

HEALTH SCRUTINY COMMITTEE

MONDAY 8 JANUARY 2018
7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

Page No

1. **Apologies for Absence**
2. **Declarations of Interest and Whipping Declarations**

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.
3. **Minutes of the Health Scrutiny Committee Meeting Held on 6 November 2017** **3 - 12**
4. **Call In of any Cabinet, Cabinet Member or Key Officer Decisions**

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of the relevant Scrutiny Committee. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee.
5. **Dental Services in Peterborough** **13 - 14**
6. **The Extent To Which Public Health Outcomes Are Considered In Wider Council Decision Making** **15 - 44**
7. **Public Health Portfolio Holder's Six Monthly Update Report 2017/18** **45 - 80**



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8.	Monitoring Scrutiny Recommendations	81 - 84
9.	Forward Plan of Executive Decisions	85 - 134
10.	Work Programme 2017/2018	135 - 142
11.	Date of Next Meeting	
	<ul style="list-style-type: none">• 8 February 2018 - Joint Scrutiny of the Budget• 12 March 2018 – Health Scrutiny Committee	

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Committee Members:

Councillors: M Cereste (Chairman), K Aitken, S Barkham, D Fower, H Fuller, M Jamil, N Khan, S Lane, G Nawaz, B Rush (Vice Chairman) and J Whitby

Substitutes: Councillors: G Casey, A Clark, J R Fox, and A Shaheed

Parish Councillor Co-opted Member: Henry Clark
Parish Councillor Co-opted Member Substitute: Jason Merrill
Dr Steve Watson – Co-opted Member

Further information about this meeting can be obtained from Paulina Ford on telephone 01733 452508 or by email – paulina.ford@peterborough.gov.uk

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE
HELD AT 7.00PM ON
MONDAY 6 NOVEMBER 2017
IN THE BOURGES / VIERSEN ROOMS, TOWN HALL, PETERBOROUGH**

Committee Members Present: Councillors M Cereste (Chairman), B Rush (Vice Chairman) K Aitken, J Bull, D Fower, H Fuller, M Jamil, N Khan, S Lane, and Parish Councillor – Co-opted Member Henry Clark,

Also present	Susan Mahmoud Jessica Bawden	Healthwatch Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group
	Mustafa Malik Katherine Hartley Aidan Fallon	Greater Peterborough Network Consultant in Public Health Head of Communication & Engagement, Cambridgeshire & Peterborough STP
	Joel Harrison	Finance, Analytics & Evaluation Director, Cambridgeshire & Peterborough STP
	Stephen Graves	Chief Executive Officer, North West Anglia NHS Foundation Trust
	Jane Pigg	Company Secretary, North West Anglia NHS Foundation Trust
	Caroline Walker	Deputy CEO/Finance Director

Officers Present:	Dr Liz Robin Paulina Ford	Director of Public Health Senior Democratic Services Officer
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22. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Barkham and Councillor Nawaz. Councillor Bull was in attendance as substitute for Councillor Nawaz. Apologies were also received from Dr Steve Watson, Co-opted Member.

23. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

No declarations of interest or whipping declarations were received.

24. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 4 SEPTEMBER 2017

The minutes of the meetings held on 4 September 2017 were agreed as a true and accurate record.

25. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no requests for Call-in to consider.

The Chairman announced that there had been a request from Officers to change the order of the agenda and asked the Committee if they would agree to the changes. The Committee unanimously agreed to change the order of the agenda as follows:

Item 6 – Sustainable Transformation Partnerships to move to item 5, item 5 – Draft Suicide Prevention Strategy 2017-2018 to move to item 6.

26. SUSTAINABLE TRANSFORMATION PARTNERSHIPS

The report was introduced by the Head of Communication and Engagement, Cambridgeshire & Peterborough STP. The purpose of the report was to provide an update on the Sustainability and Transformation Partnership (STP) implementation progress.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- What started out as the sustainable transformation plan had evolved over the year into a sustainable transformation partnership.
- The Peterborough and Cambridgeshire area had one of the fastest growing and elderly populations in the country and faced increasing challenges to improve the care and health of its residents in light reduced funding and workforce shortages.
- The Plan was attempting to shift from re-active, 'downstream' care to a more pro-active and 'upstream' approach alongside delivering pathway changes, closing the funding gap, reducing overheads and addressing quality issues.
- As with any major change programme it was being done on a delivery group basis across all the NHS partnerships and social services from both Cambridgeshire and Peterborough local authorities.
- The Plan was a long term, multi-year plan and although everything could not be done at once and had to be scheduled, the Partnership was intending to introduce things at a pace in order to alleviate some of the pressures.
- As a result of the acute care pressures on the front door of hospitals, one of the main focusses and key work streams of the Plan involved supporting the emergency care team by extending JET (Joint Emergency Team) and supporting earlier discharge from hospital.
- An STP Board had been established in order to improve accountability.
- The scheme that was currently being trialled by Southend Council which involved the renting out of spare bedrooms in private homes to relieve bed blocking, was not something that Cambridgeshire and Peterborough were considering using. Resource had instead being allocated to the Discharge to Assess scheme which looked to move discharge out of hospital earlier in the pathway planning.
- The disparity between the bed blocking figures for Peterborough and those for Cambridgeshire was due to a greater focus on the issue in Peterborough and a possible disparity on how the numbers were being counted. The numbers for Peterborough was generally very low compared to other areas.
- The STP were considering how to better integrate primary care services and extend GP hours to increase access to their services.
- Bed shortages were acute as more people were staying in hospital for longer than had ever been seen historically, partly because of social care capacity. The solution to the bed

shortage did not lie in building more beds as the area could not afford them and the area had the beds that it could afford, instead the STP wished to keep people out of hospital wherever possible by increasing primary care and community services.

- The preference was to be able to keep people at home where they were able to do so and where it was safe to do so by introducing initiatives such as the Falls Prevention Service.
- Councillors felt that the report was a snapshot and did not provide enough information for them to get an accurate picture of what was happening and whether the STP was achieving its objectives, specifically with regards to Peterborough.
- The Officers presenting offered to provide a much more detailed deep dive presentation and/ or a monthly update on the situation specifically in Peterborough.
- The risks outlined in annex 2 of the report were mostly red. It was a bleak picture because there were real risks around the availability of money and workforce.
- There were plans to extend JET further and increase its utilisation rate from 71% on weekdays and 63% at weekends. The JET service had been particularly successful in the Peterborough area because of GP's increased confidence in the service.
- Staffing shortage was one of the biggest problems in the programme and the partnership were trying to find innovative ways to address the issue.
- It was felt by officers that it would have been overwhelming to have put a lot of detail into the report for the meeting as the sustainable transformation programme was so large and had so many different strands to it. A workshop was suggested as a forum for further discussion.
- There was community representation not only within the delivery groups but also within the projects and groups that fed into them.

RECOMMENDATION

The Health Scrutiny Committee noted the report and **RECOMMENDED** that the Head of Communication & Engagement, Cambridgeshire & Peterborough STP:

1. Develops an action plan that would fully address current and future workforce shortages.
2. Produce future reports in clear and plain English making them easier to read by the general public.

AGREED ACTION

The Health Scrutiny Committee requested that the Director of Public Health liaise with the Head of Communication & Engagement, Cambridgeshire & Peterborough STP to set up a workshop that would report on the work of the STP in greater depth and how it impacted on Peterborough specifically. The workshop to include workforce development with a focus on Peterborough.

27. DRAFT SUICIDE PREVENTION STRATEGY 2017-2020

The report was introduced by the Consultant in Public Health. The purpose of the report was to ask the Committee to comment on the refreshed draft of the Suicide Prevention Strategy as part of the consultation process and ahead of its approval by the Health and Wellbeing Board.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- There had been a Suicide Prevention Strategy in place for the last three years from 2014 to 2017. The draft strategy was a refresh and would ensure continuation of work until 2020.
- The Strategy was accompanied by a working action plan which covered multiple agencies including the Police, the Coroner's Office, Mental Health Trust and Charitable organisations.
- There had been a reduction in suicide rates in the Peterborough area recently and statistically it was now in line with the England average.
- The Peterborough Suicide Implementation Group in conjunction with the Coroner's office had lobbied to enclose the car parks with barriers. This had now been done and it was felt that this had impacted on the suicide rates.
- Peterborough City Council and Cambridgeshire County Council supported the Stop Suicide campaign which included such measures as a bespoke stop suicide training course for front line staff who came into contact with people who were contemplating suicide.
- People who were suffering a mental health crisis could use the first response service which was a 111 number which put them through to a mental health specialist who could triage and manage their crisis. This service was unique to Peterborough and Cambridgeshire.
- If necessary, individuals who used the first response service could be signposted to or physically taken to a 'sanctuary' which was a place of safety. There were three sanctuaries in the area at Cambridge, Huntingdon and Peterborough. The use of sanctuaries was proven to reduce the numbers of patients in mental health crisis presenting at A&E.
- There was a Kooth online counselling service available for young people as well as community based face to face youth counselling sessions.
- Funding had been received from the Sustainable Transformation Programme (STP) to provide specialised training for GPs and to set up a new bereavement support service to also include people who had suffered a bereavement due to suicide.
- There was a national target to reduce suicide rates by 10% but locally there was an initiative to bring all partners together so that suicide prevention was a priority for all and support would be given to the zero suicide campaign.
- Concerns were raised about the restricted times available for the Kooth online counselling service. It was suggested that when it was unavailable that alternative numbers and websites should be displayed so that young people could always contact services and access information to help them at their time of need.
- A detailed mental health strategic needs assessment had been undertaken in 2016 and it supported the development of the strategy that was being presented to the Committee.
- Men from the Eastern European migrant population were emerging as a high risk group for suicide. Efforts to target this group included a translation of the advertising video for the 111 service into Polish and Lithuanian, but it was recognised that there was still more work to be done in reaching this group.
- The mental health website keepyourhead.com which was targeted at young people had been advertised on social media. MIND ran the STOP suicide website and received sponsorship from private companies to do so. One of these companies was a technical/IT company which was looking to do much more work on social media marketing of the service.
- The first response service still had more work to be done in promoting itself and advice from Councillors and the Council's Communications team would be welcome. Members suggested that social media, when used effectively, enabled much more to be done with less money when compared to the use of traditional websites.
- It was acknowledged that more had to be done to reach out to students particularly in light of the new university being developed in the City and the projected increase in the number of students.

- The partnership had decided to focus on younger people for the next year because of the current pressures in that area but an approach for the older generation and middle aged men who had been highlighted as at risk groups would also be considered.
- It was highlighted that Peterborough had higher risk factors for mental health problems than Cambridge and therefore it was expected that higher rates of suicides would be seen in Peterborough.
- The Strategy covered both Peterborough and Cambridge together and so was in some instances, at a generic level. The specific risks faced just by Peterborough however would be highlighted in the new GP training and the Mental Health Crisis Care Concordat Working Group was targeting the migrant population, a high risk group specifically in Peterborough.
- The highest risk of suicide was within the first few days of discharge from a mental health unit. To address this issue the local mental health trust was developing their own suicide strategy that would tie in with this strategy. In particular it would look at personal safety plans, follow up care and adopting a learning culture, especially around assessing risk and making sure the assessments were watertight.
- The zero suicide initiative would not be performance measured but rather it was an ambition to highlight the fact that suicide was preventable.
- The Public Health Consultant considered that three of the most important areas in the newly refreshed strategy which would make a real difference when compared to the old strategy were the bereavement support service, the work being done with young people around self-harm and the grant from the STP which would cover the cost of specialised GP training.

ACTIONS AGREED:

1. The Health Scrutiny Committee considered the report and **RESOLVED** that the draft Suicide Prevention Strategy and the action plan attached at appendices 1 and 2, be noted.
2. The Committee requested that the on line services keepyourhead.com and the Kooth online counselling service provide out of hours contact numbers to ensure young people and adults using the service were signposted to alternative support out of office hours.

28. PRIMARY CARE UPDATE PETERBOROUGH

The report was introduced by the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group and provided the Committee with an update on primary care, specifically general practice. The report also provided further information on the local implementation plans of the national General Practice Forward View Strategy (GPFV).

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- The CCG Director of Corporate Affairs, in acknowledgement of comments that had been made about the previous reports presented to the Committee, noted that the report was very technical and therefore not particularly public friendly.
- The Committee had heard in January about the draft GP Forward Strategy around primary care which had now been signed off; this would be refreshed each year.
- The CCG had taken on delegated commissioning which meant that it was now responsible for contracting with primary care.
- Two key areas that the report addressed were around access to GP's and around the retention and recruitment of the primary care workforce.

- In recognition of a constantly changing landscape, neither of the two original care models; MCP (Multi-Speciality Community Providers) and Primary Active Care Systems were now considered fit for purpose.
- An inclusive model of healthcare which worked with the whole of the NHS, Local Authorities and voluntary sector partners was what was needed.
- One of the lessons learnt was that the approach taken by some other Councils who had procured large long term contracts which offered a plethora of services, did not work for Peterborough.
- The CCG wanted to take a disease specific pathway approach and take time to consider how integrated care could be best delivered as opposed to going very quickly to market to procure contracts.
- The CCG would rather work with existing providers in the system rather than procure long term contracts that may have associated workforce risks.
- There had been an initial workshop with colleagues from the community and the hospital which looked at how they could bring the specialist service to the community. For particular pathways such as respiratory and cardiology, instead of having patients moving along an escalator to access services, it would be preferable to have the patient static with the services moving around them. New pathways would be circular with the patient in the centre.
- There was a seven day access to primary care across Peterborough with local clinics that were open until 8pm on weekdays and which were also open at the weekend.
- The City now had an additional 2500 primary care appointments every month.
- In order to make best use of the available primary care resources, the patients who rang for an appointment would be properly assessed so that for example older patients would be given longer daytime appointments at their own practices and working residents for whom convenience was a priority could be given a clinic appointment outside of normal working hours.
- There had been leaflet drops, billboard messages and facebook campaigns to advertise the fact that there were alternatives to going to Accident and Emergency.
- Members expressed concern that the Muslim population in the City often found it very difficult to get a death certificate promptly from a GP if a relative passed away at the weekend or during out of hours.
- Although there was a GP on call in the extended service, because of the 7 day a week opening and the staffing rotas this required it was more difficult to see a GP that had seen the patient within the last 14 days; a requirement for issuing a death certificate. The problem was exacerbated by other practical issues such as the GP being on call elsewhere, working part-time, being out of the country or not being prepared to put their number on the end of life register.
- The CCG was aware that the issuing of death certificates was a particular problem for the Muslim community because their religion required that burial should take place soon after death.
- It was suggested that part of the problem with the high levels of presentation at A & E was because patients were not willing to wait for a doctor or nurse to call them back when they rang for an appointment, and wanted a face to face service instead.
- There were figures available which showed the call drop-off figures ie. the numbers of patients who did not wait for a call back.
- GP morale was low because of how they were being asked to work and were unhappy with the service they were giving and patients were receiving. The GP retirement rate was faster than the replenishment rate and so there were efforts being made to recruit from further afield and also to widen the skill mix and see what other services advanced nurse practitioners could deliver.

- There were NICE guidelines in place which determined what the first level of treatment was for patients. A GP could for example, refer to a physiotherapist in the first instance which may result in the patient not needing to be seen by a specialist consultant. GP's could contact consultants for advice and guidance on when to refer patients. Clinical thresholds were worked up on the basis of evidence and were widely consulted on.
- Members felt that although younger people could be diverted to other professionals to reduce the referral rate to consultants this was often not a suitable route for an older patient who, for example, obviously needed a hip replacement. Instead, this process simply extended the waiting time for the operation whilst the patient remained in considerable pain.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the report and requested that the CCG provide the Committee with the rates of call drop off which was the number of people calling the surgery and failing to wait for a return call from either a doctor or nurse.

RECOMMENDATION

The Health Scrutiny Committee **RECOMMENDED** that the CCG investigate how other areas of the Country address the problem of issuing death certificates promptly during out of hours service to those within the Muslim community.

29. UPDATE ON THE HINCHINGBROOKE HEALTH CARE NHS TRUST AND PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST MERGER

The Chief Executive Officer of the North West Anglia NHS Foundation Trust introduced the report which provided the Health Scrutiny Committee with an update on the merger and identified the key issues in the approved business case for the merger in terms of services and supporting requirements. The report also briefed the Committee on the current key operational issues.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- The Trust had taken over outpatients services from the Ely and Doddington Community Hospital and also radiology services for Ely, Doddington and North Cambridgeshire from their site at Wisbech.
- The management structure of the clinical service was being reorganised so that instead of having two clinical divisions in the Hinchingsbrooke Trust, and four divisions in the Peterborough and Stamford Trust, there would now be three divisions overall.
- Leadership of the clinical teams was already in place and the Trust were now recruiting at the next tier down.
- The culture of each organisation was slightly different and so efforts were being made to foster an agreed vision and value set across the new structure and its 6000 staff. It had been a difficult challenge to embed a new culture in Hinchingsbrooke as the majority of the senior team had come from Peterborough, mainly because they were permanent staff, which meant that Hinchingsbrooke felt that a culture was being imposed on them rather than it being a natural evolution.
- Members expressed concern that patients would have to travel to even further to access

- cardiology services at the new Papworth site.
- The Trust was in a catch 22 situation with regard to cardiology services. The original Papworth business case which was made almost ten years ago, assumed that all patients in the area would transfer to Papworth and required that Peterborough be included in it. However because of advances in cardiac treatment and services, many of the services Papworth offered were no longer seen as specialist and would expect to see them being offered in a reasonably sized hospital such as Peterborough. Patients from the Bedford, Northampton and Kettering areas all had these services provided in their local district general hospital. Additionally, the STP future plan was to have two locations where there was a 24/7 consultant led cardiology service. Cardiologists at Peterborough were part of the general 24/7 on call service and were not an independent service. In order to justify this, Peterborough would need to have enough work and make it interesting enough for the seven cardiologists that would be required.
 - The benefits of the merger hinged on the back office change that were being undertaken. The Trust was on target to make savings of £9 million from restructuring departments and having administration economies of scale benefits. To date £4.5 million of savings had been made and redundancies had been less than expected. Although 80 posts had been lost in the restructure there had only been 16 redundancies so far as many staff had found new positions elsewhere.
 - The Trust had the added complication of dealing with both Lincolnshire and Peterborough & Cambridgeshire STPs. As the Trust was physically based in the geography of the Peterborough and Cambridgeshire STP it was more involved with them and attended most of their meetings. In order to forge closer links with Lincolnshire STP regular meetings had been set up with their Chief Executive who also held the position of Chief Executive of the South Lincolnshire CCG which was part of the Trust's local geography.
 - Both STPs shared many common goals, the primary one being to reduce the amount of activity and resource going into secondary care.
 - In Stamford GP practices had joined together under the Lakeside consortium. They were now looking to physically come together at the Stamford Hospital site as it was felt that by bringing all of the services onto one site the need to refer people into hospital could be reduced.
 - The biggest issues facing the Lincolnshire STP were in South Lincolnshire concerning the futures of Grantham hospital and the Pilgrim hospital in Boston. There were fears that because of their size they would not be able to recruit and keep enough of their senior clinical staff to keep the services they provided at present.
 - It was stressed that no consultation or even pre-consultation had begun on the Grantham and Boston hospital issue but it was relevant to the merger because depending on what they decided to do, there would be a material effect on Peterborough. An example of which was if the consultant led obstetrics department was closed the 1800 plus babies born in Boston hospital would instead be delivered at Peterborough which was the next nearest hospital.
 - The expected population growth over the next 20 years was a significant issue for the area. In Peterborough alone it was expected that there would be 24,000 extra homes which would mean an increase of 60 to 70,000 residents. In the whole of the Cambridgeshire area this figure was 280,000 which would be the population for a medium sized hospital under the terms of how care was currently delivered.
 - There had been an expectation that some of the Hinchingsbrooke site would be sold for housing and a substantial profit could be made. However consultants advised that the cost of providing a replacement car park would rule out any profit that could be made. The Trust had now come to the view that it would be better to pause and consult with everyone rather than rush ahead with former plans.

- In terms of the IT integration plan, the Trust was on target with its 3-5 year plan. New IT and associated clinical systems were needed across all three sites so that clinicians could access patient information wherever they were. A new data line had been put in place to support the transfer of information and in particular the migration of patients' records.

AGREED ACTIONS

The Health Scrutiny Committee considered the report and **RESOLVED** to note the progress made with the formation of North West Anglia NHS Foundation Trust

30. MONITORING SCUTINY RECOMMENDATIONS

The Senior Democratic Services Officer introduced the report which provided the Committee with a record of recommendations made at the previous meeting and the outcome of those recommendations to consider if further monitoring was required.

ACTIONS AGREED

The Health Scrutiny Committee **RESOLVED** to consider the response from Cabinet Members and Officers to the recommendations made at the previous meeting, as attached in Appendix 1 of the report and agreed that no further monitoring of the recommendations was required.

31. FORWARD PLAN OF EXECUTIVE DECISIONS

The Committee received the latest version of the Council's Forward Plan of Executive Decisions containing key decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the course of the forthcoming month. Members were invited to comment on the Plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

ACTION AGREED

The Health Scrutiny Committee **RESOLVED** to note the Forward Plan of Executive Decisions.

32. WORK PROGRAMME 2017/2018

Members considered the Committee's Work Programme for 2016/17 and discussed possible items for inclusion.

ACTION AGREED

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2017/18.

33. DATE OF NEXT MEETING:

- 29 November 2017 – Joint Scrutiny of the Budget
- 8 January 2018 – Health Scrutiny Committee

The meeting began at 7.00pm and finished at 9.43pm.

CHAIRMAN

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
8 JANUARY 2018	PUBLIC REPORT

Report of:	NHS England Midlands and East (East)	
Contact Officer(s):	Debbie Walters, Interim Contract Manager, Primary Care Dental	Tel. 07920 252 196

DENTAL SERVICES IN PETERBOROUGH
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R E C O M M E N D A T I O N S
It is recommended that the Health Scrutiny Committee note the contents of this report for information

1. ORIGIN OF REPORT

1.1 This report has been produced at the request of the Health Scrutiny Committee.

2. PURPOSE AND REASON FOR REPORT

2.1 This report has been produced at the request of the Health Scrutiny Committee following the release of a stakeholder briefing detailing the plans to re-procure dental out of hours services in Peterborough.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 The Health Scrutiny Committee has requested details of the current dental services provision in Peterborough including out of hours provision.

3.2 Out of Hours Provision

Dental out of hour's provision is currently delivered in Peterborough by the provider, Cambridge Community Services and are delivered from the Peterborough Dental Access Centre at 5 Midgate, Peterborough, Cambridgeshire, PE1 1TN. The out of hours service is available Saturday, Sunday and bank holidays.

The current Personal Dental Service (PDS) Agreement in place with Cambridge Community Services is due to expire on 31st March 2019. NHS England is currently reviewing the dental out of hours services delivered across Cambridgeshire, Peterborough, Norfolk, Great Yarmouth and Waveney. This review will lead to the re-procurement of these services and further details of this procurement will be provided in due course.

As part of the review of the current services, there will be a period of engagement with patients and the public to inform the development of the service specification. Activity monitoring will also be undertaken and current providers will be asked to supply views on how the current service may be improved.

3.3 In Hours Provision

In hours dental care is commissioned across the Cambridge and Peterborough CCG area. This includes both routine and urgent dental care delivered by general dental practices and urgent care by the dental access centre. Access issues have been identified in the Peterborough area, with some patients struggling to access both routine and urgent dental care. NHS England has recently put additional capacity in place for urgent care at the dental access centre and is in the final stages of putting some additional routine and urgent care in place with a small number of dental practices in the Peterborough area. This additional capacity will be in place prior to Christmas. The situation will continue to be monitored in the coming months.

4. **CONSULTATION**

4.1 Further stakeholder briefings will be provided at key stages of the review and procurement.

5. **ANTICIPATED OUTCOMES OR IMPACT**

5.1 Following the review and re-procurement of services, patients will continue to be able to access urgent dental treatment, where considered clinically necessary, outside of core hours for dental practices, including weekends and bank holidays.

6. **REASON FOR THE RECOMMENDATION**

6.1 There are no recommendations put forward in this report.

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
8 JANUARY 2018	PUBLIC REPORT

Report of:	Director of Public Health	
Cabinet Member(s) responsible:	Councillor Diane Lamb	
Contact Officer(s):	Dr Liz Robin, Director of Public Health	Tel. 01733 207175

THE EXTENT TO WHICH PUBLIC HEALTH OUTCOMES ARE CONSIDERED IN WIDER COUNCIL DECISION MAKING

R E C O M M E N D A T I O N S	
FROM: Director of Public Health	Deadline date: N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> Note and discuss the information in this report, and make any appropriate recommendations. 	

1. ORIGIN OF REPORT

The Report originated from discussion and approval of the Health Scrutiny Committee forward work programme at the start of 2017/18.

2. PURPOSE AND REASON FOR REPORT

- 2.1 This report is being presented to update the Health Scrutiny Committee on the extent to which public health outcomes are considered in wider Council decision making and for the Committee to make any appropriate recommendations.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health.
- 2.3 This report links to the Corporate Priority : '**ACHIEVE THE BEST HEALTH AND WELLBEING FOR THE CITY**'.
- 2.4 This report links to the Children in Care pledge 'Help encourage you to be healthy'

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

- 4.1 Public health duties of NHS Primary Care Trusts were transferred to upper tier local authorities in April 2013, as a result of the Health and Social Care Act (2012). This transfer provided the

opportunity for local authorities to consider the health of the public as part of wider decision making across the functions of the Council. This approach is sometimes known as 'Health in All Policies' or HIAP and is described further in Annex A.

4.2 Four main mechanisms have been used within Peterborough City Council to take forward a Health in All Policies approach and promote consideration of public health outcomes in the wider work of the Council:

- Formation of a cross-directorate Public Health Officer board and the actions arising from this
- Development of a Peterborough Joint Health and Wellbeing Strategy
- Presentations and workshops for Councillors
- Role of the Cabinet Portfolio Holder for Public Health and Director of Public Health.

4.3 **Cross-directorate Public Health Officer Board**

The cross-directorate Public Health Officer Board had its initial meeting in May 2015, with senior officer representation from all Council directorates. It provides the forum for joint work on public health outcomes across the Council. The terms of reference and membership of the Board are attached at Annex B. Examples of work across directorates, initiated and/or overseen by the Public Health Board include:

4.3.1 Campaigns

- The Healthy Peterborough Campaign, which is run by the Communications and Marketing Team, with content supplied and/or quality checked by the Public Health Office.

4.3.2 Needs assessments

- Public health specialists and analysts have supported needs assessments requested by the People and Communities directorate for (a) Children with Special Educational Needs and Disabilities (focus on transition) and (b) Domestic Abuse and Sexual Violence. The needs assessments include consideration of health and wellbeing outcomes.
- Joint Strategic Needs Assessments of the health and wellbeing needs of residents (JSNAs) prepared for the Health and Wellbeing Board are considered by the Public Health Board and used across directorates. For example the Joint Strategic Needs Assessment for Diverse Ethnic Communities was used by the People and Communities directorate to support successful bids to the national Controlling Migration Fund.

4.3.3 Embedded public health staff

- A public health consultant and health improvement specialist work with the Growth and Regeneration Directorate, to ensure that health impact is considered as part of planning of new housing developments, transport planning and planning for green spaces.
- A public health consultant works with the Children's Health Joint Commissioning Unit led by People and Communities directorate, to ensure consideration of wider population health outcomes in the work of the unit.

4.3.4 Input to Strategy and Policy

- Public health staff have supported development of a Health and Wellbeing Policy as part of the draft Local Plan
- Public health staff made an input to updating the most recent Statement of Licensing Policy (2016).
- Public health input and data have been used to support development of the Peterborough Active People's Strategy required by Sport England.

4.3.5 Providing Advice and Guidance to Council staff on health issues, for example

- Advice and pathway development on health screening for communicable disease, for unaccompanied minors who enter the care of local authority Children's Services.
- Working with the Growth and Regeneration directorate on the food environment in

- Peterborough and a potential supplementary planning guidance document.
- Working with People and Communities directorate on development health and wellbeing objectives and KPIs for the Youth Service.
- Contributing to the officer steering group on 'Can Do' area investment from a health and wellbeing perspective.

4.3.6 Use of public health grant

- The Public Health Officer Board receives reports on use of the public health grant, including for wider Council services such as Children's Centres, Road Safety and Domestic Abuse Services, which help to support health and wellbeing outcomes.

4.4 **Development of a Peterborough Joint Health and Wellbeing Strategy**

4.4.1 The Peterborough Health and Wellbeing Board is chaired by the Leader of the Council, with the Clinical Chair of the Cambridgeshire and Peterborough Clinical Commissioning Group as deputy. The purpose of the HWB Board is to promote joint commissioning and integration of health, social care and public health services. It has a statutory duty to carry out a Joint Strategic Needs Assessment of the health and wellbeing needs of local residents and to produce a Joint HWB Strategy to meet those needs.

4.4.2 The development of the Peterborough Health and Wellbeing Strategy 2016/19 was carried out collaboratively across Council Directorates and the NHS. The chapter headings and basic proforma were agreed by the HWB Board, and for each chapter a Peterborough City Council lead, an NHS lead and a public health lead was identified. The leads then wrote the chapter together, focussing on (a) Needs identified in the JSNA (b) Current joint work across the Council and NHS (c) Future joint plans. The HWB Strategy helps to embed health outcomes across a range of the work of the Council.

4.4.3 The main sections and chapters of the 2016/19 HWB Strategy are:

Health needs analysis

- JSNA findings on a page
- Forecasting future needs for health and care in Peterborough

Health and Wellbeing through the Lifecourse

- Children and Young People's Health
- Health behaviours and lifestyles
- Long term conditions and premature mortality – cardiovascular disease
- Mental health for adults of working age
- Health and wellbeing of people with disability or sensory impairment
- Ageing well
- Protecting health – communicable disease

Creating a Healthy Environment

- Growth, health and the Local Plan
- Health and Transport Planning
- Housing and Health

Tackling Health Inequalities

- Geographical health inequalities
- Health and wellbeing of diverse communities

Working Together Effectively

4.4.4 Performance and progress against the joint plans outlined in each chapter are reported on quarterly to the Health and Wellbeing Board in the 'Health and Wellbeing Strategy Performance Report'. Progress is RAG rated and the HWB Strategy risk register is reviewed. There is an annual report to the HWB Board on trends in relevant health and wellbeing outcome measures. The latest HWB Strategy quarterly performance report is attached at Annex C.

4.5 **Awareness Raising: Presentations and workshops for Councillors**

The Cabinet portfolio holder for public health, Councillor Diane Lamb, routinely updates all Peterborough City Councillors on public health activities through her monthly Cabinet Report. In

addition the following workshops and topics to raise awareness of public health issues amongst all Councillors have been held.

Date	Name of event and item presented
9 th June 2015	Cardiovascular Disease: Evening Workshop
30 th July 2015	Annual Public Health Report presented at All Party Policy
8 th October 2015	Dementia: Evening Workshop
27 th July 2016	Falls Prevention: Evening Workshop
2 nd November 2016	Cardiovascular Disease Strategy: Evening Workshop
26 th January 2017	Health and Wellbeing Strategy at All Party Policy
Planned for the 5 th February 2018	Mental Health: Evening Workshop (to also include Relevant Officers).

4.6 Role of the Cabinet Portfolio Holder for Public Health and Director of Public Health

4.6.1 By establishing a Cabinet portfolio for public health, there is a Councillor present at Cabinet discussions and decision making meetings, who specifically advocates for impacts on the public's health to be considered. Similarly, because the Director of Public Health is a member of the Corporate Management Team, this enables public health input to wider service and budget planning. Public Health advice from the DPH is available to all Cabinet members and the wider Council if requested.

4.6.2 Some other Councils have further strengthened such arrangements by putting routine processes in place to ensure that public health is considered in decision making. For example in Luton Council, there is a 'screening mechanism' as part of the Council's programme management arrangements, where all new projects are subject to a brief assessment of any potential impact on health before they start, and in Cambridgeshire all Executive Committee papers for political decision include 'public health implications' alongside legal, financial, risk, equalities, consultation and other implications.

5. CONSULTATION

5.1 There was a three months public and stakeholder consultation as part of the process of developing the Peterborough Health and Wellbeing Strategy.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The anticipated outcome of this paper is for the Health Scrutiny Committee to consider the extent to which public health outcomes are considered in wider Council decision making, and to make appropriate recommendations on whether or how this could be strengthened further.

7. REASON FOR THE RECOMMENDATION

7.1 The Health Scrutiny Committee is an appropriate forum in which to review and consider these issues and to make recommendations.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 *N/a*

9. IMPLICATIONS

9.1 Financial Implications

No significant financial implications

9.2 Legal Implications

No significant legal implications

9.3 Equalities Implications

No immediate equalities implications, although a key public health objective is to address health inequalities.

9.4 Rural Implications

No significant rural implications

10. BACKGROUND DOCUMENTS

11. APPENDICES

- 11.1 Annex A: Health in All Policies Slide Set
- Annex B: Terms of Reference for the Public Health Officer Board
- Annex C: Health and wellbeing strategy performance report (December 2017)

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Local wellbeing, local growth



A resource to support local authorities in adopting a Health in All Policies (HiAP) approach

About this resource

This resource has been produced by Public Health England to support the introduction of a Health in All Policies approach at a local level

This slide set is part of a resource comprising an overview paper, practical examples of HiAP implementation, background information about Health and Health equity in All Policies and a glossary of terms

Audiences for this resource include local authority leaders, chief executives and other senior officers and councillors as well as directors of Public Health

“Many local authorities are taking a whole-council approach to public health, based on an understanding of the interconnectedness of the social determinants of health.”

Councillor Izzi Seccombe
Chair, Community Wellbeing Board (LGA)

“Place-based leadership can orchestrate a process of social discovery and promote innovative approaches to regeneration.”

Professor Robin Hambleton
University of the West of England

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Local wellbeing, local growth. Slide set.

Contents

- Introducing the Health in All Policies approach
- Health in All Policies in action
- Questions to consider

4

Local wellbeing, local growth. Slide set.

Introducing the Health in All Policies approach

- The WHO definition
- Social determinants of health
- A 'win-win' approach
- How Health in All Policies works

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The WHO definition

A Health in All Policies (HiAP) approach is strongly advocated by WHO and is being adopted worldwide.

“An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.”



WHO, 2013

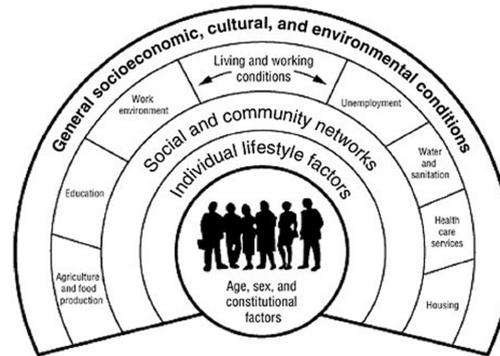
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Social determinants of health

Health and health inequalities are largely determined by living conditions and wider social, economic, environmental, cultural and political factors

Many of our 21st century challenges such as obesity, mental wellbeing and climate change involve multiple interacting causal factors and lack a clear linear solution



Dahlgren and Whitehead (1991)

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A 'win-win' approach

With statutory responsibility for local health passing to local authorities in 2013, local government offers the opportunity to:

- support economic, social and environmental wellbeing
- across multiple services, programmes and policy areas
- in collaboration with partner agencies and sectors.

A Health in All Policies approach:

- supports populations in living better, for longer
- contributes to the achievement of local priorities
- helps overcome local challenges
- allows more efficient outcome-driven commissioning
- helps manage reduced budgets as pressures on local government increase
- supports the integration of local services
- adds value to cross-departmental and cross-sectoral working

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Local wellbeing, local growth. Slide set.

How Health in All Policies works



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Health in All Policies in action

Infographics on six topics are presented to illustrate how Health in All Policies approach can be implemented in practice, articulating the scale of the issue, why it matters and what local government can do to contribute to local wellbeing and growth.

- **insecure employment**
- **mental health**
- **obesity**
- **appropriate housing**
- **giving every child the best start in life**
- **public spaces and green areas**

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Insecure employment

THE ISSUE

In 2015, there were

1.5 million

zero hour contracts



In 2014, just under **1 in 10** people employed in UK (30m people) were underemployed



744,000 people on zero hour contracts in their main job



over **1 in 5** among people in elementary jobs like labourers, refuse collectors and bar staff, were underemployed



WHY IT MATTERS



Workers reporting insecurity in their jobs have higher self-reported ill health relative to workers in secure employment.



Workers reporting insecurity in their jobs see greater numbers of musculoskeletal disorders, physical health problems generally, psychological distress and occupational injuries.

TACKLING INSECURE EMPLOYMENT

Public bodies and local partners can play an important role in improving employment conditions and job security in their communities:

Require their suppliers to **offer fair terms and conditions** of employment to people who work for them



Change their procurement policy making use of the Social Value Act and writing a social value policy with partners



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Mental health

THE ISSUE

Suicide

is the **biggest cause of death** in men age 15-49 in the UK



Every year

one in four

of us in the UK experiences at least one diagnosable mental health problem



WHY IT MATTERS

People of all ages (including children) who have experienced **traumatic events, poor housing or homelessness, or unemployment** are at higher risk of mental health problems.



Poor mental health carries a cost of about

£105 billion

in England each year



People with mental health problems are more likely to be on **low pay** or in **part-time work**.

People with severe mental illness are at risk of dying **15-20 years** earlier than other people

TACKLING POOR MENTAL HEALTH

Public bodies and local partners can:

- Promote employment and management practices that support mental health
- Ensure that all frontline staff are confident and competent in communicating with people about mental health, recognizing signs of mental distress and helping different people appropriately.
- Appoint mental health champions and a lead officer to act as advocates
- Put in place a local suicide prevention action plan
- Consult with service users to improve services to support good mental health



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Obesity

THE ISSUE

one in five children in England are overweight or obese when they **begin primary school**

one in three children in England are overweight or obese when they **leave primary school**

Obesity **disproportionately affects** families who are more deprived, older age groups, some black and minority ethnic groups and disabled people.

WHY IT MATTERS

£27 billion estimated cost of obesity to the UK economy

£6 billion estimated costs of obesity and related conditions to the NHS in the UK

Obesity in adults increases the risk of **many health conditions including** cardiovascular disease, type 2 diabetes, certain cancers and musculoskeletal conditions and poor mental health.

Obese children have poor emotional health outcomes and are more likely to get a **chronic disease later in life.**

TACKLING LACK OF ACCESS

Public bodies and local partners can:

- Promote and maximise opportunities for **cross-departmental working** in councils to deliver joined up action to tackle obesity
- Councils and CCGs can support local population to achieve healthier weight. They can **co-commission** evidence based and effective weight management and healthier catering services that are easily accessible
- Promote the provision of healthier food and drink across a range of settings using various tools e.g. Government Buying Standards for Food and Catering Services, Healthier and More Sustainable Catering guidance, Eatwell Guide and 5 A Day

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Appropriate housing

THE ISSUE

One in three homes in the private rented sector are not a decent standard

This is equivalent to **1.3 million**

95% of housing stock is not suitable by disabled people, including wheelchair users.

WHY IT MATTERS

The availability and affordability of high quality, appropriate housing can **reduce the demands on social care and health services**

Poor housing lowers educational attainment – and increases the likelihood of **unemployment and poverty** in later life.

Conditions like **TB, meningitis, respiratory illness and psychological distress** are more common in overcrowded homes

Overcrowded homes are associated with exposure to tobacco smoke, accidents, disturbed sleep, slow growth. They all increase risk of coronary heart disease in later life

WHAT CAN BE DONE?

Public bodies and local partners can:

- Put in place formal arrangements between partner organisations (e.g. NHS, fire, social care) to ensure health impacts of housing stock are considered
- Prevent issues from occurring by ensuring the housing market is sustainable and appropriate for the needs of the population
- Include housing professionals as part of the wider Public Health workforce so that opportunities to improve health through the provision of housing services can be exploited.

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Giving every child the best start in life

THE ISSUE



2014/15
66% of all children reached a good level of development at age five.



ONLY 51% of disadvantaged children reached a good level of development at age five.

Child poverty has long lasting effects. By GCSE, there is a 27 percentage points gap between children receiving free school meals and their peers in terms of the number achieving at least 5 A*-C GCSE grades.

WHY IT MATTERS

What happens to a child during pregnancy and the early years will affect future life chances and outcomes.

Poverty can affect home-based learning and parent-child interactions, which in turn affect young children's development.

WHAT CAN BE DONE

Public bodies and local partners can:

- Put in place good universal child services including primary prevention, risk assessment, early identification and early intervention.
- Maximise the contribution of local professionals and services assessing the needs of families at risk holistically, signposting them to further support and take them to specialist services.

- Undertake a Joint Strategic Needs Assessment (2014) include all of the priority areas set for 2016.
- Commission evidence-based and outcome-focused parenting programmes.
- Use integrated working and shared plans to support links and services with complex needs at transition points between primary and secondary education, and between secondary and further or higher education, and the transition to adulthood and independent living.

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Public spaces and green areas

THE ISSUE

People in England living in a deprived community are **six times** more likely to have had no previous experience of outdoors activity.



People with good perceived or actual access to green space are more likely to be active.

WHY IT MATTERS

There is a strong evidence linking access to green spaces with health outcomes; it also supports economic objectives.

Estimates suggest that an inactive person is likely to spend 37% more time in hospital and visit the doctor 5.5% more often than an active person.

Public realm improvements, like pedestrianisation or adding seating and greenery, can increase retail footfall by about 30% and retail turnover by an average of 17%.

TACKLING LACK OF ACCESS

Public bodies and local partners can:

- Follow the National Planning Practice Guidance on health and green spaces to promote healthy and more active communities through local green and open space networks.
- Provide a strategic assessment of green space needs for the community and identify where new provision is needed and where existing spaces can be improved.
- Work with developers to provide new green, safe, accessible and pedestrian only spaces and improve the quality of existing green spaces.



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Questions to consider

1. How can a Health in All Policies approach help deliver your strategic priorities?
2. How can you incorporate health, health equity and sustainability into services, programmes, policies and processes?
3. What evidence do you need to determine where to focus your resources for the most effective impact?
4. Which stakeholders can you collaborate with to tackle them?
5. How can you maximise common themes and balance conflicting interests to achieve both your and others' goals?
6. How can you embed health, health equity and sustainability considerations into decision making processes for the long term?

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Summary

'Local wellbeing, local growth' resource introduces why Health in All Policies (HiAP) approach matters and how it can be translated into different areas of work, supplemented with a suite of practical examples from local areas. The approach can be applied to existing processes, decision making structures and managed through relationship building and collaborative 'win-win' working.

The HiAP framework is a helpful way to contribute to wellbeing locally because it systematically addresses health and wellbeing in strategies, programmes by targeting broad health determinants. In return, better wellbeing helps contribute to local priorities, such as economic growth and community cohesion.

For more information, please contact Public Health England, Health Equity Unit, Lina.Toleikyte@phe.gov.uk

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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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PUBLIC HEALTH BOARD MEETING	AGENDA ITEM No. 2
DATE OF MEETING: 27 May 2015	

DIRECTOR: Public Health

Peterborough City Council

Public Health Board

Terms of Reference

1. Purpose

The Public Health Board will be responsible, at senior officer level, for providing direction, oversight and assurance of public health commissioning and delivery. The Board will consider activity and associated outcomes across all public health framework domains (<http://www.phoutcomes.info/>) i.e. the wider determinants of health; health improvement; healthcare public health and preventing premature mortality, and health protection.

2. Objectives

The Council has a statutory duty to improve the health of the population and to consider health inequalities. This requires a consistent and systematic approach, and to have assurance mechanisms for statutory public health functions. The Board has six key objectives focused on this approach:

- 2.1 **Assurance** – deliver assurance that the statutory public health functions of Peterborough City Council are being delivered, in line with the Health and Social Care Act (2012)
- 2.2 **Strategy** – develop a draft strategic framework to set out the Council’s vision for public health, key strategic objectives and defined timeframes, both ‘short-term’ and ‘long-term’.
- 2.3 **Evidence and Learning** – become a forum by sharing evidence and learning to inform strategy and delivery, including:
 - Relevant local evidence , policies and plans and part of key strategy docs such as transport and housing over next 12 months.
 - Relevant national guidance (e.g. NICE public health guidance), evidence, policies and plans
- 2.4 **Outcomes** – agree realistic and clearly defined short-term and long-term public health outcomes and key performance indicators, and ensure frameworks are in place to monitor these.
- 2.5 **Review current programmes** - Review the Council’s main public health programmes, and assess whether they provide the most effective and cost effective way of delivering strategic priorities and outcomes. Propose changes to the commissioning/delivery of programmes when appropriate.
- 2.6 **Public health grant** – review allocation of the public health grant to services and support the DPH in providing professional assurance to Public Health England that grant conditions have been met.

3. Membership

Dr. Liz Robin	Director	Public Health	(Chair)
Wendi Ogle-Welbourn	Corporate Director	People and Communities	
Simon Machen	Corporate Director	Growth and Regeneration	(Vice-chair)
Adrian Chapman	Service Director	Adult Services and Communities	
Lou Williams	Service Director	Children's Services and Safeguarding	
Janet Dullaghan	Head of Commissioning	Children's Health and Wellbeing	
Belinda Child	Head of Housing and Health Improvement	Communities and Targeted Services Department	
Oliver Hayward	Head of Business Management and Commercial Operations	Communities	
Annette Joyce	Service Director	City Services and Communications	
Peter Gell	Strategic Regulatory Service Manager	City Services and Communications	
Fiona Chapman	Management accountant	Finance	
CsPH	Consultants in Public Health	Public Health	
Julian Base	Head of Health Strategy	Public Health	
Lisa Roberts	Culture & Leisure Partnership Manager	Resources	

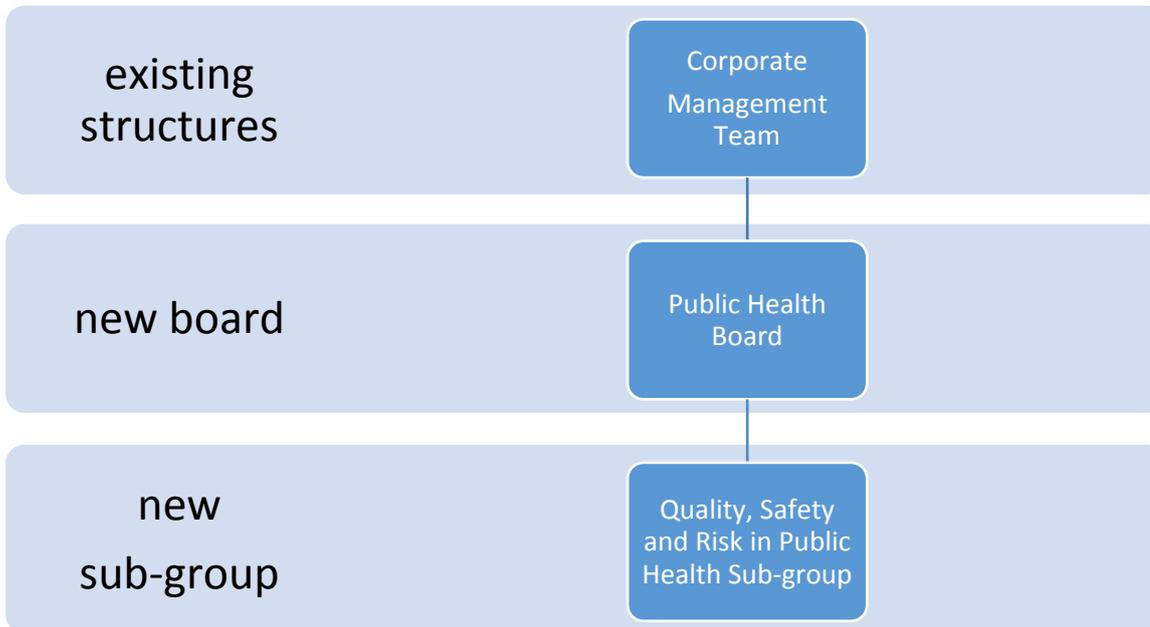
Attendance by appropriate theme or programme leads will be by agreement with the Chair. Members unable to attend may send a nominated representative as a substitute.

4. Meeting Arrangements

- 4.1 **Quorum**- Three representatives including the Chair and at least one other Director. In the event of a meeting not being quorate, items requiring decision may be actioned by written procedures.
- 4.2 **Frequency** - The Board shall meet on a quarterly basis and will be timetabled for 2 hours.
- 4.3 **Administrative support** - The Public Health directorate will support the PH Board meetings. The contact officer will be: Mary Leen, Personal Assistant, Director of Public Health
- 4.4 **Papers** for the Board will be issued by email one week in advance of a Board meeting. Any papers relating to urgent business may be considered at the meeting subject to the Chair's discretion. The Chair may add an item to the agenda less than one week before the meeting on request from a member of the Board. The Chair may also deal with appropriate business through written communication with the Board.
- 4.5 **Minutes** of each meeting will be circulated by email within 10 working days.

5. Accountability

Accountability will be to the Corporate Management Team in line with the agreement that the Board's initial focus would be internal to PCC. Partnership issues will be referred to the appropriate Partnership Board.



6. Review date

The terms of reference will be reviewed after six months.

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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 12
4 DECEMBER 2017	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn, Executive Director People and Communities Cambridgeshire and Peterborough Councils and Dr Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald	
Contact Officer(s):	Helen Gregg, Partnership Manager, Peterborough and Cambridgeshire Councils	Tel. 863618

QUARTERLY HEALTH & WELLBEING STRATEGY PERFORMANCE REPORT

R E C O M M E N D A T I O N S	
FROM: Executive Director People and Communities Cambridgeshire and Peterborough Councils and Director of Public Health	Deadline date: N/A
It is recommended that the Health and Wellbeing Board consider the content of the performance progress report and raise any questions.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Health and Wellbeing Board at the request of the Executive Director for People and Communities Cambridgeshire and Peterborough Councils and the Director of Public Health.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to provide the Health and Wellbeing Board with a summary of progress against the Future Plans identified for each of the focus areas outlined in the Health & Wellbeing Strategy 2016-2019.

- 2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference Numbers:

2.7.3.1 To develop a Health and Wellbeing Strategy for the city which informs and influences the commissioning plans of partner agencies

2.7.3.2 To develop a shared understanding of the needs of the community through developing and keeping under review the Joint Strategic Needs Assessment and to use this intelligence to refresh the Health and Wellbeing Strategy

3. TIMESCALES.

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

- 4.1 The Health & Wellbeing Strategy 2016-19 identified key focus areas. A performance report for each focus area is contained within **Appendix 2**. A full set of reports was presented to the HWB/SPP Partnership Delivery Group on 8 November.

In addition to the performance headlines listed below, the delivery group would also like to highlight activity in the following areas:

The Campaign to End Loneliness Conference, Kingsgate, December 2017

The Campaign is a network of national, regional and local organisations and people working together through community action, good practice, research and policy ensuring that loneliness is acted upon as a public health priority at national and local levels.

Aim of the Event

- The Campaign for Loneliness is due to be launched nationally during November and December to highlight the plight of social isolation during the **festive season**.
- Social Isolation is a key priority for both the government and local authorities currently as this can often lead to health issues adding pressure to our already overloaded health and social care system.

Key messages

- A call out action to tackle isolation amongst the elderly population in Peterborough during Christmas and New Year.
- The Campaign to End Loneliness believes that nobody who wants company should be without it.
- The Campaign also want to target voluntary/community organisations that involve young people to gain their involvement in tackling isolation. The Campaign want to make this happen by ensuring that:
 - People most at risk of loneliness are reached and supported
 - Services and activities are more effective at addressing loneliness
 - A wider range of loneliness services and activities are developed

Health and Wellbeing Strategy Outcome Metrics

- The HWB/SPP Partnership Delivery Group asked pupils from the City College to create a poster that illustrated the key headlines listed in the Health and Wellbeing Strategy Outcome Metrics report brought to the HWB Board earlier this year. The group have asked the pupils to deliver a presentation to the main Health & Wellbeing Board. Date to be confirmed

Universal Credit Support

- Foodbanks have offered to support anyone awaiting for their Universal Credit payment by providing additional food parcels. This is an increase of the usual offer of up to 3 food parcels per year for people in need. The offer is subject to sufficient provision of food donations available.
- Energy cards - PCAS can provide energy card top ups of £15 per utility. Where clients are in crisis and awaiting Universal Credit, we will look to offer more than one instance
- Explore with Public Health options for supporting vulnerable people who are in energy debt. A meeting will take place before the end of November to take this forwards.

English as a Second / Other Language (ESOL) courses

- The Getting to Know You' project, funded under DCLG Controlling Migration funding for 2 years, is designed to teach people with no / low English skills in Peterborough to navigate public services such as health, education and housing, thus reducing the burden on services themselves as well as existing established communities. As well as this, the project will improve participants' English language skills as there is huge unmet demand

for classes in the city.

- The classes are being delivered by trained volunteers using lessons and resources developed by ESOL specialists at City College. Responses from volunteers has been overwhelming, with 70 people of all ages, backgrounds and ethnicities applying to volunteer. In year one, we aim to deliver the courses to 350 learners in a range of venues in the community.

Supported Housing Provision

The Government has announced details of proposed funding arrangements for supported housing provision, which are subject to a public consultation which closes in January. The proposals provide clarity on the approach Government wish to take to encourage the development of new provision for people in vulnerable groups including older people, people with mental health issues, care leavers and people with disabilities

Selective Licensing

Selective Licensing schemes in Peterborough are continuing to positively impact on the conditions across the private rented sector housing market. For example 938 Gas Safe certificates were issued in November 2016, just before the formal scheme began, suggesting that these landlords didn't have one in place and they had been done so their applications could be submitted. Almost 1 year on:

- We have carried out over 1700 initial property inspections, these determine if there are any serious risks we need to deal with urgently, and to identify any category one hazards that need housing enforcement officer intervention.
- The visits are also used to advise owners of any defects found that they need to attend to and to risk assess when a full inspection should be carried out within the lifetime of the scheme, the aim being to tackle the worst first.
- Those c.1700 inspections have resulted in us finding 557 properties having at least one category one hazard that needed enforcement action.
- The housing enforcement officers are working through these and 64 notices have been issued so far.
- We are finding a higher rate of compliance from landlords and many more disrepair issues are being resolved informally reducing the need for formal notices, works in default and prosecutions.
- Six cases have been brought before the courts for not licensing, all have been found guilty and fined. We are currently working towards the introduction of civil penalties which will move these offences away from the court system and will allow us to set more appropriate fines, and recover the money through debt recovery to be used for housing enforcement work.
- Some enforcement action has been carried out to find unlicensed properties. 110 investigations have been undertaken which have resulted in 24 landlords applying for their licences at first contact, 6 resulted in prosecution and the remainder are still ongoing investigations.

Key Headlines from the performance reports:

Children and Young People

- Mental Health & Wellbeing Services Conference is being held on 30 November. The conference will celebrate and focus on the new and improved services across Cambridgeshire and Peterborough for children and young people's mental health and wellbeing
- A new pathway has been developed for children with suspected ADHD/ASD
- A procurement process has recently been completed for the provision of counselling services and mental health promotion services jointly with CCC and C&P CCG and additional investment has gone into this. The new provider CHUMS, will start delivering the service from 1st January 2018

Ageing Well

- The Older People Mental Health Delivery Board is bringing together agencies across the health and social care system to develop an integrated plan to improve outcomes for

- people living with dementia across Cambridgeshire and Peterborough
- Implementation of the CCG-wide falls prevention business case has now commenced. The aim of the project is to implement a comprehensive, standardised and integrated falls prevention pathway across the CCG area of Cambridgeshire and Peterborough
- Social isolation has been determined a priority by the Ageing Well Strategy Board, alongside other priorities including falls prevention and dementia
- A falls prevention pathway has been co-produced and is being implemented by colleagues from Public Health, CPFT and the CCG. Funding has been secured from Better Care Fund, the STP and public health

Growth, Health and the Local Plan

- Consultation on the Proposed Submission version of the emerging Local Plan is now due to commence in Jan 2018 for a six week period. It includes a proposed Health and Wellbeing policy
- The Public Health team are working with colleagues from strategic planning, development planning, community safety and environmental health to investigate options for improving the food environment in Peterborough. A review of local food environment was undertaken to better understand:
 - The number and distribution of different food outlets e.g. fast food, local grocery shops across Peterborough, their location and growth over time
 - National evidence on what can be done to improve choice and create a food environment which encourages as default more healthy options
- A report was taken to the Public Health Board in October and following this Public Health, Planning Policy and Development Management teams will meet in November to explore the feasibility of developing a Supplementary Planning Document as a means of influencing the development of fast food outlets in the city

Health and Transport Planning

- The Council has applied for sustainable travel funding from the Combined Authority following a unsuccessful application to Department for Transport, a decision should be taken at their board meeting on 25 October
- £20,000 has been awarded to the Cambridgeshire and Peterborough Road Safety Partnership Delivery Group from the OPCC to deliver various road safety activities
- Toolkits are being developed which cover the fatal four (speed, seatbelts, mobile phones and drink drug driving). Toolkits will be available to community, voluntary groups, CSPs across the county to allow for a coordinated message.
- Focus has continued on young drivers officers have delivered events at RAF Wittering around drink/drug driving and attended the Freshers Fayre at Peterborough Regional College
- The Council was successful in it's application for funding from department for transport to enhance its cycling and walking plans and provide staff training on current best practices
- The Road safety partnership is currently experiencing problems with casualty data and the new CRASH system. This is currently being investigate and solutions being developed

Health and Wellbeing of Diverse Communities

- National Controlling Migration Fund. Five Peterborough projects have been funded to date, these are:

CMF Project	Lead Officer	DCLG Grant Awarded (Total)	17-18	18-19	19-20

Getting to Know You	Janet Bristow - City College	£281,573	£138,706	£142,867	N/A
Alcohol Misuse	Joseph Keegan / Julian Base - Public Health	£283,347	£135,120	£148,227	N/A
Rough Sleeper Support Services	Sean Evans - PCC	£250,436	£99,401	£151,036	N/A
Shared Vision	Keith Jones - CAB	£288,350	£105,344	£145,852	£37,154
Social Media Resources	Kathy Hartley - Public Health	£94,200	£48,900	£45,300	N/A
		£1,197,906	£527,471	£633,282	£37,154

- The projects help to address many of the issues identified in the JSNA for Diverse Ethnic Communities
- The mental health Crisis 'First Response Service' (FRS) and 'Sanctuaries' - implemented as part of a partnership 'crisis care concordat programme' is being promoted as a programme of work to Minority Ethnic communities throughout Peterborough
- NHS Health Checks are now being delivered within local community settings, complementing existing delivery through local GP practices

Health Behaviours and Lifestyles

- Solutions4Health are delivering one to one clinics and group programmes to assess and address lifestyle factors including alcohol, diet and nutrition, physical inactivity and smoking, with 380 people setting a personal health plan since April.
- The workplace programme is a joint commission across Cambridgeshire and Peterborough that supports the wider networking of local employers. The programme is also closely aligned with both healthy lifestyle services across the area to ensure employers have full access to support services.
- A Tobacco Control Plan is being co-produced with a variety of partners from the local authority, health sector, voluntary groups and patient groups. Each partner is directly committed to lead specific interventions and work collaboratively towards the achievement of shared outcomes
- The Staying Well Campaign is being actively promoted through digital, print, media and publication platforms between 23 October through to 17 December. Key messages are around flu jabs and how cold weather can affect your health. A copy of a poster is attached as Appendix 3. The aim of the campaign is to ensure that people who are most at risk of preventable emergency admission to hospital are aware of and, where possible, are motivated to take actions that may avoid admission this winter.

Housing and Health

- 1,077 aids & adaptations were completed in 2016/2017 and so far this year 667 have been completed
- 3,427 Handyperson requests were completed in 2016/2017 and so far this year 1,228 have been completed
- 8 Housing Related Support providers are currently funded, which includes support in accommodation settings, drop in support and some specialist floating support. Overall numbers of Homelessness Prevention as a direct result of this support are slightly up on same period last year

- Discussions are now taking place to jointly commission a generic Floating Support Service with Cambridgeshire County Council from July 2018 onwards. This will provide support to vulnerable residents in both hostel settings and within their homes. The aim is for the support to move with them through different types of accommodation and at different levels to achieve full independent living.
- The Cross Keys Homes Extra Care scheme of 54 units completed and was handed over to CKH's Housing Related Support team on 5th September. An open day has taken place and 14 units, accommodating 20 people are now occupied within the scheme
- The Vulnerable Housing G has now met twice resulting in positive discussions on how we gear ourselves up for the provision for vulnerable people (older people, people suffering from mental health issues, domestic abuse victims, young people leaving care)
- The Housing Board for the Combined Authority has agreed in principle to include vulnerable peoples housing needs as a sub-group
- The levels of homelessness in the city remain high, with a number of households temporarily housed in bed and breakfast-type accommodation. To address this, the council is actively working to increase the availability of housing to accommodate homeless households; this is being achieved through the conversion of existing buildings and the acquisition of additional housing off the open market.

Mental Health for Adults of Working Age

- The Draft Joint Cambridgeshire and Peterborough Suicide Prevention Strategy was presented to Health Scrutiny on 6 November. The strategy outlines 6 priorities: Priority area 1 – Reduce the risk of suicide in high risk groups, Priority area 2 – Tailor approaches to improve mental health in specific groups, Priority area 3 – Reduce access to the means of suicide, Priority area 4 – Provide better information and support to those bereaved or affected by suicide, Priority area 5 - Support the media in delivering sensitive approaches to suicide and suicidal behaviour and Priority area 6 - Support research, data collection and monitoring
- Suicide Prevention - a number of new workstreams have been established e.g. bereavement support for people bereaved by suicide following investment by the STP. Funding has been provided to set up a reactive support service for people who have been bereaved as a result of suicide
- Zero suicide initiative - This is the overarching ambition for suicide prevention locally and aims to bring all partners together to support the development of a learning culture to drive up quality so that suicide prevention is a priority for each organisation, across the system
- GP Training in suicide prevention - Funding has been secured through the STP for training of GPs across Cambridgeshire and Peterborough in suicide prevention, which will focus on the patient/GP interaction, risk identification, compassion and empathy as well as safety plans and follow-through care.
- Stronger links between commissioners - two multi-agency groups that include service user and carer representation now oversee the delivery and improvement of mental health services: i) The MH Delivery Board (the Cambridgeshire and Peterborough Crisis Care Concordat group) which oversees crisis acute care ii) the Community MH Services Delivery Board which oversees statutory and voluntary sector provision in the community and primary and secondary care.
- The Right Support, the First Time, at the Right Place, by the Right People - the enhanced primary care mental health pathway to be delivered through the PRISM has been implemented across Peterborough. This will help to ensure that the Care Act responsibilities of CPFT, including as required in of social care through the Section 75 Partnership Agreement, are discharged
- Improvement in the identification of carers of people with mental needs is a key priority 2017/18. This is being addressed directly with CPFT and with The Carers Trusts as well as being addressed within the joint Council and CCG review of the Cambridgeshire and Peterborough Carers Strategy

Protecting Health

- Good progress continues to be made in Peterborough on Latent TB (LTBI) screening in certain at risk groups, which has been the focus of the TB commissioning Group led by

the CCG in the past 18 months. Additional GP practices have now been recruited to the programme to ensure a high level of coverage

- Health Protection Steering Group (HPSG) Screening Updates
- Low uptake for all three cancer screening programmes:
 - Bowel Cancer screening uptake – range 55.4% – 59.9% (acceptable 52%, achievable >70%)
 - Breast screening uptake – range 69.87% - 75.8% (acceptable >70%, achievable >80%)
 - Cervical cancer screening – range 63.3% - 66.1% (acceptable >80%, achievable >95%)
- Immunisations – causing concern is the second dose of MMR vaccine – there is good uptake now of the first dose but at age 5 years under 90% of children have been received the second dose of the vaccine that is needed to give a high level of immunity
- Current focus on flu vaccination as winter approaches. Reports from Australia show that their flu season that has just ended was more severe than previous years and usually the flu strains that have been predominant in the Southern hemisphere tend to be those that affect us in our following flu season so we are expecting a more severe flu season this year. Encouraging flu vaccination was the focus of the November Healthy Peterborough campaign.

Health and Wellbeing of People with Disability and/or Sensory Impairment

- Peterborough Physical Disability Board - The first meeting of the refreshed Peterborough Physical Disability Board met in May 2017. The Board is Chaired by an independent person and the membership includes officers from the Council and others from the voluntary sector (and other interested parties). It has a Forward plan that includes Transport, Health, Employment and Leisure
- Peterborough Sensory Disability Board - A pre-meeting to develop the Peterborough Sensory Disability Board took place at the beginning in Oct 2017 and a Terms of Reference was agreed to be taken to the first ever board in December 2017
- The results of the 2016/17 Carers Survey has been analysed and an action plan devised. The results were very positive with 72.6% of carers stating that they were extremely to quite satisfied with the support and services they receive against an England average of 70.8%.
- The [Care and Support Directory for 2017/18](#) which is a useful information source for people with disabilities and sensory impairment was distributed to council offices, the hospital, Age UK, Carers Trust and GP practices in August 2017 and can be viewed on the council website
- Future arrangements for Learning Disability - A joint review is underway between both LAs and the CCG about future arrangements for learning disability

Geographical Health Inequalities

- Can Do Regeneration Programme - An Executive Board has been established to oversee the 2-year programme and governance terms agreed that reflect the vital participation of the community
- Public and voluntary sector partners will work in collaboration with the community to develop improvement plans for the parks and open spaces in the area. It is anticipated that this group will submit a funding bid to the National Lottery's new £4.5m Place Based Social Action Fund to support this work
- Community Serve - Community Hubs supported by the City College are located within Gladstone and Orton Malborne. Cross Keys Homes support a community led hub in Westwood. As a result of attending the Hub and participating in a range of courses including ESOL, students have gained valuable life changing skills; for the first time, they can communicate at an effective level with Doctors and Teachers. This is a major achievement as it eliminates the isolation factor and it allows students to integrate within the community
- Community Meet and Eat events attracting a total of 543 local people and improving social cohesion and isolation. Partners attending include Public Health, the National Literacy Trust and College staff to promote learning and volunteering opportunities. The meet and eat gatherings have proved to be incredibly successful and go a long way to

reduce isolation, increase social relationships, tackling health and well-being and providing volunteering skills and development in the local community

- Public Health are beginning a programme of cross cutting analytical work on health inequalities across Peterborough and Cambridgeshire and how this is linked to socioeconomic outcomes and pressures on health and care services. The work will help partners better understand how outcomes differ across the area, how they are changing and the areas with greatest need

Long Term Conditions and Premature Mortality

- Recent data shows that the overall cardiovascular mortality for adults under the age of 75 in Peterborough has fallen to similar to that of the national average, having been above average since 2005/07. There are still inequalities between different areas in Peterborough
- Implementation of the STP/BCF programme to identify and treat people with atrial fibrillation to reduce their risk of stroke is progressing, with good engagement of local GP practices.

Future Plans RAG Ratings and Risk Register (Appendix 2)

There have been a number of improvements to the RAG ratings (all from AMBER to GREEN) as listed below:

Long Term Conditions and Premature Mortality

- Develop and implement a joint strategy to address CVD in Peterborough

People with Disability and/or Sensory Impairment

- Work with users of St George's hydrotherapy pool to explore future options for sustainability

Ageing Well

- The HWB has commissioned an 'Older People: Primary Prevention of Ill Health' JSNA for Peterborough, which is due for completion during 2016

Protecting Health

- Develop a joint strategy to address poor uptake of immunisation including improved communication with communities and individuals

Health & Transport Planning

- Collect further JSNA information on transport and health for Peterborough, using locally developed methodologies

BCF / STP

- Greater alignment of Peterborough and Cambridgeshire BCF Plans
- A single commissioning board for Peterborough and Cambridgeshire

5. CONSULTATION

5.1 The progress reports were reviewed at the Health & Wellbeing and SPP Partnership Delivery Group on 8 November 2017.

5.2 The Partnership Delivery Group will be focussing on a review of the integrated front door and 106 agreements.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The Board is expected to review the information contained within this report and respond / provide feedback accordingly.

7. REASON FOR THE RECOMMENDATION

7.1 To ensure the Health and Wellbeing Board members are kept regularly informed of progress and any barriers/challenges that may be preventing progress so that members may assist in unblocking these.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The Board must be kept informed of progress against the identified focus areas within the current Health & Wellbeing Strategy.

9. IMPLICATIONS

Financial Implications

9.1 There are no financial implications associated with this report.

Legal Implications

9.2 There are no legal implications associated with this report.

Equalities Implications

9.3 There are no equality implications associated with this report.

10. BACKGROUND DOCUMENTS

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

10.1 N/A

11. APPENDICES

11.1 Appendix 1 Future Plans RAG Ratings and Risk Register
Appendix 2 Focus Areas Performance Reports
Appendix 3 Staying Well Poster

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
8 JANUARY 2018	PUBLIC REPORT

Report of:	Director of Public Health		
Cabinet Member responsible:	Councillor Diane Lamb		
Contact Officer:	Dr Liz Robin		Tel. 01733 207175

PUBLIC HEALTH PORTFOLIO HOLDER'S SIX MONTHLY UPDATE REPORT 2017/18

R E C O M M E N D A T I O N S	
FROM: Councillor Diane Lamb	Deadline date:
<p>It is recommended that the Health Scrutiny Committee</p> <p>1. Note and comment on the Public Health Portfolio Holder's Report six monthly update for 2017/18</p>	

1. ORIGIN OF REPORT

This report was requested by the Health Scrutiny Committee following presentation of the Public Health Portfolio Holder's Report 2016/17 at Health Scrutiny Committee in June 2017.

2. PURPOSE AND REASON FOR REPORT

2.1 This report provides an overview of the performance of the public health functions of the Council over the first six to eight months of 2017/18 and progress against the priorities set for 2017/18.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health.

2.3 This report focuses on the Strategic Priority: 'ACHIEVE THE BEST HEALTH AND WELLBEING FOR THE CITY'

2.4 This report supports the Children in Care Pledge 'Help encourage you to be healthy'

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

4.1 BACKGROUND

Cabinet Portfolio Holder for Public Health

The Cabinet Portfolio Holder for Public Health is responsible for the public health functions of the Council under the Health and Social Care Act (2012) including:

- To help people live healthy lifestyles and make healthy choices, reducing their risk of developing long term health problems and conditions.
- To reduce health inequalities between different social groups in the city and amongst hard to reach groups.
- To carry out health protection functions delegated from the Secretary of State, in relation to infectious diseases and chemical hazards.
- To ensure that public health advice is available to all local NHS organisations.

4.2 **Public Health Delivery arrangements**

The Director of Public Health (DPH) is a joint post with Cambridgeshire County Council, and is supported by a joint Public Health team working across the two Councils.

4.3 **The Public Health Grant to local authorities**

Peterborough City Council receives a ring-fenced public health grant from the Department of Health to deliver public health services. For 2017/18 the total grant is £11,196,000.

4.4 **Wider partnership arrangements**

The City Council's public health functions are delivered working with the NHS and other partner organisations. Important partnership boards include:

- The Peterborough Health and Wellbeing Board, chaired by the Peterborough City Council Leader. The HWB Board has agreed a joint Health and Wellbeing Strategy 2016/19 for Peterborough and has a duty to promote integrated working across health and social care.
- The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) which has developed a five year STP Plan 'Fit for the Future' for local health and care services.
- The Cambridgeshire and Peterborough Local Health Resilience Partnership (LHRP) which oversees health emergency planning for the area.

5.0 **KEY ISSUES**

5.1 Strategy

Delivery of Peterborough's Joint Health and Wellbeing Strategy 2016/19 is monitored by the Health and Wellbeing Board through quarterly performance reports, plus an annual report on trends in key health outcomes.

- 5.1.1 The Cambridgeshire and Peterborough Suicide Prevention Strategy 2017/20 was approved by the Health and Wellbeing Board in December 2017.

5.2 Needs Assessment

The following have been completed during 2017/18 or are in progress:

- The Peterborough Joint Strategic Needs Assessment (JSNA) Core Dataset 2017 was approved by the Health and Wellbeing Board in September. The JSNA Core Dataset provides a range of statistics on health and wellbeing in Peterborough and is updated annually.
- The Peterborough draft Pharmaceutical Needs Assessment (PNA) was launched for public consultation from October 23rd – December 23rd 2017. This is a statutory assessment of the need for pharmacies in the area, and the final draft will be taken to the Health and Wellbeing Board for approval in March 2018.

- A Peterborough Joint Strategic Needs Assessment (JSNA) Dataset for Transport and Health was approved by the Health and Wellbeing Board in December, with a focus on active travel (walking and cycling), air quality, and access to services.
- A Cambridgeshire and Peterborough needs assessment to support planning of domestic abuse services has been completed.
- A further appendix to the Diverse Ethnic Communities JSNA (2016) is being developed, with a focus on the health and wellbeing needs of South Asian communities.

5.2.1 Information from the Diverse Ethnic Communities JSNA (2016) was used to underpin a number of successful bids from Peterborough City Council to the Controlling Migration Fund, for projects which aid integration of migrant communities.

5.3 Campaigns

The Healthy Peterborough Campaign has been delivered throughout 2017/18 to date, promoting the following topic areas:

May-June: Mental Health and Wellbeing
 June- July: Children's Health
 August-Sept: Physical Activity
 Sept – Oct: Stop Smoking
 Nov-Dec: Stay Well in winter

5.3.1 The results of a survey and focus groups carried out in 2016/17 showed that the public wanted the Healthy Peterborough campaign to provide more information about local events and services which support healthy living, and this has been done for 2017/18 campaigns.

5.3.2 Website and social media statistics from the Healthy Peterborough campaign are included as Annex A. In the first seven months of 2017/18 there were:

- 122,562 page visits to the Healthy Peterborough website
- 159,370 views of Healthy Peterborough tweets
- 269 Facebook messages were posted, which were seen 386,732 times
- 22 separate paid for Facebook adverts were seen a total of 329,757 times

5.4 Commissioning of Public Health Services

A public health joint commissioning unit (PHJCU) across Peterborough and Cambridgeshire was created in May 2017. It is led by Public Health Consultant, Val Thomas and Assistant Director of Commissioning, Oliver Hayward. The PHJCU is responsible for the commissioning and performance monitoring of contracts for drug and alcohol misuse treatment services; sexual health and contraception; integrated lifestyle services; and public health contracts with GP practices and pharmacies.

5.4.1 The performance of public health services commissioned by the PHJCU is provided in detail in Annex B. In summary:

- Performance of Integrated Contraception and Sexual Health Services commissioned from Cambridgeshire Community Services (CCS) is generally good. There is pressure on services, with higher demand for appointments than forecast, and the targets for the number of patients offered an appointment within 48 hrs and seen within 48 hrs are not being met.
- The Integrated Drug and Alcohol Service provided by Aspire (CGL) saw a dip in performance during implementation of the new contract in 2016/17 and early 2017/18. A turnaround plan has been successful and the latest performance figures for the

percentage of clients successfully completing treatment are at or above the national average, with successful treatment of opiate users close to top quartile performance.

- The Integrated Lifestyle Service provided by Solutions4Health has shown very good performance by the health trainer service and on outreach health checks, both of which are well above target. There were challenges implementing the tier 2 weight management service at the start of the contract, resulting in below target performance so far this year. The tier 3 weight management (specialist) service has now been subcontracted to Addenbrookes, which will provide clinics in Peterborough, and is planned to start in January.

5.4.2 Children's public health services, such as health visiting, family nurse partnership and school nursing are commissioned alongside other children's wellbeing services, through the Cambridgeshire and Peterborough Joint Children's Health Commissioning Unit. The performance of children's public health services is provided in detail in Annex C. Key points include

- Targets for mandated visits by health visitors for new births, 6-8 week checks and 12 month checks are being met
- Timely health visitor checks at age 2 are slightly under target, which is linked to capacity and difficulty recruiting to vacancies
- Antenatal visits to pregnant women by health visitors are being prioritised for first time mums and families where there are identified vulnerabilities.
- The percentage of babies who are breast fed at eight weeks has remained stable at 45%, similar to the national average
- The main demand for one to one school nursing interventions, is for mental health and wellbeing needs of young people.

5.5 Services funded by the public health grant, overseen by other portfolio holders

The public health grant contributes funding to some Peterborough City Council services which are the responsibility of other Cabinet portfolio holders, because these services contribute to public health outcomes. These include

- Children's Centres £1,240k
- Domestic violence services £200k
- Road safety service £116k

5.6 Joint working with the NHS

As part of their work with the NHS, public health staff have jointly led development and implementation of three preventive programmes included in the Sustainable Transformation Plan (STP):

- A multi-agency falls prevention programme across Peterborough and Cambridgeshire which will involve campaigns; falls prevention health trainers; falls prevention assessments by NHS community staff; and provision of evidence based strength and balance training to older people most vulnerable to falls. Because falls amongst older people are a common cause of being admitted to hospital and to residential care, preventing falls results in better outcomes for people and lower costs to the NHS and social care services.
- A stroke prevention programme in primary care, based on identifying and treating people with a heart condition called atrial fibrillation which increases the risk of having a stroke. This programme is being piloted in Peterborough and Wisbech. By preventing strokes the programme should achieve better outcomes for people and reduced costs for the NHS and social care.
- A suicide prevention training programme for GPs, and development of counselling and support suicide for people who have been bereaved by suicide.

5.7 Joint Work On Health Emergency Planning And Health Protection

- 5.7.1 The Cambridgeshire and Peterborough Public Health team has a duty to plan for public health emergencies, and to work with other organisations to ensure local people's health is protected. Public health staff have led the development of the following multi-agency plans which were approved for validation in December by the Cambridgeshire and Peterborough Local Resilience Forum (CPLRF):
- Cambridgeshire and Peterborough Pandemic Influenza Plan
 - Cambridgeshire and Peterborough Vulnerable People Protocol
- 5.7.2 Emergency planning training and exercises which involved public health staff included:
- CPLRF Exercise Falmouth: which included testing of the Vulnerable People's Plan
 - CPLRF tactical co-ordination Group training with the national Emergency Planning College
 - A care home training event on managing outbreaks
- 5.7.3 Public Health England and NHS England asked all Local Health Resilience Partnerships (LHRPs) in England to carry out a self-assessment of local arrangements to protect people's health from infectious diseases and chemical hazards. The assessment for Cambridgeshire and Peterborough was led by the public health team, who gathered evidence across organisations. The overall score was better than the national average, and an improvement plan for areas of partial assurance will be overseen by the LHRP.

6.0 PRIORITIES FOR 2017/18

The following priorities for 2017/18 were described in the Cabinet Portfolio Holder's annual report presented to the Health Scrutiny Committee in June 2017. Since then, a further priority to improve population mental health and to raise awareness of mental health within the Council has been added. Progress is as follows:

- **Improve population mental health and raise awareness of mental health within the Council**
On track: See para 5.1.2 and para 5.6 for progress with suicide prevention. An evening Mental Health workshop for Councillors and senior officers is planned for Monday February 5th 2018, to raise awareness of mental health within the Council.
- **Successful implementation of new 'Solutions4Health' Integrated Lifestyle Service**
Completed: See para 5.4.2 and Annex B
- **Implement agreed Sustainability and Transformation Plan falls prevention and stroke prevention programmes jointly with NHS**
On track: See para 5.6
- **Implement emergency contraception service in pharmacies as part of teenage pregnancy action plan**
On track: A template contract for pharmacy provision of emergency hormonal contraception has been created and to date twelve pharmacies in Peterborough have signed up
- **Implement Cambs & Peterborough public health joint commissioning unit (substance misuse, sexual health, integrated lifestyles, primary care services)**
Completed: see para 5.4.1
- **Further develop Healthy Peterborough Campaign/Brand in response to recent evaluation:**
Completed: see para 5.3.2
- **Contribute to joint commissioning/integration plans for 0-19 children's health services, led by Wendi Ogle-Welbourn, which include health visiting and school**

nursing

On track: a public health consultant and an analyst from the Cambs & Peterborough public health team are allocated to support the Joint Children's Health Commissioning Unit.

- **Develop Supplementary Planning Document for Health and Wellbeing as part of Peterborough Local Plan**

On track: a Health and Wellbeing Policy has been included in the draft Peterborough Local Plan. Public health staff are working with the Growth and Regeneration directorate to explore development of a supplementary planning document for fast-food premises.

- **Targeted work in 20% of areas/communities with highest deprivation to improve health and reduce high hospital admission rates.**

On track: The Annual Public Health Report focused on mapping deprivation and health outcomes across small areas within Peterborough. The Integrated Lifestyle Service is required to target work in areas of highest deprivation. A detailed linking deprivation factors in communities with hospital admission rates will be completed across Peterborough and Cambridgeshire by the end of 2017/18, to help both local authorities and the NHS target preventive work appropriately.

- **Further develop the Healthy Ageing Programme - including dementia friendly City and associated research project.**

On track: Research is underway on Peterborough as a dementia friendly city. A multi-agency Dementia Strategy for Cambridgeshire and Peterborough is being developed and is due to be taken to the Health and Wellbeing Board in March 2018 for approval. Cambridgeshire and Peterborough have been selected as pilot areas for the 'Campaign to End Loneliness'.

- **Work with constabulary on Local Alcohol Area Action Plan**

On track: The main public health requirement in the Local Area Action Plan was to promote joint work between Peterborough Hospital and the Safer Peterborough Partnership. The focus of the joint work is to use anonymized A&E data to help identify premises where frequent alcohol related violence takes place, so preventive measures can be taken. This work to put this in place is progressing well.

7.0. CONSULTATION

7.1 The draft Pharmaceutical Needs Assessment is currently out to public consultation. Public health savings plans are being consulted on as part of the Council's wider budget consultation.

8. ANTICIPATED OUTCOMES OR IMPACT

8.1 The overall impact of Peterborough City Council's public health functions in 2017/18 should be to further improve the health of local residents and reduce health inequalities.

9. REASON FOR THE RECOMMENDATION

9.1 This paper enables the Health Scrutiny Committee to consider and comment on the delivery of the public health functions of Peterborough City Council and make appropriate recommendations.

10. ALTERNATIVE OPTIONS CONSIDERED

10.1 The Committee may have chosen to focus on one topic, rather than a more comprehensive Cabinet Portfolio Holder's six monthly report. However the wider work of the Council's public health functions would not then have been submitted to the same level of democratic scrutiny in public.

11. IMPLICATIONS

Financial Implications

- 11.1 This report is not for decision and therefore does not have direct financial implications. Priorities for 2017/18 will be delivered within the available budget. Because the services funded are preventive, successful development and delivery will result in reduced demand pressures on wider NHS and social care services.

Legal Implications

- 11.2 Under the Health and Social Care Act (2012) the Council has a statutory duty to take such steps as it considers appropriate to improve the health of local residents.

Equalities Implications

- 11.3 There is a wider focus within services on reducing health inequalities, which in turn should impact positively on a number of equalities groups.

Rural Implications

- 11.4 The public health functions outlined should be delivered in both urban and rural areas of Peterborough, and it is important to ensure that where services are based centrally within the City there is appropriate outreach into rural areas, based on need.

12. BACKGROUND DOCUMENTS

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

- 12.1 Peterborough Joint Health and Wellbeing Strategy 2016-19

13. APPENDICES

Annex A: Healthy Peterborough Digital Statistics

Annex B: Public Health Joint Commissioning Unit Performance Report

Annex C: Children's Public Health Services Report

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Healthy Peterborough Digital Statistics 2017/18

Website (figures correct as at 6 Dec)

* In the first 7 months, we had 122,562 page visits to our website

Month/Edition	Number of views	Top 3 articles
May-June 2017 (mental health)	38,357	2638 – The GP Hub 1,212 – Spotting the warning signs 786 views – Keep your head
June-July 2017 (children's health)	31,829	2,181 - Free swimming for all children under 5 904 – Get sugar smart 800 – Drink plenty
Aug-Sept 2017 (physical activity)	20,858	1602 – FREE 3 day gym pass 501 – Let's get moving 401 – How much should you be doing
Sept-Oct 2017 (Stoptober 2017)	16,524	282 – How quickly you will notice the benefits when you quit smoking 266 – 111 256 – Where to find a stop smoking clinic
Nov-Dec 2017 (Winter health)	14,994	1363 – Flu jab for people aged 65 or over 864 – Flu jab for people with long term health conditions 806 – Keep colds and flu at bay

Twitter

* In the first 7 months, we posted 167 tweets, seen by 159,370 people and 73 people started to follow Healthy Peterborough Twitter

Month	Number of followers	Number of tweets	Number of impressions (number of times tweets seen)
April 2017	180 ↑4	5	4,467
May 2017	186 ↑6	20	17,957
June 2017	200 ↑14	18	15,888
July 2017	221 ↑21	31	31,272
Aug 2017	223 ↑2	23	25,865
Sept 2017	232 ↑9	19	11,701
Oct 2017	245 ↑13	31	25,839
Nov 2017	253 ↑8	20	26,381

Facebook

* In the first 7 months, we posted 269 messages, which were seen 386,732 times, 516 people started to follow Healthy Peterborough Facebook

Month	Number of likers who follow our posts	Number of posts	Number of people who saw posts
April 2017	2,722 ↑3	20	15,132
May 2017	2,749 ↑27	25	19,969
June 2017	2,769 ↑20	34	42,178
July 2017	2,805 ↑36	54	69,969
Aug 2017	2,888 ↑83	38	40,019
Sept 2017	3,036 ↑148	29	38,311
Oct 2017	3,146 ↑110	30	131,335
Nov 2017	3,238 ↑92	39	29,819

Paid Facebook Advertising

* In first 7 months, we had 22 separate paid for Facebook adverts, seen 329,757 times, resulting in 392 page likes (followers) and 5,358 web clicks, costing £2,547.70

Advert	Number of people who saw advert	Number of web clicks / page likes	Date ad ran	Cost
Mental health theme				
Mental health week 1 - ask for help	13,714	156 link clicks	2-9 May 2017	£75
Mental health week 2 - Keep your head	16,743	139 link clicks	8-15 May 2017	£75
Mental health week 3 - healthy eating give mind a boost	11,634	168 link clicks	15-21 May 2017	£75
Mental health week 4 - suicide pledge	18,986	129 link clicks	22-28 May 2017	£75
Mental health week 5 - stressed - Keep your head	11,740	94 link clicks	29 May – 4 June 2017	£75
Mental health week 6 - someone listen and support	16,290	127 link clicks	5 – 11 June 2017	£75
Children's health theme				
Children's health week 1 - Active children	16,842	130 link clicks	12 – 19 June 2017	£75
Children's health week 2 - Health visitor	12,557	110 link clicks	19 - 26 June 2017	£75
Children's health week 3 - immunisations	17,088	129 link clicks	26 June – 3 July 2017	£75
Children's health week 4 - sugar smart app	14,493	158 link clicks	3 – 10 July 2017	£75
Children's health week 5 - kooth	14,019	124 link clicks	10 – 17 July 2017	£75
Children's health week 6&7 - 10 minute shake up	24,284	237 link clicks	17 -31 July 2017	£150
Physical activity theme				
Physical activity gym pass 1	13,156	192 link clicks	1-13 Aug 2017	£150.00
Physical activity gym pass 2	25,628	442 link clicks	14-16 Sept 2017	£249.39
Smoking theme				
Stoptober events	19,001	655 link clicks	18 Sep – 3 Oct	£150.00
Smoking – stop & risk reduces	19,875	719 link clicks	6-23 Oct	£150.00
Staywell in winter theme				
Flu - over 65s	7,631	345 link clicks	23 Oct - 5 Nov	£95.00
Flu - pregnancy	7,918	199 link clicks	30 Oct - 6 Nov	£50.00
Flu – longterm health condition	8,744	325 link clicks	6-13 Nov	£75.00
Flu – 2-3 year olds	5,868	192 link clicks	13-20 Nov	£75.00
Stay well winter health	14,456	588 link clicks	21 Nov – ends 19 Dec	£177.14
Generic				
Healthy Peterborough facebook page likes	19,090	392 page likes	23 Aug – ends 31 Dec	£401.17

ANNEX B: PUBLIC HEALTH JOINT COMMISSIONING UNIT PERFORMANCE REPORT	
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AUTHOR: Val Thomas

1. PURPOSE

The purpose of this Annex is to provide a brief update on the Cambridgeshire and Peterborough Public Health Joint Commissioning Unit (JCU) and an overview of the performance of the Peterborough contracts that it manages.

2. BACKGROUND

The JCU was created in May 2017 and it brought together the Public Health Commissioning functions across Peterborough City Council and Cambridgeshire County Council. Three teams were formed, Drugs and Alcohol/Sexual Health, Lifestyles and Primary Care. It is led by the Assistant Director of Commissioning for Cambridgeshire and Peterborough and the Consultant in Public Health (Health Improvement) for Cambridgeshire and Peterborough. The model aims to bring together commissioning staff and Public Health staff to ensure that Public Health commissioning is informed by evidence of need and effectiveness, including cost benefits alongside robust commissioning practice. Health Improvement staff also continue to hold their wider roles in the public health team.

3. SCOPE OF THE PUBLIC HEALTH JCU

The JCU is responsible for the commissioning and performance monitoring of substance misuse, sexual health, lifestyles and all the primary care public health contracts. In addition, it also manages the commissioning and performance management of some smaller mental health contracts. It does not include children and young people's services, health visiting and school nursing, in its remit. These sit within the Children and Young People's JCU. It should also be noted that all staff are involved in wider work with partners to develop joint pathways and commissioning, shared strategic approaches and policy development. Currently there is one vacant post.

4. CURRENT CONTRACTS AND PLANNED PROCUREMENTS

Currently the JCU holds 40 Cambridgeshire County Council and ten Peterborough City Council contracts. Currently there are a two procurements involving Peterborough City Council commissioned services being taken forward or planned for the forthcoming year. Both procurements are joint with Cambridgeshire, which maximises best value through economies of scale.

Table 1: PHJCU joint procurements for Cambs & Peterborough during 2017/18

Service	Procurement Schedule	Current Status
Cambridgeshire and Peterborough Healthy Schools Service	Invitation to tender: February 2018 Contract award: June 2018 New Service: September 2018	Consultation and specification development
Cambridgeshire and Peterborough Workplace Service	Invitation to tender: December 2017 Contract award: March 2018 New Service: April 2018	Consultation and development

5. PERFORMANCE

The following is an overview of the performance of the main contracts that the Public Health JCU manages for Peterborough City Council the first two quarters of 2017/18 financial year. Not all the Key Performance Indicators (KPIs) are included in the report but those considered to be key to achieving the service outcomes are presented

6. INTEGRATED SEXUAL HEALTH SERVICES

6.1 Integrated Sexual Health Services - Peterborough

The Integrated Sexual Health Services are provided by CCS in Peterborough. Although overall performance is good with most KPIs being achieved, the following are exceptions:

Table 2: Percentage of people with STI needs, offered appointment or walk in within 2 working days of first contact.

Threshold	July	August	September
90%	67%	78%	71%

Table 3: Percentage of people with STI needs seen or assessed by a healthcare professional within 2 working days of first contact

Threshold	July	August	September
80%	67%	78%	71%

These two indicators are taken to be key for sexual health services in terms of improving onward transmission of infection.

Table 4: Percentage of people with contraceptive needs, offered appointment to be seen within 2 working days of first contact

Threshold	July	August	September
95%	50%	49%	55%

Table 5: Percentage of chlamydia positive patients receiving treatment within 6 weeks of test date

Threshold	July	August	September
??%	96%	93%	Not available

6.1.1 Activity

The tender submission for sexual health services activity was set at 20,000 attendances. The end of year projected activity will exceed this by 3-4000 i.e. 15-20%. Contraceptive service activity has increased over Quarter 2.

6.1.2 Commentary

The main area of concern for the Peterborough iCash is the underachievement of its 48 hour targets, which are considered to be key indicators for achieving the outcomes of a decrease in sexually transmitted infections. Currently commissioners are working with the service to find innovative approaches that address the increased activity but also deliver outcomes and the savings which have been built into the contract.

7. DRUGS AND ALCOHOL SERVICES

7.1 Adult Drugs and Alcohol Treatment Services - Peterborough

7.1.1 Commentary

The new Aspire (CGL) Drug and Alcohol Treatment Service commenced in April 2016 and it inherited a drop in successful treatment completions that had occurred over the preceding two quarters and continued into the new contract. The Service was placed on a turnaround plan which is due to continue until January 2018 with the aim of achieving the top comparators' performance quartile. As part of this, Aspire submits monthly trajectories for successful treatment completions plotted against national average, CGL average and top quartile average. There is ongoing improvement and performance for treatment completions is now above national average for the types of drug use recorded as demonstrated on the charts below. The Service recruited more people in alcohol treatment in Year 1 than the previous service and increased significantly the numbers in treatment for combined alcohol & non-opiate drug issues.

Figure 1: Any Opiate Successful Completions (as per the graph below)

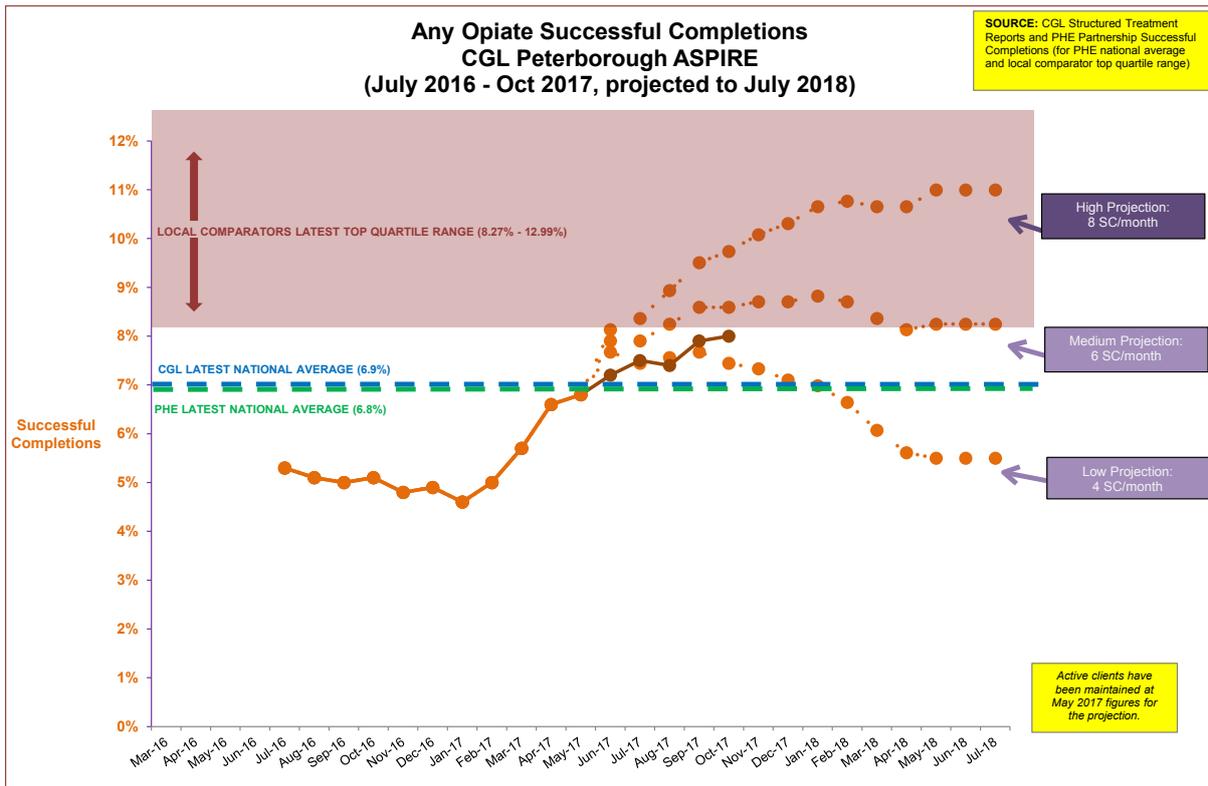


Figure 2: Alcohol Only Successful Completions (as per graph below)

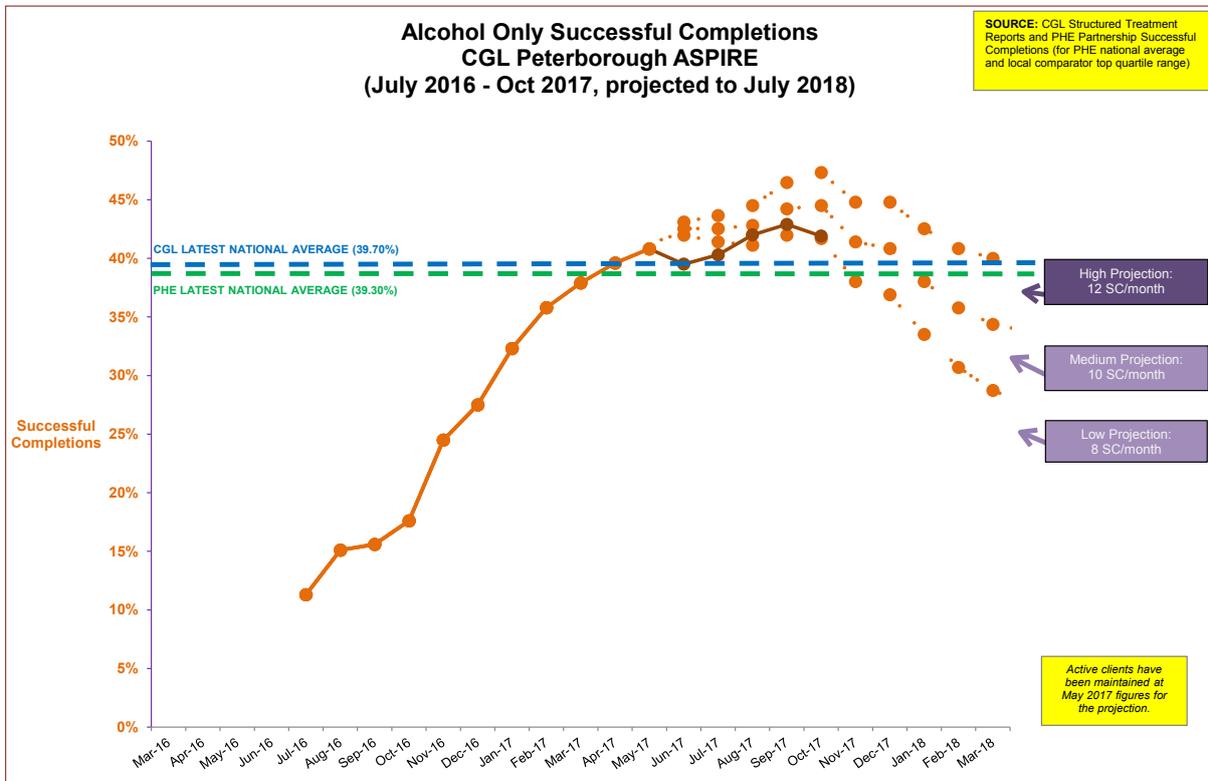


Figure 3: Non-Opiate Only Successful Completions (as per graph below)

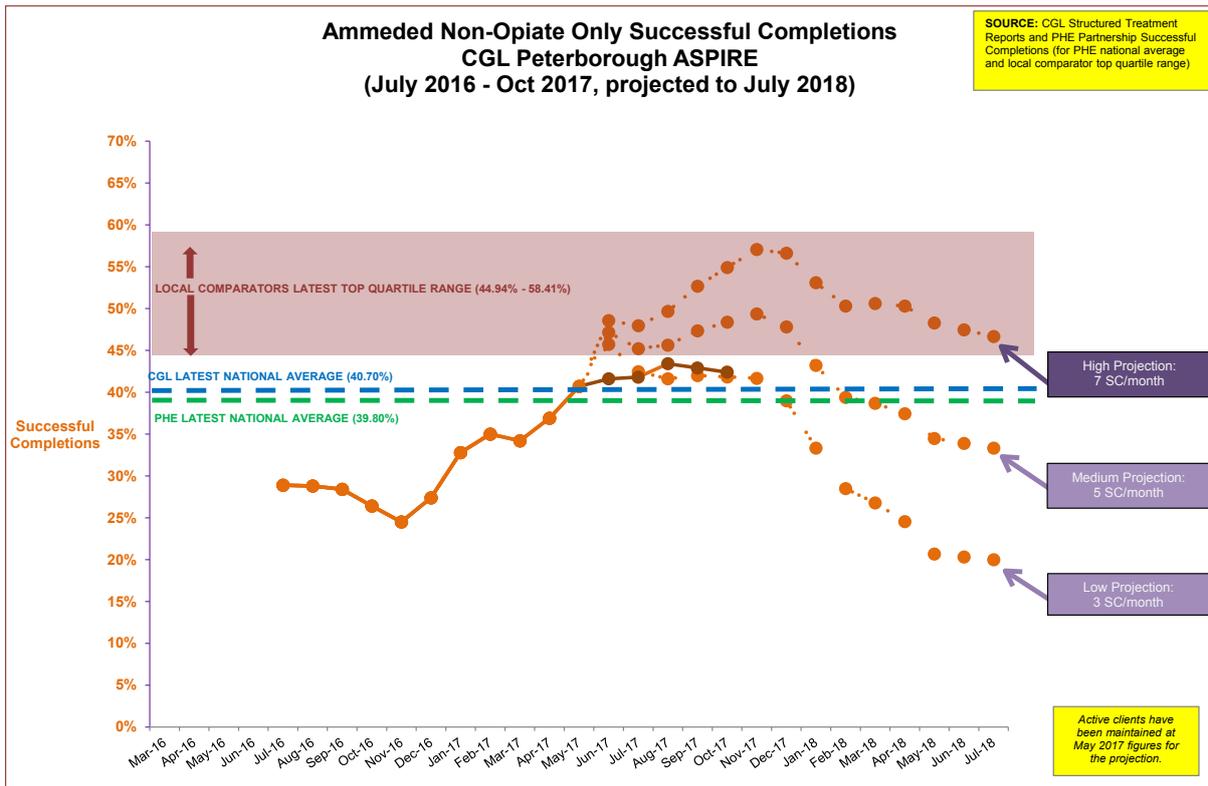
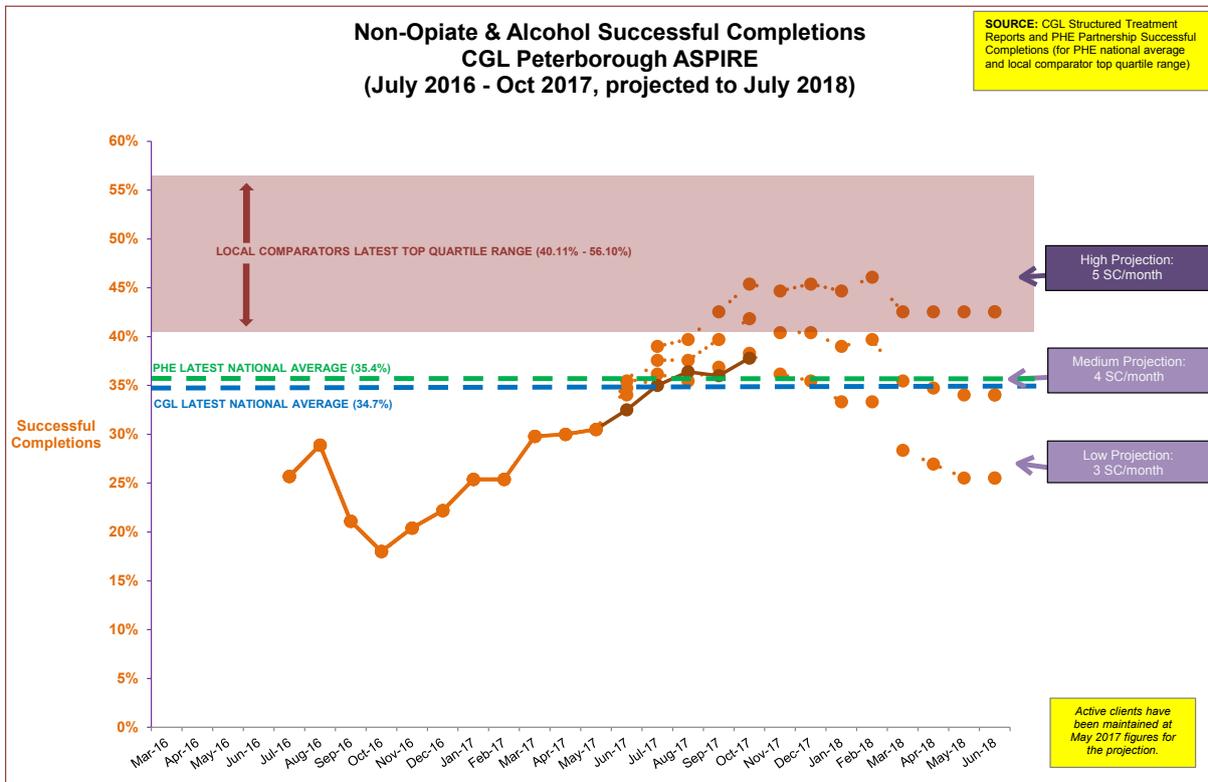


Figure 4: Non-Opiate & Alcohol Successful Completions (as per graph below)



The following strategic service objectives for the Aspire Drug and Alcohol Services have been developed for year 2:

OBJ 1: Continued performance recovery, achieving a year on year performance improvement overall and reaching for top quartile or exceeding national averages

OBJ 2: Improve outcomes achieved by young people in treatment

OBJ 3: Develop and implement prevention and early intervention provision for alcohol

OBJ 4: Reduce the number and proportion of clients in long term treatment

The Service is actively contributing to a number of partnership initiatives including the multi-agency Family Safeguarding Project and linking with a range of services including the National Citizenship Service, NSPCC regarding Child Sexual Exploitation (CSE) and delivering structured courses to young people at NACRO, working with the NEET (Not in Education, Employment or Training) young people.

To make the service more accessible Aspire locate staff across Peterborough in Youth Offending Services, Schools, Pupil Referral Units, Children's Centres, Youth Clubs and other areas where young adults associate.

8. INTEGRATED LIFESTYLE SERVICES

8.1 Integrated Lifestyles Service - Peterborough

In Peterborough the Lifestyle Service, commissioned from Solutions4Health, began in April 2017. Services are currently delivered in 17 out of 22 wards in Peterborough, within GP practices, workplaces, schools and community settings including Mosques, a Gurdwara, at a library, community centres and via a mobile unit. A number of service advisors are multi-lingual which enables services to be delivered to a greater number of Peterborough's diverse community.

Services delivered include:

- Stop Smoking (adults and young people)
- Health Trainer
- Adult Weight Management
- Child Weight Management
- Physical Activity
- Outreach NHS Health Checks
- Behaviour Change Training (adults and young people)

The following shows performance against the main service areas.

Adult Services

Table 6: Outreach Health Checks

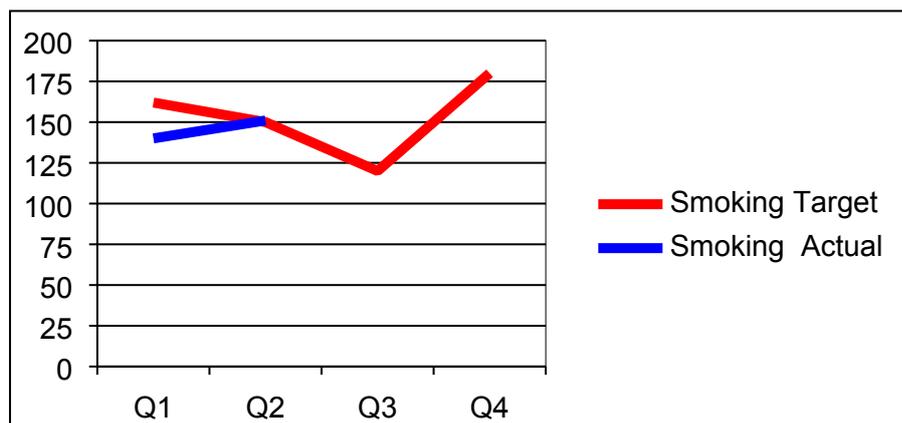
Outreach Health Checks	Q. 2 Target	Q. 2 Actual	Q. 2 %
Number of eligible Peterborough residents offered an outreach health check who received a health check	78	224	287%

GP practices continue to be commissioned to undertake health checks to the eligible population. However, to extend the number of health checks undertaken each year Solutions4Health have been commissioned to undertake health checks across the city to complement the existing GP practice commission.

Stop Smoking

The Stop Smoking service is provided across the City, although there is a specific requirement to achieve quits among those living in the 20% most deprived areas of Peterborough. The service also has specific targets related to routine and manual workers, BME residents, people with mental health problems and women who smoke during pregnancy.

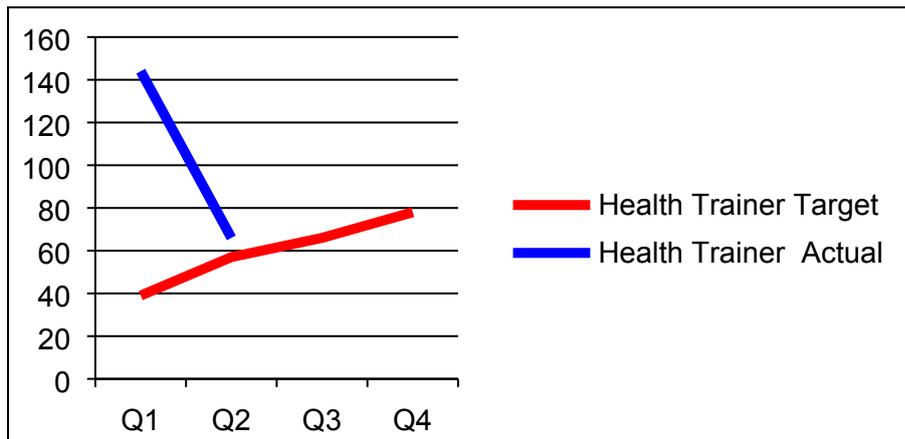
Figure 5: Number successfully quitting at the four-week post-quit date



Health Trainer Service

The Health Trainer service is also delivered across the City and similar to the smoking service has specific requirements to support those living in the 20% most deprived areas of Peterborough. The service also has specific targets related to routine and manual workers, BME residents and people with mental health problems.

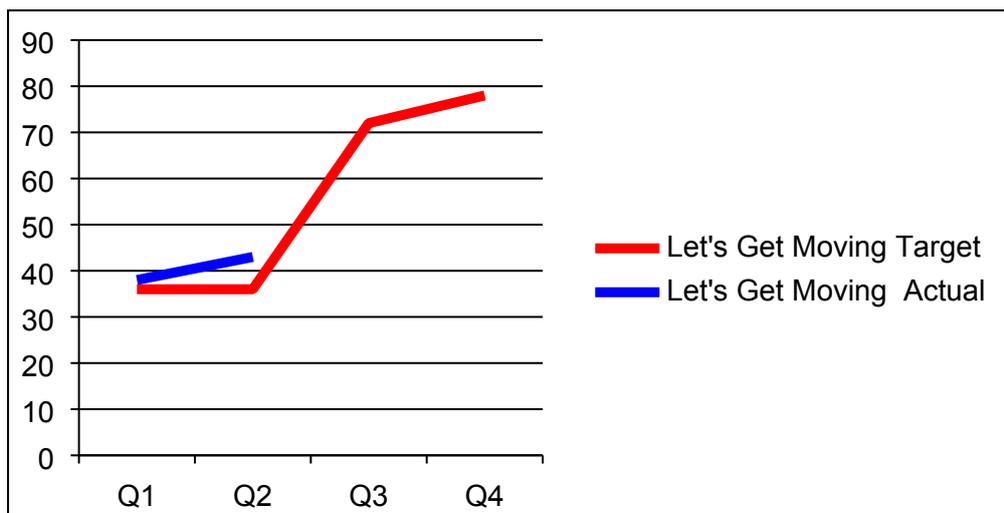
Figure 6: Number achieving lifestyle goal as part of an agreed health plan



Let's Get Moving

The Let's Get Moving service is a physical activity service for those people not achieving the recommended level of physical activity and/or those living with a long-term condition.

Figure 7: Number of people completing a Let's Get Moving course



Tier 2 Weight Management

Due to the unforeseen decision of dietetic staff not to transfer to the new service in April 2017 it was agreed that one to one Tier 2 support would commence in Quarter 2. Completion data is currently not available however, data for the number of people receiving one to one support is available as indicated below.

Table 7: Number of people receiving one to one Tier 2 support

Year to date performance against target	85%
---	-----

Tier 2 group interventions delivered through the 'Shape up for Life' service did however begin during Quarter 1. Completion data is currently not available however data for the number of people commencing the Shape up for Life as indicated below.

Table 8: Number of people commencing Shape up for Life service

Year to date performance against target	132%
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Table 9: Tier 3 Weight Management

Year to date performance against target	0%
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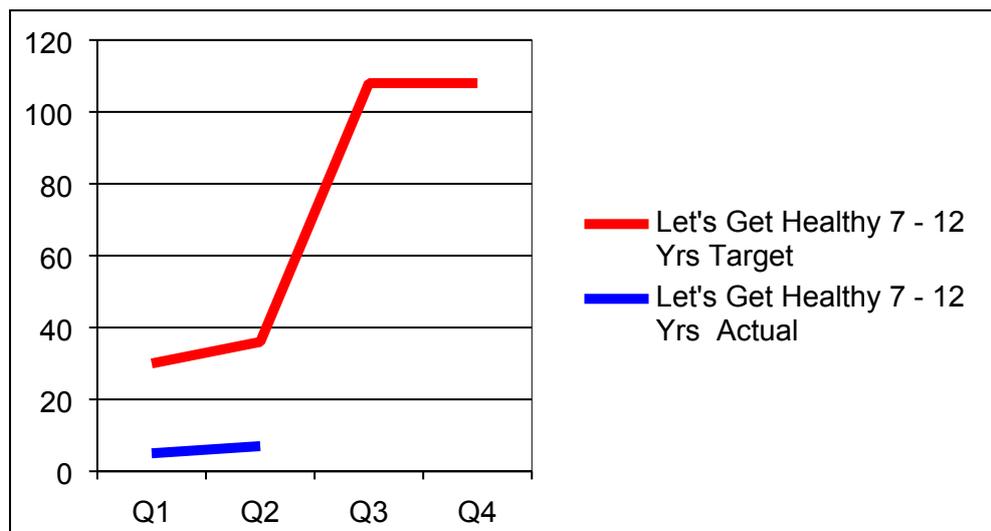
As dietetic staff did not transfer to the new service in April 2017 a recruitment process was progressed to appoint suitably qualified staff. However, as it became apparent this was unlikely to be achieved it was agreed that Cambridge University Hospitals NHS Foundation Trust (CUHFT) - Addenbrookes should be sub-contracted by Solutions4Health to deliver this service. It was intended that a new service, delivered at the City Care Centre in Peterborough would commence in October 2017, but further delays have occurred. The Joint Commissioning Unit is continuing to work with Solutions4Health and Cambridge University Hospitals to address the situation.

Children and Young People

Let's Get Healthy

The service is currently delivered in eight primary schools within Peterborough. The schools were selected due to the higher prevalence of overweight or obese children in each school based on National Child Measurement Programme trend data. The service has been provided for children aged 4 – 7 years old and their families with limited success. The service for children aged 7 – 11 years old has also seen a small number of completers. However, numbers commencing the 7 – 11 years old service have significantly increased in Quarter 2, with 150 children beginning a course. With the addition of a 12 – 17 year old course in Quarter 3 it is expected overall performance will improve significantly.

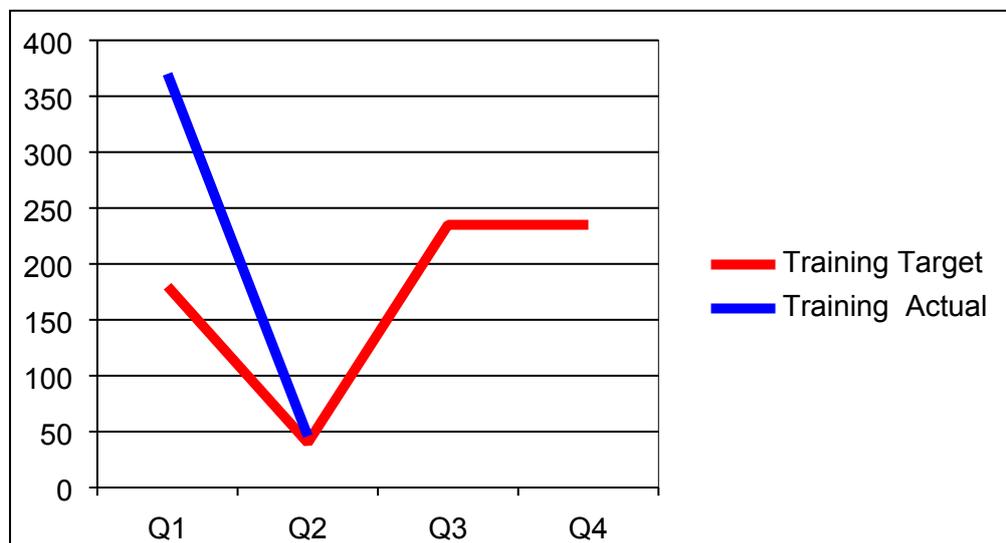
Figure 8 : Number of children completing a Let's Get Healthy course



Health Improvement courses in schools

The service provides Royal Society of Public Health Level 2 training in secondary schools as part of the Local Youth Health Champion initiative as well as the tobacco educational training tool Operation SmokeStorm designed to inform children of the harm caused by tobacco.

Figure 9: Number of children receiving Level 2 training or Operation SmokeStorm training



8.2.1 Commentary

The Solutions4Health contract in its first six months has made notable progress against many of its targets. The outreach health checks also includes mini health checks for those not eligible for an NHS health check. The health trainer service is also over-achieving and meeting its recruitment and personal health plan outcomes.

The weight management services both Tiers 1 and 2 have experienced recruitment difficulties which resulted in the Tier 3 service being sub-contracted to Addenbrooke's. These services are being carefully monitored.

9. PRIMARY CARE COMMISSIONING OVERVIEW

A number of public health services are commissioned from primary care, that is, GP practices and community pharmacies. The table overleaf identifies the services commissioned in the different areas.

GP contracts for stop smoking and NHS Health Checks have a poor return rate although the return rate for contracts to provide Long Acting Reversible Contraception (LARCs) is good. There are only two community pharmacy contracts, Emergency Hormonal Contraception and stop smoking, both of which have a poor return rate, with stop smoking particularly low.

Table 10: Primary Care Contracts in Cambridgeshire and Peterborough

Service	Peterborough					
	GPs	No. of contracts sent out	No. returned	Comm. Pharm.	No. of contracts sent out	No. returned
Stop Smoking	x	23	9	x	16	1
NHS H.C.	x	23	13	N/A	N/A	N/A
LARCs	x	24	20	N/A	N/A	N/A
EHC	N/A	N/A	N/A	x	30	12
Chlamydia Screening	N/A	N/A	N/A	N/A	N/A	N/A
Alcohol Detox.	N/A	N/A	N/A	N/A	N/A	N/A

10. STOP SMOKING SERVICES

Primary care has been providing stop smoking services for a prolonged period. The core stop smoking services (now in Solutions4Health) support practices to deliver the services through training and ongoing problem solving. Individual practices are provided with targets. In some practices the core stop smoking services run clinics to provide some or all of the practice service and this is reflected in the payment

structures. The service in community pharmacies is more limited and they also receive the same level of support.

10.1 Stop Smoking Services - Peterborough

Figure 10: Peterborough GP Stop Smoking Performance

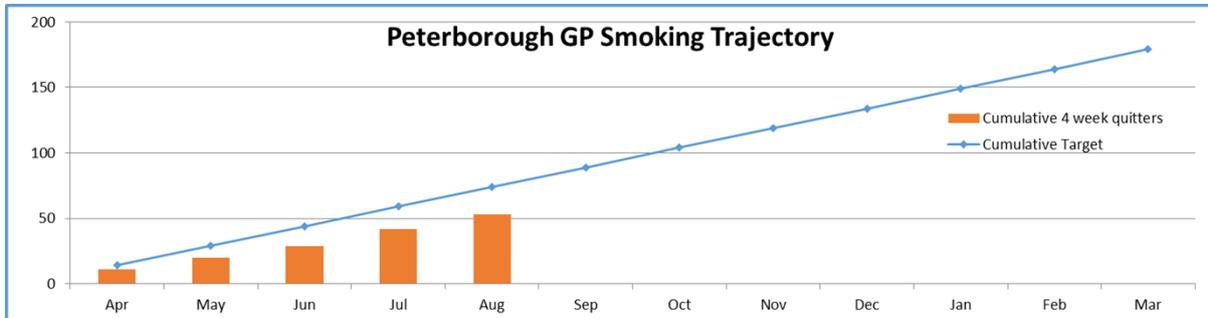


Figure 11: Peterborough Community Pharmacy Stop Smoking Performance

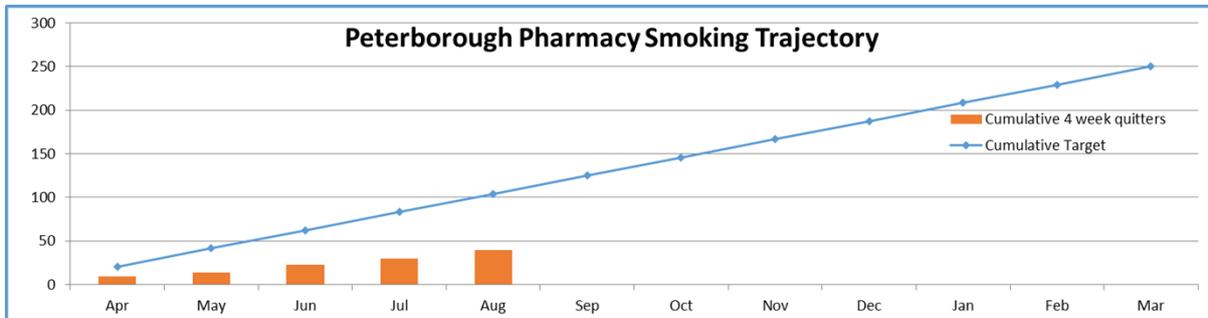


Figure 12: Solutions4Health Stop Smoking Performance

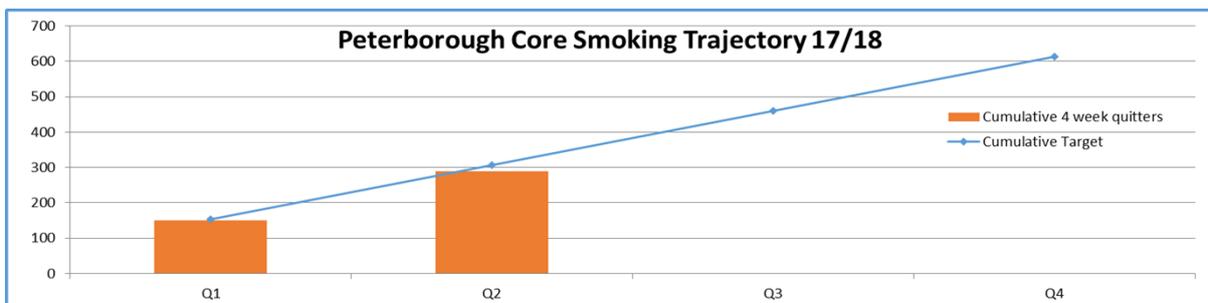
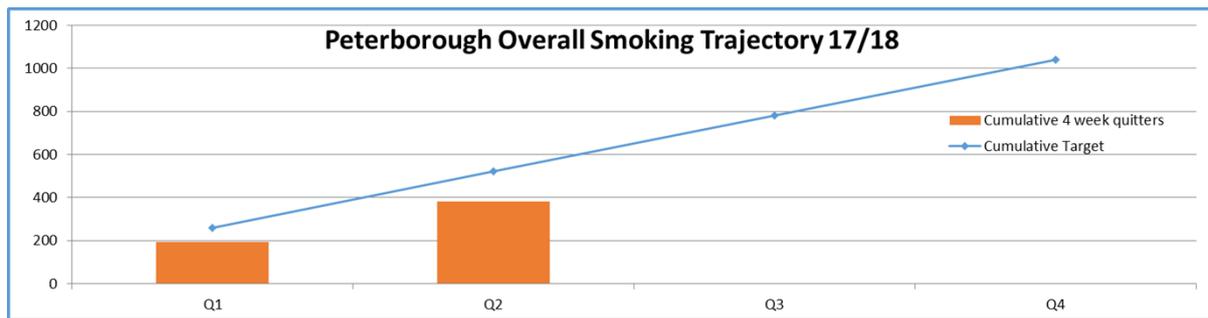


Figure 13: Overall Stop Smoking Performance



10.1.1 Commentary

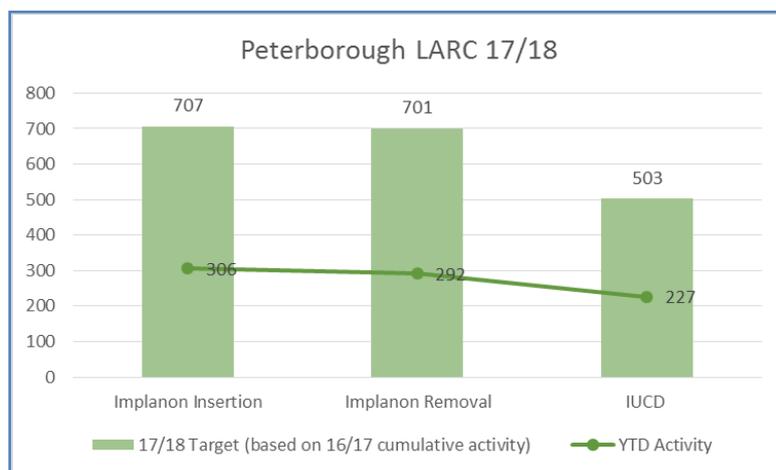
In Peterborough, there is underachievement in primary care services especially in community pharmacy services. Although the core service is performing well overall the current performance is below the trajectory.

11. LONG ACTING REVERSIBLE CONTRACEPTION (LARCS)

The trajectories below are based on last year’s out-turn and there is an ambition to maintain the same level of activity. This has dropped in recent years.

11.1 LARCs - Peterborough

Figure 14: Peterborough LARC Performance



Performance in Peterborough is slightly below trajectory to achieve the annual target shown in the chart above, due to low activity at the beginning of the year.

12. NHS HEALTH CHECKS

12.1 NHS Health Checks – Peterborough

Figure 15: GP Health Checks

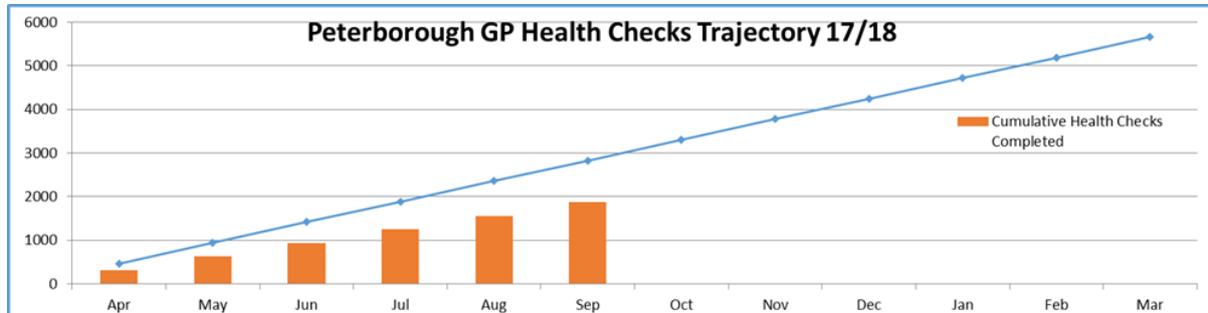
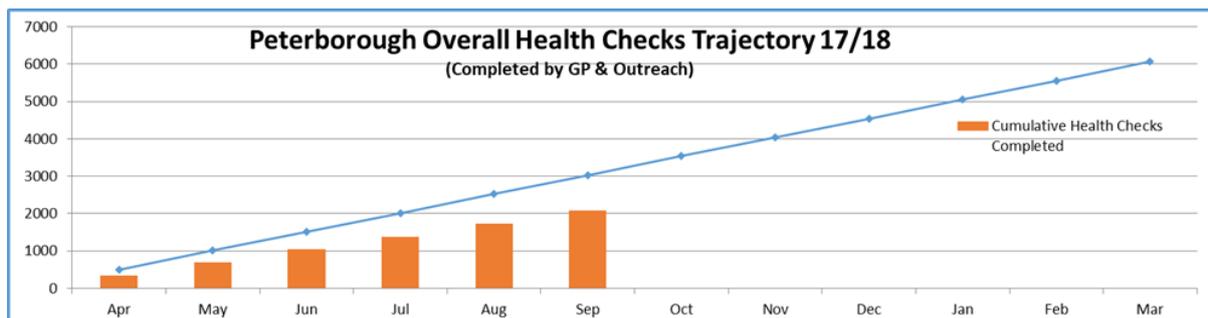


Figure 16: Peterborough Overall NHS Health Checks



12.1.1 Commentary

The GP NHS Health Checks is currently underachieving target and considerable efforts are being made to support practices to improve the number of health checks undertaken. Overall health checks (including outreach health checks) has improved from its position at the same time last year.

13. THE FOOD FOR LIFE PROGRAMME

Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) both commission through separate contracts a school based programme that promotes diet and physical activity. The Food for Life Programme (FFLP) is part of the Soil Association and works with schools helping them build knowledge and skills through a 'whole setting approach'. This engages children and parents, staff, patients and visitors, caterers, carers and the wider community to adopt a healthier eating lifestyle.

The targets for FFLP focus upon recruiting schools of high need and support them to achieve the different levels of accreditation for the whole school approach (bronze to gold). The provider has a target number of schools to work with and accreditations to secure.

13.1 The Food for Life Programme - Peterborough

Schools: 2017/18 (end of Q2)

Target to work with 30 schools during this year.

- 7/30 FFL awards (5 Bronze, 2 Silver)
- 30/30 Schools (primary) working towards a FFL bronze, silver or gold award
- 20 engaged schools from 2016/17 still engaged for 2017/18
- 10/10 new schools engaged for 2017/18

Early Years: 2017/18

- 6/6 Early Years Settings engaged and working towards a FFL award
- 6/6 new early years engaged for 2017/18

Target to make 6 new awards in 2017/18

- 1 Early Years awards since this was commissioned in 2017/18

13.1.1 Commentary

FFL has met its target number of schools and have 30 schools engaged with 7 achieving awards. It is expected schools will achieve more awards during the year with two schools making strong progress to achieve FFL gold awards.

14. HEALTHY WORKPLACE SERVICE

Cambridgeshire County Council and Peterborough City Council commission through separate contracts a workplace health programme which provides health improvement interventions within workplace settings. There is a particular focus on targeting employers with routine and manual workers to improve access for this group and tackle health inequalities.

The current programme is provided by Living Sport and has been in place since January 2017 (following a previous contract with Business in the Community).

The targets for the workplace programme focus upon numbers of new employers engaged, numbers of Mental Health First Aid Lite training sessions delivered and number of support networks provided (in order to maintain engagement with workplaces involved in the programme).

Health Champion training sessions are also provided to ensure that volunteers within engaged organisations can signpost to local services and run health focused campaigns for staff. The programme is closely aligned with the Integrated Healthy Lifestyle Services in each area to ensure outreach NHS Health Checks, weight management and other services are part of the workplace health 'offer' for employers.

14.1 Peterborough 2017/18 (End of Q2)

New employers engaged - 3/11 (below target although target is for the full year)
Mental Health First Aid Lite sessions delivered - 4/5 (on target to exceed)
Wellbeing Practitioner networks delivered - 2/3 (on target to exceed)

In addition, 3 sessions of Health Champion training have been provided to employers and 1 Health Champion Network.

14.2 Commentary

The programme continues to face challenges in terms of the number of Peterborough and Fenland based employers that take part in the programme. However, the provider is working hard to focus upon these areas and is confident they will achieve all KPIs.

15. BUDGET OVERVIEW

All the contracts with the exception of those with primary care and out of area sexual health attendances are block contracts.

15.1 The Impact of Saving Requirements

A key challenge for the Joint Commissioning Unit is to secure the cash savings that are required for the Public Health Directorates in both local authorities due to reductions in the national public health grant.

In Peterborough, the approach throughout the course of the contracts is to reduce the value of the contract. The rationale being that as the contracts embed efficiencies can be found. However, the financial pressures have become more acute in Peterborough and additional efficiencies and innovative approaches are being sought to create savings. This is particularly necessary in relation to the Integrated Sexual Health Services, where the activity level considerably exceeds that included in the successful tender.

16. SUMMARY

This report only details main higher value or higher profile contracts and how any issues are being managed. Currently, there are no outstanding performance issues relating to the Public Health JCU contracts not described here.

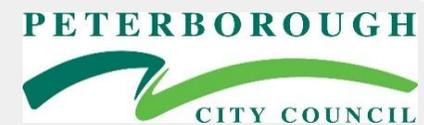
Quarterly Performance Report

Oct-17

Peterborough Children's Health and Wellbeing

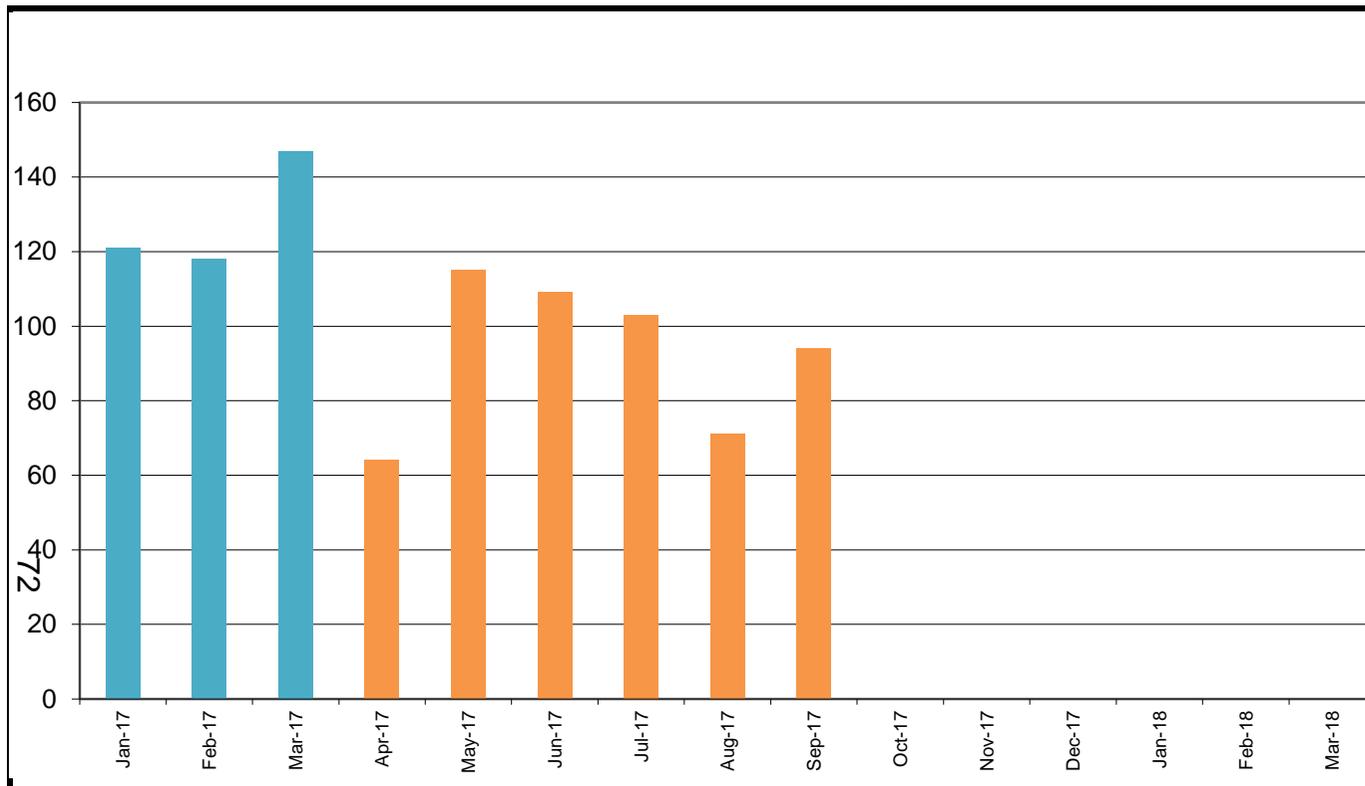


This report details key performance data for Peterborough



1. Healthy Child Programme

Number of first antenatal contacts recorded (Health Visitors)

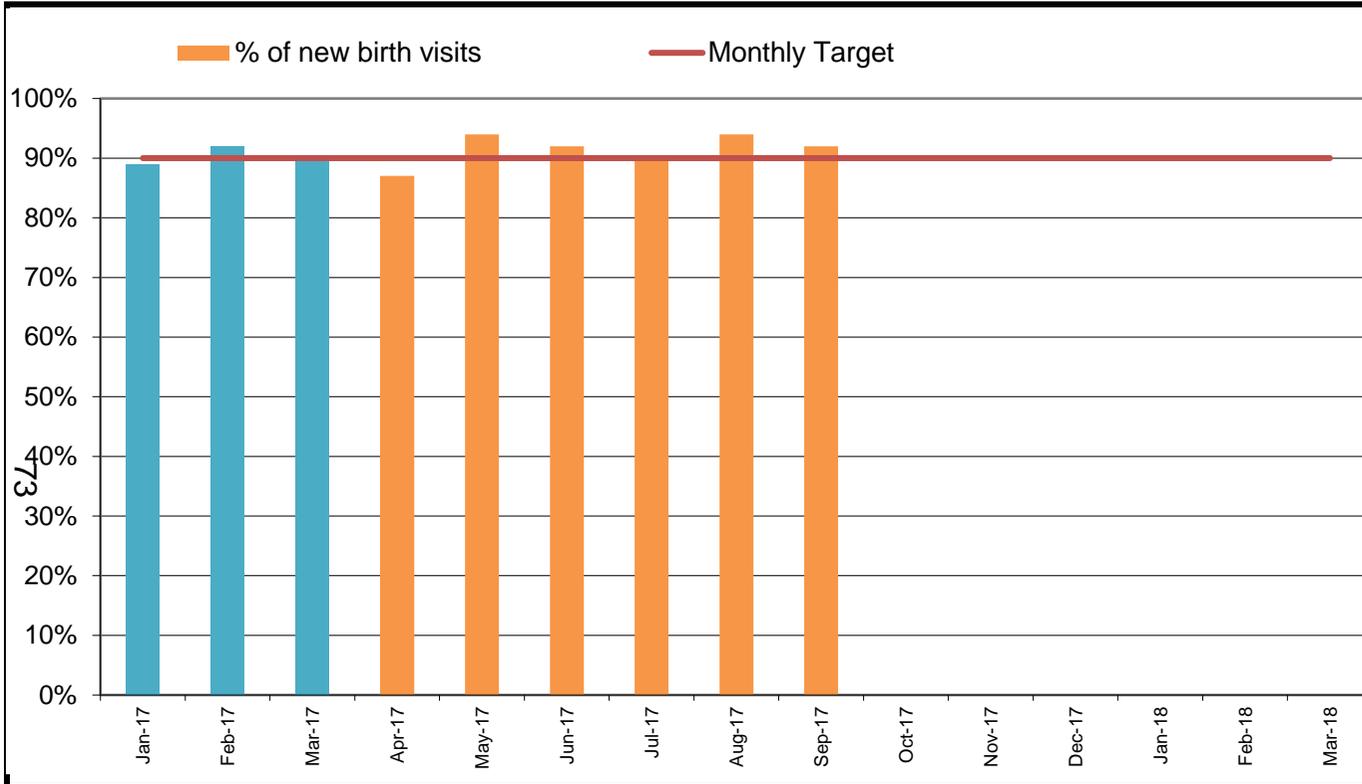


Direction of travel ↓	Target
Eastern Region	RAG N/A
<p>The antenatal contact is a promotional, listening contact, offering support as directed by the parents. It enables health visitors to offer early support, introduce the services and support parents in terms of preparing for parenthood.</p>	

Performance data for the ante natal contacts is not available nationally because of the difficulties with getting the relevant denominator. Although the health visitor checks are mandated there is no national target and these are agreed locally with the provider. The number of antenatal contacts being recorded continues to fluctuate. This is due to capacity issues across the workforce due to vacancies. This visit is prioritised for first time mums and families where there are identified vulnerabilities. Health Visitors are working with Maternity services to ensure that the most vulnerable women are identified and encouraged to take up the offer of an antenatal contact.

1. Healthy Child Programme

10-14 Day New Birth Visits Uptake within 14 days

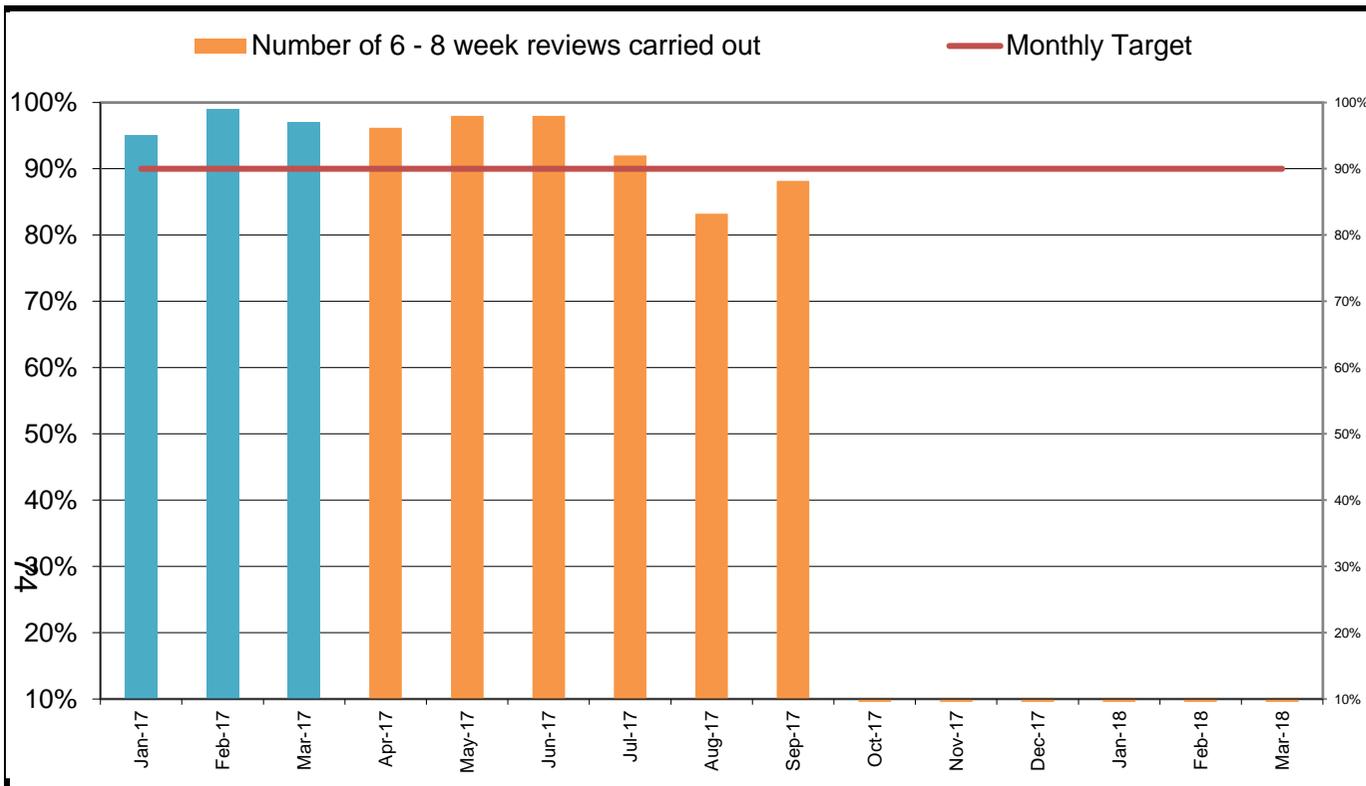


Direction of travel	Target
↔	90%
Eastern Region	RAG
	G
<p>The new birth visit is a face to face review and will include the provision of information on a range of subject areas including infant feeding, assessing maternal mental health, SIDS prevention including safe sleep, information about the immunisation schedule, outcome of screening including hearing,</p>	

The number of 10 - 14 new birth visits has remained constant and within target of 90% visits.

1. Healthy Child Programme

6 - 8 week reviews

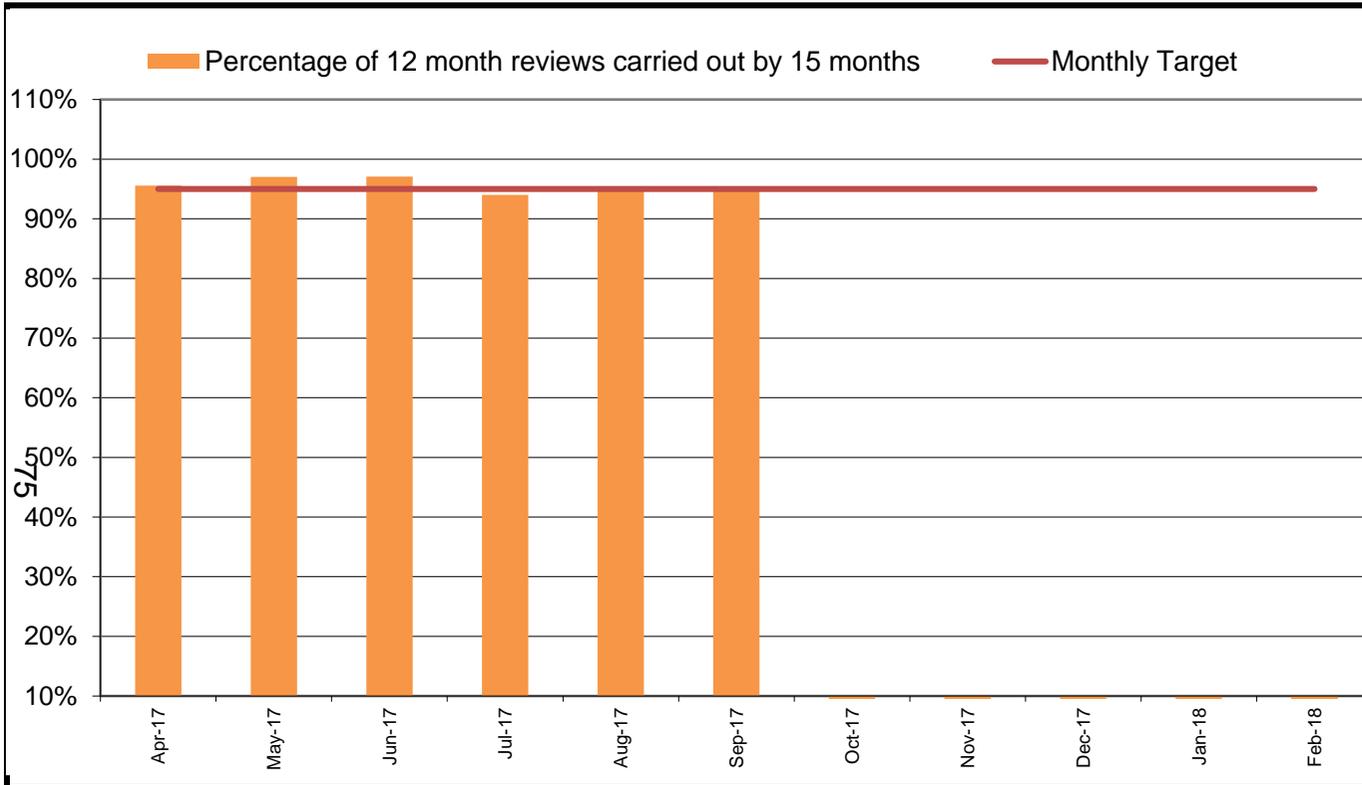


Direction of travel	Target
↔	90%
Eastern Region	RAG
	G
<p>This visit is crucial for assessing the baby's growth and well-being alongside the health messages, including breastfeeding, immunisations, sensitive parenting and for reporting on specific issues such as sleep. The health visitor will review general health and provide contact details for the local health clinic and children's centres, where the mother can access a range of support. The visit, in addition to the 6 - 8 week medical review which is often completed by the GP, forms part of the child surveillance programme.</p>	

The target for the 6 - 8 week review visit continues to be met and the numbers of reviews being carried out at this stage remains consistent, often exceeding the 90% target established for 17/18; However there has been a slight decrease this quarter owing to staff vacancies and sickness. If the proportion of infants seen after 8 weeks, for a 6 - 8 week check is accounted for, this figure increases to a quarterly average of 95.5%. This does mean that women and children are being seen during this period, but in some cases it is slightly later than the 8 week target.

1. Healthy Child Programme

12 month review by 15 months

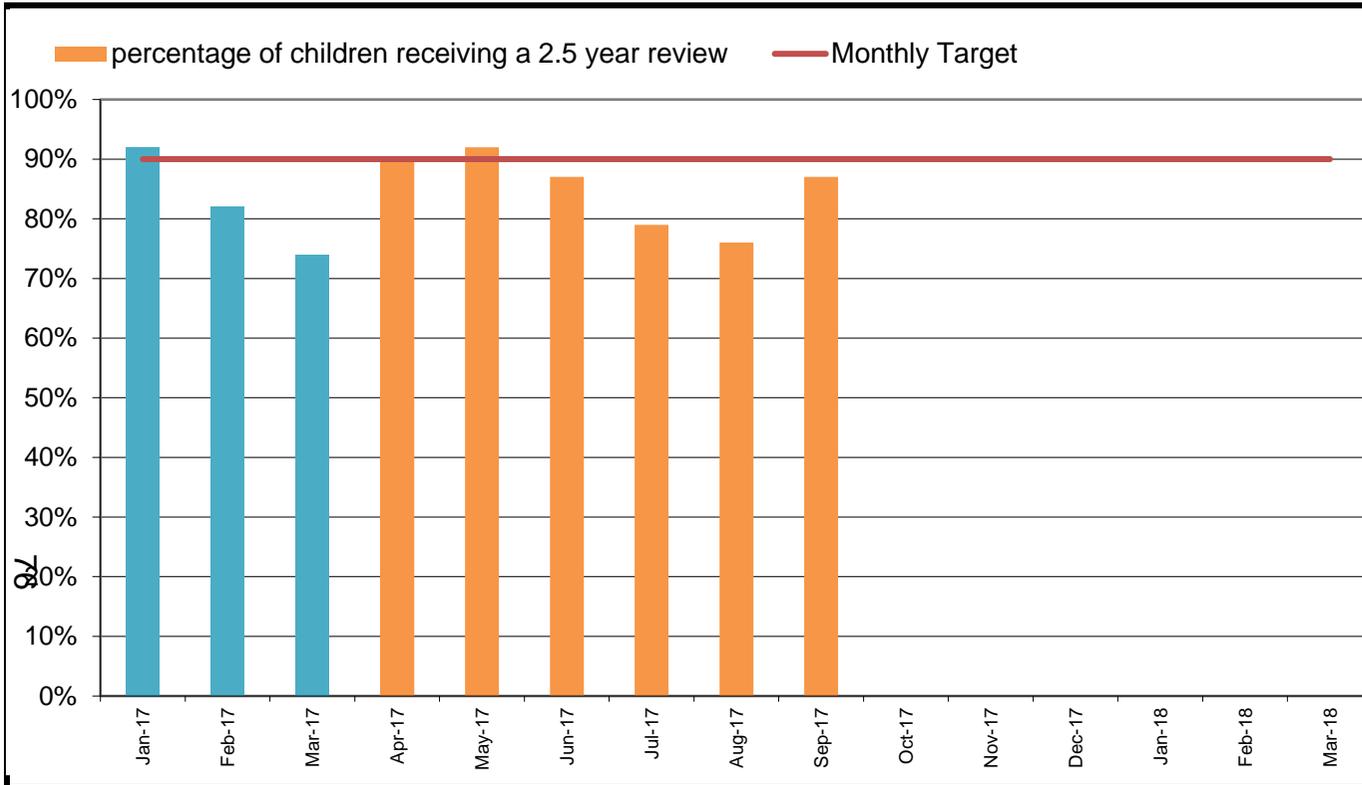


The number of 12 month visits completed by 15 months remains relatively steady, and within the 95% target established for this year.

Direction of travel	Target
↔	95%
Eastern Region	RAG
	G
<p>The 12 month review includes: an assessment of the baby's physical, emotional and social development, offers support to parents providing information on attachment, development and parenting issues, monitor growth, health promotion (dental health, healthy eating, injury and accident prevention, safety issues), check newborn bloodspot status</p>	

1. Healthy Child Programme

2.5 year check - (Health Visitors) - Percentage of children given 2-2.5 year review



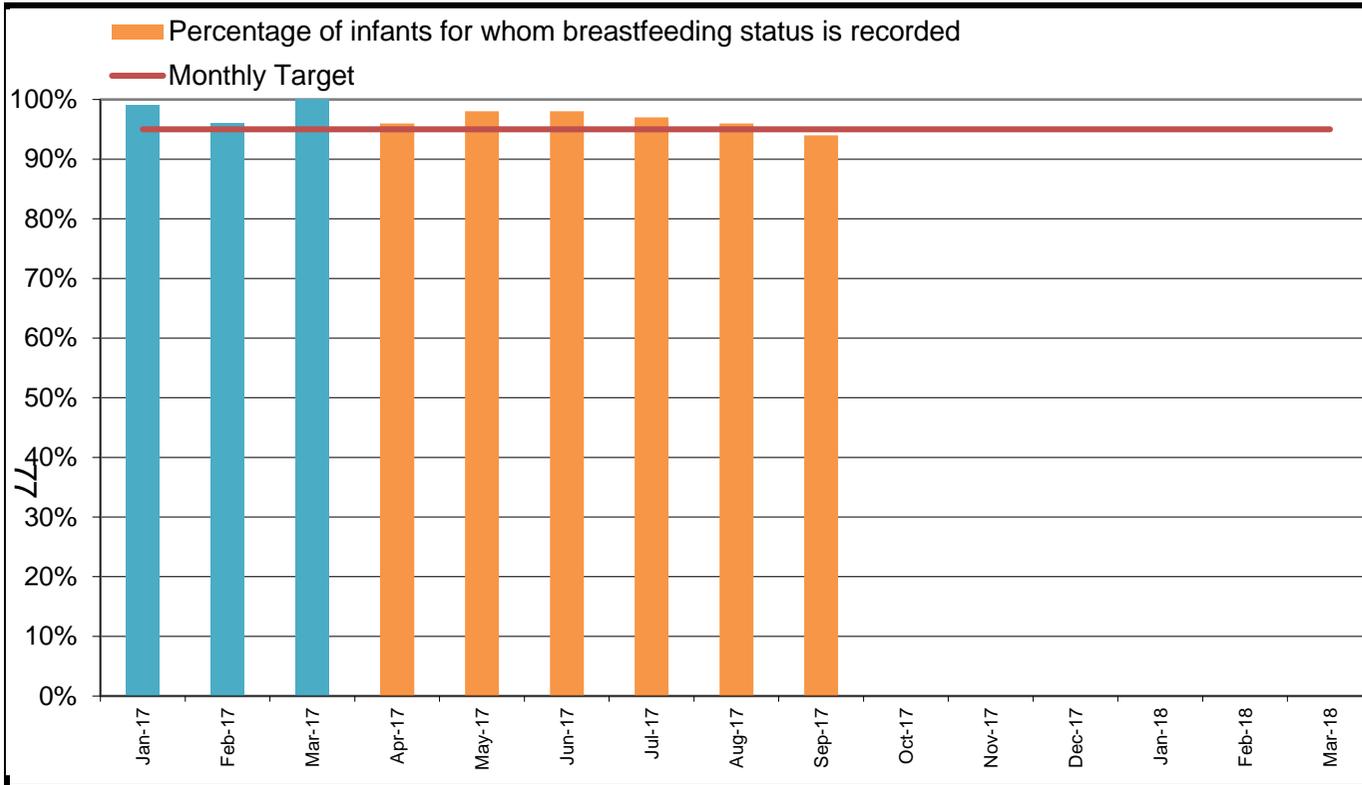
Direction of travel	Target
↓	90%
Eastern Region	RAG
	A

The 2 year check includes the review with parents of the child's, emotional, social behavioural and language development using the ASQ3 and respond to any concerns, offer guidance on behaviour management, promote language development, encourage the take up of early education particularly the two year old funded offer, and general health promotion (dental health, healthy eating, injury and accident prevention, toilet training)

The number of two year old checks being completed by 30 months had increased in the quarter, although is falling below the 90% target. This is due to capacity issues, relating to vacancies, staff sickness and maternity leave. Recruitment has been undertaken, and plans are in place to continue recruitment of health visiting staff. However, this is challenging, with low numbers responding to job adverts. This impacts on the delivery of all mandated visits including the two year old check.

1. Healthy Child Programme

Percentage of infants for whom breastfeeding status is recorded at 6-8 weeks from birth (%)



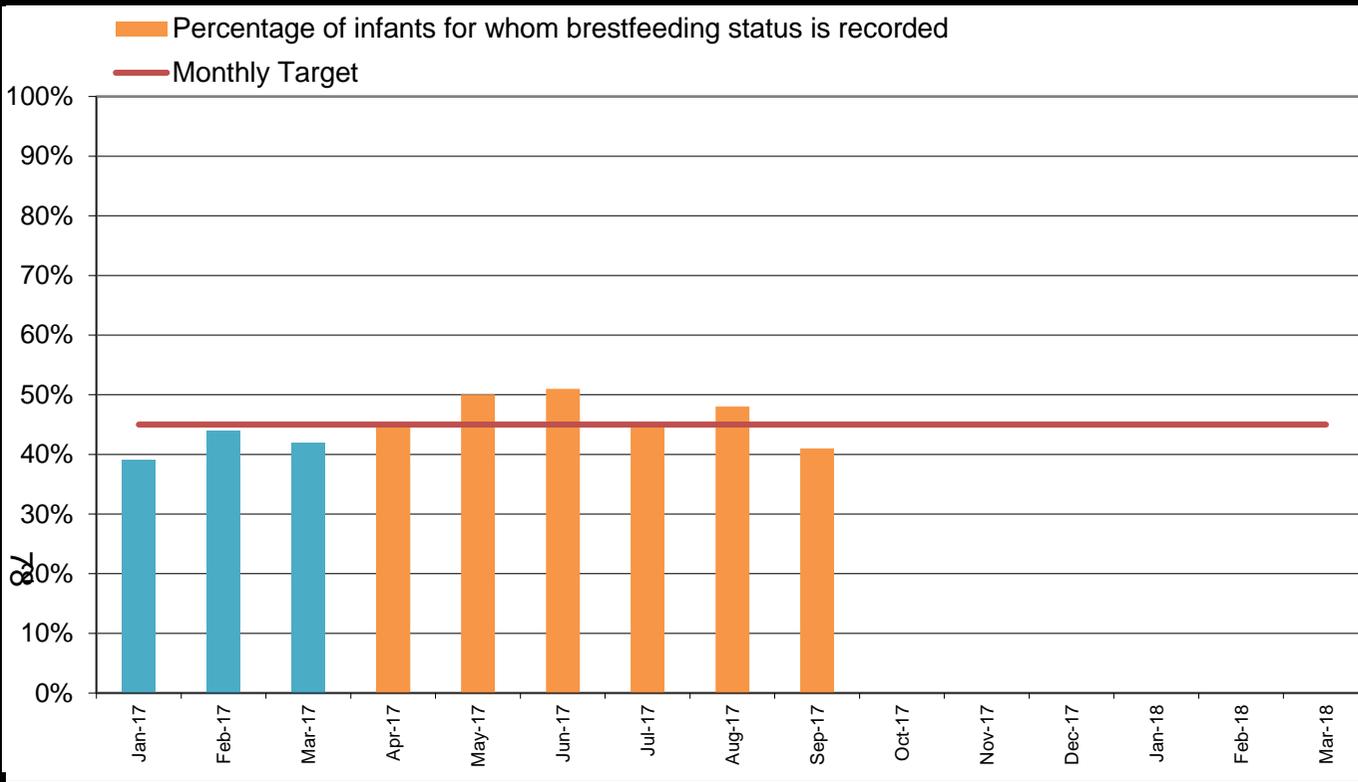
Direction of travel	Target
↔	95%
Eastern Region	RAG
	G

Research indicates that breastmilk has multiple health benefits for the child and the act of breastfeeding has improved bonding between mother and baby. Peterborough is part of the UNICEF Baby Friendly Initiative which requires the data collection and recording of the breastfeeding status of mothers by Midwifery and Health vVisiting teams to ensure standards are being met.

The recording of the breastfeeding is being maintained - which ensures the accuracy of the breastfeeding prevalence data

1. Healthy Child Programme

Prevalence of breastfeeding (totally plus partially) at 6-8 weeks from birth (%)

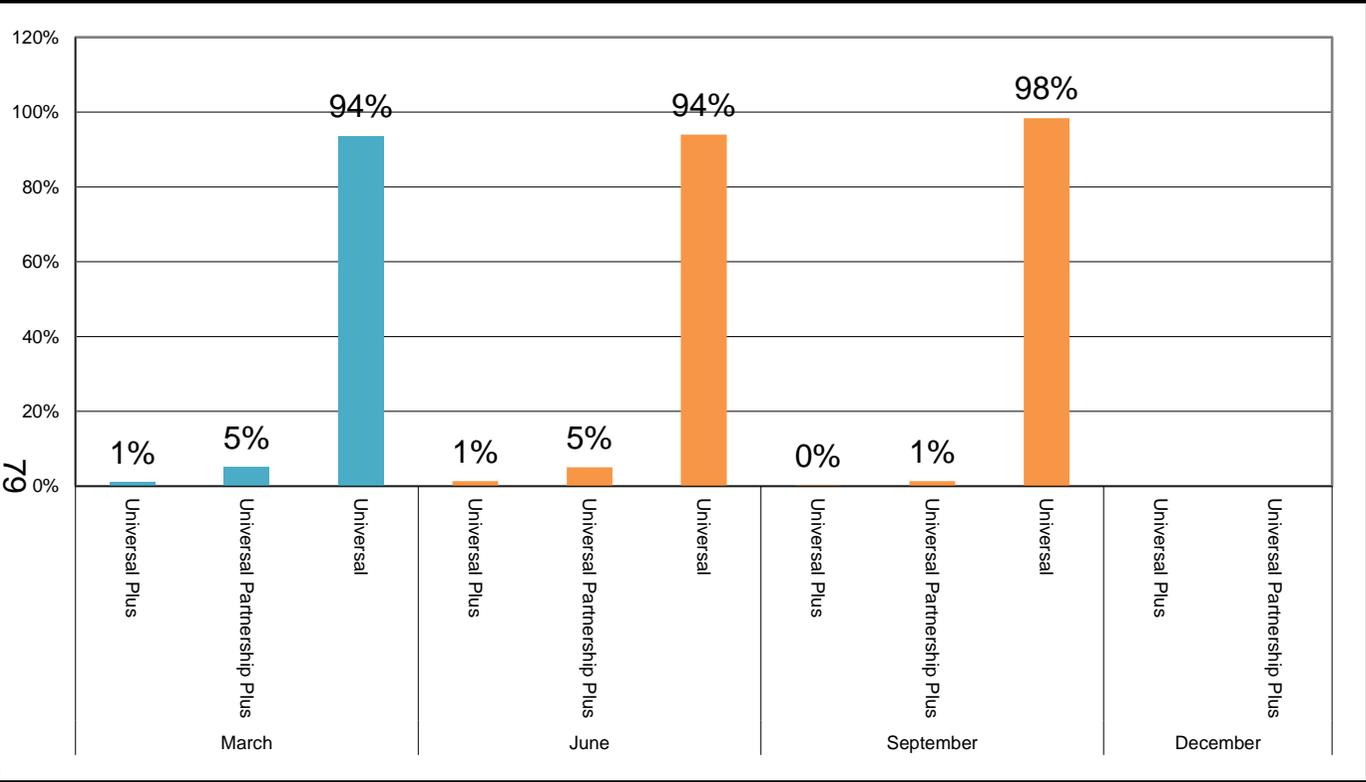


Direction of travel	Target
↔	45%
Eastern Region	RAG
	G

The proportion of women breastfeeding at 6-8 weeks from birth remains steady with a quarterly average of 45%, mirroring the national average. It has been reported that new reporting system may have impacted on Septembers figures and will need to be monitored. Through the Infant Feeding Strategy group there is a co-ordinated approach between Midwifery, Health, and Children’s Centres to ensure consistent messages are being delivered to women. The group also collects data on breastfeeding throughout a mothers journey to establish trends and target support where drop-offs are identified.

1. Healthy Child Programme

Caseload by Pathway - school nursing service



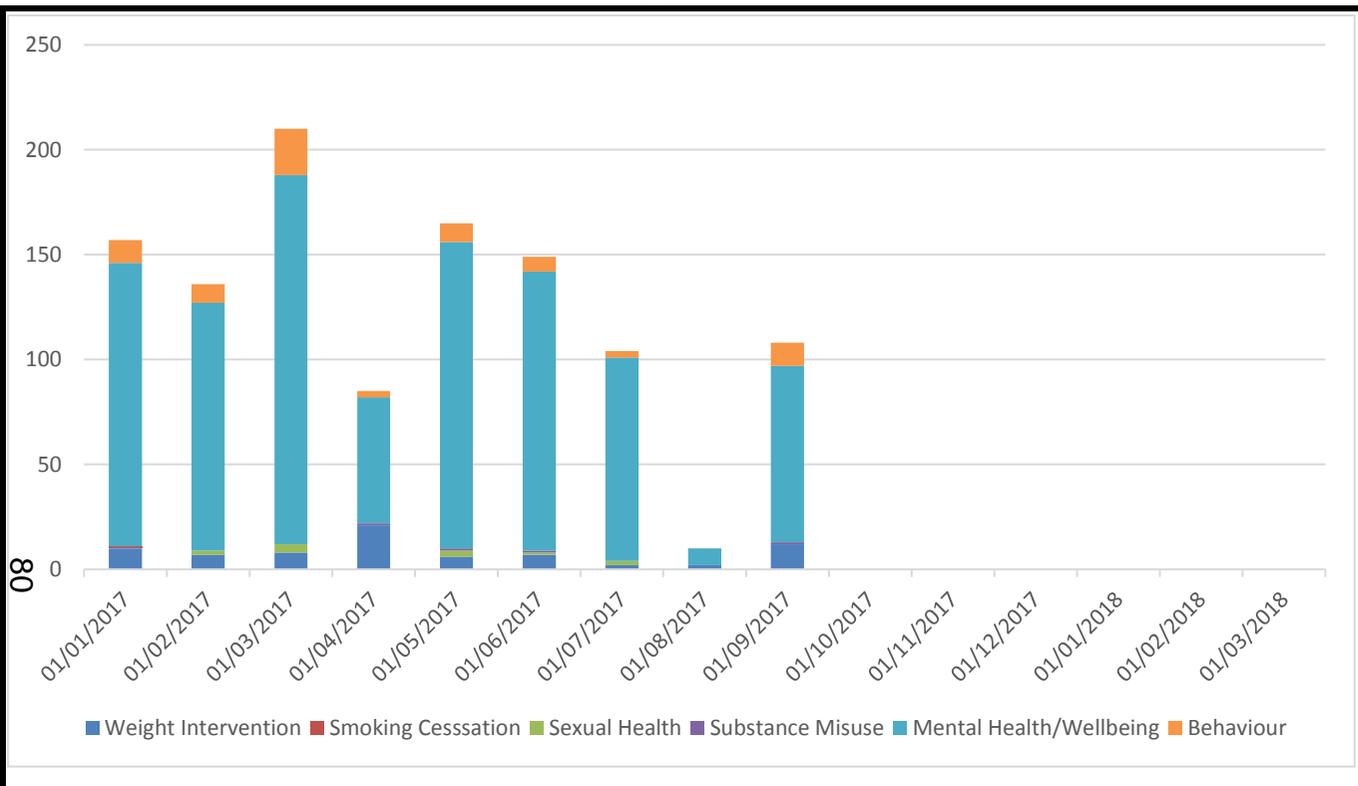
Direction of travel	Target
-	n/a
Eastern Region	RAG
	n/a

The data is showing that the predominant pathway by which children are referred onto the Healthy Child Programme continues to be the Universal pathway. However, the School Nursing workforce report that a significant amount of work is completed for safeguarding vulnerable children.



3. Mental Health Needs

School Nurse Interventions - key themes



Direction of travel	Target
	n/a
Eastern Region	RAG
<p>Work has been done on the School Nursing services to promote the detailing and recording of the types of interventions School Nurses were having with children and young people. Taking this into consideration will help to identify and focus future work in the needed areas and targets will be set following the establishment of a baseline.</p>	

Analysis of the types of interventions conducted by school nursing staff indicates that issues pertaining to mental health and wellbeing are the predominant reason for a young person needing School Nursing interventions. Fewer numbers were recorded in August due to the summer holidays and figures presented in this report are representative of face-to-face contacts and not inclusive of calls that come through the duty desk. The school nurses are reporting their use of new services established through CAMHS transformation such as the web sites Keep Your Head and Kooth. Discussions are underway to scope out whether it would be beneficial to introduce CHAT Health to support school nurses with their caseload.



HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
8 JANUARY 2018	PUBLIC REPORT

Report of:	Interim Director of Law and Governance	
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer / Joanna Morley, Democratic Services Officer	Tel. 01733 452508 Tel: 01733 452468

MONITORING SCRUTINY RECOMMENDATIONS

R E C O M M E N D A T I O N S	
FROM: Interim Director of Law and Governance	Deadline date: N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Considers the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report and provides feedback including whether further monitoring of each recommendation is required. 	

1. ORIGIN OF REPORT

1.1 The Health Scrutiny Committee agreed at a meeting held on 19 June 2017 that a report be provided at each meeting to note the outcome of any recommendations made at the previous meeting held thereby providing an opportunity for the Committee to request further monitoring of the recommendation should this be required.

2. PURPOSE AND REASON FOR REPORT

2.1 The report enables the Scrutiny Committee to monitor and track progress of recommendations made to the Executive or Officers at previous meetings.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference No. *Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 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.*

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. **BACKGROUND**

- 4.1 Appendix 1 of the report sets out the recommendations made to Cabinet Members or Officers at previous meetings of the Scrutiny Committee. It also contains summaries of any action taken by Cabinet Members or Officers in response to the recommendations.
- 4.2 The progress status for each recommendation is indicated and if the Scrutiny Committee confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Committee does not accept the matter has been adequately completed it will be kept on the list and reported back to the next meeting of the Committee. It will remain on the list until such time as the Committee accepts the recommendation as completed.

5. **ANTICIPATED OUTCOMES OR IMPACT**

- 5.1 Timelier monitoring of recommendations made will assist the Scrutiny Committee in assessing the impact and consequence of the recommendations.

6. **REASON FOR THE RECOMMENDATION**

- 6.1 To assist the Committee in assessing the impact and consequence of recommendations made at previous meetings.

7. **BACKGROUND DOCUMENTS**

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

- 7.1 Minutes of meetings held on 4 September 2017 and 6 November 2017

8. **APPENDICES**

- 8.1 Appendix 1 – Monitoring Recommendations

APPENDIX 1 - RECOMMENDATION MONITORING REPORT

HEALTH SCRUTINY COMMITTEE

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
4 September 2017	Councillor Lamb, Cabinet Member for Public Health / Dr Liz Robin, Director of Public Health	PETERBOROUGH ANNUAL PUBLIC HEALTH REPORT	The Health Scrutiny Committee considered the report and RECOMMENDED that the Director of Public Health include in future Annual Public Health Reports details on healthy eating habits and statistics on air quality as both have an impact on the health of local people.	Update at 6 November 2017 Meeting: The Director of Public Health advised that the request from the Health Scrutiny Committee has been logged and will be taken in to consideration when preparing the Annual Public Health Report for 2018, next year.	Ongoing
6 November 2017	Aidan Fallon, Head of Communication & Engagement, Cambridgeshire & Peterborough STP:	SUSTAINABLE TRANSFORMATION PARTNERSHIPS	The Health Scrutiny Committee noted the report and RECOMMENDED that the Head of Communication & Engagement, Cambridgeshire & Peterborough STP: 1. Develops an action plan that would fully address current and future workforce shortages. 2. Produce future reports in clear and plain English	The Head of Communication & Engagement, Cambridgeshire & Peterborough STP provided the following response: Arrangements are being made for Committee members to receive a bespoke workshop to address the workforce queries raised at the 6 th November meeting.	Ongoing

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
			making them easier to read by the general public.	<p>This workshop will be attended and facilitated by senior Human Resource leaders from the local NHS and care sector. A formal report will then be submitted to a subsequent Committee meeting addressing the issues raised.</p> <p>The recommendation regarding future reports is noted.</p>	
6 November 2017	Jess Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group	PRIMARY CARE UPDATE PETERBOROUGH	The Health Scrutiny Committee RECOMMENDED that the CCG investigate how other areas of the Country address the problem of issuing death certificates promptly during out of hours service to those within the Muslim community.	As at 20 December 2017 - Cambridgeshire and Peterborough CCG have provided a briefing to the Committee to cover this issue.	Complete

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
8 JANUARY 2018	PUBLIC REPORT

Report of:	Interim Director of Law and Governance		
Cabinet Member(s) responsible:	Cabinet Member for Resources		
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer	Tel. 01733 452508	

FORWARD PLAN OF EXECUTIVE DECISIONS

R E C O M M E N D A T I O N S	
FROM: Senior Democratic Services Officer	Deadline date: N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Considers the current Forward Plan of Executive Decisions and identifies any relevant items for inclusion within their work programme or request further information. 	

1. ORIGIN OF REPORT

1.1 The report is presented to the Committee in accordance with the Terms of Reference as set out in section 2.2 of the report.

2. PURPOSE AND REASON FOR REPORT

2.1 This is a regular report to the Health Scrutiny Committee outlining the content of the Forward Plan of Executive Decisions.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference No. Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3:

The Scrutiny Committees will:

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

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

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. 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 8 January 2018.

4.2 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.

4.3 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.

4.4 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.

5. CONSULTATION

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

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 After consideration of the Forward Plan of Executive Decisions the Committee may request further information on any Executive Decision that falls within the remit of the Committee.

7. REASON FOR THE RECOMMENDATION

7.1 The report presented allows the Committee to fulfil the requirement to scrutinise Key Decisions which the Executive is planning to take, as set out in the Forward Plan of Executive Decisions in accordance with their terms of reference as set out in Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 N/A

9. IMPLICATIONS

Financial Implications

9.1 N/A

Legal Implications

9.2 N/A

10. BACKGROUND DOCUMENTS

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

10.1 None

11. APPENDICES

11.1 Appendix 1 – Forward Plan of Executive Decisions

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

PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

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 Ayres, Cllr Elsey; 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, Democratic and Constitutional Services Manager, 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, Democratic and Constitutional Services Manager, 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 Democratic and Constitutional Services Manager using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this Plan.

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 8 JANUARY 2018

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
<p>Purchase of the freehold interest in Peterborough Registry Office - KEY/08JAN17/01 To delegate authority to the Corporate Director of Growth and Regeneration to purchase the property</p>	<p>Cabinet Member for Resources, Cllr Seaton</p>	<p>8 January 2018</p>	<p>Growth, Environment and Resources</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Jane.McDaid@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>
<p>Procurement of housing for vulnerable people – KEY/08JAN17/02 To approve the borrowing and investment of £2m for the procurement of a number of properties for housing for vulnerable people.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health (in consultation with Cabinet Member for Resources)</p>	<p>8 January 2018 - To enable the procurement of the properties to start. As part of the Better Care Fund, the Council has conditions that need to be met this financial year. To enable those conditions to be met the procurement needs to start as quickly as possible.</p>	<p>Adult and Communities Scrutiny Committee</p>	<p>N/A</p>	<p>Completed as part of approval of Better Care Fund application</p>	<p>Oliver Hayward, Email: oliver.hayward@peterborough.gov.uk Tel: 01733 863910</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

PREVIOUSLY ADVERTISED KEY 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
06 1.	<p>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.</p>	<p>Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>April 2018</p>	<p>Adult and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Rajnish Ahuja Procurement Project Manager (Interim) Tel: 01733 317471 Email: rajnish.ahuja@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
2.	<p>Uncollectable debts in excess of £10,000 – KEY/28NOV16/01 Council Tax, Housing Benefits, Sundry and Business Rates</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>December 2017</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Peter Carpenter, Service Director – Financial Services 01733 384564 Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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.	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 2017 Growth, Environment & Resources Scrutiny Committee	All wards	Relevant stakeholders and Serco.	Peter Carpenter, Service Director – Financial Services 01733 384564 Peter.carpenter@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
4.	Serco ICT Contract Amendments – KEY/28NOV16/03 To agree amendments to the Serco ICT Contract.	Councillor David Seaton Cabinet Member for Resources	December 2017 Growth, Environment & Resources Scrutiny Committee	All wards	Relevant stakeholders and Serco.	Peter Carpenter, Service Director – Financial Services 01733 384564 Peter.carpenter@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.	Affordable Warmth Strategy 2017 – 2019 KEY/17APR17/03 Recommendation to approve the Affordable Warmth Strategy 2017 - 2019	Councillor Walsh, Cabinet Member for Communities	December 2017 Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders. The draft strategy will be placed on PCC Consultation pages for 3 week consultation period	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. BRE Integrated Dwelling Level Housing Stock Modelling Report July 2016 Housing Renewals Policy 2017 - 2019
6.	Authorise the award of the Nene Bridge Bearings Scheme - KEY/01MAY17/07 Authorise the award of the Nene Bridge Bearings bridge works to Skanska Construction UK Ltd through the Council's Peterborough Highway Services Contract 2013-	Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development	December 2017 Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders	Peter Tebb, Network and Traffic Manager, Tel:01733 453519, Email: 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.

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.	<p>Real Time Passenger Information - KEY/15MAY17/02 Award of the Contract along with the agreement to sign the partnership and data sharing agreements with neighbouring local authorities and bus operators associated with this contract</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>December 2017</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p> <p>Consultation has taken place with bus operators in the city and will continue to do so for the duration of the tender process</p>	<p>Peter Tebb Network and Traffic Manager Tel: 01733 453519 Email: Peter.tebb@peterborough.gov.uk</p> <p>Amy Pickstone Senior ITS Officer 5 317481 Email: amy.pickstone@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></p>

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
<p>8. Approval to early infrastructure works to facilitate the design and build of two new schools on the Paston Reserve site – KEY/15MAY17/03 There is a requirement for infrastructure works to be undertaken on land identified under a S106 Agreement to accommodate a new 2 form entry primary school and an 8 form entry secondary school at the Paston Reserve site. These works include a new access road into the site from Newborough Road, relocation of overhead power cables and fencing to secure the site upon transfer to the Council. These works must be completed ahead of the programme to deliver the new school.</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development in consultation with Councillor Holdich, Leader of the Council</p>	<p>December 2017</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Gunthorpe</p>	<p>Relevant internal and external stakeholders.</p>	<p>Emma Everitt Capital Projects and Assets Officer Tel: 01733 863660 Email: emma.everitt@pet-erborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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
9.	Paston Reserve Primary School - New school build project - KEY/15MAY17/04 School Organisation Plan 2012-17, EFA Contractors Framework Guidance, Guidance for LAs seeking to deliver free school projects	Councillor Lynne Ayres Cabinet Member for Education, Skills and University	December 2017 Children and Education Scrutiny Committee	Gunthorpe	Relevant internal and external stakeholders. There will be public consultation on the plans for the new school. Ward Cllr consultation	Emma Everitt Capital Projects and Assets Officer Tel: 01733 863660 Email: emma.everitt@pet-erborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
10.	Paston Reserve Secondary School - New build project - KEY/15MAY17/05 Authorise the Director People and Communities to approve the construction of a new secondary school at the Paston Reserve site up to the value of £xm. Authorise the Director to award the design and build contract. Authorise the Director to enter into the 125 year lease of the school site with the Academy Trust.	Councillor Lynne Ayres Cabinet Member for Education, Skills and University	July 2018 Children and Education Scrutiny Committee	Gunthorpe	Relevant internal and external stakeholders. There will be a public consultation on the plans for the new school. Ward Cllr consultation.	Emma Everitt Capital Projects and Assets Officer Tel: 01733 863660 Email: emma.everitt@pet-erborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. School Organisation Plan 2012-17. EFA Contractors Framework Guidance. Guidance for LAs seeking to deliver free school projects

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
<p>11. Enterprise Managed Services Contract - KEY/15MAY17/06 Termination of the current 23 year contract with Enterprise Managed Services (Amey) and future service delivery</p>	<p>Cabinet</p>	<p>18 December 2017</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>James Collingridge, Amey Partnership Manager, Tel: 01733 864736 Email: james.collingridge@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>12. Approval to award places on the Pseudo DPS for Residential Care Providers - KEY/29MAY17/04 Provide permission for the Council to enter into contractual arrangements with Residential Care Providers following the publication of a PIN notice inviting providers to submit prices and sign up to the Council's Residential Care Terms and Conditions. This ensures compliance with the Public Procurement Regulations 2015 and the Care Act 2014</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>December 2017</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Helene Carr, Head of Commissioning Social Care Tel: 01733 863901, Email: Helene.carr@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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13.	Woodston Expansion – KEY/26JUNE17/01 Award of Contract for the expansion of Woodston Primary School to accommodate an additional 210 children	Councillor Lynne Ayres, Cabinet Member for Education, Skills and University	December 2017 Children and Education Scrutiny Committee	Fletton & Woodston	Relevant internal and external stakeholders. Public consultation to be held July 2017	Sharon Bishop, Capital Projects & Assets Officer, Tel: 01733 863997, Email: sharon.bishop@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. School Organisational Plan 2015 - 2020
14.	Approval of Sharing Officers between Peterborough City Council & Other Local Authorities - KEY/10JUL17/01 Under s113 of the 1972 Local Government Act a Council can place officers at the disposal of another Council. The Council is currently in the process of establishing a shared management team for People & Communities with Cambridgeshire County Council which may result in one or more officers of the City Council being shared across both Councils.	Councillor Seaton, Cabinet Member for Resources	December 2017 Growth, Environment and Resources Scrutiny Committee	All	Relevant internal and external stakeholders. Officers affected, Trades Unions, Employment Committee, Members of both Councils	Paul Smith HR Advisor Tel: 01733863629 Email: paul.smith2@Peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. Consultation document and reports to Employment Committee setting out rationale and proposals

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15.	Award of Contract - Social Care Platform - KEY/24JULY17/01 To approve the award of a contract to develop and implement a technology platform that would sit across the current adult and children's social care IT systems	Councillor David Seaton Cabinet Member for Resources	December 2017 Growth, Environment & Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. N/A	Peter Carpenter, Service Director – Financial Services 01733 384564 Peter.carpenter@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>

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16.	Award of Contract - Social Care e-marketplace – KEY/24JULY17/02 To approve the awarding of a contract to provide a social care e-marketplace IT system	Councillor David Seaton Cabinet Member for Resources	December 2017 Growth, Environment & Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. N/A	Peter Carpenter, Service Director – Financial Services 01733 384564 Peter.carpenter@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>

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17.	Award of Contract - Social Care Operating Model – KEY/24JULY17/05 To approve the awarding of a contract to develop a social care operating model	Councillor David Seaton Cabinet Member for Resources	December 2017 Growth, Environment & Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. N/A	Peter Carpenter, Service Director – Financial Services 01733 384564 Peter.carpenter@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>

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18.	Acquisition of Regeneration Site – KEY/24JULY17/06 To approve the acquisition of a local regeneration site.	Councillor David Seaton Cabinet Member for Resources	December 2017 Growth, Environment & Resources Scrutiny Committee	Central	Relevant Internal and External Stakeholders.	Jane McDaid Head of Peterborough Property services Tel: 01733 384540 Email: Jane.mcdaid@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>

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<p>19. Academy Conversion (Jack Hunt Group) of Jack Hunt School – KEY/07AUG17/02 To approve the closure of a maintained school and authorise the execution and completion of a Commercial Transfer Agreement with the Academy Trust and the grant of a 125 year lease of the land</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and University</p>	<p>December 2017</p>	<p>Children and Education Scrutiny Committee</p>	<p>Ravensthorpe</p>	<p>Relevant internal and external stakeholders. Consultation with staff, parents, Ward Cllrs and relevant council departments</p>	<p>Sharon Bishop Capital Projects and Assets Officer, Tel No.01733 863997 sharon.bishop@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>20. Academy Conversion (Jack Hunt Group) of Middleton Primary School – KEY/07AUG17/03 Conversion of a maintained primary school to an Academy. To authorise the execution and completion of a Commercial Transfer Agreement (CTA) between the Council and the Academy trust and to authorise the grant of a 125 year lease to the Academy Trust</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and University</p>	<p>December 2017</p>	<p>Children and Education Scrutiny Committee</p>	<p>Bretton</p>	<p>Relevant internal and external stakeholders. Consultation with staff, parents, Ward Cllrs and relevant council departments</p>	<p>Sharon Bishop Capital Projects and Assets Officer, Tel No.01733 863997 sharon.bishop@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>21. Academy Conversion (Jack Hunt Group) of Longthorpe Primary School – KEY/07AUG17/04 Academy conversion of maintained primary school. To authorise the execution and completion of a Commercial Transfer agreement (CTA) between the Council and the Academy Trust and to authorise a 125 year lease to the Academy Trust.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and University</p>	<p>December 2017</p>	<p>Children and Education Scrutiny Committee</p>	<p>West</p>	<p>Relevant internal and external stakeholders. Consultation with staff, parents, Ward Cllrs and relevant council departments</p>	<p>Sharon Bishop Capital Projects and Assets Officer, Tel. No: 01733 863997 sharon.bishop@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>22. Academy Conversion (Jack Hunt Group) of Thorpe Primary School – KEY/07AUG17/05 Academy conversion of maintained primary school. To authorise the execution and completion of a Commercial Transfer agreement (CTA) between the Council and the Academy Trust and to authorise a 125 year lease to the Academy Trust.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and University</p>	<p>December 2017</p>	<p>Children and Education Scrutiny Committee</p>	<p>Ravensthorpe</p>	<p>Relevant internal and external stakeholders. Consultation with staff, parents, Ward Cllrs and relevant council departments</p>	<p>Sharon Bishop Capital Projects and Assets Officer, Tel. No: 01733 863997 sharon.bishop@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>104</p> <p>23. Academy Conversion (Jack Hunt Group) of Ravensthorpe Primary School – KEY/07AUG17/06 Academy conversion of maintained primary school. The execution and completion of a Commercial Transfer agreement (CTA) between the Council and the Academy Trust. The authorisation of a 125 year lease to the Academy Trust.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and University</p>	<p>December 2017</p>	<p>Children and Education Scrutiny Committee</p>	<p>Ravensthorpe</p>	<p>Relevant internal and external stakeholders.</p> <p>Consultation with staff, parents, Ward Cllrs and relevant council departments</p>	<p>Emma Everitt Email:emma.everitt@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>24. Replacement Social Care System For Adult Social Care – KEY/21AUG17/01 Approval for purchase and implementation of replacement social care system for adult social care.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>December 2017</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Caroline Townsend, Programme Manager, Tel. No: 07920 160512, Email:caroline.townsend@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>25. Approval of Entering Into Contracts With Residential and Nursing Home Providers In Accordance With Service User Choice of Home Via The Pseudo Dynamic Purchasing System as recommended by the PCC Legal Department – KEY/21AUG17/02</p> <p>The Pseudo DPS will be opened for 4 years. PCC needs to be able to call off the selected list as/when required for the entire 4 year period that PSEUDO DPS is opened.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>December 2017</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders. ADASS Eastern Region</p>	<p>Helene Carr, Head of Commissioning Social Care Tel:01733 863901, Email: helene.carr@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>
<p>26. Award of Insurance Contract – KEY/18SEP17/01</p> <p>Evaluation of insurance tenders received to be reviewed and award of contract to be made.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>23 February 2018</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders. None.</p>	<p>Steve Crabtree, Chief Internal Auditor, 01733 384557, steve.crabtree@Peterborough.gov.uk</p>	<p>Evaluation of insurance tender submissions prepared by the Council's brokers, JLT.</p>

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<p>27. Continuation of Housing Renewal Policy grants through the Care & Repair Agency – KEY/18SEP17/02 Permission is sought to continue to use the current tendering processes for non framework works funded through Repairs Assistance Grants and Disabled Facility Grants. A full procurement process is being undertaken to introduce frameworks for all of this work which is aimed to be in place by the 1st May 2018. This interim arrangement will allow the capital programme to be continued</p>	<p>Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development</p>	<p>December 2017</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders. CMDN published on website</p>	<p>Sharon Malia Housing Programmes Manager sharon.malia@peterborough.gov.uk</p>	<p>None</p>

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<p>28. Award of contract for the expansion and partial remodelling of Ken Stimpson Community School – KEY/18SEP17/03 The intention is to expand the school by 2 forms of entry (300 additional pupils plus 150 sixth form) to meet the growing need for secondary school places. A new building block is planned on the site with an extension to the dining hall and minor remodelling to an adjacent building. As part of the remodelling the on site library will be demolished - following its relocation to a suitable site close by.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and University</p>	<p>February 2018</p>	<p>Children and Education Scrutiny Committee</p>	<p>Werrington</p>	<p>Relevant internal and external stakeholders. Consultation will include: Senior School Management team, Sport England, local residents and the Department For Education</p>	<p>Stuart Macdonald. Schools Infrastructure . 07715 802 489. stuart.macdonald@peterborough.gov.uk</p>	<p>School Organisation Plan 2015 -2022</p>
<p>29. Expansion of Lime Academy Parnwell – KEY/16OCT17/01 Approval for the expansion of Lime Academy Parnwell from 1.5 form entry to 2 form entry. Construction of double Multi –use games area (MUGA) and additional classrooms</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and University</p>	<p>January 2018</p>	<p>Children and Education Scrutiny Committee</p>	<p>East</p>	<p>Relevant internal and external stakeholders. Public consultation</p>	<p>Sharon Bishop, Capital Projects and Assets Officer, sharon.bishop@peterborough.gov.uk</p>	<p>School Organisation Plan 2015 - 2020 and School Organisation Plan 2016 updated</p>

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30. Section 256 with the Cambridgeshire and Peterborough Clinical Commissioning Group – KEY/16OCT17/03 Approval to enter into a Section 256 agreement with the Cambridgeshire and Peterborough Clinical Commissioning Group, for receipt of funding to deliver health support to children and young people and their families	Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health	December 2017	Children and Education	All Wards	Relevant internal and external stakeholders. Consultation held with the CCG and Cambridgeshire County Council	Pam Setterfield, Commissioner, Child Health and Well Being, 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
31. Approval of Contract of Generalist Advice Services – KEY/16OCT17/04 To approve the contract to deliver general advice services to clients requiring help particularly around welfare benefits, debt and money management.	Councillor Seaton, Cabinet Member for Resources	March 2018	Adults and Communities	City wide service provision	Relevant internal and external stakeholders. Voluntary sector advice agencies consulted in service design. Market testing of providers has also taken place.	Ian Phillips, Senior Policy Manager ian.phillips@peterborough.gov.uk 863849	It is not anticipated that there will be any documents other than the report and relevant appendices to be published

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<p>32. Entering into a Section 75 with Cambridge County Council – KEY/13NOV17/01 Entering into a Section 75 with Cambridge County Council for the provision of joint commissioning of a Recovery and inclusion tender</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>December 2017</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders. Legal and Finance departments</p>	<p>Janet Warren, Assistant Commissioner, 01733 863865, janet.warren@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>
<p>33. ICT Infrastructure works for Fletton Quays – KEY/13NOV17/02 To agree to the procurement of ICT infrastructure works for Fletton Quays</p>	<p>Councillor David Seaton, Cabinet Member for Resources</p>	<p>December 2017</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders</p>	<p>Jane McDaid, Head of Property Jane.mcdaid@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. 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).</p>

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<p>110</p> <p>34.</p>	<p>Extension to the Public Health Contract (Cambridgeshire and Peterborough NHS Foundation Trust) - KEY/11DEC17/01 This decision is to seek permission to enter into a new Section 75 Agreement with CPFT for delivery of School Nursing services, at the value of £759,000 per annum for one year from 1 April 2018 to 31 March 2019.</p>	<p>Councillor Lamb, Cabinet Member for Public Health</p>	<p>December 2017</p>	<p>Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Partners have been in continued discussions and have reviewed and agreed the specification, financial investment, aims and outcomes of the service, and monitoring arrangements, which form part of this agreement. Wider consultations have been held across Peterborough and Cambridgeshire on how this service will operate within the 0-19 Healthy Child Programme procurement.</p>	<p>Amy Hall, Assistant Commissioner, 01733 863 687, amy.hall@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

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35. Allocation of grant to provide 29 affordable homes at a site on Midland Road - KEY/11DEC17/02 To approve the allocation of grant to provide affordable homes	Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development	11 December 2017	Growth, Environment and Resources Scrutiny Committee	Central Ward	Relevant internal and external stakeholders. None - Ward Cllrs for Central Ward will be consulted	Anne Keogh Housing and Strategic Planning Manager tel: 01733 863815 anne.keogh1@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
36. Expansion and Remodelling of Marshfields School – KEY/11DEC17/03 To approve the proposed expansion and remodelling of Marshfields school	Councillor Lynne Ayres, Cabinet Member for Education, Skills and University	January 2018	Children and Education Scrutiny Committee	Dogsthorpe Ward	Relevant internal and external stakeholders. Public Consultation Meeting	Sharon Bishop, Capital Projects & Assets Officer Sharon.bishop@peterborough.gov.uk	School Organisational Plan
37. Securing homes for homelessness households – KEY/11DEC17/04 The council is looking to support homeless families and individuals through providing more housing.	Cabinet	15 January 2018	Growth, Environment and Resources Scrutiny Committee	City wide	Relevant internal and external stakeholders.	Ian Phillips Senior Policy Manager 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

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38.	Disposal of freehold in North West of the City – KEY/11DEC17/05 To delegate authority to the Corporate Director of Growth and Regeneration to sell the property	Councillor David Seaton Cabinet Member for Resources	December 2017 Growth, Environment and Resources Scrutiny Committee	Ravensthorpe	Relevant internal and external stakeholders	Jane McDaid Head of Peterborough Property services Tel: 01733 384540 Email: Jane.mcdaid@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>

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39.	Purchase of land and building in the centre of Peterborough – KEY/11DEC17/06 To delegate authority to the Corporate Director of Growth and Regeneration to purchase the property	Councillor David Seaton Cabinet Member for Resources	December 2017 Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders	Jane McDaid Head of Peterborough Property services Tel: 01733 384540 Email: Jane.mcdaid@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>

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40.	Disposal of freehold in Centre of the City – KEY/11DEC17/07 To delegate authority to the Corporate Director of Growth and Regeneration to sell the property	Councillor David Seaton Cabinet Member for Resources	December 2017 Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders	Jane McDaid Head of Peterborough Property services Tel: 01733 384540 Email: Jane.mcdaid@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>

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<p>41. Purchase of building in the centre of Peterborough – KEY/11DEC17/08 To delegate authority to the Corporate Director of Growth and Regeneration to purchase the property</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>December 2017</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Jane McDaid Head of Peterborough Property services Tel: 01733 384540 Email: Jane.mcdaid@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></p>
<p>42. Extension to the Homecare Framework Agreements - KEY/11DEC17/09 To approve expenditure for the continued engagement of providers presently engaged under the terms of a Personal Care Framework Agreement which expires on 18th January 2018.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health</p>	<p>December 2017</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Consultation carried out when the Framework Agreement was originally procured is set out in JAN14/CMDN/01.</p>	<p>Rajnish Ahuja, Procurement Projects Manager (Interim), 01733 317471</p>	<p>Cabinet Member Decision Notice (CMDN)</p>

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43.	100% Business Rates Retention Pilot - KEY/25DEC17/01 To approve pooling arrangements across Cambridgeshire to access additional NDR funding.	Cabinet	15 January 2018	Growth, Environment and Resources Scrutiny Committee	ALL	Relevant internal and external stakeholders	Peter Carpenter, Service Director – Financial Services Tel: 01733 384564 Email: Peter.carpenter@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
44.	Purchase of land to the east of the city - KEY/25DEC17/02 Delegate authority to the Corporate Director of Growth and Regeneration to purchase the property.	Cabinet Member for Resources, Councillor Seaton	January 2018	Growth, Environment and Resources Scrutiny Committee	East	Relevant internal and external stakeholders.	Jane McDaid Head of Peterborough Property services Tel: 01733 384540 Email: Jane.mcdaid@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i>

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	
45.	A605 Whittlesey Access Phase 2 - Stanground Access - KEY/25DEC17/03 To approve the design and construction of the A605 Stanground East Junction Improvements for the financial year of 2017/18 - 2018-19 and authorise the associated package of work to be issued to Skanska Construction UK Limited under the Council's existing agreement with SKANSKA dated 18th September 2013 (the Highways Services Agreement).	Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development	January 2018	Growth, Environment and Resources Scrutiny Committee	Stanground South	Relevant internal and external stakeholders. The scheme is included in the fourth Local Transport Plan. Further consultation will be undertaken during the design process, including ward Councillors.	Lewis Banks, Principal Sustainable Transport Planning Officer. Tel: 01733 317465, Email: 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. Fourth Local Transport Plan: www.peterborough.gov.uk /ltp National Productivity Investment Fund for the Local Road Network Application Form: https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/residents/transport-and-streets/A605Application.pdf?inline=true

<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
<p>46. Approval of funding allocation for the improvement to open spaces in the CAN Do area of the city as part of the capital regeneration programme for the area - KEY/25DEC17/04 Improvement to open spaces in the CAN Do area of the city as part of the capital regeneration programme for the area</p>	Councillor Eisey, Cabinet Member for Waste and Street Scene	January 2018	Growth, Environment and Resources Scrutiny Committee	Central, North & Park wards	<p>Relevant internal and external stakeholders.</p> <p>Community engagement with local residents, businesses & partner organisations</p>	<p>Cate Harding, Community Capacity Manager.</p> <p>Tel: 01733 317497. Email: Cate.harding@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>Budget allocation in MTFP 2017/18</p>
<p>47. Approval of funding allocation for community facility improvements in the CAN Do area of the city as part of the capital Regeneration Programme for the area - KEY/25DEC17/05 community facility improvements in the CAN Do area of the city as part of the capital Regeneration Programme for the area</p>	Councillor Seaton, Cabinet Member for Resources	January 2018	Growth, Environment and Resources Scrutiny Committee	Central, North & Park wards	<p>Relevant internal and external stakeholders.</p> <p>Community engagement with residents, groups, businesses and partner organisations</p>	<p>Cate Harding, Community Capacity Manager.</p> <p>Tel: 01733 317497. Email: cate.harding@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>Budget allocation of £4m in MTFP 2017/8</p>

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	
48.	Approval of funding allocation for the public realm improvements within the CAN Do area of the city as part of the capital regeneration programme for the area - KEY/25DEC17/06 public realm improvements within the CAN Do area	Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development	January 2018	Growth, Environment and Resources Scrutiny Committee	Central, North & Park wards	Relevant internal and external stakeholders. Community engagement with local residents, groups, businesses and partner agencies	Cate Harding, Community Capacity Manager. Tel: 01733 317497. Email: cate.harding@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. Budget allocation £3m in MTFP 2017/18

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

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

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON -KEY DECISIONS

<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
None							

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
<p>1. 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.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>December 2017</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Ian Phillips Social Inclusion Manager Tel: 01733 863849 ian.phillips@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>2. Vivacity Premier Fitness Invest to Save Scheme - To authorise investment in developing Vivacity Premier Fitness on an invest to save basis</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>December 2017</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Peter Carpenter, Service Director – Financial Services 01733 384564 Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. <i>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</i></p>

<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
<p>3. Delivery of the Council's Capital Receipt Programme through the sale of Welland House, Dogsthorpe - To authorise the sale of Welland House, Dogsthorpe</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>December 2017</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>Dogsthorpe Councillors: Ash, Saltmarsh, Sharp</p>	<p>Relevant internal and external stakeholders.</p>	<p>David Gray Capital Projects Officer Tel: 01733 384531 Email: david.gray@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>4. Proposal for Loan of Senior Management Staff Under Joint Arrangements – To approve a sharing agreement for senior management staff.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>December 2017</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p>	<p>Kim Sawyer Director of Governance Tel: 01733 452361 Kim.sawyer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>5. Funding of Information, Advice and Guidance services within the voluntary sector - To authorise award of grants.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>December 2017</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders</p>	<p>Ian Phillips Senior Policy Manager Tel: 01733 863849 Email: ian.phillips@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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.	Daily cleanse around Gladstone Street and nearby streets - Daily mechanical cleanse in the area focused around Gladstone Street and other nearby streets. This will encompass a mechanical sweeper and operative.	Councillor Elsey, Cabinet Member for Waste and Street Scene	December 2017 Growth, Environment & Resources Scrutiny Committee	Central Ward Cllrs Hussain, Amjad Iqbal, Jamil	Relevant internal and external stakeholders. Cross party task and finish group report which went to the Growth, Environment and Resources Scrutiny Committee it was also part of the full council decision to implement as part of the budget for 2017-18.	James Collingridge, Amey Partnership Manager, Tel: 01733 864736 Email: james.collingridge@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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7.	A Lengthmans to be deployed on Lincoln Road Millfield - There will be a daily presence along Lincoln Road, the operative will litter pick, empty bins as well as report fly-tips and other environmental issues.	Councillor Elsey, Cabinet Member for Waste and Street Scene	December 2017 Growth, Environment & Resources Scrutiny Committee	Central Ward Cllrs Hussain, Amjad Iqbal, Jamil	Relevant internal and external stakeholders. Cross party task and finish group report which went to the Growth, Environment and Resources Scrutiny Committee and it was also approved at Full Council as part of the 2017-18 Budget.	James Collingridge, Amey Partnership Manager, Tel: 01733 864736 Email: james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
8.	2017/18 VCS grant funding - Award of grant to VCS organisations to provide Information, Advice and Guidance services	Councillor Seaton, Cabinet Member for Resources	December 2017 Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Ian Phillips Senior Policy Manager Tel: 863849 Email: 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.

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
9.	Peterborough Trees and Woodland Strategy - To approve the draft Trees and Woodland strategy prior to public consultation	Cabinet	15 January 2018	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Consultation will follow Cabinet approval to commence consultation	Darren Sharpe, Natural & Historic Environment Manager darren.sharpe@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.	<p>Locally designed and administered business rates relief scheme - The government announced in its spring budget a number of reliefs for businesses including a £300m discretionary sum to be allocated by individual Local authorities based on their own scheme. The government subsequently consulted on this and in April confirmed the scheme would continue and announced individual authority allocations, although there remain some outstanding issues. The decision required will be to approve the scheme of allocation of funds for those ratepayers who have faced high increases in rate bills for 2017/18.</p>	Councillor Seaton, Cabinet Member for Resources	December 2017	Growth, Environment and Resources Scrutiny Committee	All	Relevant Internal and External Stakeholders	Bruce Bainbridge, Finance Manager, 01733 384583, bruce.bainbridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
11. Draft Flood and Water Supplementary Planning Document (SPD) - To approve the draft Flood and Water SPD for public consultation	Cabinet	15 January 2018	Growth, Environment and Resources	City Wide	Relevant internal and external stakeholders. This draft document is coming to Cabinet for approval to go out for public consultation	Anne Keogh Housing and Strategic Planning Manager tel: 01733 863815 anne.keogh1@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
12. Draft Developers Contribution Supplementary Planning Document (SPD) - To approve the draft Developers Contribution SPD for public consultation	Cabinet	15 January 2018	Growth, Environment and Resources	City Wide	Relevant internal and external stakeholders. This draft document is coming to Cabinet for approval to go out for public consultation	Anne Keogh Housing and Strategic Planning Manager tel: 01733 863815 anne.keogh1@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
13. Draft Biodiversity Strategy - To approve the draft Strategy prior to consultation	Cabinet	15th Jan 2018	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Consultation will follow Cabinet approval to consult	James Fisher, Wildlife Officer, 01733 453543, james.fisher@peterborough.gov.uk	Biodiversity Strategy

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.	Draft Peterborough Green Infrastructure and Biodiversity SPD - To approve the draft document prior to consultation	Cabinet	15th Jan 2018	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Consultation not yet undertaken	James Fisher, Wildlife Officer, 01733 453543, james.fisher@peterborough.gov.uk	Supplementary Planning Document (SPD)
15.	November 2017 Budgetary Control Monitoring - For Cabinet to consider and note the current budgetary control position	Cabinet	15 January 2018	Sustainable Growth and Environment Capital	All Wards	Relevant Internal and External Stakeholders	Peter Carpenter, Service Director – Financial Services 01733 384564 Peter.carpenter@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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.	Continuation Of The ‘Peterborough DNA’ Programme –The report seeks approval for continued delivery of the Peterborough DNA programme, now known as the ‘Future Peterborough Framework’ through Opportunity Peterborough as outlined in the report following receipt of a grant from Innovate UK (formally the Technology Strategy Board) in March 2013. The report follows three previous key decisions to approve the delivery of the Peterborough DNA programme and will be the final tranche of funding.	Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development	11th December 2017	Growth, Environment and Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders. Legal, Governance and Finance have been consulted. The Future Peterborough Board, which includes Councillors and Officers have been consulted.	Elliot Smith- Head of Performance and Information Elliot.smith@peterborough.gov.uk 07506 536565	It is not expected that there will be any supporting documents other than the report

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
<p>17. Decision to enter into a Section 76 Agreement for the delivery of integrated Speech and Language Therapy Services.</p> <p>A decision is required to allow the council to renew a Section 76 agreement, to transfer the sum of £250,000 to the CCG, for the delivery of an integrated Paediatric Speech and Language Therapy (SALT) service across Peterborough and Cambridgeshire from 1 April 2018 to 31 March 2019. Following an extensive review of the service in 2016, it was recognised that delivery was often disjointed and fragmented, meaning families were not receiving the best outcomes from the service. As a result of the review a new model has been developed, which focuses of early intervention and accessibility; to maximise efficiency, and in line with the current direction of travel, the model is shared across Peterborough and Cambridgeshire to bring together an integrated model for the two authorities</p>	<p>Councillor Smith, Cabinet Member for Children's Services</p>	<p>N/A</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant Internal and External Stakeholders</p>	<p>Amy Hall Assistant Commissioner Tel: 01733 863687 Email: amy.hall@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

<i>DECISION TAKEN</i>	<i>REASON FOR URGENCY</i>	<i>DECISION MAKER</i>	<i>DATE DECISION TAKEN</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
None.								

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

Electoral 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.

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HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017/18

Meeting Date	Item	Indicative Timings	COMMENTS
<p>19 June 2017</p> <p><i>Draft Report 25 May</i> <i>Final Report 7 June</i></p>	<p>Briefing Update On Key Current Local Mental Health Work Streams</p> <p>Mental Health to be the main theme for the 2017/2018 work programme. The Scrutiny Committee to receive an overview of Mental Health at its first meeting of the year to assist the Committee in deciding which areas require further scrutiny throughout the year.</p> <p>Contact Officer: Dr Liz Robin / Jessica Bawden</p>		<p>6 Monthly update to be presented to the Committee in January 2018</p>
	<p>Public Health Portfolio Holders Report 2016/17</p> <p>To Scrutinise the portfolio of the Cabinet Member for Public Health and make any recommendations.</p> <p>Contact Officer: Dr Liz Robin</p>		<p>6 Monthly update to be presented to the Committee in January 2018</p>
	<p>Progress Report on Healthy Peterborough Campaign</p> <p>To scrutinise the progress of the Healthy Peterborough Programme and make any recommendations.</p> <p>Contact Officer: Karen Cornish / Stuart Keeble</p>		
	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		

Meeting Date	Item	Indicative Timings	COMMENTS
	<p>Review of 2016/17 and Draft Work Programme 2017/18</p> <p>To review the work undertaken during 2016/17 and to consider the work programme of the Committee for 2017/2018</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>4 September 2017</p> <p><i>Draft Report 10 Aug</i> <i>Final Report 22 Aug</i></p>	<p>Children’s Mental Health Services Update</p> <p>To scrutinise and comment on the current mental health service provision for children including 10 to 24 year olds.</p> <p>Contact Officer: Lee Miller/Janet Dullaghan</p>		
	<p>IVF Consultation Outcomes</p> <p>To scrutinise and comment on the outcomes of the IVF Consultations and make any recommendations</p> <p>Contact Officer: Jessica Bawden</p>		
	<p>Annual Public Health Report</p> <p>To scrutinise and comment on the Annual Public Health Report and make any recommendations.</p> <p>Contact Officer: Dr Liz Robin</p>		

Meeting Date	Item	Indicative Timings	COMMENTS
	<p>Recommendations Monitoring Report</p> <p>To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p> <p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p> <p>Work Programme 2017/2018</p> <p>To consider the Work Programme for 2017/2018</p>		If required.
<p>6 November 2017 <i>Draft Report 13 Oct</i> <i>Final Report 25 Oct</i></p>	<p>Draft Suicide Prevention Strategy 2017 - 2020</p> <p>To scrutinise and comment on the Draft Suicide Prevention Strategy 2017/2020.</p> <p>Contact Officer: Kathy Hartley</p> <p>Primary Care Update Peterborough</p> <p>To scrutinise and comment on the current developments around Primary Care provision in Peterborough and make any recommendations.</p> <p>Contact Officer: Jessica Bawden</p>		

Meeting Date	Item	Indicative Timings	COMMENTS
	<p>Sustainable Transformation Partnerships (STP)</p> <p>To scrutinise the Sustainable Transformation Partnership Plan.</p> <p>Contact Officer: Aidan Fallon</p>		
	<p>Update On The Hinchingsbrooke Health Care NHS Trust And Peterborough And Stamford Hospitals NHS Foundation Trust Merger</p> <p>To receive an update on the impact of the merger between Hinchingsbrooke Health Care NHS Trust and Peterborough and Stamford Hospitals NHS Foundation.</p> <p>Contact Officer: Stephen Graves, Chief Executive</p>		
	<p>Recommendations Monitoring Report</p> <p>To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2017/2018</p> <p>To consider the Work Programme for 2017/2018</p>		

Meeting Date	Item	Indicative Timings	COMMENTS
29 November 2017 (Joint Meeting of the Scrutiny Committees)	Budget 2018/19 and Medium Term Financial Strategy to 2027/28 Phase One To scrutinise the Executive's proposals for the Budget 2018/19 and Medium Term Financial Plan 2027/28. Contact Officer: Marion Kelly /Peter Carpenter		
8 January 2018 <i>Draft Report 7 Dec</i> <i>Final Report 19 Dec</i>	Dental Services in Peterborough Contact Officer: Debbie Walker, NHS England		
	The extent to which Public Health Outcomes are considered in wider Council decision making Contact Officer: Dr Liz Robin		
	Public Health Portfolio Holders Report 2016/17 – 6 Monthly Update To Scrutinise the portfolio of the Cabinet Member for Public Health and make any recommendations. Contact Officer: Dr Liz Robin		Requested at 19 June 2017 meeting
	Recommendations Monitoring Report To monitor progress made on recommendations made at the previous meeting. Contact Officer: Paulina Ford, Senior Democratic Services Officer		

Meeting Date	Item	Indicative Timings	COMMENTS
	<p>Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2017/2018 To consider the Work Programme for 2017/2018</p>		
<p>8 February 2018 (Joint Meeting of the Scrutiny Committees)</p>	<p>Budget 2018/19 and Medium Term Financial Strategy to 2027/28 Phase Two To scrutinise the Executive's proposals for the Budget 2018/98 and Medium Term Financial Plan 2027/28.</p> <p>Contact Officer: Marion Kelly/Peter Carpenter</p>		
<p>12 March 2018 <i>Draft Report 16 Feb</i> <i>Final Report 28 Feb</i></p>	<p>NHSE Ambulance Response Programme</p> <p>Contact Officer: Chris Hartley</p>		
	<p>111 Service Update</p> <p>Contact Officer: Jessica Bawden</p>		

Meeting Date	Item	Indicative Timings	COMMENTS
	<p>6 Monthly Update on Key Current Local Mental Health Work Streams</p> <p>Contact Officer: Dr Liz Robin / Jessica Bawden</p>		<p>Requested at 19 June 2017 meeting</p>
	<p>Recommendations Monitoring Report</p> <p>To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		<p>If required</p>
	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		

Possible Items for Future Meetings	Contact Officer