PETERBOROUGH CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

TUESDAY 10 JANUARY 2017
7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

Emergency Evacuation Procedure – Outside Normal Office Hours

In the event of the fire alarm sounding all persons should vacate the building by way of the nearest escape route and proceed directly to the assembly point in front of the Cathedral. The duty Beadle will assume overall control during any evacuation, however in the unlikely event the Beadle is unavailable, this responsibility will be assumed by the Committee Chair.

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at:

http://democracy.peterborough.gov.uk/ecSDDisplay.aspx?NAME=Protocol%20on%20the%20use%20of%20Recording&ID=690&RPID=2625610&sch=doc&cat=13385&path=13385

There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Philippa Turvey on 01733 452460 as soon as possible.

Committee Members:

Councillors: Aitken, Ayres, Barkham, Bull, Cereste (Chairman), J A Fox, Khan, Lillis, Rush (Vice Chairman), Serluca and Sylvester

Substitutes: Councillors: Fuller, Lane and Sandford

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

PETERBOROUGH CITY COUNCIL

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

Present:	Councillors Cereste (Chairman), Rush (Vice-Chairman), Aitken, Ayres, Sylvester, and Dowson	
Also present	Jess Bawden	Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group
	Andrea Patman	NHS England
Officers Present:	Dr Liz Robin	Director of Public Health
	Debbie McQuade	Assistant Director for Adult Operations
	Philippa Turvey	Senior Democratic Services Officer

1. Apologies

No apologies for absence were received.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 15 September 2016

The minutes of the meetings held on 15 September 2016 were approved as an accurate record.

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

There were no requests for Call-in to consider.

5. Cambridge and Peterborough Clinical Commissioning Group General Practice Forward View

The report was introduced by the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Andrea Patman, NHS England. The report provided information from the CCG on the General Practice Forward View, with a focus on GP recruitment and retention in Peterborough.

The Director of Corporate Affairs, CCG, and the representative from NHS England responded to comments and questions raised by Members. A summary of responses included:

- There was considered to be a sufficient pool of practitioners to recruit from within the UK.
- Those patients eligible for free prescriptions would continue to be so. Individuals were, however, being encouraged to practice self-care through the purchase medications over the counter.

- Comments were acknowledged in relation to the long wait times experienced at pharmacies. It was the intention to provide additional pharmacist services as part of the primary care team, and not to impact on the services that were already being provided.
- In relation to the level of young practitioners leaving the service, there were considered to be a number of different reasons for this. The challenge faced by the service was to make sure that the offer to new practitioners was attractive enough to keep them in the local area.
- It was considered that traditional GP practice partnership offers were not as sought after as they previously had been, though most practices would offer partnerships if desired.
- All practices in the area were involved in centralisation discussions. The progression of these discussions were gaining more momentum.
- The GP Network, as highlighted in the report, referred to a federation of GPs, to deliver as providers. This network was newly established in the area.
- It was noted that reference to "perceived" pressures did not mean that the pressures on services did not exist, but rather that the source of the pressure may not be that which it was original considered to be.
- In relation to the implications of Brexit on the 500 practitioners from abroad currently within the service, these were not yet clear.
- It was confirmed that any proposals for new GP surgeries and their recruitment implications were incorporated into discussions about the Estates and Transformation Fund.
- The Commission were advised that a Return to Practice Scheme was in place to assist any practitioners that had been away from practice to return.
- Work was currently being undertaken in relation to the ICT systems, and the Commissions comments in relation to ensuring that sufficient bandwidth was available would be fed back.
- It was considered that the national target to have 5,000 more GPs by 2020 would include the current cohort as well.

ACTION AGREED

The Scrutiny Commission for Health Issues considered and noted the report.

6. Adult Social Care 'Front Door' Transformation Programme

The report was introduced by the Assistant Director for Adult Operations. The report provided an overview of progress being achieved in delivering the Adult Social Care Front Door transformation programme.

The Assistant Director for Adult Operations responded to comments and questions raised by Members. A summary of responses included:

- The Commission were advised that the Programme had been co-produced with the Older People Partnership Board and many others. As much information as possible was shared with relevant stakeholders during the development process.
- It was acknowledged that the Health Service and the Social Care Services had separate working cultures. A period of time would be required to build up skills and trust in working together.
- Initially Adult Social Care would be the first service to go through the Transformation Programme, with Children's Service to follow. It was now, however, proposed to have both services go through the Programme at the same time.
- Further analysis was still required in relation to the short term cost savings to allow for a greater understanding of the implications of the proposals.

- The Assistant Director for Adult Operations agreed that a wider approach to consultation would be beneficial, and that this would include front line staff and the public.
- Agreement was required to proceed with the Programme before consultation could commence on the proposals.
- In relation to Herts Urgent Care, the 111/Out of Hours provider was based in Peterborough.
- It was acknowledged that changes in culture were difficult to manage and that detailed work would be undertaken to ensure that the right skills were place d in the right areas.
- It was requested that, when the 'Front Door' was ready and available, that the Scrutiny Commission for Health Issues be provided with a demonstration on how it would work.

ACTION AGREED

The Scrutiny Commission for Health Issues:

1) Considered the report; and
2) Endorsed the direction of travel and suggested next steps, subject to consultation with service users and front line staff; and
3) Requested that the Commission be provided with a demonstration of the 'Front Door' once ready.

RECOMMENDATIONS

Scrutiny Commission for Health Issues recommended the following areas for specific focus for the Adult Social Care 'Front Door' Transformation Programme:

1) Ensuring that the appropriate level of staff was in place;
2) Placing sufficient focus on managing the culture change; and
3) Undertaking consultation with service users and affected staff.

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 Scrutiny Commission for Health Issues:

1) Noted the Forward Plan of Executive Decisions;
2) Requested further information on "Provision of Non Social Care Temporary Agency Workers – KEY/25JAN16/04";
3) Added "Personal Care and Support (Homecare) in Peterborough – KEY/02MAY16/01" to the Work Programme; and
4) Added "Integrated Healthy Lifestyles Service" to the work programme to consider implementation of the contract.

8. Work Programme

Members considered the Work Programme for 2016/17, and discussed possible items for inclusion.

ACTION AGREED

The Scrutiny Commission for Health Issues confirmed the Work Programme for 2016/17, subject to the following additions:

1) Personal Care and Support (Homecare) in Peterborough; and
2) Integrated Healthy Lifestyles Service Contract Implementation.

9. Date of Next Meeting

The next meeting of the Commission was scheduled for 10 January 2017.

The meeting began at 7.00pm and finished at 8:37pm. CHAIRMAN

HEALTH SCRUTINY COMMITTEE	Agenda Item No. 5
10 JANUARY 2017	Public Report

Report of the Director of Governance

Contact Officer – Pippa Turvey, Democratic and Constitution Services Manager
Contact Details – (01733) 452460 or email philippa.turvey@peterborough.gov.uk

TERMS OF REFERENCE AND WORK PROGRAMME

1. PURPOSE

1.1 To provide the Committee with the Terms of Reference for the Health Scrutiny Committee which was established by Council at its meeting on 12 October 2016 and to note the draft work programme for the remainder of the 2016/2017 municipal year.

2. RECOMMENDATIONS

2.1 That the Committee notes the Terms of Reference for each of the newly established Scrutiny Committees attached at Appendix 1 of the report and in particular the Terms of Reference for the Health Scrutiny Committee.

2.2 That the Committee notes the work programme for the Health Scrutiny Committee for the remainder of the 2016/2017 municipal year attached at Appendix 2 and;
following this meeting and subsequent meetings reviews the work programme to ensure it reflects the remit of the Committee as stated in the Terms of Reference at Appendix 1.

2.3 That the Committee appoints Parish Councillor Henry Clark as a non-voting co-opted member to represent the rural area on this Committee for the remainder of this municipal year and the 2017/2018 municipal year. Appointment to be reviewed at the beginning of the 2018/2019 municipal year and then annually going forward.

2.4 That the Committee considers appointing an additional Parish Councillor, Jason Merill, as nominated by Parish Council Liaison to one of the four available non-voting co-opted member positions. Should this appointment not be approved then it is recommended that the Committee appoints Parish Councillor Jason Merill as a substitute for the nominated co-opted member as recommended in recommendation 2.3.

3. BACKGROUND

3.1 At the annual meeting of Council on 23 May 2016 the Council agreed to establish a Committee Review Group to undertake a review to provide an effective and efficient committee structure to ensure delivery of the Councils functions. Following the review the Committee Review Group presented a report to Council on 12 October 2016 for approval which recommended the establishment of the following four Scrutiny Committees from 1 January 2017:

a) Children and Education Scrutiny Committee (to replace Creating Opportunities & Tackling Inequalities Scrutiny Committee
b) Adults and Communities Scrutiny Committee (to replace Strong and Supportive Communities Scrutiny Committee)
c) Health Scrutiny Committee (to replace Scrutiny Commission for Health Issues)
d) Growth, Environment & Resources Scrutiny Committee (to replace Sustainable Growth & Environment Capital Scrutiny Committee)

3.2 Council agreed to the recommendations which meant that from 1 January 2017 the Scrutiny

Commission for Rural Communities would no longer exist. Each new committee will consist of 11 councillors. The Children and Education Scrutiny Committee will also include statutory co-opted members. Each committee also has the ability to co-opt up to four non-voting co-opted members one of which will be a Parish Councillor representing a rural area to ensure the voice of the rural communities are reflected. The nomination will be decided by the Parish Council Liaison meeting.

3.3 The Parish Council Liaison meeting held on 21 December 2016 further requested that each Scrutiny Committee consider appointing an additional Parish Councillor Representative to each of the Scrutiny Committees as one of the four available positions for non-voting co-opted members therefore providing two Parish Council representatives on each Scrutiny Committee.

3.4 This Committee has replaced the Scrutiny Commission for Health Issues and the terms of reference and functions of this committee can be found in Appendix 1 attached.

4. WORK PROGRAMME 2017

4.1 In accordance with the Constitution, Scrutiny Committees are responsible for setting their own work programme and as agreed at Council on 12 October 2016 each Scrutiny Committee must now take account of matters which affect the rural area. In implementing their work programme, Scrutiny Committees should ensure that the Parish Council Liaison Committee has been consulted on matters related to predominately rural or Parish Council issues.

4.2 A draft work programme which shows the items which are currently scheduled for the remainder of the 2016/2017 municipal year and transferred from the Scrutiny Commission for Health Issues, with the exception of Adult Social Care items which have been transferred to Adults and Communities Scrutiny Committee, is attached at Appendix 2.

5. BACKGROUND DOCUMENTS

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

5.1 Council agenda – 12 October 2016 and minutes
Council agenda – 14 December 2016

6. Appendices

6.1 Appendix 1 – Part 3, Section 4, Overview and Scrutiny Functions and Terms of Reference
Appendix 2 – Draft Work Programme 2017

Section 4 – Overview and Scrutiny Functions & Terms of Reference

1. OVERVIEW AND SCRUTINY COMMITTEES

1.1 The Council has appointed the following Overview and Scrutiny Committees to carry out those functions under Sections 9F to 9FI of the Local Government Act 2000, as amended by:

(a) Section 19 of the Police and Justice Act 2006 in relation to the scrutiny of crime and disorder matters;

(b) Section 244 of the Health & Social Care Act 2012 in relation to health matters; and

(c) Section 22 of the Flood Risk Management Act 2010 in relation to flood risk management.

2. TERMS OF REFERENCE

2.1 Council has established the following Scrutiny Committees and they shall have responsibility for overview and scrutiny in relation to the matters set out below:

<table>
<tr><td>1.</td><td colspan="2">Children and Education Scrutiny Committee</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td>No of Elected Members appointed by Council:

Eleven, none of whom may be a Cabinet Member.</td><td>Chairman and Vice-Chairman

Appointed by Council.</td></tr>
<tr><td></td><td>Quorum:

At least half the Members of the Committee (including voting co-opted members).</td><td>Co-opted Members to be appointed by the Committee/Council

Four representatives as follows with full voting and call-in rights on education matters only:
(a) 1 Church of England Diocese representative;
(b) 1 Roman Catholic diocese representative; and
(c) 2 parent governor representative.

No more than four non-voting members.</td></tr>
<tr><td></td><td colspan="2">Functions determined by Council

1. Children’s Services including
a) Social Care of Children;
b) Safeguarding; and
c) Children’s Health.
2. Education, including
a) University and Higher Education;
b) Youth Service;
c) Careers; and
d) Special Needs and Inclusion.
3. Adult Learning and Skills</td></tr>
<tr><td></td><td colspan="2">Functions determined by Statute

All powers of an Overview and Scrutiny Committee as set out in Sections 9F to 9FI Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, and any subsequent regulations.</td></tr>
</table>

<table>
<tr><td>2.</td><td colspan="2">Adults and Communities Scrutiny Committee</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td>No of Elected Members appointed by Council:

Eleven, none of whom may be a Cabinet Member.</td><td>Chairman and Vice-Chairman

Appointed by Council.</td></tr>
<tr><td></td><td>Quorum:

At least half the Members of the Committee.</td><td>Co-opted Members to be appointed by the Committee/Council

No more than four non-voting members.</td></tr>
<tr><td></td><td colspan="2">Functions determined by the Council

1. Adult Social Care;
2. Safeguarding Adults;
3. Housing need (including homelessness, housing options and selective licensing);
4. Neighbourhood and Community Support (including cohesion, community safety and youth offending) and;
5. Equalities</td></tr>
<tr><td></td><td colspan="2">Functions determined by Statute

To review and scrutinise crime and disorder matters, including acting as the Council’s crime and disorder committee in accordance with Sections 19 of the Police and Justice Act 2006;.</td></tr>
</table>

<table>
<tr><td>3.</td><td colspan="2">Health Scrutiny Committee</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td>No of Elected Members appointed by Council:

Eleven, none of whom may be a Cabinet Member or the Health and Wellbeing Board..</td><td>Chairman and Vice-Chairman

Appointed by Council.</td></tr>
<tr><td></td><td>Quorum:

At least half the Members of the Committee.</td><td>Co-opted Members to be appointed by the Committee/Council

No more than four non-voting members.</td></tr>
<tr><td></td><td colspan="2">Functions determined by the Council

1. Public Health;
2. The Health and Wellbeing including the Health and Wellbeing Board; and
3. Scrutiny of the NHS and NHS providers.</td></tr>
<tr><td></td><td colspan="2">Functions determined by Statute

To review and scrutinise local authority services under Sections 9F to 9FI Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, and any subsequent regulations

To review and scrutinise matters relating to the Health Service and to make reports and recommendations to local NHS bodies in accordance with section 244 of the National Health Service Act 2006. This will include appointing members from within the membership of the Committee to any joint health overview and scrutiny committees with other local authorities. (Also see The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013)</td></tr>
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<table>
<tr><td>4.</td><td colspan="2">Growth, Environment and Resources Scrutiny Committee</td></tr>
<tr><td></td><td colspan="2"></td></tr>
<tr><td></td><td>No of Elected Members appointed by Council:
Eleven, none of whom may be a Cabinet Member.</td><td>Chairman and Vice-Chairman

Appointed by Council.</td></tr>
<tr><td></td><td>Quorum:

At least half the Members of the committee.</td><td>Co-opted Members to be appointed by the Committee/Council

No more than four non-voting members.</td></tr>
<tr><td></td><td colspan="2">Functions determined by the Council

1. City Centre Management;
2. Tourism, Culture & Recreation;
3. Libraries, Arts and Museums;
4. Environmental Capital;
5. Economic Development and Regeneration including Strategic Housing and Strategic Planning;
6. Transport, Highways and Road Traffic;
7. Flood Risk Management;
8. Waste Strategy & Management;
9. Strategic Financial Planning;
10. Partnerships and Shared Services; and
11. Digital Services and Information Management.</td></tr>
<tr><td></td><td colspan="2">Functions determined by Statute

To review and scrutinise flood risk management in accordance with Section 21F of the Local Government Act 2000 (as amended by the Flood and Water Management Act 2010 and under the Flood Management Overview & Scrutiny (England) Regulations 2011 No. 697).</td></tr>
</table>

3. SPECIFIC ROLE OF OVERVIEW AND SCRUTINY

3.1 To review and scrutinise the planning, decisions, policy development, service provision and performance within their terms of reference as follows:

POLICY DEVELOPMENT AND REVIEW

3.2 Within their terms of reference the scrutiny functions will:

(a) Help the Council and the Executive to develop its budget and policy framework and service Budgets;

(b) Carry out research into and consultation about policy issues and possible options;

(c) Consider and promote ways of encouraging the public to take part in developing the Council's policies;

(d) Question Members of the Cabinet, Committees and senior officers about their views on policy proposals;

(e) Work with outside organisations in the area to make sure the interests of local people are taken into account;

(f) Question, and gather evidence from, any person who gives their permission; and

(g) Monitor and scrutinise the implementation of Council policy.

SCRUTINY

3.3 The Scrutiny Committees will:

(a) Review and scrutinise the Executive, Committee and officer decisions and performance in connection with the discharge of any of the Council's functions;

(b) Review and scrutinise the Council's performance in meeting the aims of its policies and performance targets and/or particular service areas;

(c) Question Members of the Executive, Committees and senior officers about their decisions and performance of the Council, both generally and in relation to particular decisions or projects;

(d) Make recommendations to the Executive and the Council as a result of the scrutiny process;

(e) Question, and gather evidence from any person with their consent;

(f) Hold the Executive to account for the discharge of functions in the following ways:

i. By exercising the right to call-in, for reconsideration, decisions made but not yet implemented by the Executive or key decisions which have been delegated to an officer;

ii. By scrutinising Key Decisions which the Executive is planning to take, as set out in the Forward Plan of executive decisions;

iii. By scrutinising decisions the Executive are planning to make; and

iv. By scrutinising Executive decisions after they have been implemented, as part of a wider policy review.

(g) To consider petitions submitted to it;

(h) Establish ad-hoc Task and Finish Groups to investigate specific topics on a time-limited basis in accordance with the Scrutiny Committee Procedure Rules; and

CRIME AND DISORDER

3.4 The Scrutiny Committee responsible for crime and disorder shall, and any sub committees may:

(a) Act as the crime and disorder committee within the meaning of Section 19 of the Police and Justice Act 2006;

(b) Review or scrutinise decisions made, or other actions taken by bodies or persons responsible for crime and disorder strategies in the Peterborough area;

(c) Make reports or recommendations to the local authority on any local crime and disorder matter in relation to a member of the authority; and

(d) Consider any crime and disorder matters referred by any Member of the Council.

HEALTH ISSUES

3.5 The Scrutiny Committee responsible for health and any sub committees shall undertake their responsibilities under section 244 of the National Health Service Act 2006 as follows:

(a) May review and scrutinise any matter relating to the planning, provision and operation of the health service in the Peterborough area (including NHS Bodies and other NHS providers);

(b) Must invite interested parties to comment on the matter and provide reasonable notice;

(c) Take account of relevant information available to it and, in particular, from a Local Healthwatch organisation or representative;

(d) Acknowledge any referral within 20 working days and keep the referrer informed of any action taken;

(e) Request information about the planning, provision and operation of health services in the area to enable it to carry out its functions;

(f) Make reports or recommendations on a matter it has reviewed or scrutinised including;

i) An explanation of the matter reviewed or scrutinised;
ii) A summary of the evidence considered;
iii) A list of the participants involved in the reviews; and
iv) An explanation of any recommendations made.

(g) Where the Committee asks for a response, the person must respond in writing within 28 days of the request.

3.6 The Committee will consider any proposals received from a National Health Service body, Clinical Commissioning Groups or other provider about;

(a) Any substantial development of the health service in Peterborough; or

(b) Any substantial variation to the provision of NHS Services as set out the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

3.7 In considering the proposals, the Committee must take account of the effect or potential effect of the proposals on the sustainability of the health service in its areas and may refer proposals to the Secretary of State in certain circumstances.

FLOOD RISK MANAGEMENT

3.8 The Scrutiny Committee responsible for flood risk management, and any sub committees shall undertake their responsibilities under the Flood and Water Management Act 2010 as follows:

(a) May review and scrutinise any matter relating to the planning, provision and operation of the flood risk management in the Peterborough area;

(b) May invite those authorities responsible for flood risk management to comment on the matter;

(c) Request information from them to enable it to carry out its responsibilities; and

(d) Make reports or recommendations and request a response from flood risk management authorities.

4. MEMBERSHIP

4.1 All Members, except Members of the Executive, may be a member of a Scrutiny Committee. However, no Member may be involved in scrutinising a decision with which he or she has been directly involved. Members of the Health and Wellbeing Board should not be a member of the Health Scrutiny Committee.

CO-OPTEES

4.2 The Scrutiny Committees shall be entitled to co-opt, as non-voting members, up to four external representatives or otherwise invite participation from non-members where this is relevant to their work.

4.3 The Children and Education Scrutiny Committee shall include in its membership the following representatives, with full voting and call-in rights on education matters only:

(a) 1 Church of England diocese representative;
(b) 1 Roman Catholic diocese representative; and
(c) 2 parent governor representatives.

4.4 Where the Scrutiny Committee deals with other matters, the representatives in paragraph 4.3 above shall not vote on those other matters, though they may stay in the meeting and speak.

5. QUORUM

5.1 The quorum for a scrutiny committee shall be that more than half the Members must be present. The calculation of the quorum shall include any voting co-opted members of the Committee.

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APPENDIX 2 **Updated: 12 DECEMBER 2016**

HEALTH SCRUTINY COMMITTEE
DRAFT WORK PROGRAMME 2017

Meeting Date	Item	Indicative Timings	Comments
10 January 2017 *Draft report 9 Dec* *Final report 21 Dec*	**Terms of Reference and Work Programme** To consider the Terms of Reference and Work Programme for 2017. **Contact Officer: Pippa Turvey**		
	Sustainability and Transformation Plan Focus on service redesign that the public will be interested in. **Contact Officer: Cath Mitchell**	40m	
	Director of Public Health Annual Report **Contact Officer: Liz Robin**	40m	
	UnitingCare Review and Outcomes Final report **Contact Officer: Jessica Bawden**	40m	
	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.		

(Joint Meeting of the Scrutiny Committees) **8 February 2017**	**Budget 2017/18 and Medium Term Financial Strategy to 2026/27 Phase Two** To scrutinise the Executive's proposals for the Budget 2017/18 and Medium Term Financial Plan 2026/27. **Contact Officer: John Harrison/Steven Pilsworth**		
14 March 2017 *Draft report* *20 Feb* *Final report* *2 March*	**IVF Service Consultation** **Contact Officer: Jessica Bawden/Jane Coulson**	40m	
	Integrated Healthy Lifestyles Service Contract Implementation **Contact Officer: Julian Base / Oliver Hayward**	40m	
	Minor Injuries and Illness Unit (Options for Relocation) **Contact Officer: Jessica Bawden**	40m	
	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.		

Briefing Report

Sustainability Transformation Plan – Cancer Services Patient Experience (Jessica Bawden)

Dental Out of Hours Procurement (David Barter, david.barter@nhs.net)

APPENDIX 2 **Updated: 12 DECEMBER 2016**

Possible Items for Future Meetings	**Contact Officer**
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 for Health Scrutiny Committee:

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

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HEALTH SCRUTINY COMMITTEE	Agenda Item No. 6
10 JANUARY 2017	Public Report

Report of the Cambridgeshire and Peterborough Sustainability and Transformation Plan (STP)

Contact Officer(s) – Scott Haldane, Interim Executive Programme Director, Cambridgeshire and Peterborough Sustainability and Transformation Plan, and Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group
Contact Details – Steve Nash, stevenash@nhs.net or 01223 725583

SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

1. PURPOSE

1.1 The purpose of this report is to update the Scrutiny Commission for Health Issues on the latest Sustainability and Transformation Plan (STP), published by the Sustainability and Transformation Programme team on 21 November 2016.

2. RECOMMENDATIONS

2.1 The Commission is asked to note and comment on the Sustainability and Transformation Plan.

3. BACKGROUND

3.1 Cambridgeshire and Peterborough's latest five-year Sustainability and Transformation Plan (STP) to improve local health and wellbeing was published on 21 November 2016.

3.2 Led by local clinicians, the STP has been developed by all local NHS organisations and local government officers, and through discussion with our staff and patients. It aims to provide solutions to the county's challenges to deliver the best possible care to keep the population fit for the future and take joint responsibility for improving health and wellbeing.

3.3 The plan addresses the issues highlighted in our Evidence for Change (March 2016) and the main reasons why changes are needed in the local health and care system. It details how we propose we could improve services and become clinically and financially sustainable for the future.

3.4 Following on from the interim STP summary published in July where we forecasted that as a system we will have a £250m financial deficit by 2020/21, the STP outlines that this is in addition to £250m of savings and efficiency plans individual Trusts and the Clinical Commissioning Group (CCG) need to deliver over the same period. This makes a total system-wide financial challenge of £500m over the next four years. It also estimates the need to invest £43m to improve services over these four years, which increases the total system-wide financial challenge from £500m to £543m.

3.5 The scale of the changes required is significant and we all recognise the delivery will be challenging.

4. KEY ISSUES

4.1 Through discussion with our staff, patients, carers, and partners we have identified four priorities for change as part of the Fit for the Future programme, and developed a 10-point plan to deliver these priorities:

At home is best	1. People powered health and wellbeing 2. Neighbourhood care hubs
Safe and effective hospital care, when needed	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
We're only sustainable together	6. Partnership working
Supported delivery	7. A culture of learning as a system 8. Workforce: growing our own 9. Using our land and buildings better 10. Using technology to modernise health

4.2 **We have translated the STP into a programme of improvement projects, each of which reports to a delivery group**

4.3 Our priorities will be delivered through eight delivery groups, responsible to Accountable Officers who are Chief Executive Officers from across the health and social care system.

4.4 The groups cover clinical services, workforce and support services. The clinical delivery groups include public health and care services and are designed to encourage system-wide working and to allow for patient-led care to be at the forefront of everything we do.

4.5 **Delivery Groups**

Urgent and Emergency Care Accountable Officer: Roland Sinker, CUH	**Women & Children** Accountable Officers: Matthew Winn, CCS & Wendi Ogle-Welbourn, CCC & PCC	**Elective** Accountable Officer: Tracy Dowling, C&PCCG	**Primary Care & Integrated Neighbourhoods** Accountable Officer: Aidan Thomas, CPFT
Shared Services Accountable officer: Stephen Graves, PSHFT	**Digital Delivery** Accountable Officer: Stephen Posey, PHT	**Workforce & Organisational Development** Accountable Officer: Matthew Winn, CCS	**System Delivery Unit** Accountable Officer: Lance McCarthy, HHCT

4.6 **Improvement projects**

Service area	Improvement projects
Urgent and emergency care	Reduce demand for hospital care through: • Integrated NHS 111 and out of hours with clinical hub • Develop and deliver a mental health first response service to enable 24/7 access to mental health • Re-design the clinical model for intermediate care (community beds, re-ablement and therapy) • Ambulances: dispatch on disposition, hear and treat, divert to community services • Reduce re-admission rates through supported discharge • Extent and enhance ambulatory care services as alternatives to admissions • Develop primary and urgent care hubs in rural communities • Reduce length of stay in hospital
Women and children	• Introducing a 7-day-a-week paediatric community nursing (for children who would otherwise require emergency/urgent care in the hospital setting) • Maternity developments such as the 'saving babies lives' care bundle • Improving the care models for children with asthma and children's continence services

	• Developing an integrated children and family health and wellbeing service for 0-19 year olds (universal services) • Improve the mental health support for children and young people
Elective care	• Achieve shorter, faster, more effective treatment pathways • Models of care to enable GPs and consultants to share decision making • Develop GP referral support to address unwarranted variation in referral practice • Maximise clinical thresholds for effective services • Standardise high volume elective treatment pathways (hip, knee, arthroscopy, cataract, glaucoma, cardiac, ENT) • Reduce outpatient follow-up activity through virtual clinics, technology for results • Deliver productivity gains in provider trusts
Primary care and integrated neighbourhood teams	• CVD and stroke prevention • Improve identification and management of patients with hypertension and atrial fibrillation • Improve uptake of NHS Health Checks • Improve uptake and completion of cardiac rehabilitation • Mental Health • Implement enhanced primary mental health care (PRISM) • Ensure mental health service model matches capacity and demand • Implement mental health strategy across the system • Diabetes • Support self care, provide enhanced patient education and virtual patient reviews • Develop a proactive integrated model of care for people with long term conditions • Design and implement the 8 diabetes NICE care processes • Respiratory • Improve respiratory patient identification • Develop specialist community expertise • BLF 'Love your lungs' and spirometry testing • Implement new medicines management and prescribing practices including minimise triple therapy for COPD
Shared services	• Merger of HHT and PSHFT to enable shared service savings • Explore back office consolidation across primary care at scale • Implement a single approach to procurement across C&P • Develop and sign off strategic estate plans, (including potential for primary care co-location, including other public services like Citizens Advice)
Digital delivery	• Digital opportunities: tele-medicine, tele-monitoring, GS1, remote monitoring, internet of things • Shared Wi-Fi, infrastructure for professional and citizen – all health and care locations • Paper free care delivery
Workforce & Organisational Development	• Develop a system wide Workforce Investment Plan, in which all providers commit to investment priorities in relation to Apprenticeships (via LEVY), Pre Registration, CPD and wider workforce transformation • Link to supply improvement programme and design a tailored programme for primary care, linking to case load management trailblazers

5. IMPLICATIONS

5.1 If the Trusts and CCG meet their savings and efficiency plans, and all aspects of the STP are delivered, this will achieve the savings and efficiency target (of £500m) and produce a small NHS surplus of £1.3m (by 2020/21).

5.2 Due to the high levels of acute hospital activity, and resulting deteriorating financial position in our system, we are looking at ways to accelerate the pace of change and focus early investment on the areas that will have greatest impact on reducing hospital activity levels.

5.3 Our priorities are to increase the amount of care delivered closer to home and to keep people well in their communities.

6. CONSULTATION

6.1 There will be more opportunities for patients, carers, and local people to be involved with the specific improvements we would like to make, and we will provide opportunities for staff and local people to help shape proposals for service change and to be involved with any formal consultation process.

6.2 The proposals will be further developed over the next few months. If anyone wants to be part of the discussion please contact the team via email: contact@fitforfuture.org.uk

7. NEXT STEPS

7.1 All of the leaders across the system, have signed a Memorandum of Understanding (MoU) as a demonstration of their commitment to work together, share budgets, deliver agreed clinical services and ensure that together we provide health and care services that are clinically and financially sustainable.

7.2 Eleven delivery groups have been set up to deliver the 'Fit for the Future' 10-point plan – led by chief executives officers from across the system. The 11 groups have identified 53 improvement areas which are being scoped and measures for success developed, including quality key performance indicators and targets, and key milestones.

7.3 If patients and carers want to be part of the discussion and work with us to develop solutions, they can contact the team on contact@fitforfuture.org.uk

8. BACKGROUND DOCUMENTS

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

8.1 These related documents, are all available at www.fitforfuture.org.uk/what-were-doing/publications/

- Cambridgeshire and Peterborough Sustainability and Transformation Plan – October 2016
- Sustainability and Transformation Plan summary document – updated, November 2016
- Frequently Asked Questions – Third edition, November 2016

9. APPENDICES

9.1 Appendix 1 - Cambridgeshire and Peterborough Sustainability and Transformation Plan Summary

Fit for the Future

Working together to keep people well

How health and care services in Cambridgeshire and Peterborough are changing

This is an update to the Sustainability and Transformation Plan Interim Summary, published in July 2016

@fitforfuturenhs
fitforfuturenhs
fitforfuture.org.uk

Cambridgeshire County Council

PETERBOROUGH CITY COUNCIL

NHS

1 Why do we need to change?

Our health and care services face challenges

Ours is one of the most, if not ***the*** most, challenged health systems in England, making it essential that we work together to develop robust plans for long-term change.

The population of Cambridgeshire and Peterborough is growing rapidly. Our population is diverse, it is ageing, and it has significant inequalities. There are also more people with long term conditions, such as diabetes, and there are higher levels of obesity.

In addition, we are facing practical challenges:

- healthcare is not as good in some places as in others, and does not always meet the standards that it should
- recruiting and retaining staff is a challenge for all health and care services
- our health, local authority, and other care services are not always joined up. They do not always meet people's individual needs, and they do not always balance physical health with mental health and wellbeing
- local needs are growing and changing. Our average age and levels of sickness are all growing, and faster than in other parts of the country
- overall, we spend too much of our time and resources treating illnesses which can be prevented or kept under control in better ways
- The current health system is financially unsustainable. The local system has a total annual budget of more than £1.7billion for NHS services, but we spend about £160million more than that each year. We need to deliver our current plans and radically change the way we provide services. If we don't do both of these things the deficit is projected to increase to £500million by 2020/21.

The Sustainability and Transformation Plan (STP) proposes ways in which we can deliver the best possible care to keep our population fit for the future, and address our service and financial challenges.

What you've told us so far

During the last 18 months, we held listening events across our area to seek your views on the health and care system. We heard that:

- you want to be empowered to stay healthy
- you want easy access to information about health
- you want to understand how to use the right health and care service at the right time
- when you need care urgently, you would rather use a local service than be sent to A&E
- you want consistent access, such as opening hours for services
- you want care as close to home as possible
- children's services need to be co-ordinated better
- you would be happy to be sent home from hospital sooner if you had visits from a nurse to support you
- you do not want to be sent home too early with no support – you are concerned about needing to be readmitted
- you need better communication and planning before you leave hospital
- you want the people who provide health and care services to collaborate and work more closely together.

2 Our five-year plan to make Cambridgeshire and Peterborough Fit for the Future

This document tells you about our proposals, both to meet your ambitions for health and care and to make services financially and clinically sustainable.

The NHS and local government officers have come together to develop a major new proposed plan to keep Cambridgeshire and Peterborough Fit for the Future. We have also been asking you how you think we can manage our challenges. Our plan aims to:

- improve the quality of the services we provide
- encourage and support people to take action to maintain their own health and wellbeing
- ensure that our health and care services are financially sustainable and that we make best use of the money allocated to us
- align NHS and local authority plans.

It has been developed by our health and care organisations. We are working together and taking joint responsibility for improving our population's health and wellbeing, with effective treatments and consistently good experiences of care. The work is being led by local doctors and other medical professionals, supported by NHS England and NHS Improvement.

Fit for the Future sets out a single overall vision for health and care, including:

- supporting people to keep themselves healthy
- primary care (GP services)
- urgent and emergency care
- planned care for adults and children, including maternity services
- care and support for people with long term conditions or specialised needs, including mental ill health.

We are well placed to make the changes we need and have a lot to be proud of. Cambridgeshire and Peterborough has a committed and expert health and care workforce. We provide some excellent services to which people travel from other parts of the country. We host groundbreaking research and deliver excellent medical education and training. We have a resourceful voluntary sector, strong organisations, active local communities, and we work alongside research and technology industries which are world leaders in improving healthcare.

3 What are the priorities?

Through discussion with our staff, patients, carers, and partners we have identified four priorities for change and we have developed a 10-point plan to deliver these priorities.

Fit for the Future programme	
At home is best	1. People powered health and wellbeing 2. Neighbourhood care hubs
Safe and effective hospital care, when needed	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
We're only sustainable together	6. Partnership working
Supported delivery	7. A culture of learning as a system 8. Workforce: growing our own 9. Using our land and buildings better 10. Using technology to modernise health

1 People powered health and wellbeing

We will help people to make healthy choices, keep their independence, and shape decisions about their health and care. We will work with community groups and businesses so that people of all ages have good health, social, and mental wellbeing support.

Our first aim is to prevent illness and support people to take control of their own health and wellbeing. We will develop health services which work alongside patients and carers, social care, and housing providers, and which help to build strong communities.

We want patients to become equal partners with those caring for them, make more decisions about their own treatment and, with advice and support, become increasingly confident to manage their own conditions, supported by technology.

Summary of what we propose to deliver.

Housing and business - working in partnership with communities and businesses to provide employment, housing in new developments, and an environment to keep people healthy.

Where possible, we are influencing the design of new housing developments to reinforce active lifestyles and introduce smart technology that promotes independence for older people.

Prevention - helping people to keep healthy, dealing with problems earlier, and making sure people who are likely to fall ill are supported to keep well.

We will do this by implementing our Health System Prevention Strategy for Cambridgeshire and Peterborough. The strategy sets out practical steps to make this happen.

Psychological wellbeing - making support and treatment for people with mental ill health as available as it is for those with physical health conditions, mainstreaming mental health and prevention.

We will reduce stigma, support employers to have healthy workplaces, and reduce suicides.

Starting young - working together to ensure that there is support for children and young people with mental health and physical health problems, whatever their age.

We are joining up children's services across the NHS and local authorities, including Child and Adolescent Mental Health Services (CAMHS) and emotional health and wellbeing services, children's community health services, and local authority services for those aged 0-19 (which may include children's centres).

Reaching out - engaging those at high risk through the third sector and trusted networks.

Our neighbourhood teams, primary care, and social care will work with the voluntary and community sector to identify those at risk of poor or deteriorating health. Community-based workers will support those with a severe mental illness or dementia, migrant workers, travellers, and our wide range of diverse communities who may need help to access services in a different way.

Self-care - supporting patients to make decisions about their own treatment and become more confident to manage their own conditions.

Our GPs, consultants, and nurses will make it easier for people with long term conditions to manage their own care by adopting best practice for supporting self-care.

Ageing well - we must improve independence and wellbeing in older age and prevent health and care needs from escalating.

To achieve this, we will focus on physical activity and reducing falls, holistic approaches, and care for older people's mental health.

We need to link up health and social care.

Peterborough Public Workshop

2 Neighbourhood care hubs

More health and care services will be provided closer to people's homes and we will help people stay at home when they're unwell.

We aim to coordinate care better so that it meets the needs of the individual. We aim to pay close attention to the health and care services necessary to keep people living at home successfully, because we know this is the best way to keep people healthy and to maintain their independence.

When people become unwell, we will take every opportunity to spot warning signs and focus local support to help people live with long term health conditions.

We would like to see more joint working between local health and social care, with GPs playing a central role, supported by hospital clinical teams.

As much care as possible must be led by primary care (GPs). We are supporting our GPs to share best practice, work together, access advice from hospital consultants and to provide the enhanced primary and community care that our local people need.

Summary of what we propose to deliver.

Time to care - testbeds to support GPs.

Our 'Time to care' programme aims to support our 105 GP practices to manage increasing patient demand, help them to become more efficient, and to provide better quality of care to their patients. It also aims to improve the way in which GP practices work with local hospital, community, social care, and voluntary sector providers to provide proactive care close to the patients' home.

Neighbourhood teams - multi-disciplinary teams, led by GPs targeting those at risk (such as those with long term conditions, frail, elderly).

We aim to build on our neighbourhood teams which are staffed by district nurses, matrons, social workers, therapists, and pharmacists to provide integrated, proactive care for those with long term conditions, such as the dying, care home residents, and mental health service users.

Community experts - specialist clinicians will support neighbourhood teams.

To support the neighbourhood teams we need an integrated team of community-based experts to care for the more complex patients and provide advice and education. However, more needs to be done to ensure that access to the teams is fair, that the teams can access advice, and clinicians are able to review complex patients together to agree a management plan.

Sharing knowledge - this is a central role of the patient care plan, and electronic access to patient information across the system.

Proactive and person-centred care relies on there being one single care plan, owned by the patient and their family; one electronic care record accessible by all; one set of best practice protocols all can adopt; and one route through which expert opinion can be accessed day or night.

Embedded mental health - ensure community mental health is within neighbourhood teams, and that there are links to liaison psychiatry and recovery.

Our neighbourhood teams already provide joined up community mental health services. We want to join up our community and mental health teams further to make sure the psychological needs of people with long term conditions and the physical health needs of patients with severe mental illness are met consistently.

Learning disabilities – implementing 'transforming lives'.

We have been working closely with the councils to implement 'transforming lives' for people with learning disabilities. The Collaboration for Leadership in Applied Health Research and Care (CLAHRC) is evaluating the use of integrated personal health and care budgets for people with learning disabilities.

Your own bed, not a hospital bed - for end of life and intermediate care.

We aim to provide more rehabilitation closer to, or at, home to retain a patient's independence, and provide more end of life care at home, rather than in hospital.

3 Responsive urgent and expert emergency care

We will offer a range of support for care and treatment which is easily accessible, from telephone advice for urgent problems to the very best hospital emergency services when the situation is life-threatening.

This will be supported by better co-ordination, for example referral through NHS 111, close working with the ambulance service, and clear information provided to patients about which services are available - and how to reach them - when they have an urgent health need.

It is not good for patients to stay in hospital for longer than they need to be there, as it can have a negative impact on their recovery and ability to maintain independence. We must therefore make sure patients in hospital beds really need to be there, and that they are not delayed when moving through the steps on their care plan.

We have been through a process to designate our three A&E departments against the national Keogh urgent care definitions. As a result of this process, we have determined that it is in the best interests of our local population to maintain the current levels of provision, namely a specialist emergency centre at Addenbrooke's Hospital and an emergency department at Peterborough City Hospital. Hinchingbrooke Hospital will retain its A&E department and will continue to be able to manage the current caseload of minor injury and major medical cases, with a physician-led service.

Since our three hospitals are already struggling to meet existing levels of emergency demand, and our volume of planned hospital procedures is significantly above that of similar health systems, we need to improve our community-based urgent care and our emergency services radically such that hospital is a last resort. There are several strands to this improvement work.

Summary of what we propose to deliver.

Ambulance services - alternatives to hospital admission.

We are working with our ambulance teams to make sure that only patients who really need to be transferred to hospital are taken there. We are implementing 'hear and treat', 'see and treat', and 'see, treat, and convey' systems which allow paramedics, supported by other medical professionals, to decide whether options other than transfer to hospital are more appropriate.

Right call, first time - integrated urgent care and clinical hub.

From October 2016, if you call 111 and you need to speak to a clinician you will be able to do so. This service is provided by our expanded integrated urgent care service and clinical hub. The aim is to make sure that patients receive the most appropriate care that best meets their needs. This will ensure that our hospitals' emergency services are reserved for serious/life threatening injuries or illnesses.

Minor injury - walk-in minor injury services.

Following our review of the three Minor Injury Units, (MIUs), in East Cambridgeshire and Fenland, we have undertaken extensive engagement with the public, providers, and other stakeholders on a range of options for the future. Taking this feedback into account, we have identified significant opportunities to deliver more joined-up, effective, and efficient local urgent primary care services which reflect the rural geography, deprivation, and demography.

Whilst no formal decisions have been taken, we are now working with local stakeholders to develop the details behind a number of options, including the development of three rural urgent primary care hubs which will focus initially on integrating local primary, minor injury, and community services. This will move on to include development of point of care testing and consultant support, via telemedicine links. We intend to develop and test the first phase of any new urgent primary care model over the next 12 months, which will inform further engagement and, potentially, consultation. We are also doing an analysis of all options put forward as part of our early engagement work.

Right call, first time for mental health concerns - dial 111 - press 2 if you have a mental health concern.

We are embedding mental health including community crisis services, liaison psychiatry, and Suicide Prevention Strategy. We are investing £2m of urgent and emergency care funding in an evidence-based, community first response service which provides urgent out of hours assessment and support to people in mental health crisis.

More support for people leaving hospital - we have a very high level of people staying in our hospitals for longer than they need to be.

We believe it is not good for any patient to stay in hospital for longer than medically necessary and we are putting in place processes to ensure that patients are discharged on time, including on-site social care staff to support discharge from hospital.

24/7 standards – in consultant-led services

Our three urgent and emergency care hospital departments will meet the government's seven-day service standards with early and daily consultant input to reduce the length of time people spend in hospital.

4 Systematic and standardised care

Doctors, nurses, and other health and care professionals will work together across Cambridgeshire and Peterborough to use the best treatments and technology available.

Where it is important to provide services from several sites across the area, we believe we can use our skills and expertise collectively to achieve better results through doctors and nurses working across more than one hospital site and sharing their expertise.

We expect that maternity services will also remain at the Rosie Hospital in Cambridge, at Hinchingbrooke Hospital, and at Peterborough City Hospital.

Evidence tells us that standardised care is often higher quality and lower cost. Networking between medical professionals will help us to deliver savings, as well as helping to ensure that the additional costs associated with increased clinical standards, especially seven day services, are minimised.

Summary of what we propose to deliver.

Networks of care - where services are provided from more than one site, we will use specialised skills and expertise collectively to raise quality everywhere.

Medical professionals at our hospitals are beginning to agree how to work as operational networks for planned, unplanned, routine, and specialised care. These networks will share information about appropriate patient referrals and the best treatment, and building workforce resilience through better career development and shared out of hours arrangements.

Patient choice hub - improving quality of referrals and align capacity and demand.

A new patient choice hub is being developed with the aim of improving quality of referrals, ensuring that clinical thresholds are adhered to, that capacity and demand are lined-up across available providers, and managing procedures across the health system rather than in organisations.

Centres of clinical excellence - clinical consistent pathways across all providers to improve outcomes and efficiency, with fewer, more specialist centres across our hospitals.

We need to create centres of clinical excellence that use consistent procedures and policies across all service providers. We have identified some quality and efficiency benefits from combining procedures.

- Orthopaedics: We are considering centralising specialised orthopaedic trauma services (such as fragility fractures from falls) at Peterborough City Hospital and Addenbrooke's Hospital, to achieve a higher standard of care.

  We are also investigating the case for reconfiguring planned orthopaedic services, by increasing the number of low-complex procedures at Hinchingbrooke Hospital (such as routine knee and hip replacements), to improve the quality and sustainability of services at all three hospitals. We expect to consult on these proposals in 2017.

- Stroke: National stroke indicators show that we perform below the national average on a number of stroke areas, including access to specialist rehab and early-supported discharge. In addition, inpatient and community bed-based stroke and neurological rehabilitation care is fragmented across multiple sites.

  In order to improve the services offered to our patients we are considering providing all bed-based stroke and neurological rehabilitation on a single site and to establish an enhanced early-support discharge team, so many more patients can receive rehabilitation and support at home. We expect to consult on these proposals in 2017.

  We have also considered whether we need one or two hyperacute stroke units (we have one in Cambridge and one in Peterborough), and have concluded that at present we should retain our two hyperacute stroke units.

Modern maternity - improving quality, choosing home births, standardisation and continuity.

For obstetric and neo-natal services we have considered the viability of our three obstetric (maternity) units, each with a co-located midwife-led unit, and concluded that all three should remain. However, we need to enhance networking between the three units to share knowledge and improve care for expectant mothers and women in labour.

Acute paediatrics - supported by strengthened community services.

Hospital stays for children and young people should be kept to a minimum. We will develop community care with enhanced community nursing, and with GPs and paediatricians working better together.

5 Continued world-famous research and services

We have world-class specialised care, but we are always looking for ways to be better. We will work together with our local research organisations and businesses to make this happen.

We believe we can achieve consistently better results for people with more serious needs, such as for heart and lung services or complex surgery, in fewer, specialist units which make best use of the world-class expertise of our specialist consultants.

Much specialised care is already centred at our two world renowned hospitals: Addenbrooke's Hospital and Papworth Hospital for cardio-thoracic care. For this reason, major changes to specialised services do not feature significantly in our plan. However, there are some specific areas where we can improve, especially due to growing demand.

Summary of what we propose to deliver.	
	Cancer - improvements in waiting times and best practice services. We are working to implement the recommendations of the Cancer Taskforce Strategy and to achieve world-class cancer outcomes. The establishment of 'Cancer Alliances' is crucial to this.
	Specialised mental health - We provide limited specialised mental health locally in a small number of low secure beds and Child and Adolescent Mental Health Services. The East of England region has been identified as one of three areas without a mother and baby unit for those with severe mental health problems following childbirth. We aim to address this, and our mental health strategy also prioritises the development of perinatal mental health services in the community.
	Cardiology - Cardiology services will be provided across Cambridgeshire and Peterborough. Papworth Hospital which, following its move to the Cambridge Biomedical Campus next to Addenbrooke's Hospital, will lead the service across both organisations. Together with Peterborough and Stamford Hospitals NHS Foundation Trust, it will provide a vital role in supporting improved 24/7 access to cardiology opinion, as well as community-based services that focus on prevention.

How does the NHS support carers?

Cambridge Public Workshop

Ely Public Workshop

Most of us prefer to travel 100 miles for an operation for someone who's done it before.

Patient stories - how things could look in the future

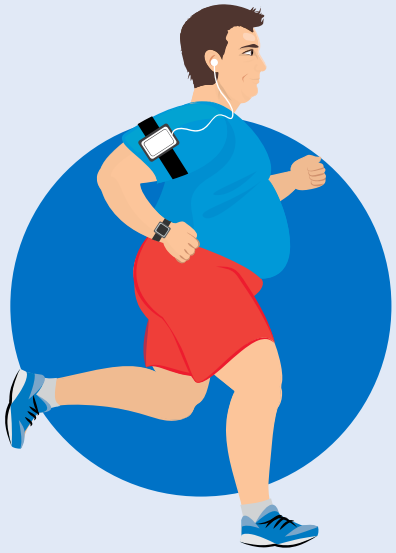
Better safe than sorry

When, on a Sunday morning outing, eight year old Olivia fell off her bike and banged her head, her mother Gemma didn't know what to do. She thought about driving to A&E or dialling 999 but remembered seeing posters saying that 111 was a better option for injuries that were not serious or life threatening.

She called 111 and they arranged for Olivia to see a GP later that morning. The GP, Martin, examined Olivia and advised Gemma about what to look out for following a head injury, and what to do if Olivia's condition changed. Martin directed Gemma to the NHS Choices website for further information.

In the afternoon, and using the information that she had been given, Gemma became concerned that Olivia was getting worse, not better. Following the advice that GP Martin had given her earlier she took Olivia to the hospital. The specialist children's team could access Olivia's notes and details of what had happened so Gemma didn't need to repeat her story. Olivia was observed for six hours and discharged fit, well, and keen to get back to playing with her friends.

Looking forward – keeping active



Mark gave up playing rugby after a broken wrist and had become an armchair fan at the age of 39. He still enjoyed regular evenings out, and was ashamed to admit that his smoking had increased since he gave up sport. But Mark remained convinced he was still fit and healthy – with nothing to worry about.

Aisha, Mark's GP, was not so sure. Responding to an invitation for a regular check-up, Mark was told that he was significantly overweight, with warning signs suggesting he was at risk of developing diabetes. Aisha knew that persuading Mark to make the lifestyle changes he needed would require both a plan and support.

First, she connected him to the local smoking cessation service, which organised drop-in sessions Mark could easily get to, and put him in touch with a fitness coach who could recommend an exercise programme to suit him.

She also realised that Mark's smartphone was his window on the world, and suggested some websites and a wellbeing app to help him plan and stick to his diet and fitness regime.

Care shaped around the patient

After she turned 80, Doreen found her health deteriorating. Doreen has diagnoses of diabetes and emphysema (COPD), as well as early stage dementia. She lives with her husband, Roy, who is 82, who also has diabetes but is otherwise fit and cares for her.

Paul, her GP, invited Doreen for her annual assessment. Based on her increasing frailty, he accepted her onto the caseload for complex, case-managed patients who are supported by a multidisciplinary team in the community. Angela, a member of the community team, is her care coordinator.

Paul and Angela worked with Doreen and Roy to create two plans. The first was a care plan which summarised Doreen's health needs according to her preferences and priorities, and what she and Roy would want in the event of a crisis or deterioration in health. The second, a self-care plan, allowed Doreen to describe her goals and needs for caring for herself safely at home, and identified how she could be supported in doing so by Roy and the health system.

Living beyond psychosis

Jack was becoming increasingly isolated; he had stopped attending school and seeing his friends, and had complained of hearing voices. Following a comprehensive assessment at which he was considered to have developed an early onset psychosis, he was referred to the early intervention service. He began a three-year programme tailored to his needs. The service worked with Jack to deliver a holistic care plan.

Family therapy enabled Jack and his family to understand more about his experiences and to begin to resolve them.

Jack is now aware that he can choose to access a wealth of insight and to share experiences through social media. He is actively involved in monitoring his state of mind, has discussed in advance what he would like to happen in a crisis, and understands what to do if he becomes unwell again. His GP and the practice team are very involved with the care plan and can call on a range of support for Jack. Perhaps the most important connection was with an employment project which supported Jack through his college application. Now, in the second year of his course, Jack can see a much brighter future.

Neighbourhood care hubs

More health and care services will be provided closer to people's homes and we will help people stay at home when they're unwell.

People powered health and wellbeing

We will help people to make healthy choices, keep their independence, and shape decisions about their health and care. We will work with community groups and businesses, so people of all ages have good health, social, and mental wellbeing support.

Partnership worki

Everyone who provi
social and mental h
Cambridgeshire and
plan together and w

Workforce: growing our own

We have wonderful, talented people working in our health and care system. We aim to offer rewarding and fulfilling careers for our staff with opportunities for them to develop their skills and grow professionally. This way we can develop staff, including for those areas where we have some staff shortages.

Using our land and buildings better

We want to bring all our NHS and local government sites up to modern standards. We want to make better use of our out-of-hospital sites, which may mean selling some buildings to invest in other modern, local facilities.

Responsive urgent and expert emergency care

We will offer a range of easily accessible support for care and treatment, from telephone advice for urgent problems to the very best hospital emergency services when the situation is life threatening.

Systematic and standardised care

Doctors, nurses and other health and care professionals will work together across Cambridgeshire and Peterborough to use the best treatments and technology available.

Continued world-famous research and services

We have world-class specialised care, but we are always looking for ways to be better. We will work together with our local research organisations and businesses to make this happen.

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A culture of learning as a system

We are committed to sharing knowledge across the whole health and care system, so the people working in our health and care organisations know they are part of the big picture.

Using technology to modernise health

Good information and advice helps people take control of their health. We will use apps and online tools to provide more rapid and reliable information.

6 Partnership working

Everyone who provides health, social, and mental health care across Cambridgeshire and Peterborough will plan together and work together.

We believe we must work across boundaries: between NHS and local authority social care; GPs and hospital care; and physical health and mental health.

None of our organisations can be sustainable acting alone; our financial challenge is too great. We need to work together in a way that we have never done before. In addition to new ways of working, and a new relationship between medical professional and patient, we can do more to collaborate in our non-patient facing services, including back office and clinical support services, and reduce duplication.

Collaboration between commissioners, including the Clinical Commissioning Group and local councils, NHS providers, and general practices, is crucial. There are examples in our system of where this is already happening and members of these organisations have already begun to work together as equal partners to a far greater extent than ever before.

Summary of what we propose to deliver.

Larger general practices - Many of our GP practices recognise the benefits for sustainability of working together as federations and larger primary care teams. We believe this will enable better access to resources through sharing and specialisation and closer working between GPs and their colleagues in hospitals. Development of the primary care workforce (GPs) is an important part of this.

We also recognise that people are supported by a network of formal and informal care, and aim to work in partnership with local organisations, such as faith groups and the voluntary sector.

Hospitals joining together - Hinchingbrooke Hospital and Peterborough and Stamford Hospitals are looking at coming together to bring about financial efficiencies and also meet their clinical and workforce challenges. They will be making a decision in late November, and, if it is agreed, they will join together in April 2017.

Papworth Hospital is preparing to move onto the Cambridge Biomedical Campus in 2018. This will lead to further formal collaboration with Addenbrooke's Hospital in due course.

Back office - We have started to rationalise overheads and support services. We will establish a shared HR back office that includes healthy workforce. We will also develop a single approach to procurement during 2017/18 and pilot this new approach within orthopaedics through joint procurement of all joint kits.

Financial incentives

Having committed to shared planning and transparency in tracking cost improvements and Quality, Innovation, Productivity, and Prevention (QIPP) delivery in 2016/17, we will look at ways to share risk and align financial incentives.

Health and social care

The Clinical Commissioning Group and local authorities are collaborating with the aim of aligning commissioning arrangements for mental health and healthy child services.

Working with the voluntary and community sector, and support for carers - Key to reduction of hospital admissions is coordinating support for people. Many relevant services and interventions are provided by voluntary and community sector organisations. All commissioners are seeking to work more closely with the voluntary and community sector.

Case Study: Peterborough is leading the way

In Peterborough, an Area Executive Board has been established to oversee nine programmes of work that will integrate care for all ages, spanning child health, ageing healthily, and how hospital is accessed. The programme brings together local GP practices in Greater Peterborough, Peterborough City Council, Peterborough and Stamford Hospitals NHS Foundation Trust, and Cambridgeshire and Peterborough NHS Foundation Trust, and is supported by an external company.

To enable the required change, improvements, and efficiencies in this plan to be delivered we have identified four key things that will need to happen to underpin our work across the system.

7 A culture of learning as a system

We are committed to sharing knowledge across the whole health and care system, so the people working in our health and care organisations know they are part of the big picture.

We want to develop a culture of learning. This means our staff developing a shared understanding of our services, priorities, and challenges, a common approach to analysing opportunities and problems, and finding solutions together.

We believe we can share knowledge and expertise from the specialist services in Cambridgeshire and Peterborough, making the most of our world-class medical and healthcare education and training, and using research to drive improvement.

We know we must invest in system-wide quality improvements. To be successful, our system must develop a shared understanding of all the interrelated issues and must be able to explain what it means to us as individuals and as organisations. Our plans must be understood by all our staff and patients.

We are developing a system-wide quality improvement and organisational development plan which will focus on a common culture and set of values across Cambridgeshire and Peterborough. Ultimately we want our staff to not only identify with their professional group and employer, but as a key partner to the Cambridgeshire and Peterborough health and care system's long-term sustainability.

We need to build on our research heritage and be at the forefront of adopting new therapies and delivery models for the patients of tomorrow.

8 Workforce: growing our own

We have wonderful, talented people working in our health and care system. We aim to offer rewarding and fulfilling careers for our staff, with opportunities for them to develop their skills and grow professionally. This way we can develop staff, including for those areas where we have some staff shortages.

We want staff to choose to work here and to see themselves as part of the whole health and care service in Cambridgeshire and Peterborough - this will help us where we have services that have staffing shortages.

Workforce data and intelligence from other parts of the country has provided us with the building blocks to design a workforce and transformation strategy.

In the short-term we have developed a whole systems approach to 'grow your own' and 'earn as you learn'. We are building on existing programmes and developing career pathways that begin at apprenticeship level and take individuals all the way through to registrant or advanced practitioner level. Our goal is for Cambridgeshire and Peterborough to provide high quality placements for those in training and to become one employer of choice, enabling us to retain those we train.

Over the longer term our system needs to work differently to ensure our staff are supported appropriately and retained. We need to ensure that the contribution of our mature workforce is retained and that they help us to develop competence and confidence in newer members of the workforce.

Many of the emerging new models of care, including our aspiration to operate in networks of care, require both the current and future workforce to work more flexibly across locations, in line with the demand for our services. Our human resources model will need to become more flexible and, where possible, we will do things in common to enable staff to move between organisations more easily.

Case Study: Skills for people-powered care

We have made progress towards training and developing our staff to deliver new roles:

- Funding from Health Education England supports training and research on integrated working in Neighbourhood Teams.
- Cambridgeshire County Council's Early Help Team helps individuals at an early stage, in the community.
- Cambridgeshire Better Care Fund's care home educators are learning from a local pilot and the Care Home Vanguards.

9 Using our land and buildings better

We want to bring all our NHS and local government sites up to modern standards.

We want to make better use of our out-of-hospital sites, which may mean selling some buildings to invest in other modern, local facilities.

We want to explore how we can work together to get more value from our land and buildings, and bring all our sites up to modern standards.

There is a great deal of building development in Cambridgeshire and Peterborough so we see opportunities for new strategic partnerships, such as the planned Hinchingbrooke Health Campus.

We have many community estates, some of which are poorly used, which provides us with the opportunity to reduce the number of buildings used and potentially develop new primary and community care facilities on the larger sites.

We want to promote co-location and shared working spaces which can bring teams together and foster integrated care delivery across health and social care agencies.

We have already started to work in a more coordinated way, not only across health and care but also with partner agencies including the fire and police services.

We want to use our estates to support new models of care. This could be through the creation of larger, modern, family and frailty-friendly hubs, where GPs can work side by side with community and social care staff, have direct access to diagnostics and specialist advice, and are enabled to diagnose and care for more patients without the need to refer to hospital. Over time we expect these hubs to replace much of outpatient care.

Local authority plans to bring NHS and local health and care resources together under one social/community/mental health/primary care roof, will go a long way to providing proactive care, rather than reactive care in hospital.

Similar changes are possible as back office services begin to collaborate more. The sites at Princess of Wales Hospital in Ely and North Cambridgeshire Hospital in Wisbech could be locations for these new neighbourhood hubs. Outline plans, which will help us respond to a growing population, local health needs, and poor current infrastructure, have already been drawn up for these two sites.

10 Using technology to modernise health

Good information and advice helps people take control of their health. We will use apps and online tools to provide more rapid and reliable information.

Shared information will help medical professionals in hospitals, GP practices, community teams, and social care to work together more effectively.

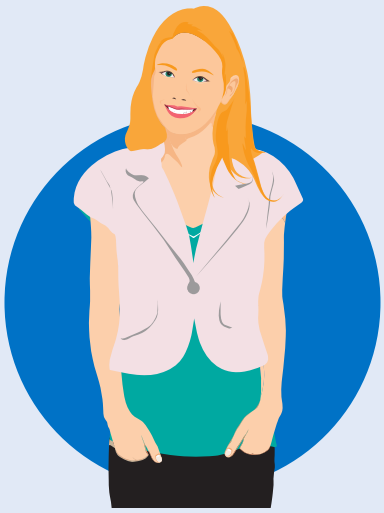
Technology will also help us to provide more reliable information for patients more quickly, and our clinicians will make sure technology is built in to new services.

Our ambition, supported by the 'Local Digital Roadmap' vision, is that by 2020 'patients and citizens, health and social care staff have access to quality, timely, and accurate information, regardless of place or time, to enable improved decision making and ultimately better outcomes for both the individual and the community'. We will deliver this in six themes:

- Data and information sharing
- Health apps
- Telehealth/remote monitoring
- Access
- Real-time information
- Health analytics

Staff stories – how things could look in the future

Making the right call



Joanne supports several people with long term health conditions, enabling them to continue to live independently at home. She has built up a lot of knowledge about signs to look out for and urgent care options, and has always felt that she has valuable insight into how the emergency admission process works and whether it could provide a better experience for patients and carers.

Now working within a larger, multi-disciplinary team she can play a greater role. For example, she has received coaching from a local hospital consultant from whom she can also access immediate support and advice. This includes examples of symptoms which should raise concerns, so Joanne has the reassurance that she knows when it is right to call an ambulance and how she can help to prevent emergencies.

Hospital care at home

Maqsood leads a newly-established team in St Neots. It helps to keep people living independently by providing intensive nursing input at home - so avoiding hospital admission or enabling earlier discharge.

Maqsood knows that the research evidence is clear. Too often, on admission to hospital the care and support networks on which older people depend fall away and with them their ability to live independently. He helped to co-design the service and has worked hard to develop his team, which brings together professionals across several organisations and focuses on each individual patient's needs.

For example, Mrs Barlow was one of the team's first patients, after she was discharged from hospital much sooner than she would have been before it was in place. She was able to recover at home, at first with high-level healthcare and daily contact with support workers, which then stepping down to every other day contact with a nurse. She even received home visits from the pharmacist to make sure her medication was correct.

To stop people going to A&E you must provide alternatives.

Huntingdon Public Workshop

Wisbech Public Workshop

People would be happy to be treated at home if they could get good support.

Peterborough Public Workshop

Ensure health staff on the ground are involved.

Mental Health is a key element to all patient pathways.

Wisbech Public Workshop

Staff stories – how things could look in the future

Joining up physical and mental health

Greg leads part of the liaison psychiatry service, which joins up mental health and physical health care when people need hospital treatment or urgent care. His team works in hospitals across Cambridgeshire and Peterborough.

As well as helping to make sure that the NHS meets its commitment to give mental health the same priority as physical health, Greg believes that his service is based on principles which are fundamental to transforming care services.

When people are admitted to hospital, the liaison psychiatry service focuses on helping them to recover and how they can be supported to return home. This requires a holistic approach - working across mental health and different hospital specialties, in partnership with the patient, and alongside carers, advocates, and social care providers - because keeping people well requires a team effort.

As a clinician, Greg wants to help shape new ways of working and sees his role as a great opportunity – both to help bring about better outcomes for patients, and to develop his own professional skills.

World-class hospital care – delivered closer to home

Visha, a Geriatrician, has always strived to provide the very best care available anywhere and, although they handle an enormous number of patients, she is proud of the outstanding results achieved by her hospital-based team.

Visha was recruited onto the transition team which managed the set up of a new service running satellite clinics. Working with Paul, one of the GP leads, she realised that this challenging change could mean even better treatment and an improved experience for patients. By setting up a buddying system, Visha's specialist expertise and Paul's broader experience were combined and Paul was supported to take on monitoring and care which would previously have required a hospital visit. Visha's team is now on rota to advise local GPs 24/7 via a hotline, so reducing the number of patients reaching them through A&E.

The practice at which Paul is based proved an ideal location for outpatient clinics. As a community 'hub', it is well-equipped and a new IT system enables Visha to access patient records and communicate with specialist colleagues - whether she is in the practice or on her ward.

What these changes mean for our finances

We have reviewed our finances thoroughly, including making comparisons with national figures and looking for opportunities to make savings and organise services more efficiently.

As reported in the summer, by 2020/21 we predict a system-wide £250m financial deficit. This is in addition to £250m of savings and efficiency plans individual trusts and the Clinical Commissioning Group (CCG) need to deliver over the same period. This makes a total system-wide financial challenge of £500m over the next four years.

If the trusts and Clinical Commissioning Group meet their plans, and all aspects of the Sustainability and Transformation Plan are delivered, this will achieve the savings and efficiency target of £500m and will actually produce a small NHS surplus of £1.3m (by 2020/21).

To enable all the proposed service improvements and developments within the STP to be delivered it will require an estimated additional investment of £43m. If this investment is to be locally funded it will need to be paid back, and therefore would increase the total system-wide financial challenge from £500m to £543m.

We believe that success lies in reducing demand, meeting the ambulatory care needs of sick children, people with long term conditions, and the frail elderly, in primary and community care settings, reducing hospital length of stay, improving our workforce utilisation and reducing our overhead costs.

We are confident that there is significant scope to both improve the efficiency of patients being admitted and discharged from hospital by reducing the differences in the care provided and to deliver care more effectively outside of hospitals.

We feel that there is also opportunity to reduce clinical support services costs, through sharing back office costs and organisational mergers, where beneficial.

There are a number of areas that we believe should produce additional benefits, including growing income from commercial opportunities, and by reducing the cost of debt repayments.

Our approach to implementation

Why this time is different

We know that there have been times in the past when we have not delivered plans in the way we intended to. This time it will be different because we have been able to work together, as equal partners across the system, to build collective awareness that a problem exists, to fully understand the root causes of this, and to use this information to identify solutions and build commitment for implementation and action.

We are committed to behaving differently, listening more, being clearer about principles for decision making, and getting better at making whole-system decisions together.

System leadership, system working

We recognise the importance of partnership working in order to implement the changes described in our Sustainability and Transformation Plan. This includes partnership working across our organisations as we move towards greater joint health and social care commissioning and services.

We have made the public commitment to return the health and care system to a sustainable position, and improve care for local residents and healthcare users – through a Memorandum of Understanding. The Memorandum of Understanding (MoU) states:

- **One ambition:** to return Cambridgeshire and Peterborough to financial, clinical and operational sustainability by acting as a single leadership team, with mutual understanding, aligned incentives and coordinated action with external parties (e.g. regulators).
- **One set of behaviours:** all partners agree to exhibit the beneficial behaviours of a single leadership team.
- **One long-term plan:** we are collectively responsible for delivering the plan that will achieve our long-term ambition, including capturing the savings opportunities identified that will enable us collectively and individually to return to financial sustainability.
- **One programme of work:** all system projects will be aligned to the Sustainability and Transformation Plan and under supervision of a Chief Executive Officer-sponsored delivery or design group.
- **One budget:** within NHS contracting, a number of financial incentive options will be considered.
- **One set of governance arrangements:** the Chief Executive leadership group, and the groups reporting to it, will be the vehicle through which system business is conducted.
- **One delivery team:** we have ensured that resources are in place to deliver our system's plan.
- **One assurance and risk management framework:** Strengthening trust and creating a sense of shared accountability.

What these changes mean for local people

We have considered the impact that the changes outlined in our Sustainability and Transformation Plan will have on the different groups within our local population. In particular, we have considered the impact on the patient groups who we feel could receive better services from us, namely those in relatively more deprived areas, those with multiple long term conditions, and the frail.

We have engaged with the public, patients, and carers when thinking about solutions to the problems we face, and worked with them to come up with proposals that are beneficial to our population. This is the beginning of our engagement and we want to do more to involve local people and staff in developing and delivering our plans.

We published our interim Sustainability and Transformation Plan summary in July, 'How health and care services in Cambridgeshire and Peterborough are changing', which was provided to staff, stakeholders, and the public.

Our forthcoming engagement with the public has three key aims:

1. **Publicising our plan:** We will continue to tell people about our vision for health and care, describing what it means for patients in more detail.
2. **Co-designing care models**: We will continue to work with patients and the public to ensure that the care we design has the patient at its heart and promotes independence. We will need to engage fully with the public about service redesign that will change how and where they access services.
3. **Supporting behavioural change among patients and the public:** We will work with the public to promote healthy behaviours and taking individual responsibility for health and wellbeing, stressing to our population the importance of leading healthy lives. We will provide education around appropriate and effective ways of using services including self-care, urgent care, and A&E.

> Regional centres make sense, seeing a specialist who does it often.
>
> Huntingdon Public Workshop

What do the changes mean for our staff?

We have worked through our solutions as a single leadership team. The staff we have involved in developing solutions have been tasked with putting patients first, over and above organisational or professional interests. With the Sustainability and Transformation Plan now developed, it is important that we are clear about what the changes mean for us as individual organisations.

The biggest change will be for the 20,000+ staff employed by our providers. The proposals have been developed by approximately 200 frontline staff and we have already started to plan how we will engage with staff more widely. By putting our patients at the centre, now and in the future, we are confident our staff will respond positively and feel that the opportunities presented are career enhancing.

We know that our workforce will need to grow in order to cope with our increasing population and growing numbers of people with complex health needs. This means that there will be an increase in staff numbers over the next five years, but this growth in head count will be less than it would need to be if we were not working together as a system.

The type of skills we will recruit will also differ in recognition of the need to supplement primary care with non-clinical staff who can focus on care coordination and provide social support. We need to make the best use of our most expensive, and often scarce, consultant workforce by sharing posts where appropriate.

Staff often train in our organisations but do not choose to stay because housing is too expensive, particularly in Cambridge. We are keen to address this and will seek to influence the planned new housing developments so that they include sufficient affordable homes.

Our move towards working as one network will see significantly greater collaboration between organisations. This may mean that we ask staff to work in different locations or with different working patterns. We will work with staff to alleviate any concerns they might have around this and we will ensure that the benefits of this new approach are made clear.

Fit for the Future

Working together to keep people well

How you can get involved

There will be more opportunities for patients, carers, and local people to be involved with the specific improvements we would like to make, and we will provide opportunities for staff and local people to help shape proposals for service change.

We are committed to being as inclusive and open as possible. We will listen to all contributions and use these contributions to influence the decisions we make. You will be able to have a say in key decisions, including formal consultation.

If you want to be part of the discussion and work with us to develop solutions, please contact us via email on **contact@fitforfuture.org.uk**

You can also register on our website **www.fitforfuture.org.uk**

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Can we do more in the community?

Ely Public Workshop

There should be an intermediate facility to go to, from hospital, before home.

Cambridge Public Workshop

Our Partners

Cambridgeshire Community Services NHS Trust

Cambridgeshire and Peterborough NHS Foundation Trust

Peterborough and Stamford Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust

Hinchingbrooke Health Care NHS Trust

Papworth Hospital NHS Foundation Trust

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Cambridgeshire County Council

Peterborough City Council

Fit for the Future

Working together to keep people well

Produced by Cambridgeshire and Peterborough Sustainability and Transformation Programme.
November 2016

HEALTH SCRUTINY COMMITTEE	Agenda Item No. 7
10 JANUARY 2017	Public Report

Report of Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group

Contact Officer(s) – Clinical Commissioning Group Engagement Team
Contact Details – 01223 725304

UNITINGCARE REVIEW AND OUTCOMES

1. PURPOSE

1.1 The purpose of this report is to review the actions taken by the CCG since the announcement that the contractual arrangement between the CCG and UnitingCare was coming to an end, and the outcomes as far as the reports published, learning undertaken, and the current provision of services is concerned.

2. RECOMMENDATIONS

2.1 The Scrutiny Commission for Health Issues is asked to comment upon and note the report.

3. BACKGROUND

3.1 Following the announcement on 3 December 2015 that the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and UnitingCare LLP were ending their contractual arrangement to deliver urgent care for the over 65s and adult community services, the Scrutiny Commission for Health Issues received a report at its meeting on 13 January 2016 providing an initial overview of the situation, as well as a short report and verbal update at its meeting on 15 March 2016.

3.2 Immediately following the announcement the CCG's priority was to reassure patients that Older People's and Adult Community Services were still in place and not disrupted by this change.

3.3 Throughout the process, patients and carers have been advised that if they have any concerns they can call PALS at Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) on the Freephone telephone number 0800 376 0775.

3.4 Although the contract was only in place a short time (eight months) the CCG believes it had started to show initial signs of improvements to services. The procurement led to the creation of an innovative Outcomes Framework, improvements in integrating services, and extensive stakeholder engagement.

3.5 Independent investigations have been carried out by the CCG, NHS England, the National Audit Office, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), and the Public Accounts Committee – as detailed in Key Issues section 4.7 onwards.

4. KEY ISSUES

4.1 Since December 2015 the CCG has been working with a wide range of stakeholders, including CPFT, Local Authorities, Healthwatch, providers and other stakeholders to review the current model, taking into account experience to date and the views of stakeholders to determine the best solution on how to deliver the benefits of the model within the resources available.

4.2 This work links to local JSNA plans. The CCG's original drivers for integrating older people's

and adult community services are also still applicable.

4.3 The review of the workstreams has taken into account the work of the Better Care Fund and the new Sustainability and Transformation programme, as well as linking to the joint vision and delivery plan with Local Authorities for improving outcomes for older people and those with long term conditions through effective integration.

4.4 The CCG and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) remain committed to the outcomes and service model which was developed through the OPACS work. The CCG has commissioned services for 2016/17 from CPFT and other providers which reflect the conclusions of this review, and are aligned to both the Better Care Fund and the Sustainability and Transformation Programme (STP). The contract will allow the delivery of all existing services provided by CPFT. We are making significant investment in progressing the service model. In summary, we intend to build on the Neighbourhood Team approach, continue funding the Joint Emergency Team (JET) and the Dementia Intensive Support Service (DIST), and to make additional investment in community intermediate care capacity. Further details of this work are in section 4.9.

4.5 Although we remain fully committed to the model, the financial constraints we face mean that it is not possible to match the level of additional funding in services originally intended by UnitingCare for 2016/17. It is important that the CCG works with CPFT and other partners to manage expectations by being transparent about what we are not in a position to develop in 2016/17.

4.6 A summary of the recommendations, approved by the CCG Governing Body on 10 May 2016, are set out below (see Background Document 5.1 for the full paper):

Early Intervention and Well-Being Service

- Better coordinated and understood 'Well-Being Service', supported by an electronic directory of services
- Cover all adults who may be vulnerable or at risk of developing more acute health or social care needs
- CCG works with partner Local Authorities to commission these services, including social prescribing
- Work with partners towards the vision for joined up advice and support, via STP and BCF processes

Neighbourhood Teams

- The CCG builds on and supports development of the 16 Neighbourhood Teams
- Focus on developing joined up team working with primary care, social care and third sector services
- Seek opportunities for closer working between Neighbourhood Teams and emerging 'primary care at scale' groups, including selection of NTs as 'demonstrator sites'

Case Finding, Case Management and Multi-Disciplinary Working

- Shift to more proactive care and develop 'case finding' by building on existing work and tools
- Test use of the 'Rockwood' Frailty Score across the system
- Adopt the draft Operational Policy for case management
- A consistent approach to effective MDT coordination.

Integrating Information

- Wider consultation on the proposed solution (maximising the benefits from existing systems) and detailed development of an agreed model
- Progress work via the Better Care Fund Data Sharing Group to support engagement and change as well as providing governance for the project(s)
- Aligning with the wider digital roadmap, as well as the wider programmes of work within the – Better Care Fund, Sustainability and Transformation

Primary Care, Prevention and Long Term Conditions

- Development of improved care pathways for Long Term Conditions is taken forward by the STP Proactive Care & Prevention programme
- Development of primary care at scale is linked with the development of OPAC services, and also taken forward as part of the STP Primary Care & Integrated Neighbourhoods programme
- Work with demonstrator sites where partners are able and willing to accelerate local integrated working (known as 'trailblazer sites').

Single Point of Access (OneCall)

- Development and evaluation of the new 'OneCall' service operated by CPFT is continuing. The new Integrated Urgent Care service links into this using JET as a disposition where appropriate.

Joint Emergency Teams

- The CCG continues to invest in the JET in 2016/17
- That the CCG, CPFT and other partners work to deliver on a joint improvement plan to continue to improve the JET service in terms of effective operation, onward pathways, and also appropriate referral into the service

Discharge & Intermediate Care

- Develop the discharge planning protocol
- Carry out the intermediate care beds review
- Develop community intermediate care in line with the UEC Vanguard proposals, including Integrated Care Workers.

Working with Care Homes

- That the CCG rolls out the Care Educator approach in line with the UEC Vanguard proposals
- That the CCG reviews the Care Home Local Enhanced Service with a view to offering a more comprehensive approach during 2016/17

Other Services

- Investment in the Dementia Intensive Support Service should continue
- Further development of End of Life Care Services will be taken forward within the STP

The Outcomes Framework

- Outcomes Framework metrics are built into Better Care Fund plan outcomes
- The Outcomes Framework should be reviewed to take into account the new context in which it is operating, updated national outcomes guidance and experience to date
- This review should if possible identify a small number of key outcome metrics which the whole health and social care system can sign up to and measure performance against

Integrator Function

- Further development of the OPAC Service model is taken forward through the relevant STP workstreams and Better Care Fund structures
- The CCG should work with CPFT to produce localised performance reporting which supports both front-line staff and the commissioning process (dashboard development).
- Engagement work should be taken forward in future via the STP and BCF processes
- Regular communications for staff and other stakeholders should be produced to update on progress and services.

4.7 **Several independent reports have now reviewed the collapse of the UnitingCare contract.** West Midlands Ambulance Service (CCG Internal Auditors) conducted the CCG's internal review which was published in March 2016. In response to the findings of the report, the CCG Governing Body acknowledged that there were lessons to be learned, and that the CCG would in particular review how it conducted complex, high value procurements in future, and examine any related procurement policy. (See Background Document 5.2)

4.7.1 Part one of NHS England's report into the contract collapse was published in April 2016. Findings highlighted in this report included that: parent guarantees should have been put in place; VAT was an issue; and for financial certainty the contract should have been delayed. Recommendations were made for both NHS England and for all CCGs. (See Background Document 5.3)

4.7.2 The National Audit Office published its report on the collapse of the UnitingCare Partnership contract in July 2016. The CCG welcomed the thorough work undertaken, accepting the findings of the report in full and the suggestions it made for the CCG and the wider health system. (See Background Document 5.4).

4.7.3 In common with the CCG's review conducted by its internal auditors and part one of the NHS England report, the NAO report notes the wide disparity between the CCG's contract expectations and UnitingCare's expectations of income. The CCG recognises that there were too many outstanding issues at contract signature and that there were also gaps in the procurement advice the CCG has received. There has been much learning since, and where the CCG has been able to, changes have already been made.

4.7.4 Cambridgeshire and Peterborough Foundation Trust (CPFT) published their review, which they commissioned from the Judge Institute, in September 2016. The report concluded that an urgency of approach meant there was not enough opportunity for learning in preparation for a large scale system transformation. Further knowledge of competitive tendering, and of how to interact with LLPs, was required of the CCG to ensure management of the unforeseen operational and financial difficulties. Lastly, a stronger working relationship was required between the Commissioner and the involved Trusts. This last point particularly highlights the need for fully collaborative long-term endeavours within the health and social care system; which the recently published Sustainability and Transformation Plan (STP) should help to resolve, in light of the system-wide approach required. (See Background Document 5.5).

4.8.5 NHS England published part two of their report into the UC contract collapse also in September 2016, which was undertaken externally by PricewaterhouseCoopers LLP. The CCG welcomed the latest report from NHS E and was already working to address the issues raised. (See Background Document 5.3)

4.8 **A Public Accounts Committee (PAC) hearing took place on 14 September 2016.** The Committee had some important questions for the CCG and other representatives from the NHS locally and nationally. The committee felt that there is a lot for the CCG to learn from the collapse of the UnitingCare contract and the organisation is already demonstrating significant changes through its new governance structure and forward planning with the support of NHS E.

4.8.1 The Public Accounts Committee furthermore issued a report into the UnitingCare contract in November 2016. In response the CCG said it would fully consider the recommendations to ensure all possible learning was accounted for. (See Background Document 5.6)

4.8.2 Each of the reviews into the contract failure has recognised the complexity of the procurement and each has made recommendations for all of the organisations involved, as well as the wider NHS, to learn from. The CCG has accepted the findings from all of the reviews.

4.9 **When the contract ended the priority for all partners was ensuring the continuity of services for patients.** Making sure the health and social care system delivers good quality services to those who need them remains as important to the CCG today. The organisation is continuing to develop services along the lines of the model in the UnitingCare contract with

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and other providers of older people's services.

4.9.1 In common with other areas, we have worked closely with our NHS and Local Authority partners to develop a Sustainability and Transformation Plan to address the challenges of a growing and aging population. This was developed to be a robust plan owned by all the organisations providing health and care locally, to allow us to meet our ambitions for health and care and to make services financially sustainable.

4.9.2 The CCG continues to support the model of care that is now being delivered by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) locally and is working closely with all our health and care partners to ensure that patients receive good outcomes from the care they receive within the resources available to the health and care system as a whole.

4.9.3 As of November 2016, so far the following has been delivered within OPAC services:

- New integrated neighbourhood teams (also covering older people mental health services) and mobile working have improved productivity. Four of the 16 teams are now in new co-located team bases. The other 12 are currently virtual.
- Four Joint Emergency Teams (JETs) are up and running, with recruitment of support workers underway
- Case-management methodology has largely been agreed
- Development of a common approach (pathway) to care for people with multiple long term conditions
- A commitment to social prescribing
- Engagement with voluntary sector, linked to development of Wellbeing Services

4.9.4 A strengthened, joint commitment to working together has made all this possible and the health and care system will continue to work towards our shared goals as such.

4.9.5 Forthcoming developments within OPAC services are also planned as follows:

- The local Sustainability and Transformation Plan (STP) includes £40m investment in Community and Primary Care over the next five years, including
  - Case Management
  - Long Term Conditions support
  - End of Life Care
- A joint commitment from Social Care and Health services to adopt a neighbourhood focus
- Pilots to link neighbourhoods more closely with General Practice and GP Federations, as well as linking the JETs with ambulance services and A&E
- Review of Intermediate Care (includes community beds and hospital at home services)

4.9.6 The CCG is confident that the model of care in place for our Older People's and Community Services remains the best solution for patients.

5. BACKGROUND DOCUMENTS

5.1 Cambridgeshire and Peterborough CCG Governing Body paper, 10 May 2016 (agenda item 2): http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CCG/GB%20Meetings/2016-17/20160510/Agenda%20Item%2002.1a%20-%20OPAC%20Service%20Review%20v4.2.pdf

5.2 Cambridgeshire and Peterborough CCG internal review, March 2016: http://bit.ly/2h5nYYL

5.3 NHS England report, part one April 2016 and part two September 2016: https://www.england.nhs.uk/mids-east/our-work/uniting-care/

5.4 National Audit Office report, July 2016: https://www.nao.org.uk/report/investigation-into-the-collapse-of-the-unitingcare-partnership-contract-in-cambridgeshire-and-peterborough/

5.5 CPFT-commissioned review, September 2016: http://bit.ly/2h1XTt8

5.6 Public Accounts Committee report, November 2016:
http://www.publications.parliament.uk/pa/cm201617/cmselect/cmpubacc/633/633.pdf

HEALTH SCRUTINY COMMITTEE	Agenda Item No. 8
10 JANUARY 2017	Public Report

Report of the Director of Public Health

Report Author – Dr Liz Robin, Director of Public Health
Contact Details – 01733 207175

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

1. PURPOSE

1.1 This report is being submitted following a request from the Commission for Health Scrutiny for information on how Peterborough City Council as an organisation is addressing public health outcomes in Peterborough.

2. RECOMMENDATIONS

2.1 The Committee is asked to note and comment on the Report. It is also asked to consider whether it would wish to scrutinise any of the following areas of work going forward:

- Implementation of the Health and Wellbeing Strategy for Peterborough and progress against its various sections.
- The extent to which public health outcomes are considered in the wider range of key decisions made by the Council and the impacts of decisions on public health are evaluated.
- Whether links should be made to scrutiny of the Combined Authority for Cambridgeshire and Peterborough, as the actions of the Combined Authority may also impact public health.

3. LINKS TO THE CORPORATE PRIORITIES AND RELEVANT CABINET PORTFOLIO

3.1 This report links to the corporate priority 'Deliver the best health and wellbeing for the City'. The relevant Cabinet Portfolio is 'Public Health' although potential actions to support public health cut across several Portfolios.

4. BACKGROUND

What is public health?

4.1 Public health is about creating the conditions in which people can live healthy lives for as long as possible. National and local government both have a significant influence on these conditions, together with businesses and local communities.

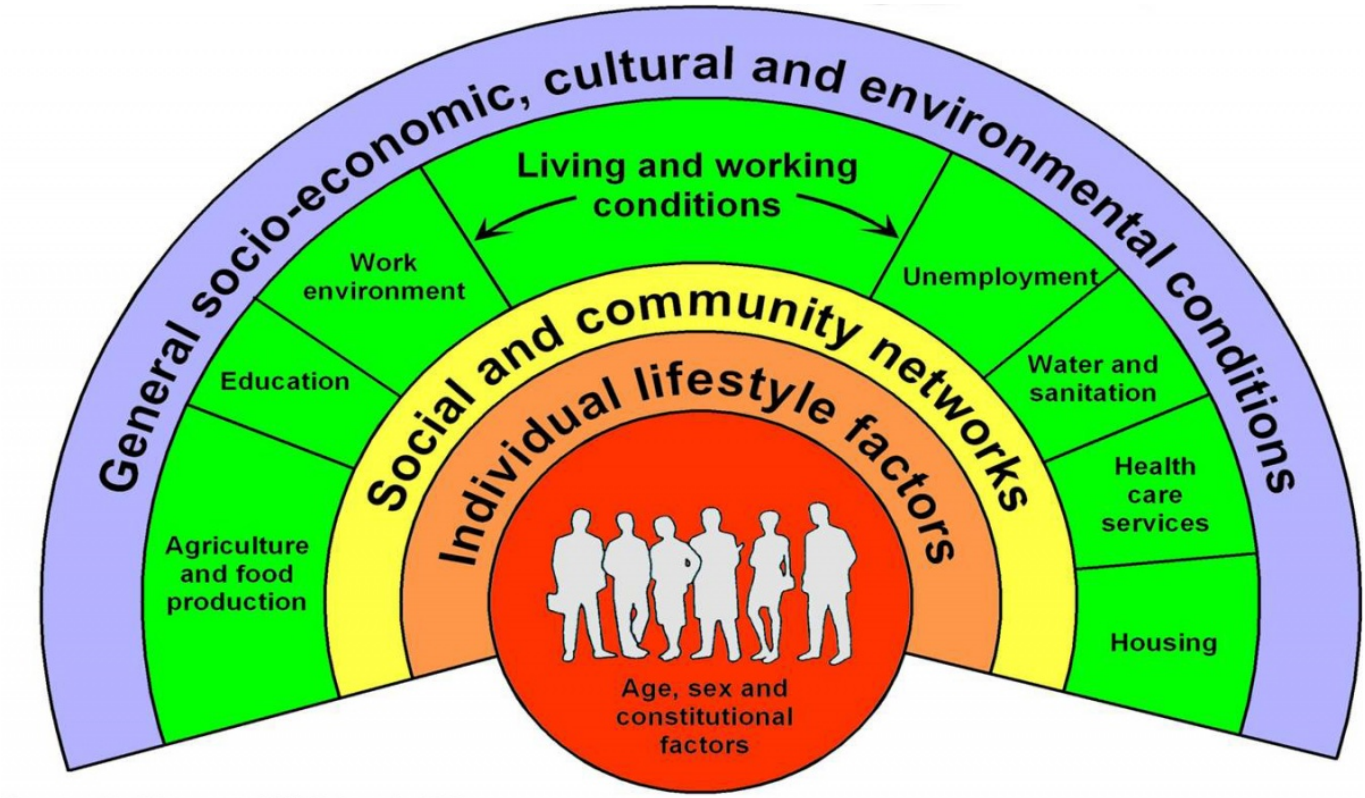
4.2 The 'Dahlgren and Whitehead' diagram overleaf shows the many different factors which impact on public health, and how these interlink between an individual and the wider population.

4.3 The public health system in England, which includes both national agencies and local government has been tasked with two key outcomes[1]:

- Increased healthy life expectancy: *taking into account the health quality as well as the length of life*
- Reduced differences in life expectancy and healthy life expectancy between communities: *through greater improvements in more disadvantaged communities*

[1] The Public Health Outcomes Framework for England 2013-2016. Department of Health 2012

What affects our health?



Source: Dahlgren and Whitehead, 1991

Public health outcomes in Peterborough

4.4 The main public health issues and outcomes in Peterborough have been summarised in a way designed for a wide readership, in the Annual Public Health Report 2016, attached as Appendix A. Of particular concern is that the latest figures for average healthy life expectancy in Peterborough (updated since the Annual Public Health Report 2016) are 60 years for women compared with 66 years nationally; and 61 years for men, compared with 65 years nationally. 'Healthy life expectancy' is defined as the average number of years a person would expect to live in good health. This differs from and is shorter than 'life expectancy' which is the total number of years a person would expect to live.

4.5 Greater detail on public health issues and on inequalities in health between different parts of Peterborough is available in the Peterborough Joint Strategic Needs Assessment Core Dataset available on https://www.peterborough.gov.uk/healthcare/public-health/JSNA/. There are significant health inequalities between electoral wards in Peterborough, and areas with poorer health outcomes are clustered in areas of the city which also experience other aspects of socio-economic disadvantage.

4.6 Health inequalities in Peterborough linked to ethnicity are outlined in detail in the Diverse Communities Joint Strategic Needs Assessment (JSNA) 2016, also available on https://www.peterborough.gov.uk/healthcare/public-health/JSNA/. One of the issues identified in this JSNA is the higher risk of diabetes and heart disease amongst South Asian communities (both nationally and locally) - which highlights the need for local prevention and health promotion work as well as good access to treatment.

4.7 There are user-friendly national websites which provide information on public health outcomes at local authority level, and allow outcomes in Peterborough to be compared with national averages and with averages from similar local authorities. These include:

- **Healthier Lives** website, which provides headline information on some of the most common causes of death and long term conditions at local authority level. http://healthierlives.phe.org.uk/

- **Public Health Outcomes Framework**, which provides detailed information on a wide range of public health outcomes and factors influencing health at local authority level. http://www.phoutcomes.info/

- **Local Health** website, which provides information on public health outcomes at electoral ward level, and compares them with national and local averages, although some of the information, particularly on estimates of lifestyle behaviours, is out of date. http://localhealth.org.uk

5. KEY ISSUES

5.1 The Health Scrutiny Committee has asked for a particular focus on what Peterborough City Council as an organisation is doing to improve public health in the City.

Cabinet portfolio

5.2 Peterborough City Council has created a Cabinet Portfolio for public health. The Portfolio holder regularly updates all Councillors on local public health issues and actions through her monthly Cabinet report.

Funding

5.3 The majority of funding for public health in local authorities is received through a ring-fenced public health grant from central government. In Peterborough the level of this grant has been historically low, given the needs of the population. There is a national Department of Health funding formula which is used to calculate 'target' public health funding for all upper tier local authorities. In 2014/15, Peterborough was funded at 20% below its target level. Since then government has announced percentage reductions in national public health funding which apply equally to all local authorities. Because of the low level of national funding and the high level of public health need, Peterborough City Council has chosen to replace the reduction in national grant funding with local Council funding.

Public Health Office

5.4 Public health functions and budgets are distributed across directorates within the Council. The Director of Public Health leads a small public health office which focusses on analysis and strategy and works jointly with Cambridgeshire County Council, so that public health specialists and 'subject matter experts' can provide input on their particular area of expertise across both Councils. This provides a more comprehensive service at lower cost.

Public health commissioning and contract management

5.5 Commissioning and contract management of public health services such as drug and alcohol services, contraceptive and sexual health services, health visiting and school nursing, is carried out by the People and Communities Directorate commissioning team, working closely with 'subject matter experts from public health. Most of the public health grant is spent on externally commissioned services.

Preventing long term conditions

5.6 In 2016/17 a procurement exercise was carried out by the City Council, to commission an 'Integrated Lifestyle and Weight Management Service'. This brings together services provided directly by the City Council through its Public Health Delivery Unit, and by Cambridgeshire Community Services dietitians. The focus of the service is to provide support to local residents who are at higher risk of developing long term conditions such as diabetes, heart disease, stroke,

and chronic obstructive pulmonary disease, as a result of lifestyle behaviours. The service supports clients to change behaviours such as physical inactivity, unhealthy diet, unhealthy weight and smoking.

Health protection and regulatory services

5.7 The work of Environmental Health Officers in particular focusses on protecting public health from infectious disease and environmental hazards. EHOs will often work with specialists from Public Health England and the local Public Health Office when there are outbreaks of suspected food poisoning, or concerns about contaminated land or polluting industries. Trading standards and licensing services also carry out a variety of functions which protect the health of the public – for example work to identify and prevent sales of illegal tobacco, or under-age sales of alcohol and tobacco.

Communications and campaigns

5.8 The City Council Marketing and Communications team play an important role in communication with the public, and receive public health communications materials directly from Public Health England to support national campaigns. The 2016 'Healthy Peterborough' campaign was led by a member of the Marketing and Communications team with with subject matter expertise supplied by the Public Health Office, and through wider partnerships with the local NHS and HealthWatch.

Growth and Regeneration

5.9 A public health specialist working across Cambridgeshire and Peterborough on land use planning and transport issues has been seconded into the Growth and Regeneration Directorate for 1.5 days per week. He works with Directorate officers on land use planning, housing, and transport planning issues to ensure that appropriate evidence on health and wellbeing is considered and included in plans.

Active people's strategy

5.10 The City Council is currently developing an 'Active People's Strategy' with support from Sport England. This is primarily about development and distribution of sports facilities in Peterborough, and reflects physical activity indicators included in the public health outcomes framework as well as public health information on where levels of inactivity related long term health conditions are most prevalent in the City.

Strategic Overview of work across directorates – the Public Health Officer Board

5.11 Since May 2015, senior officers from the City Council have been meeting bi-monthly at a Public Health Officer Board chaired by the DPH. This allows senior officers to work together on public health issues in Peterborough, and has initiated or contributed to some of the activities outlined above. Each meeting focusses on one or two themes, and to date have covered:

- Healthy lifestyles and campaigns/communications
- Cardiovascular disease and healthcare public health
- Children and young people's public health services
- Land use planning, transport, housing and Health Inequalities
- Domestic violence, substance misuse and mental health
- Health protection and Sexual Health
- Diverse ethnic communities
- Public health impact of regulatory services

Peterborough Health and Wellbeing Strategy

5.12 Development of a Joint Health and Wellbeing Strategy is a statutory duty of the Peterborough Health and Wellbeing Board, which is a sub-committee of Peterborough City Council and chaired

by the Council Leader. A new Peterborough Health and Wellbeing Strategy (2016/19) was agreed in July 2016, following public consultation. This involved input from officers across the Council, as well as the local NHS, HealthWatch and other partner agencies. It addresses several of the public health issues outlined in the Annual Public Health Report and Joint Strategic Needs Assessments. The Health and Wellbeing Strategy is now being implemented overseen by a joint Health and Wellbeing/Safer Peterborough Partnership Delivery Board.

Devolution and the Combined Authority

5.13 The new Combined Authority for Cambridgeshire and Peterborough is likely to have an impact on some aspects of public health locally. For example a new university in Peterborough is likely to impact on educational attainment and qualification levels, while local sustainable transport plans may impact on population levels of physical activity. While the first devolution 'deal' was focussed on growing the economy, which in itself should impact positively on income and employment levels and therefore public health, exploratory work is being done on whether the second devolution deal could include funds for preventive work in areas of Cambridgeshire and Peterborough which experience more challenges and health inequalities – potentially bringing in a local prevention fund which enables the public sector to work with communities in new and more flexible ways.

Potential areas for further scrutiny

5.14 This paper has described some of the 'building blocks' for the City Council's public health role which are already in place. The reality of improving public health and reducing health inequalities is that this requires ongoing and persistent work, which needs to be embedded in the mainstream of organisational functions, including partnership working and relationships with communities. On this basis, areas for scrutiny that the Committee might wish to pursue going forward include:

- Implementation of the Health and Wellbeing Strategy for Peterborough and progress against its various sections, including addressing health inequalities.
- The extent to which public health outcomes are considered in the wider range of key decisions made by the Council, and how any impacts of decisions on public health are evaluated .
- Whether links should be made to scrutiny of the Combined Authority for Cambridgeshire and Peterborough, as the actions of the Combined Authority may also impact on public health.

5.15 Alternatively, the Committee may wish to identify another specific aspect of public health in Peterborough on which to focus scrutiny going forward.

6. IMPLICATIONS

6.1 Because this is a general report on public health issues in Peterborough, and relevant activities within Peterborough City Council, there are no direct financial, legal or staffing implications.

7. CONSULTATION

7.1 No specific consultation has taken place in preparation of this paper.

8. NEXT STEPS

8.1 Recommendations made by the Scrutiny Committee may be fed back to the Cabinet Portfolio holder for Public Health and/or the Health and Wellbeing Board for further consideration.

9. BACKGROUND DOCUMENTS

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

9.1 None.

10. APPENDICES

10.1 Annual Public Health Report (2015)

DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2016

PETERBOROUGH: CREATING A HEALTHY CITY

Contents

Introduction

The annual Director of Public Health Report is an independent document focused on the health of the people of Peterborough. This year's report updates the health statistics used in the 2015 report and has a new section on health inequalities.

The Report provides information about public health successes and challenges in Peterborough. The plans to address these challenges are outlined in the Peterborough Health and Wellbeing Strategy, available on www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy

I'd like to thank all the people I've worked with over my first year as Director of Public Health in Peterborough for their enthusiasm, energy and practical support, and their commitment to improving outcomes for local residents.

Dr Liz Robin

Director of Public Health

APPENDIX 1

Recent Public Health Success Stories in Peterborough

The percentage of adults in Peterborough who smoke has fallen from 20.7% to 18.1% over the period 2012 – 2015 and the percentage of workers in routine and manual occupations who smoke has fallen from 32.1% to 25.6% over the same time period.

Life expectancy at age 65 for males in Peterborough (18.5 years) is now similar to England (18.8 years), having been significantly worse in 8 of the past 13 years.

A significantly higher proportion of Peterborough residents aged 40-74 (34.7%) have received an NHS health check compared to England (27.4%).

Peterborough continues to meet national benchmark goals for a range of population vaccination indicators relating to children, including protection against diphtheria, tetanus, pneumonia, measles, mumps and rubella.

Peterborough has shown signfiicant improvements since 2012 in the success rate of treatment for people with drug misuse problems. The latest national benchmarking from 2014 indicates that success rates in Peterborough are better than the national average for both opiates and non-opiates treatment.

Significantly fewer households in Peterborough experience fuel poverty than the national average.

Areas Where We Have Made Progress – But Further Work is Required

Over the last 10 years, life expectancy at birth has increased for both males (from 75.8 to 78.6 years) and females (80.4 to 82.4 years). But despite these increases, life expectancy remains significantly below England for both males and females.

The number of people under 75 who died from all cardiovascular diseases fell from 519 in 2001-03 to 352 in 2012-14, but Peterborough remains statistically significantly worse than England for both of these indicators.

The percentage of children living in poverty in Peterborough has fallen from 23.8% to 21.3% but remains significantly higher than England (18.0%).

The rate of under 18 conceptions in Peterborough has fallen from 58/1,000 in 1998 to 30/1,000 in 2014, but this remains higher than England (23/1,000).

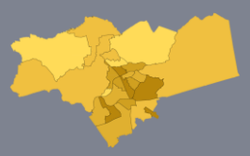
The recorded rate of diabetes in Peterborough (6.5% of the population) is similar to England (6.4%) but has risen in each of the last four years.

Numbers of people aged 65 and over suffering injuries due to falls are lower than in previous years but are significantly higher than England.

Areas for Change and Improvement

Although overall life expectancy has improved in Peterborough, healthy life expectancy (the average number of years a person can expect to live in self-reported good health) has not shown improvement in recent years for either males or females and remains below the national average.

The proportion of adults in Peterborough classified as physically “inactive” due to taking less than 30 minutes of moderate physical activity per week, rose from 30% to 34% between 2014 and 2015.



Significant health inequalities remain between communities in different parts of Peterborough. There are poorer health outcomes in communities towards the centre of the City associated with higher levels of socio-economic deprivation, while the best health outcomes are seen in rural areas west of the City.

Emergency hospital admissions for intentional self harm remained well above the national average between 2012/13 and 2014/15.

Breast cancer screening coverage in Peterborough fell from being significantly better than England in 2010 to significantly worse than England in 2015. Cervical cancer screening has been significantly lower than England for each of the six years 2010-2015,.

Our Population

Peterborough

Although life expectancy has been improving over recent decades we are spending more years in poor health. A woman in Peterborough can expect to live to over 82 but will spend around 23 years in declining health. A man can expect to live to 79 having spent 18 years in poor health.

Healthy life expectancy

England	East of England	**Peterborough**
63.9	65.4	59.0
63.3	64.6	60.6

Life expectancy

England	East of England	**Peterborough**
83.2	83.8	82.4
79.5	80.4	78.6

APPENDIX 1

Children and Young People

Peterborough is one of the fastest growing cities with an increasing younger population, yet some children in Peterborough continue to be disadvantaged in terms of health and factors that affect health and quality of life.

Immunisations

5 year old children receiving 2 doses of MMR is below the recommended 90% mark

480

Children (0-14) admitted to hospital in 2014/15 due to injuries.

27%

Higher rates of hospital admissions for self-harm in 15-24 year olds than England

Similar rates of tooth decay in 5 year old children to England

72.9% of mothers breastfed in the first 48 hours after delivery but only 43.9% of mothers breastfeed after 6-8 weeks

Peterborough's young population is growing

24% more 5-9 year olds by 2031

and

27% more 10-14 year olds by 2031

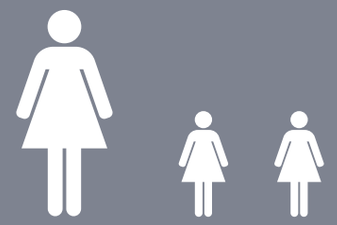
21.9% of children in Peterborough in low income families

Over half of all children have achieved a good level of development at the end of reception

Lowest level of Year 1 pupils achieving the expected level in the phonics screening check in East of England

37.4%

Higher rate of teenage pregnancy in Peterborough compared with England



Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing, poor physical and mental health, and have lower rates of economic activity in adult life

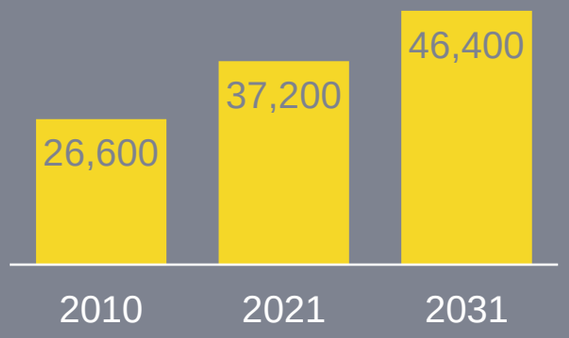
Older People

Older age often presents health challenges. The number of people aged over 65 in Peterborough is increasing and will continue to increase over the next 20 years. This will put pressure on health and social services. However, some simple measures can be taken to help prevent illness and disability and enable older people to live healthier longer lives and to live independently.

Our local challenges

74%

Increase in the number of people over the age of 65 by 2031 (compared with 2010)



2X more people aged over 80 in 2031 than 2010

In Peterborough, 50 more people aged over 85 died during winter months in 2011-14 than would be expected based on mortality rates at other times of year

69% of older people take up the offer of the flu immunisation

1 in 17

people aged over 65 are living with dementia, which is over

1,500

people in Peterborough

£2.5 Million

health and social care bill for hip fractures in Peterborough per year.

441

emergency hospital admissions for injuries from falls in persons aged 80 and over in Peterborough in 2014/15.

192

hip fractures in people aged over 65 in Peterborough in 2014/15

1 in 3 people who fracture their hip die within 12 months after the fracture

APPENDIX 1

Our Lifestyle Choices

APPENDIX 1

Reducing Deaths from Cardiovascular Disease

Cardiovascular disease includes stroke and heart disease: both involve damage to blood vessels and have common risk factors. Diabetes and chronic kidney disease are also included in the cardiovascular disease family as they have similar risk factors and increase the risk of cardiovascular disease. These risk factors include smoking, obesity, lack of physical activity, high blood lipids and high blood pressure.

Peterborough Health and Wellbeing Board has identified cardiovascular disease as a priority for action.

The challenge in Peterborough

1 in 3

352 deaths under the age of 75 in Peterborough between 2012-14 were caused by Cardiovascular Disease. 211 of these people died from heart disease and 50 from strokes.

2 out of 3

Cardiovascular Disease deaths under the age 75 are preventable with current knowledge - but are the right people getting the care they need?

122nd out of 150

Peterborough ranked 122/150 local authorities for premature deaths from heart disease in 2012-14 (with 1 being the best ranking and 150 the worst).

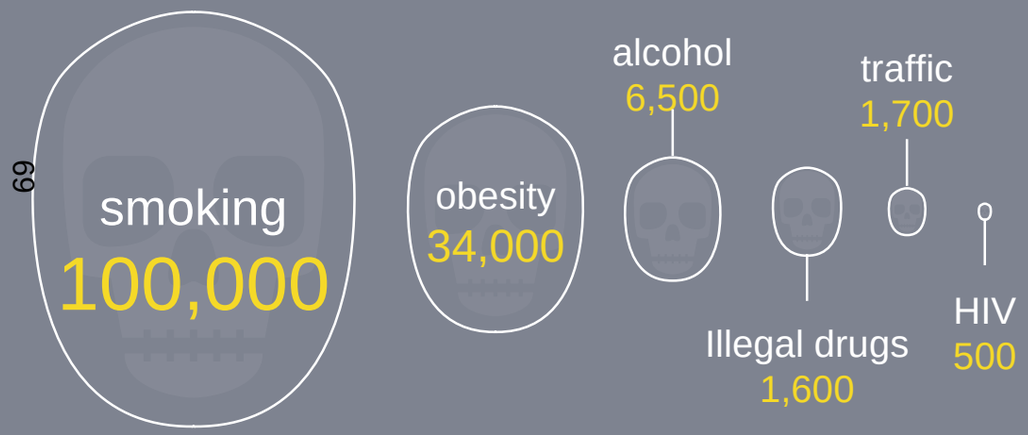
13th out of 15

Peterborough ranks 13/15 among local authorities with similar social and economic factors and similar deprivation levels for premature deaths from heart disease in 2012-14.

Reducing the harm caused by tobacco

Smoking kills half of all long term users. It is the main cause of preventable illness and premature death in the United Kingdom. It accounts for more preventable deaths than the following five preventable causes, **combined**.

Major annual causes of death in the United Kingdom



1out of 10

young people in Peterborough are regular smokers by the age of 15 years old

2 out of 3

smokers began smoking before they were 18

26%

of routine and manual workers in Peterborough smoke

4 out of 10

people with mental health issues smoke

Our challenges

30,000

smokers in Peterborough

cost of smoking due to Ill health and care in later life

£46 million Total annual cost of tobacco to Peterborough

£10 million

over 2,000

people in Peterborough are admitted to hospital due to smoking every year

over 250

people in Peterborough die due to smoking every year

over 45

people in Peterborough die from lung cancer every year

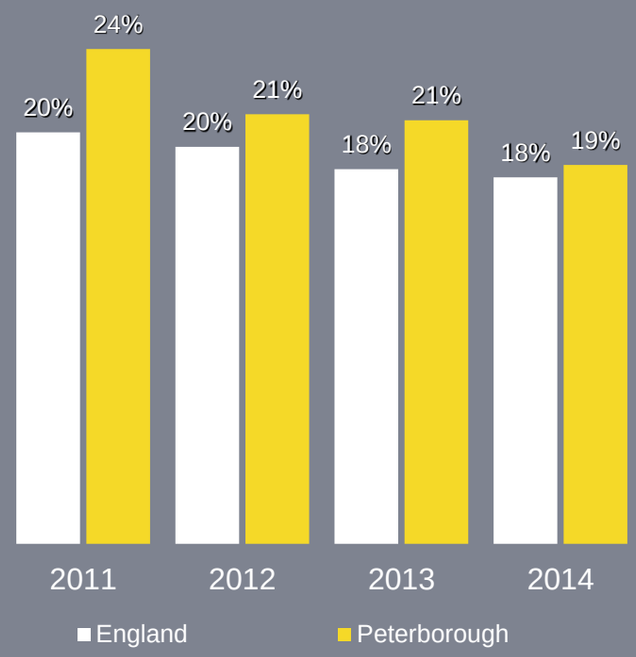
Higher rates of smoking among

BME and migrant groups

Higher rates of smoking among

Pregnant women

Smoking prevalence among adults



5 tonnes of cigarette waste produced every year

Unhealthy weight

a widespread threat to health and wellbeing

In England many people are overweight or obese

65%	33%	22%
adults	10 - 11 year olds	4 - 5 year olds

In Peterborough

69%	32%	21%
adults	10 - 11 year olds	4 - 5 year olds

Obesity develops when energy intake from food and drink is greater than the energy we use through exercise and to keep our body working. Obesity increases the risk of heart disease and some cancers.

Our approach

Bringing together a coalition of partners

Harnessing the reach of local government

Comprehensive support and intervention

Addressing attitudes, beliefs and behaviours towards diet

Action is needed at all stages of life, - from pre-conception through pregnancy, early years, childhood, and adolescence through to adulthood and preparing for older age – and in a variety of settings (school, workplace, community) **to encourage and support people to maintain a healthy weight.**

Local challenges

10 years

reduction in life expectancy for severely obese individuals

94th out of 150

local authorities for cancer deaths

122nd out of 150

local authorities for heart disease deaths

Alcohol and drugs

Drinking too much alcohol damages health and costs the NHS around £60 each day for each adult in Peterborough. About 16% of drinkers in Peterborough 'binge drink'- defined as drinking 8 or more units for a man and 6 or more units for a woman - in a session.

7,500

people in Peterborough drink heavily at levels which have, or risk, damaging their health

1 in 5

people in Peterborough (23,000 people) drink above the recommended levels

1,169

alcohol-related hospital admissions in Peterborough in 2014-15, the second-highest in the East of England

The cost to the local NHS system is £1.8 million a year or £244 per person for the 7,500 people in Peterborough who drink heavily

1,300

estimated opiate/cocaine users in Peterborough, though this probably underestimates the number of users

9,500

people in Peterborough estimated to have taken 'any drug' in the last year (the majority using cannabis)

20%

of 16-24 year olds nationally are estimated to have taken 'any drug'

Crimes related to drugs cost the UK £13.3 billion every year

Families suffer

1 in 3 cases of domestic abuse is linked to alcohol

1 in 5 of all children live with a parent who drinks hazardously

Building A Healthy City

Creating

Healthy Places

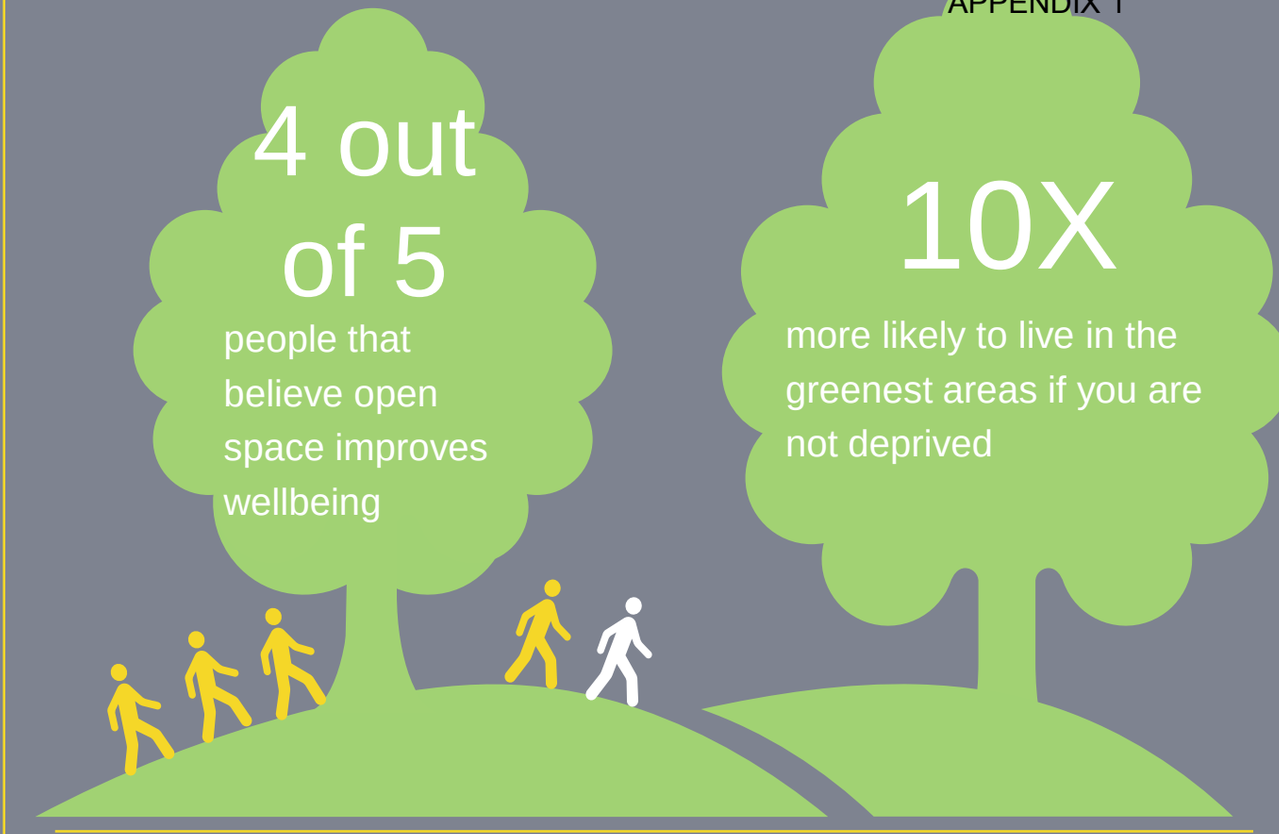
There is a clear relationship between health and where we live. A number of published studies have provided evidence that our local environments can have a positive affect on individual health and wellbeing as well enabling stronger communities.

Living room temperature in winter

Under 16 C - Resistance to respiratory disease may be diminished

9 C - 12 C - exposure for more than two hours increases risk of cardiovascular disease

5 C - significant increase in the risk of hypothermia



60
minutes of physical activity everyday recommended for children aged 5 - 18 years old

Increasing access to
leisure facilities
is a cost-effective way of improving health

150
minutes of physical activity every week recommended for adults

21%
lower obesity rates identified in areas with easy access to healthy food

24%
of the public think that drunk or rowdy behaviour is a problem in their local area

Celebrating Healthy Schools

Schools play a vital role in nurturing the health and wellbeing of children and young people. Providing support and recognition of their role in enhancing emotional and physical health to improve long term health, increase social inclusion and raise achievement for all through a **Healthy Schools, Peterborough** programme is therefore be a local priority for implementation.

74%

of schools achieved Healthy School status as part the national programme that operated until 2011

Role of Healthy Schools programme identified through the national evaluation

Instigator	justification	Tool	Awareness
enabling changes to practice in schools	providing reasons to change for management teams	acting as a tool to re-evaluate existing practice	raising the profile of health and well being among staff

74%

of schools stated that the national programme had a positive impact on the emotional health and wellbeing of pupils

87%

of schools stated that the national programme had a positive impact on their schools' provision of PSHE (personal, social and health education)

impacts of healthy eating

improvement to pupil behaviour in school
increased take-up of school lunches
awareness of healthy food choices
increased healthy eating outside of school

72%

of schools stated that the national programme had a positive impact on their schools' physical activity provision

Encouraging

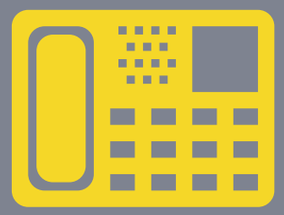
Healthy Workplaces

Reducing sickness absence, lowering staff turnover and increasing productivity are all outcomes of investing in a healthy workforce. The workplace provides an ideal place to promote healthy lifestyles to a large proportion of the local population. Improving the physical and mental wellbeing among our workforce will benefit individuals, organisations and Peterborough as a whole - after all **'health means wealth'**.

80%
chance of being off work for 5 years among those who have been off sick for 6 months or longer

Public Services
£889
average sickness absence cost per employee per year

Production and Manufacturing
£754
average sickness absence cost per employee per year

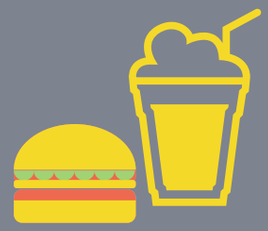


Call Centre
£940
average sickness absence cost per employee per year

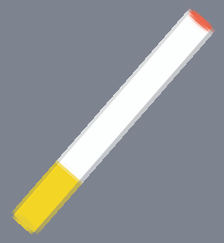
Professional Services
£904
average sickness absence cost per employee per year

27%
Fewer sick days taken by physically active workers

£835,355
estimated annual cost of mental ill health to an organisation with 1,000 employees. Prevention and early identification of problems in the workplace should enable employers to save at least 30% of this cost



4
extra sick days, on average, taken by obese people each year



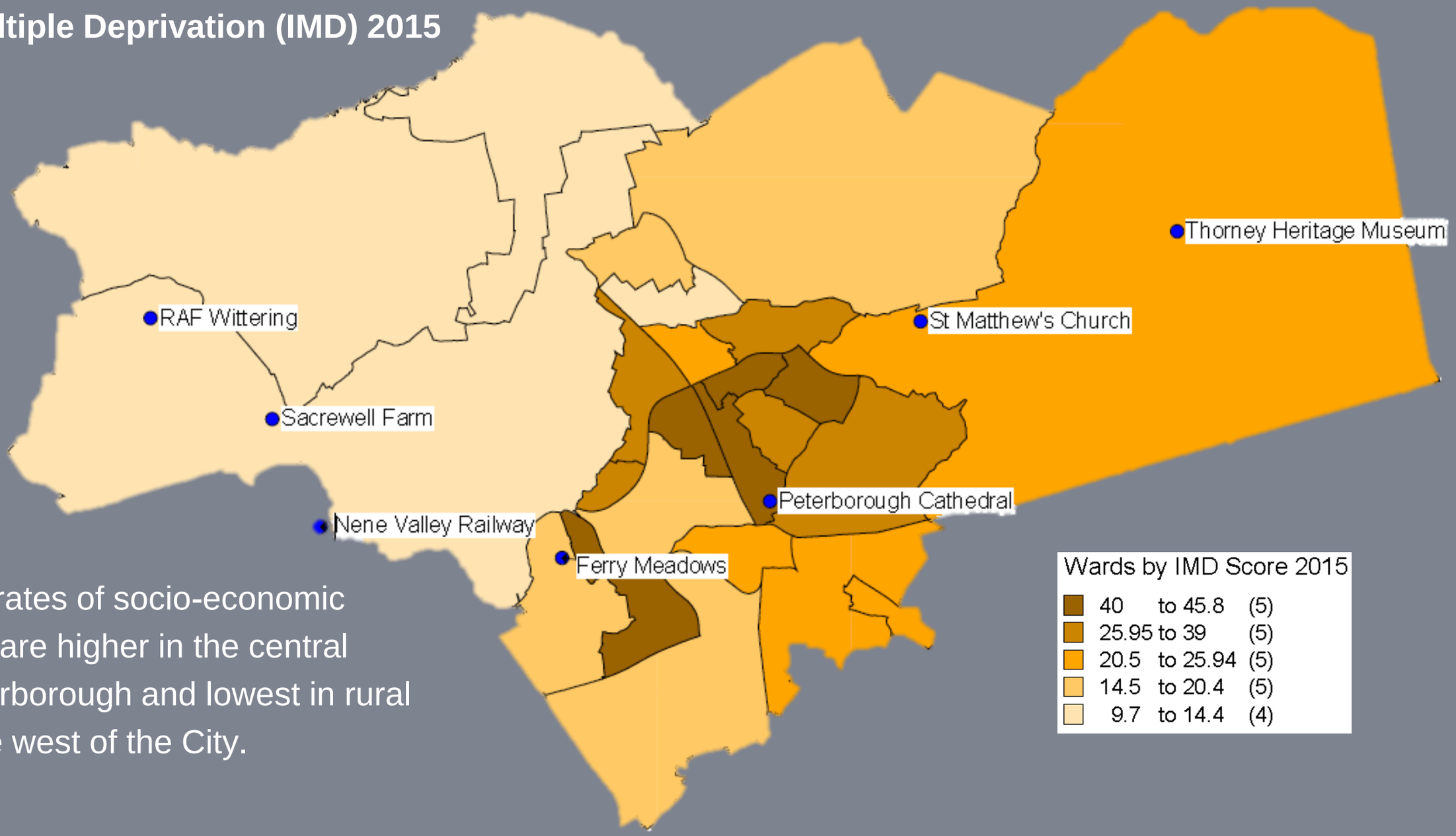
33
more hours off sick per year taken by a person who smokes than a non-smoker each year

APPENDIX 1

Health inequalities

Socio-economic deprivation varies across Peterborough

Index of Multiple Deprivation (IMD) 2015



In general, rates of socio-economic deprivation are higher in the central part of Peterborough and lowest in rural areas to the west of the City.

Note: Darker colours indicate a high rate of deprivation

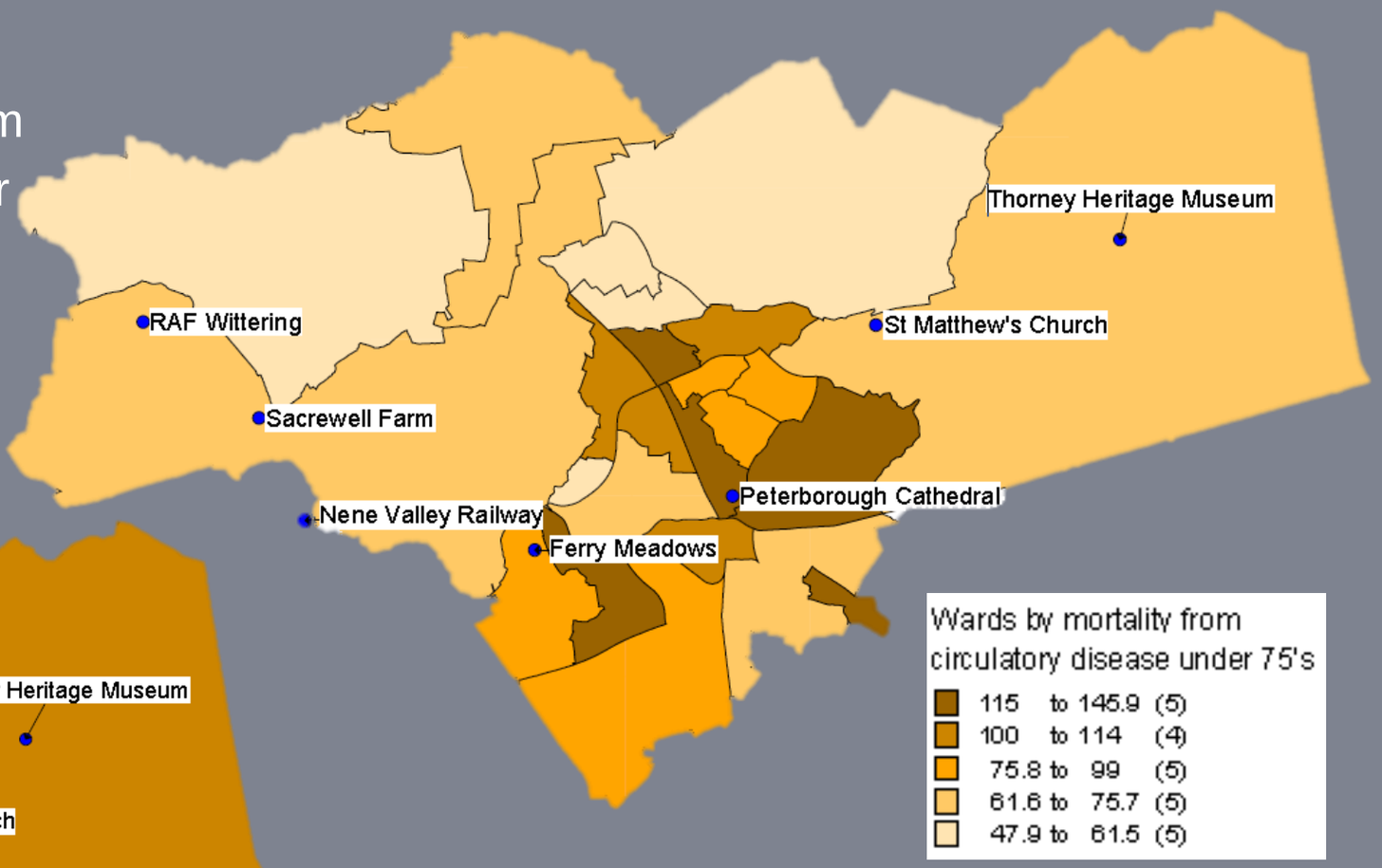
APPENDIX 1

Poorer health outcomes are linked to areas of socio-economic deprivation

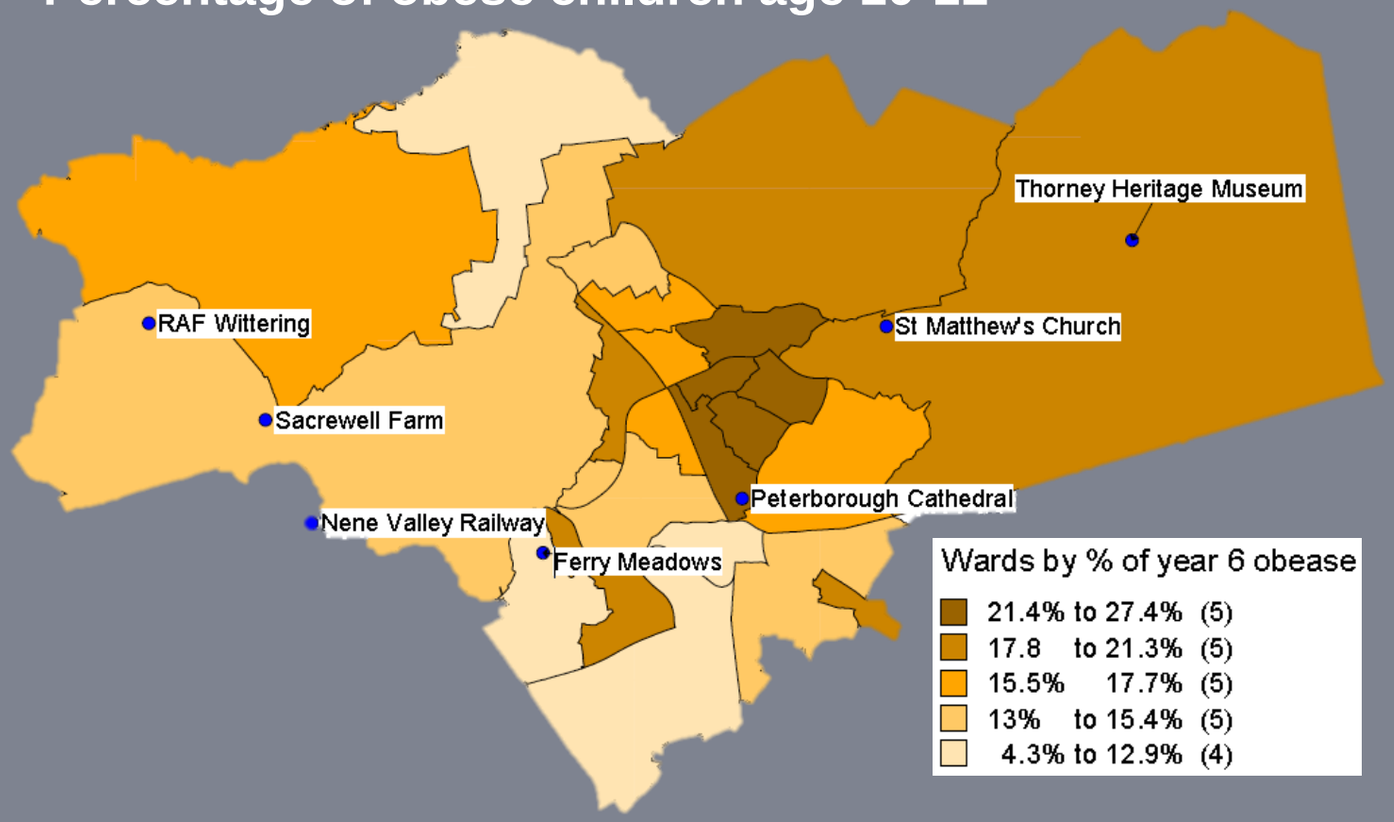
When comparing these maps with the map of socio-economic deprivation on page 17, it's easy to see that rates of premature deaths from heart disease and childhood obesity are higher in more deprived areas. Addressing this will need targeted action, working closely with local communities.

78

Premature deaths from circulatory Disease under age 75



Percentage of obese children age 10-11



Note: Darker colours indicate a high rate of either childhood obesity or heart disease mortality rates.

Acknowledgements:

Julian Base, Head of Health Strategy
Dr. Kathy Hartley, Consultant in Public Health
Ryan O’Neill, Advanced Public Health Analyst
Elizabeth Wakefield, Public Health Analyst

Infographics sourced from Freepik www.freepik.com

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HEALTH SCRUTINY COMMITTEE	Agenda Item No. 9
10 JANUARY 2017	Public Report

Report of the Director of Governance

Report Author – Pippa Turvey, Democratic and Constitutional Services Manager
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 Health Scrutiny Committee outlining the content of the Forward Plan of Executive Decisions.

2. RECOMMENDATIONS

2.1 It is recommended that the Committee 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 January 2017.

3.2 The information in the Forward Plan of Executive Decisions provides the Committee 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 Committee 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

5.1 None.

6. APPENDICES

6.1 Appendix A – Forward Plan of Executive Decisions

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PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 23 DECEMBER 2016

FORWARD PLAN

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.

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 23 JANUARY 2017								
KEY DECISION REQUIRED		***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	**WARD**	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION***
1.	**Junction 20 Capacity Improvements (A47/A15 interchange) – KEY/23JAN17/01** Recommendation to approve the virement of £1.3 million from the Bourges Boulevard Phase 2 Improvements project to the Jct 20 Capacity Improvements project. This is in order to undertake additional works whilst on site to avoid future disruption to the network and as such maximise the use of available funding. Both projects are fully funded by the Local Enterprise Partnership (LEP)	Cabinet Member for Growth, Planning, Housing and Economic Development	January 2017	Growth, Environment & Resources Scrutiny Committee	Gunthorpe, Dogsthorpe and Paston & Walton Councillors: Ash, Saltmarsh, Sharp, Bond, Davidson, Fower, Barkham, Sandford, Shaheed	Relevant internal and external stakeholders.	Martin Brooker (Senior Engineer) E-mail:Martin.Brooker@peterborough.gov.uk Tel: (01733) 45269	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*	**WARD**	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
2.	**DNA Programme – KEY/23JAN17/01** Approve continuation of the 'Peterborough DNA' programme up to September 2017 following receipt of a grant to the value of £3m from Innovate UK (formally the Technology Strategy Board) in March 2013; and Delegated authority to the Governance Board to authorise the award of an additional grant to Opportunity Peterborough Limited to the value of £286k for accumulated and prospective projects under the Peterborough DNA programme.	Cabinet Member for Growth, Planning, Housing and Economic Development	January 2017	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Charlotte Palmer, Environment, Transport and Future City Manager Tel: 01733 453538 Email:charlotte.palmer@peterborough.gov.uk Tel: 01733 453538	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*	**WARD**	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
3.	**Local Transport Plan Programme of Capital Works for 2017/18 - KEY/23JAN17/03.** To approve the 2017/18 programme which includes the integrated transport programme, highway maintenance programme and the bridge maintenance programme.	Councillor Peter Hiller Cabinet Member for Growth, Planning, Housing and Economic Development	March 2017	Growth, Environment & Resources Scrutiny Committee	All	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. ***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)***

PREVIOUSLY ADVERTISED DECISIONS								
	KEY DECISION REQUIRED	***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	***WARD***	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION***
4.	**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**	**January 2017**	Growth, Environment & Resources Scrutiny Committee	Central Councillors: Hussain, Amjad Iqbal, Jamil.	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.

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
5.	**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.	**Councillor David Seaton Cabinet Member for Resources**	**January 2017**	Growth, Environment & Resources Scrutiny Committee	Bretton Councillors: Ellis, Martin, Sylvester	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.

	KEY DECISION REQUIRED	*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
6.	**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.	**Councillor Peter Hiller Cabinet Member for Growth, Planning, Housing and Economic Development**	**January 2017**	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders.	Peter Tebb Network and Traffic Manager Tel: 01733 453519 Peter.tebb@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***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).***

	KEY DECISION REQUIRED	*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
7.	**Direct Payment Support Service – KEY/11DEC15/02** To approve the direct payment support service.	**Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**April 2017**	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders.	Gary Jones Lead commissioner for Older people Tel: 452450 gary.jones@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***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).***

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
8.	**Review of Emergency Stopping Places – KEY/25JAN16/02** For Cabinet to review existing and proposed emergency stopping places.	**Cabinet**	**27 March 2017**	Adult and Communities Scrutiny Committee	All	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.
9.	**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**	Adult and Communities Scrutiny Committee	All	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.

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10.	**Business Advice Charging Policy – KEY/25JUL16/01** To approve the charging policy.	**Councillor Irene Walsh Cabinet Member for Communities and Environment Capital**	**January 2017**	Adult and Communities Scrutiny Committee	All	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.
11.	**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**	**January 2017**	Adult and Communities Scrutiny Committee	All	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.

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
12.	**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.	**Councillor Gavin Elsey Cabinet Member for Waste and Street Scene**	**February 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Richard Pearn Waste Partnership Manager Tel: 01733 864739 Richard.pearn@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***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).***

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13.	**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.	**Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**January 2017**	Adults and Communities Scrutiny Committee	All	Engagement with service users, family members, carers and current provider.	Peter Brennan Interim Head of Mental Health and Learning Disabilities Tel: 452474 peter.brennan@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*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
14.	**Academy Conversion of Maintained School - KEY/31OCT16/01** To approve the closure of the maintained school – Gladstone Primary 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	**Cllr John Holdich, Leader & Cabinet Member for Education, Skills, University and Communications**	**January 2017**	Children and Education Scrutiny Committee	Central Councillors: Hussain, Amjad Iqbal, Jamil.	Relevant Internal and External Stakeholders	Emma Everitt – Capital Projects and Assets Officer Tel: 01733 863660 emma.everitt@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
15.	**Uncollectable debts in excess of £10,000 – KEY/28NOV16/01** Council Tax, Housing Benefits, Sundry and Business Rates	**Councillor David Seaton Cabinet Member for Resources**	**January 2017**	Growth, Environment & Resources Scrutiny Committee	All	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.

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
16.	**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**	Growth, Environment & Resources Scrutiny Committee	All	Relevant stakeholders and Serco.	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.
17.	**Serco ICT Contract Amendments – KEY/28NOV16/03** To agree amendments to the Serco ICT Contract.	**Councillor David Seaton Cabinet Member for Resources**	**January 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant stakeholders and Serco.	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.

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
19.	**Amendment of Existing Loan Arrangements to Empower – KEY/28NOV16/05** To agree the further amendment to existing arrangements to Empower.	**Cabinet**	**6 February 2017**	Growth, Environment & Resources Scrutiny Committee	All	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.
20.	**Section 256 Agreement Care at Home KEY/12DEC16/01** To seek permission to enter into a S256 Agreement with the NHS to allow Peterborough City Council to commission Care at Home Services on their behalf realising economies of scale and higher degree of market management.	**Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**April 2017**	Health Scrutiny Committee	All	Relevant internal and external stakeholders.	Karen Hodsdon - Senior Category Manager karen.hodsdon@peterborough.gov.uk 01733 384647	It is not anticipated that there will be any documents other than the report and relevant appendices to be published

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21.	**Section 256 Agreement CCG - KEY/26DEC16/01** Approval to enter into a Section 256 with the CCG, to deliver health support to children and young people.	**Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**January 2017**	Health Scrutiny Committee	All	Consultation held with the CCG and Cambridgeshire County Council, relevant internal departments & external stakeholders as appropriate.	Pam Setterfield, Commissioner for Child Health and Wellbeing Tel: 01733 863897 pam.setterfield@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
22.	**Enter into a Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust KEY/26DEC16/02** Approval to continue to deliver the health visiting service and the Family Nurse Partnership.	**Councillor Diane Lamb Cabinet Member for Public Health**	**January 2017**	Health Scrutiny Committee	All	Consultation with CPFT, as current provider, relevant internal departments & external stakeholders as appropriate.	Pam Setterfield, Commissioner for Child Health and Wellbeing Tel: 01733 863897 pam.setterfield@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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23.	**Shared Trading Standards Service - KEY26DEC16/03** To approve a sharing agreement with Cambridgeshire County Council.	**Councillor Irene Walsh Cabinet Member for Communities and Environment Capital**	**January 2017**	Growth, Environment & Resources Scrutiny Committee	All	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.
24.	**Day Opportunities Framework Agreement - KEY26DEC16/04** To approve the award of a place on the framework to successful external providers following a competitive tender exercise	**Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**January 2017**	Adult and Communities Scrutiny Committee	All	Engagement with service users, family members and carers and current provider. Relevant internal and external stakeholders.	Peter Brennan: Head of Commissioning (Mental Health and Integrated Learning Disabilities) Tel: 01733 452474 Peter.brennan@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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25.	**Passenger Transport Services - KEY/26DEC/05** Implement Passenger Transport framework to provide transport services to mainstream and SEN pupils Expenditure over £500k	**Councillor John Holdich Leader of the Council and Cabinet Member for Education, Skills and University**	**Feb 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant Internal & external stakeholders	Bryony Wolstenholme Bryony.wolstenholme.peterborough.gov.uk 01733 317452	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
26.	**Implementation of Public Space Protection Orders – KEY/9JAN17/01** For the Cabinet Member to approve the implementation of Public Space Protection Orders following public consultation.	**Councillor Walsh, Cabinet Member for Communities and Environment Capital**	**January 2017**	Adult and Communities Scrutiny Committee	All	A full public consultation on the proposed public space protection orders	Laura Kelsey, Anti-Social Behaviour Co-ordinator Tel: 01733 453563 laura.kelsey@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	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
27.	**Renewals Policy – KEY/9JAN17/02** To approve the Housing Renewals Policy 2017 - 2019. The purpose of the Policy is to detail the types of assistance the Council may make available, the circumstances in which persons will be eligible for assistance and how the amount of any assistance will be calculated. The Policy also details the conditions that will apply to the provision of assistance and how and in what circumstances any assistance made may be repaid.	**Councillor Walsh, Cabinet Member for Communities and Environment Capital**	**January 2017**	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders.	Belinda Child Head of Housing and Health Improvement Tel: 01733 863769 Belinda.child@peterborough.gov.uk Sharon Malia Housing Programmes Manager Tel: 01733 863764 sharon.malia@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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28.	**Empty Homes Strategy – KEY/9JAN17/03** To approve the Empty Homes Strategy.	**Councillor Walsh, Cabinet Member for Communities and Environment Capital**	**February 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Belinda Child Head of Housing and Health Improvement Tel: 01733 863769 Belinda.child@peterborough.gov.uk Sharon Malia Housing Programmes Manager Tel: 01733 863764 sharon.malia@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

29.	**Schools Budgets – KEY/9JAN17/04** Approval of schools budget plans for 2017/18	**Cabinet**	**16 January 2017**	Growth, Environment & Resources Scrutiny Committee	Relevant internal and external stakeholders .	Steve Whitley, Head of Schools & Settings Finance, Tel: 01733 864101 Steve.whitley@Peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.	

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

KEY DECISION REQUIRED	*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER*

1.	**Potential Energy Joint Venture – KEY/07MAR16/04** For Cabinet to consider and approve a potential energy joint venture.	**Cabinet**	**6 February 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Richard Pearn Waste Partnership Manager Tel: 01733 864739 Richard.pearn@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***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).***

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

PREVIOUSLY ADVERTISED DECISIONS								
DECISION REQUIRED		***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	***WARD***	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION***
1.	**Food Safety Service Plan –** To approve the service plan.	**Councillor Irene Walsh Cabinet Member for Communities and Environment Capital**	**January 2017**	Growth, Environment & Resources Scrutiny Committee	All	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.
2.	**Vivacity Funding –** To fund Vivacity £1278 until March 2017 (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**	**January 2017**	Growth, Environment & Resources Scrutiny Committee	All	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.

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
3.	**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**	**January 2017**	Growth, Environment & Resources Scrutiny Committee	All	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. ***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).***

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
4.	**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**	**January 2017**	Growth, Environment & Resources Scrutiny Committee	Dogsthorpe Councillors: Ash, Saltmarsh, Sharp	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.
5.	**Council Tax Support Scheme 2017/2018 –** To recommend the scheme to Council.	**Cabinet**	**16 January 2017**	Growth, Environment & Resources Scrutiny Committee	All	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.

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6.	**Budget Proposals Second Tranche Consideration –** To approve the consultation on the second tranche of Budget Proposals.	**Cabinet**	**6 February 2017**	Growth, Environment & Resources Scrutiny Committee	All	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.
7.	**Budget Proposals Second Tranche Recommendation –** To recommend the second tranche of budget proposals to Council.	**Cabinet**	**27 February 2017**	Growth, Environment & Resources Scrutiny Committee	All	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.

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8.	**Procurement Strategy –** To update Cabinet on the procurement strategy.	**Cabinet**	**27 March 2017**	Growth, Environment & Resources Scrutiny Committee	All	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.
9.	**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**	**December 2016**	Growth, Environment & Resources Scrutiny Committee	All	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.

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10.	**School Organisation Plan Addendum** Update to the School organisation plan (2015-2020) - school place planning and demography and proposals for expansion of primary and secondary schools	**Cabinet**	**16 January 2017**	Children and Education Scrutiny Committee	All	Relevant internal departments & external stakeholders as appropriate.	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
11.	**Safer Peterborough Partnership Plan 2017 - 2020** To recommend the Safer Peterborough Partnership 2017 – 2020 for approval by full Council.	**Cabinet**	**27 March 2017**	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders	Hayley Thornhill Senior Policy Manager Tel: 01733 864112 hayley.thornhill@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.	**Funding of Information, Advice and Guidance services within the voluntary sector -** To authorise award of grants.	**Councillor David Seaton Cabinet Member for Resources**	**January 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders	Ian Phillips Senior Policy 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.

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.

APPENDIX A

PETERBOROUGH CITY COUNCIL

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)

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