report 5 Sept</i>	Proposal to Form a Joint Committee to Scrutinise The Proposed Merger of Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Health Care NHS Foundation Trust Contact Officer: Philippa Turvey		
	Forward Plan of Executive Decisions That the Commission identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Commission.		
	Work Programme 2016/2017 To consider the Work Programme for 2016/2017.		
15 NOVEMBER 2016 <i>Draft report 24 Oct</i> <i>Final report 3 Nov</i>	Cambridgeshire and Peterborough Clinical Commissioning Group General Practice Forward View Workforce challenges re G.P.s Contact Officer: Andrew Pike / Diane Siddle		Joanna Yellon and Alistair Lipp from Health England to attend
	Adult Social Care 'Front Door' Transformation Programme The proposed model of care for ASC and CSC front door to be collocated/aligned with 111. A progress report including proposals will be ready for November. Contact Officer: Adrian Chapman/Cath Mitchell		
	Forward Plan of Executive Decisions That the Commission identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Commission.		
	Work Programme 2016/2017		

Meeting Date	Item	Indicative Timings	Comments
	To consider the Work Programme for 2016/2017.		
16 November 2016 (Joint Meeting of the Scrutiny Committees and Commissions)	Budget 2017/18 and Medium Term Financial Strategy to 2026/27 Phase One To scrutinise the Executive's proposals for the Budget 2017/18 and Medium Term Financial Plan 2026/27. Contact Officer: John Harrison/Steven Pilsworth		
10 January 2017 <i>Draft report 9 Dec</i> <i>Final report 21 Dec</i>	Minor Injuries & Illness Unit (Options for Relocation) Contact Officer: Jessica Bawden Sustainability Transformation Programme Focus on service Redesign that the Public will be interested in Contact Officer: Cath Mitchell Public Health Report Contact Officer: Liz Robin Uniting Care Review/Outcomes Final report Contact Officer: Jessica Bawden IVF Service Consultation Contact Officer: Jessica Bawden		Delayed from December

Meeting Date	Item	Indicative Timings	Comments
	<p>Dental Out of Hours Procurement</p> <p>Contact Officer: Laura Cooper (Project Lead)</p>		Requested by Councillor Aitken
	<p>Forward Plan of Executive Decisions</p> <p>That the Commission identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Commission.</p>		
	<p>Work Programme 2016/2017</p> <p>To consider the Work Programme for 2016/2017.</p>		
<p>(Joint Meeting of the Scrutiny Committees and Commissions)</p> <p>8 February 2017</p>	<p>Budget 2017/18 and Medium Term Financial Strategy to 2026/27 Phase Two</p> <p>To scrutinise the Executive's proposals for the Budget 2017/18 and Medium Term Financial Plan 2026/27.</p> <p>Contact Officer: John Harrison/Steven Pilsworth</p>		
<p>14 March 2017</p> <p><i>Draft report</i></p> <p><i>20 Feb</i></p> <p><i>Final report</i></p> <p><i>2 March</i></p>	<p>Proposed Model for Day Services</p> <p>Proposed model for day services relating to the Older People's Day services and alternative commissioned model i.e. within Extra Care Housing.</p> <p>Contact Officer: Oliver Hayward</p>		Delayed to coincide with HR Harmonisation of PCC and NHS T&Cs, due in April 2017.

Meeting Date	Item	Indicative Timings	Comments
	<p>Forward Plan of Executive Decisions</p> <p>That the Commission identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Commission.</p>		

Briefing Meeting

Minor Injuries and Illness Unit Briefing (Jess Bawden) – December 2016

Briefing Report

Adult Social Care Performance Dashboard (Debbie McQuade) – January 2017

Possible Items for Future Meetings	Contact Officer
Healthy Child Programme (0-19/Commissioning for Children's Services) Joint Scrutiny with Creating Opportunities and Tackling Inequalities	Oliver Hayward
Portfolio Progress Report from Cabinet Member for Integrated Adult Social Care and Health	
Portfolio Progress Report from Cabinet Member for Public Health	
Communications Plan for New GP Out of Hours / 111 Service	Jessica Bawden
Cambridgeshire and Peterborough Clinical Commissioning Group Performance Report	Jessica Bawden
Adult Social Care and Public Health – 2014/15 Performance Overview Report	
Cambridgeshire And Peterborough Health And Care System Transformation Programme	
Peterborough and Stamford Hospitals NHS Foundation Trust – General Overview Of Trust Activity	

Priorities Agreed by the Commission:

- Dementia, including prevention via mental and physical stimulation;
- Coronary heart disease;
- Loneliness and isolation, particularly in the elderly;
- Obesity; and
- Health inequality.