PETERBOROUGH CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MONDAY 18 MARCH 2019
7.00 PM

Council Chamber - 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 21 January 2019 **3 - 10**

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

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of 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. Healthy Peterborough Progress Report **11 - 16**

6. Sustainability and Transformation Partnership (STP) Update On Strategic Direction 2018/19 and Six Month Review **17 - 30**

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Committee Members:

Councillors: J Stokes (Chairman), K Aitken, A Ali, S Barkham, S Hemraj, D Jones, D Over, B Rush (Vice Chairman), N Sandford, N Simons, and S Warren

Substitutes: Councillors: G Casey, A Joseph and B Saltmarsh

Co-opted Members:
Parish Councillor Henry Clark, Independent Co-opted Member (Non-voting)
Parish Councillor Barry Warne, Substitute Independent Co-opted Member (Non-voting)
Dr Steve Watson, Independent Co-opted Member (Non-voting)

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 21 JANUARY 2019 IN THE COUNCIL CHAMBER, TOWN HALL, PETERBOROUGH

Committee Members Present:	Councillors J Stokes (Chairman), K Aitken, A Ali, S Barkham, S Hemraj, D Jones, G Casey, B Rush (Vice Chairman), N Sandford, N Simons, S Warren. Co-opted Members - Parish Councillor Barry Warne and Dr Steve Watson	
Also present	Alison Edwards	Interim Operational Manager, Cambridgeshire and Peterborough Foundation Trust
	Louise Mitchell	Chief Operating Officer, Cambridgeshire and Peterborough CCG
	Jo Bennis	Chief Nurse, North West Anglia NHS Foundation Trust
	Councillor Diane Lamb	Cabinet Member for Public Health
	Susan Mahmoud	Healthwatch
	Jane Pigg	Company Secretary, North West Anglia NHS Foundation Trust
	Anna Duke	Associate Director for Service User Patient and Stakeholder Partnerships, Cambridgeshire and Peterborough Foundation Trust
Officers Present:	Dr Liz Robin	Director of Public Health
	Dan Kalley	Senior Democratic Services Officer

34. APOLOGIES FOR ABSENCE

Apologies for absence were received from Co-opted Member Parish Councillor Henry Clark and Parish Councillor Barry Warne was in attendance as substitute.
Councillor David Over sent his apologies and Councillor Graham Casey was in attendance as substitute.

35. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

North West Anglia NHS Foundation Trust - CQC Inspection Outcome And Action Plan
Councillor Hemraj declared an interest in item 5, in that she was an employee of the North West Anglia NHS Foundation Trust and advised that she would leave the meeting for the duration of that item.

36. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 5 NOVEMBER 2018

The minutes of the meetings held on 5 November 2018 were agreed as a true and accurate record.

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

There were no requests for Call-in to consider.

At this point Councillor Hemraj left the meeting for the next item as per her earlier declaration of interest.

38. NORTH WEST ANGLIA NHS FOUNDATION TRUST - CQC INSPECTION OUTCOME AND ACTION PLAN

The Chief Nurse at North West Anglia NHS Foundation Trust (NWAFT) introduced the report. The report provided the Committee with an update on the actions put in place at Peterborough City Hospital following the publication of the Quality Care Commission (CQC) inspection report in October 2018 which rated the North West Anglia NHS Foundation Trust overall as "Requires Improvement".

The Committee were informed that the first inspection as a newly formed organisation took place in June and July 2018 over a period of five days. Prior to the merger, Peterborough City Hospital and Stamford Hospital had been inspected in 2014 and were rated as "Good" Hinchingbrooke had received a "Good" rating in 2016. Due to the inspection criteria being changed, the inspection took place unannounced and also covered financial and efficiency matters.

When Hinchingbrooke merged with the Foundation Trust, all core services at Hinchingbrooke lost their pre-merger ratings which lead to an extensive number of core services being inspected for this study. Peterborough had received a grading of "Requires Improvement" for Medical Care on the previous inspection. Following the draft report being received, over 100 pages of factual accuracy were submitted although the inspectorate were under no obligation to accept the amendments.

Overall, the NWAFT received a "Requires Improvement" rating as an aggregate of gradings across the various sites.

An extensive action plan had been developed, incorporating the feedback received at the time of the inspection which aligned with the areas requiring improvement. A steering group had been formed which met every three or four weeks and was attended by representatives from all divisions to check and challenge the changes that have been introduced.

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

- Councillors were interested to know how much of the factual accuracy report had been accepted by the inspectorate. The Committee were advised that this was difficult to quantify as the return included grammatical errors as well as potential factual errors. It was suggested that about 25% of submissions were accepted.
- One challenge involving the comparison of Key Performance Indicators (KPIs) originated with different sites having different targets pre-merger.
- There were several concerns with Peterborough Hospital Emergency and Urgent Care Units which received a rating of "Requires Improvement", in particular staff on reception needed to be trained to recognise signs and symptoms of patients that needed to be seen quickly. Members were concerned whether reception staff should be making that decision. They were advised a medical nurse was present in the area however that was not a 24 hour presence. The CQC had advised that reception staff should be trained in the same manner as 111 call centre staff with a predetermined list of questions to ask and triggers

to identify. Work had been undertaken to address this and a registered practitioner was now on site to assist in the triage of patients.

- Hinchingbrooke hospital end of life care practices were replicated at Peterborough Hospital, although Peterborough was not assessed in the latest inspection. A sit in service was offered to patients together with chaplaincy services for patients and families and inpatient support. If Peterborough was reassessed there was a possibility that this would now qualify for an "Outstanding" grade.
- Each organisation identified core training requirements which were deemed to be mandatory. This was challenging when compliance was not satisfactory however mandatory did mean mandatory.
- Quality improvements were required at all sites but there was no need for patients to be concerned for their care should they be referred to Hinchingbrooke hospital. The merger worked on merging the best of practices of each site and there was always continuous quality improvements across the sites.
- The Manchester Triage system, a practitioner led system which was used to categorize patients, was used at Peterborough hospital but not Hinchinbrooke.
- There was a drive towards maintaining all patient records electronically. Patient records were retained electronically in the Maternity Unit on the Peterborough site but not at Hinchingbrooke. A new digital system has been introduced which currently does not cover all areas. Sample audits were carried out on a monthly basis on the quality of record keeping, however there was always an element of human error. It was professional practice to ensure documentation was robust to ensure there was evidence of actions carried out if required at a later date, however the Chief Nurse was not aware of any organisation which had 100% compliance.
- It was considered useful to have an external inspection to provide an alternative point of view and feed-back to help with quality improvement. Most of the comments contained within the report were anticipated and had been identified as priorities within the first and second years of the merger.
- The CQC inspections were unannounced and the next visit cannot therefore be anticipated in advance however for a unit in "Special Measures" the CQC will revisit within one year and within two years if the grade was "Requires Improvement" The next visit was anticipated in 2020 and a request for performance data would likely be received at the end of 2019, however if several complaints were received for a core service, the CQC could call to review that one service earlier.

AGREED ACTIONS:

The Health Scrutiny Committee considered the report and **RESOLVED** to note the contents of the report.

Councillor Hemraj re-joined the meeting.

39. PODIATRY SERVICES

The Interim Operational Manager, Cambridgeshire and Peterborough Foundation Trust (CPFT) introduced the report which aimed to seek scrutiny support for the Podiatry Engagement Plan following a review of the podiatry service across Cambridgeshire and Peterborough.

The Podiatry Manager for CPFT advised the committee this work commenced to address the challenges with staffing and recruitment and had been ongoing for three years. A study was conducted with each site and included patients, staff organisation and accommodation.

Recruitment remained a serious issue. Due to the changes in the bursary funds available to students, several universities had reported a drop in numbers from 35-45 per annum to 17 per

annum. The service had considered additional training for existing staff to enable them to take on supporting roles however this proved difficult. Waiting lists became hard to manage when trying to cover staff leave and sickness, particularly on sites where clinics were held monthly.

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

- The room availability had not been confirmed for the relocation to the City Care Centre in Thorpe Road, however it had been agreed that the service would vacate the Healthy Living Centre, on Princess Street and remain in the City Clinic in Wellington Street until a move to the City Care Centre can take place.
- The Healthy Living Centre (HLC) currently held the Diabetes Services but there were plans to relocate other services there. Children's Services were moving to the City Clinic.
- Sites under consideration to lose the service included HLC, City, Werrington, Bretton, Paston, Botolph and Bushfield.
- The sites to be retained in Peterborough would be Queens Street Practice, Stamford Hospital, Yaxley and the temporary site at the City Clinic in Wellington Street however the only podiatry site to remain within Peterborough permanently would be the City Care Centre.
- Patient care had not changed and the strict criteria remained in place. Only patients with a high risk need and a pathology would continue, other cases such as nail surgery, bone surgery and bio-mechanics would be discharged.
- Currently referrals were via the GP for the appropriate treatment using the Choose to Book service.
- The committee were concerned that patients had to make one trip for an assessment and then another for the treatment and would now have further distances to travel. They were advised that 25% of new referrals were discharged at the point of assessment, 25% return for appointments for up to six appointments and 50% stay on the books indefinitely.
- The use of telephone calls and technology such as photos or Skype was being considered to enhance the triage process.
- Waiting lists were challenging with new referrals being seen within the 18 week target although on average, new patients were seen within six weeks and other cases between 10 and 17 weeks. Ongoing care remained a problem and patients were encouraged to self-manage where possible. On sites where the clinic was held for only half a day each month, difficulties were experienced when a clinic had to be cancelled as the following clinic would usually already be full and this had a detrimental effect on waiting lists.
- Members were concerned diabetic patients with foot wounds were not seen quickly enough and there were cases that were not seen within the 48 hour requirement.
- There would not be any change in service at Hinchingbrooke and Oak Tree.
- Information regarding the consultation process had been available to patients currently using the podiatry sites.
- Community Connectors and local radio stations used by minority groups could be utilised to ensure all patients were aware of consultations and documents could be translated into other languages spoken regularly in this area.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to consider the report and:

1) Support the rationale for the changes to the Podiatry Service
2) Support the engagement plan for these changes
3) Requested a full list of current and proposed podiatry sites within Peterborough.

40. CABINET PORTFOLIO HOLDER FOR PUBLIC HEALTH PERFORMANCE REPORT

The Cabinet Member for Public Health introduced the report. This report provided an overview of the performance of the public health functions of the Council over the past year, taking forward public health priorities and services within a difficult financial period.

Peterborough received the lowest level of public health grant per head for local authorities with similar levels of deprivation. It was anticipated that the financial and savings targets would be met while managing high levels of demand.

There was concern with the low level of uptake on bowel, breast and cervical cancer screening being below average and it was hoped further advertising would increase the uptake.

A range of public health partnership work had been undertaken including the new Falls Prevention Programme in conjunction with Vivacity which included strength and balance classes and the Stay Stronger for Longer falls prevention campaign.

Work would continue on local public health concerns and updates would be available in the monthly Cabinet reports.

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

- Funding received by all Local Authorities was based on historical data provided by the National Health Service (NHS) in 2013 and Peterborough's funding was at the lowest level. The Peterborough services were in a difficult period in 2013 with a significant deficit and it was likely a funding reduction had already been made at that stage. Not all public health spending had previously been recorded and the funding was not accurately transferred over as a consequence.
- There was a move to steer local authorities towards a fairer funding rate in 2013 - 2015 at which time Peterborough was 26% below the average funding rate when calculated against a national formulae. This reduced the deficit to 20% but there have been blanket public health reductions since.
- The health needs of Peterborough appeared to be consumed within Cambridgeshire but their needs were quite different, although the needs within Fenland are more aligned with Peterborough. Using a joint public health team provided more public health staff with more expertise who were able to bring together a wider range of skills. The Director for Public Health advised the Committee it was her responsibility to ensure the division remained fair and that Peterborough retained its full allocation of resources.
- Engagement with local groups and charities within Peterborough was progressing well such as the work carried out with the Eastern European population. A Joint Strategic Needs assessment was carried out; data was collected on the community and the professionals who worked in the community which was used to support Peterborough's bid to the Controlling Migration Fund. This had resulted in funding over £1m to work with those communities.
- The funding formula would not be affected by having a Joint Public Health Team as the funding was provided to individual local authorities and having a Joint Public Health Team would save Peterborough money.
- A project led by the Public Health Team involved the production of YouTube videos which were very visual and were supported by a voiceover in several Eastern European languages. They provided details on how to access health treatments and GP surgeries, together with advice on wider issues such as education and housing systems. This was in response to a request from that community. hen the videos were finalised they would be circulated to Ward Councillors to share within their communities.

- One of the key objectives set by the Chief Executive for this year was to develop a Healthy Weight Strategy for Peterborough which would be the key focus of the Public Health Officer Board this year. This encompassed all areas including planning policies such as the siting of fast food outlets, communities which encourage physical activities and health visitors.
- Health Visitors encouraged breastfeeding and healthy eating. The Child and Family Centres and the Healthy Peterborough website also promoted healthy lifestyles. National Campaigns were also advertised through the website, such as Change for Life. Feedback indicates The Change for Life branding has proved popular, being picture based.
- The newly commissioned Healthy Schools Services would be conducting targeted work with schools with the highest rates of overweight children to encourage healthy school environments. High quality feedback was provided to parents from the National Childhood Measurement Programme.
- Latest figures were showing a significantly high number underweight children who would need support.
- It was too early to say how effective the Fall Prevention Programme had been as the scheme had not long been in operation. In Cambridgeshire there had been a positive evaluation indicating a reduction in falls admissions. Results will continue to be monitored to confirm the trend as it appears to be providing a good return of investment.
- The multi-agency Sexual Health Strategy Group had prioritised pregnancy prevention to address the high number of teenage pregnancies in the area. This complex issue required an approach which combined encouraging aspiration among young women and good access to contraception. Sex education in schools was now mandatory and supported by the Healthy Schools Support Service. Emergency hormonal contraceptives were available in pharmacies.
- There was a link between those experiencing teenage pregnancy and smoking, drugs, and other poor outcomes and it was hoped work could be conducted around resilience to support young people at an early stage.
- The teenage pregnancy statistics were always behind as the it took two years for the national benchmarking figures to be published.
- Members expressed concerns regarding the health challenges presented as a result of the levels on concentration of licensed premises selling alcohol and fast food and were interested to know what could be done to protect the interests of the communities affected. The Community Impact Zone around the Lincoln Road area would remain in force. A recent submission by Public Health England (PHE) at the last licensing hearing, resulted in restrictions being applied to the applicant on the hours alcohol would be on sale, the strength of some products sold and alcohol being available to purchase only with food items. It was anticipated this type of intervention would continue and public health would work with the Licensing Committee and community partners to lessen the impact of alcohol sales.
- Work was currently be undertaken with the Planning Department to design a supplementary planning document for fast food outlets. The research unit in Cambridge, South East England Development Agency (SEEDA) was currently collating data from other local authorities to identify ideas implemented that had worked well and the results would then be used to formulate an appropriate planning scheme in Peterborough.
- There were health inequalities across the region and life expectancy was lower in some urban areas. Health inequality was a complex issue requiring a range of interventions and surveys were being conducted within specific ethnic groups to identify their specific concerns. The survey results indicated that diet, diabetes and weight were considered very important.
- Members referred to a couple of studies carried out with children taking in part in daily exercise activities during the school day and being tested on these, both in the UK and abroad. However, the school curriculum was determined on a national basis and it could be challenging to make local changes when the priority in schools was to improve academic achievement, although there was evidence that healthy, active children perform well and exercise would be a move towards this goal.

- The Healthy Schools Support Service would focus on creating an environment in schools that encouraged activity through playground design and school break activities. Schools would be encouraged to survey pupils on health issues and encouraged to provide a healthy environment. There was increasing evidence that the food environment both inside and outside schools also had an impact on children's health.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the Public Health Portfolio Holder's Performance Report

41. PETERBOROUGH ANNUAL PUBLIC HEALTH REPORT

The Director of Public Health introduced the report and informed the Committee that the The Health and Social Care Act (2012) included a requirement for Directors of Public Health to prepare an independent Annual Public Health Report (APHR) on the health of local people and the council had a duty to publish this.

The concerns identified included early years health, higher than average teenage pregnancy rate, above average smoking rate, poor dental health in early years and below average early years development and readiness for school. Disadvantages at reception level had a knock on effect and led to disadvantages throughout school and in life outcomes around both health and employment.

The Global Burden of Disease Statistics for the local area identified local issues, such as heart disease, cancer, chronic obstructive pulmonary disease, self-harm, drugs and alcohol as key causes of early death and ill health.

Poor diet, weight and high blood pressure, were also risks that needed to be addressed. The report included information on the effect of diet had on mortality and air pollution was also identified as a risk factor on public health.

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

- Promoting the benefits of physical activity, healthy lifestyles and active travel plans for schools and workplaces such as biking initiatives help towards reducing air pollution.
- Responsibility for transport has transferred to the Combined Authority.
- Lung cancer was the second most common cause of years of life lost because of the early age of diagnosis and the poor prognosis, the most common cause of which is smoking.
- Malnutrition in children was a complex issue concerned with poor diet during pregnancy and in young children. There were national campaigns to ensure that healthy food was available at an affordable price and that key messages about healthy, good diet were promoted. Some families did not have enough money to eat well and support was needed for families experiencing economic difficulties.
- Renal death was not one of the most common causes of death locally although impaired kidney function was a risk factor which could lead to other diseases. Poor kidney function could result in high blood pressure and infections.
- The highest cause of death in Peterborough was heart disease as indicated in the report. The NHS prevention guidance indicated diet was an important factor in preventing heart disease and this was supported by the Healthy Eating Campaign and website which gave specific advice on reducing the risk factors. Different communities had different diets and more specific information needed to be targeted at these groups. Local events and new ways of delivering the message to keep it interesting would also be required.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the Peterborough Annual Public Health Report.

42. MONITORING SCRUTINY 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.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to consider the response from Cabinet Members and Officers to the recommendations made at previous meetings, as attached in Appendix 1 of the report and requested:

- A briefing note to provide an update on the progress on an additional option within the 111 service to provide a smoother link to the social care call centre without the need to call a separate social care helpline number.

43. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced the report which was 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.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the report and considered the current Forward Plan of Executive Decisions.

44. WORK PROGRAMME 2018/2019

Members considered the Committee's Work Programme for 2018/19 and agreed to note the items as included.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2018/19.

45. DATE OF NEXT MEETING

12 February 2019 – Joint Scrutiny of the Budget Meeting
18 March 2019 – Health Scrutiny Committee

CHAIRMAN
7.00pm – 8.50pm

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
18 MARCH 2019	PUBLIC REPORT

Report of:	Dr Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Councillor Lamb, Cabinet Member for Public Health	
Contact Officer(s):	Siôn James, Senior Health Improvement Specialist Amanda Rose, Service Manager Communications	Tel 01223 79200 Tel 01733 452472

HEALTHY PETERBOROUGH PROGRESS REPORT

RECOMMENDATIONS	
FROM: Director of Public Health	**Deadline date:** N/A
It is recommended that Health Scrutiny Committee note and comment on this progress report on Healthy Peterborough.	

1. ORIGIN OF REPORT

1.1 This report was requested by the Health Scrutiny Committee as part of its annual work programme.

2. PURPOSE AND REASON FOR REPORT

2.1 This report is being submitted following a request by the Health Scrutiny Committee to ensure that Healthy Peterborough work continues to be effective.

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

1. Public Health

2.3 This report links to the corporate priority of 'deliver the best health and wellbeing for the city'.

2.4 The Healthy Peterborough campaign includes promotion of children's health and wellbeing, including mental health.

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

Background

4.1 The Healthy Peterborough campaign was developed by Peterborough City Council's Communications and Public Health teams with support from health partners. It was developed in response to concerns raised by local stakeholders about which media messages and advice

people should trust, in relation to maintaining healthy lifestyles and keeping well. Consequently, a year-long campaign was undertaken in 2016 / 17 with the purpose of:

- Raising awareness of health issues with local people
- Promoting reliable information and preventive health messages

The original vision for Healthy Peterborough was a 12-month campaign. However, following an evaluation in 2016/17, Healthy Peterborough had not only met its aims, but had achieved local brand recognition and was proving to be a useful vehicle for continuing to raise awareness of health issues across Peterborough.

4.2 **Change of funding commitment to Healthy Peterborough**

It is important to note that this paper reflects the impacts of the change in public health grant funding to Healthy Peterborough, due to savings requirements. In 2017/18, Public Health made two contributions to the council's Communications team; a general contribution of £8,640 and £19,540 for a designated lead for campaign and brand communication management. However, for this financial year (2018/19), the Communications team received the general contribution of £8,640 from Public Health only. As a direct consequence, Healthy Peterborough lost its designated communications resource; at the same time the cross-organisational steering group ceased.

Whilst to date this may not have directly impacted the front facing aspect of the brand, as evidenced in this report, this has led to some concerns about the capacity to continue Healthy Peterborough as an effective brand.

However, a joined up communications approach across Cambridgeshire County Council and Peterborough City Council, currently in pilot mode, may help with this, with the ability to manage jointly planned campaigns which highlight the Healthy Peterborough branding.

4.3 **Healthy Peterborough Campaigns 2018/19**

Public Health Improvement Specialists were requested to act as campaign leads and select campaigns that:

- Were informed by local need by the Peterborough Health and Wellbeing Strategy and Joint Strategic Needs Assessments.
- Raised awareness, and promoted utilisation, of local commissioned public health services
- Contributed to easing the burden on primary care settings, through promotion of community resilience. For example guiding parents and carers of children under the age of five to visit their local pharmacy team first for advice on minor health concerns such as sore throats, coughs, colds, upset stomach and teething.
- Have cross-cutting themes to extend the reach of campaigns to multi-targeted audiences.

Healthy Peterborough has supported the following campaigns across the breadth of public health topics:

Month	Theme	Campaign
April 2018	Mental Health	Stress Less
May 2018	Mental Health	Mental Health Awareness Week
June 2018	Diabetes Domestic Abuse	NHS Health Checks Domestic Abuse (Football World Cup)
July 2018	Change 4 Life: Physical Activity	Train like a Jedi
September 2018	Drugs and Alcohol Sexual Health Week	Recovery Month Consent
October 2018	Smoking Help Us Help You Smoking Mental Health Help Us Help You	Stoptober[1] Flu Vaccination Smoking World Mental Health Day 111
November 2018	Help Us Help You Sexual Health	Stay Well[1] National HIV Testing Week

	Alcohol & Drugs Mental Health Anti – Bullying Week Men's Health Sugar Awareness Week Cancer World Antibiotics Awareness Week World COPD Day	Alcohol Awareness Week Stress Awareness Day[1] Anti – Bullying Week Movember (Men's Health) Sugar Awareness Week Mouth Cancer Action Month Keep Antibiotics Working[1]World COPD Day
December 2018	Help Us Help You Sexual Health World AIDS Day Let's Get Moving Shape Up 4 Life Social Isolation	Stay Well[1] STD's Rock The Ribbon Local campaign – LGM service Local campaign – SU4Lservice 50,000 Reasons
January 2019	Help Us Help You Alcohol Change for Life New Year, New You and Health Harms (NYNY / HH) Health Trainers SU4L and LGM	Stay Well[1] Dry January Healthy Food Swaps Focusing on resolutions supporting stop smoking, weight loss and alcohol reduction Promoting local Health Trainers, SU4L and LGM services to support NYNY and HH campaigns
February 2019	NHS Health Checks Oral Health Sexual Health One You World Cancer Day	Have YOU had yours?* Fizz Free February Syphilis[1] How Are You?[1] World Cancer Day
March 2019	Health Protection Smoking Health Protection	Cervical Screening No Smoking Day Immunisation & Vaccination

Moved to April 2019 to support National Diabetes Week
[1]Press Release written and published by Communications team

The majority of these campaigns are planned 12 months in advance to assign resources. However we have also demonstrated the ability to support and promote unscheduled campaigns that are championed by councillors, the cabinet and other colleagues i.e. Fizz Free February.

The majority of these campaigns are nationally led, and therefore come complete with resource tool kits and are developed to be specifically implemented using social media. Using social media is highly cost effective so this has helped reduce the impact of the change in public health grant funding for Healthy Peterborough work. Some campaign messages have also been communicated through a wider range of channels outlined below:

Print	Radio	Digital	Campaign Resources
● Lifestyle Service Handbook ● Community newsletters via campaign toolkits ● Press releases	● BBC Radio Cambridgeshire	● Facebook boosted adverts ● Facebook adverts ● Twitter posts ● Healthy Peterborough website ● Councils internal website, Insite	● Pharmacies campaigns ● GP toolkits ● Parish councils ● Libraries ● Children / family centres ● Commissioned providers ● Third sectors organisations ● CPFT / frontline staff

Whilst the absence of Healthy Peterborough may be noticed across the city's lampposts etc, with a shift towards the development and implementation of more locally created campaigns to meet local need i.e. Stay Stronger for Longer and 50,000 Reasons, Healthy Peterborough as the host for these campaigns is just as visible to those target audiences, and furthering its reach with the wider public digitally.

4.4 **Healthy Peterborough digital reach**

Since its evaluation, Healthy Peterborough has continued to extend its reach across the breadth and into the depths of its communities via social media.

Compared to Healthy Peterborough's 2016/17 evaluation;

On Twitter, Healthy Peterborough has:
- 330 followers, double what it had in 2016/17
- An average of five new followers per month
- An average reach of 16,000 impressions a month, significant growth from an approximate average of 4,000.

On Facebook, Healthy Peterborough has:
- 3,415 followers, an increase of 26% since 16/17
- An average reach of 21,400 people responding to event posts

On its website, Healthy Peterborough has:
- 194 web pages published covering 13 key themes, compared to the 120 when the website launched
- A peak of 140,669 views across its 193 web pages in 2017/18
- An average of 121,976 views per year

Despite these figures representing a positive growth in Healthy Peterborough's digital communications, there is more work to be done. There is an opportunity to improve the utilisation of website and social media analytics, to enable a richer understanding of how followers and target audiences of Healthy Peterborough behave on its digital platforms.

4.5 **Healthy Peterborough and Solutions4Health**

Healthy Peterborough has exceeded its initial mandate, by expanding beyond an initial 12 month campaign. The Health Scrutiny Committee acknowledged this when the committee last requested an update on Healthy Peterborough in June 2017. Healthy Peterborough has become a brand, and part of the fabric of local people's lives. It is bigger than posters and leaflets, it now appears as commissioned services, events and social prescriptions.

Solutions4Health (S4H) use the Healthy Peterborough brand as part of its mainstream lifestyle services across Peterborough. The team now refers to itself as the Healthy Peterborough Team. The Healthy Peterborough brand is used across its digital platforms, promotion materials and mobile clinic resources at events.

Furthermore, S4H is a vehicle through which Healthy Peterborough meets the following key actions prioritised and agreed by the Healthy Peterborough Steering Group, those being to:
- Increase the appropriate targeting of campaign resources to geographical locations and population groups with the greatest health needs and tailor messages accordingly
- Target events attended by diverse communities who are at greater risk of poor health outcomes
- Coordinate the work of Healthy Peterborough with the new Peterborough lifestyle service run by S4H, to ensure a joined up approach and a single brand

4.6 **Healthy Peterborough budget**

Healthy Peterborough is currently running on a reduced budget of £10,000 for 2018/19; for marketing and materials. At the time this report was written, current spend was £3,167.59, leaving £6,832.41 remaining. Additional spend against this budget has been assigned for campaigns going live in March and April 2019; NHS Health checks and Imms and Vacs promotion.

4.7 **Key Notes:**

- Since its initial evaluation, which captured a positive response from its online and paper based respondents, no further evaluation has been undertaken.
- A shift towards creating local campaigns to meet local need will see a greater need for campaign specific financial support to create marketing resources.
- Healthy Peterborough continues to grow and extend its digital reach.
- The need to better understand how audiences of Healthy Peterborough engage digitally with this brand via Google Analytics is a gap and missed opportunity.
- Changes in public health grant funding and the ceasing of the cross-organisational Healthy Peterborough Steering Group, together with the absence of a lead role for brand management raises issues about capacity.
- Healthy Peterborough is part of a new approach to Communications across Cambridgeshire County Council and Peterborough City Council, which may ease such concerns moving forward.

5. CONSULTATION

5.1 No consultation has taken place since its initial evaluation in 2017.

5.2 A second review of Healthy Peterborough could be undertaken in 2019/20, two years on from the first evaluation. A review should seek to ensure that despite its growth and achievements, the Healthy Peterborough brand continues to create a setting in which residents of Peterborough are engaged with their health. An evaluation framework, which captures both quantitative and qualitative data should be utilised.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Healthy Peterborough, as a brand, is intended to continually raise awareness of preventive health messages and available services amongst the Peterborough population, and to contribute to the City Council's duty to take steps to improve the health of local residents.

7. REASON FOR THE RECOMMENDATION

7.1 For the Health Scrutiny Committee to comment on the current delivery and future direction of the Healthy Peterborough campaign and brand.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The Healthy Peterborough campaign could have remained as a one year campaign, or been ceased at a point when funding was reduced. However the brand is now well known and is being taken forward through the mechanisms outlined above, despite reduced resources. Therefore this was not the preferred option.

9. IMPLICATIONS

Financial Implications

9.1 Healthy Peterborough is financed through the public health grant – the budget for 2018/19 was £10,000, a significant reduction from its initial £50,000.

Legal Implications

9.2 Due process has been followed so there are no anticipated legal implications.

Equalities Implications

9.3 Literacy concerns may prevent those most vulnerable to accessing the information they need.

Rural Implications

9.4 It is acknowledged that the majority of Healthy Peterborough Out of Home advertising has been in the City Centre. Healthy Peterborough is conscious that it cascades its communication through all print, broadcast and digital channels and, utilises the public and third sector organisations.

10. BACKGROUND DOCUMENTS

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

10.1 No documents were referred to in drafting this report.

11. APPENDICES

11.1 No Appendices

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
18 MARCH 2019	PUBLIC REPORT

Report of:	Dr Neil Modha, GP Partner and Co-Chair North Alliance Caroline Walker, CEO, North West Anglia NHS Foundation Trust and Co-Chair North Alliance	
Contact Officer	Catherine Pollard, Executive Programme Director, Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP)	CAPCCG.transformationprogramme@nhs.net

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE ON STRATEGIC DIRECTION 2018/19 AND SIX MONTH REVIEW

RECOMMENDATIONS

It is recommended that the Health Scrutiny Committee notes the update report of the Sustainability and Transformation Partnership (STP), as well as the work of the North Alliance.

1. ORIGIN OF REPORT

1.1 Following the September 2018 STP report, the Committee requested a six-month update.

2. PURPOSE AND REASON FOR REPORT

2.1 This report provides an update on:

- the key short-term priorities of the STP;
- progress of the North Alliance; and
- the NHS Long Term Plan.

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 and Scrutiny of the NHS and NHS providers.

2.3 Committee members are reminded that the STP is led by a Board, which meets in public, and whose membership is the leaders from all the NHS organisations in the county, our partners in general practice as well as elected members and executive directors from Peterborough City Council and Cambridgeshire County Council.

3. BACKGROUND AND KEY ISSUES

3.1 **System Priorities**

As reported to the Committee in September 2018, STP health and care partners agreed to focus on fewer operational priorities, in the short term, in order to address persistent system challenges

and have a greater impact on ensuring the future sustainability of health and care services in Peterborough and Cambridgeshire. Short, medium and longer-term operational priorities were agreed as follows:

Short term:
- A&E performance;
- Delayed Transfers of Care (DTOC); and
- System Finances (including capital).

Medium term:
- North and South Alliances with Integrated Neighbourhoods, underpinned by Primary Care Networks, providing proactive person-centred care that takes account of local needs and reduce health inequalities;
- Developing an integrated health and care record for staff, patients and carers, able to interface with other systems in our region and provide a platform for population health management; and
- Prioritising three pathways for radical redesign, as well as starting work on technologically enabled alternatives to face-to-face outpatient appointments.

Longer-term:
- Address sustainable solutions to workforce shortages;
- Make better use of our existing assets to drive transformation, as well as developing new business cases for capital investment in community facilities;
- Maximise the impact of clinical networks and the development of world class services (Cancer hospital, children's hospital); and
- Reform the NHS alongside wider public services, with a strong emphasis on addressing the wider determinants of health and well-being, to enable prevention and early intervention of health needs.

3.2 **Short-term Priorities – Progress Update**

This section provides an update on progress against our short-term operational priorities.

A&E Performance

The national standard is for at least 95% of patients attending A&E to be either admitted to hospital, transferred to another provider or discharged within four hours. We are not currently meeting this four-hour standard, although performance across all our A&E departments, is comparable to the national average.

Our A&E departments are getting busier, year on year, and this increase has particularly been felt at Peterborough City Hospital (PCH), with an average of 117 more patients each week, a 7% increase on each year.

We are taking action to improve A&E performance at PCH, and this includes:
- A new ambulance streaming process;
- Reviewing A&E medical staffing rotas;
- Embedding a new computer system (Symphony) within A&E;
- Better GP/A&E telephone liaison; and
- Joint clinical triage.

Delayed Transfers of Care

Cambridgeshire and Peterborough has high levels of Delayed Transfers of Care (DTOCs) compared to other health and care systems. Consequently, patients are staying too long in hospital, beyond the point at which they are medically fit to be discharged. The national standard is that no more than 3.5% of beds should be occupied by DTOCs. At the most recent reporting period (January 2019), DTOC levels at PCH were 5.5%.

As a key short-term system priority, we have an intensive programme in place across all our NHS and social care partners to tackle DTOCs, owned by a DTOC Programme Board. Progress is being made on delivering this programme, including:

- Co-locating the NHS and social care teams that purchase care placements (brokerage) so that these teams work seamlessly together;
- A Care Test model and new Continuing Health Care (CHC) Standard Operating Procedure (SOP) across all sites;
- Focussing on winter pressures including, for example, admission avoidance teams 'pulling' appropriate patients out of A&E and short stay units, as well as supporting nursing homes to keep residents out of hospital.

We have a 'stretch' target to achieve the national target of 3.5% by the end of March 2019.

Finances

The Cambridgeshire and Peterborough health and care system faces significant, on-going financial pressures. Our level of overspend is not sustainable and we, therefore, worked with our regulators to set a challenging financial target for 2018/19.

The System budget is an amalgamation of our NHS partners (not including Social Care partners), who each remain accountable to their Board and regulators for delivering their own individual budgets.

Our collective financial plan for 2018/19 is an overspend of £133m; within this is an assumption of delivery against certain targets which will, if delivered, attract funding of £56m. If financial performance does not deliver against these targets, then it is possible that some of £56m may be forfeited and our *planned* overspend could be as much as £190m.

At the most recent reporting period (December 2018), our System is worse than plan by £11.8m year-to-date, reflecting cost pressures that have crystallised during the year across system partners. These pressures present an emerging risk to delivery of the 2018/19 plan and, in turn, receipt of the additional funding alluded to in the previous paragraph.

Our partners have been developing in-year mitigations to maximise the opportunity of delivering against the financial plan which include:

- Additional organisational specific recurrent or non-recurrent in year cost improvement programmes (CIP); and
- Additional initiatives in collaboration with System partners

We are also underway with our operational and financial planning for 2019/20. Initial indications are that the System will face a significant financial challenge in the coming year and that partners will be required to continue to work together to deliver sustainable efficiencies to begin to address that challenge. NHS partners are currently committed to working together closely – aligning expectations and avoiding cost shifting.

3.3 **The North Alliance – Progress Update**

See appendix 1.

3.4 **The NHS Long Term Plan**

The NHS Long Term Plan was published on the 7 January 2019, and follows the June 2018 funding settlement, which will see an additional £20.5 billion going into the NHS by 2023/24.

Some elements of the plan are clearly defined whilst others are still under development. In some places, we will have the opportunity to shape, influence or decide how and when we implement the content, but other elements will be mandated and the delivery mechanisms more clearly set

out. We are also awaiting the green paper for social care, which was expected in early 2019.

The Long-Term Plan creates an important context for the strategic choices we will be making as a system over the next few months. The Plan sets out five main themes which are:

1. All systems will become Integrated Care Systems (ICSs) by 2021;
2. A new model for integrated primary and community services will be implemented which enhances out-of-hospital care;
3. Systems will receive real-term investment and work together to use resources collectively;
4. There will be better care for major health problems, supported by research and innovation; and
5. Delivery of care will be supported by an enhanced workforce and digital approach.

We are working together as a System to implement the next steps for each of the key messages of the Plan. This will be driven by the Longer-Term Models programme of work which the STP has already established.

4. APPENDICES

4.1 Appendix 1 – Update on North Alliance
Appendix 2 – NHS Glossary of Terms

APPENDIX 1 - NORTH ALLIANCE UPDATE REPORT

To:	**Peterborough Health Scrutiny Committee**
Meeting Date:	**18 March 2019**
From:	**Neil Modha and Caroline Walker** **North Alliance Co-Chairs**
Purpose:	**The Committee is asked to consider the update on the North Alliance.**
Recommendation:	It is recommended that the Committee note the work of the North Alliance

BACKGROUND

The North Alliance was established in June 2018 and comprises of providers, commissioners, Local Authority and voluntary sector that cover Peterborough, and the surrounding areas of north Cambridgeshire. It aims to design care which meets the needs of local people within their communities by working collaboratively and putting local people first, and organisational interests second. The Alliance will address the triple aims described in the *Five Year Forward View*: by improving the quality of care for patients and service users; outcomes for the local population and value for the taxpayer.

The boundaries of the North Alliance covers Greater Peterborough, Fenland, Huntingdonshire and the Papworth area of South Cambridgeshire. The registered population, based on GP practices within the North boundary, is almost 543,000.

From June 2018 to February 2019, the group have focused on five priority areas which, in turn, align to the STP priority of 'At home is best'.

North Alliance five priorities:

- Develop Neighbourhood Infrastructure: Integrated Neighbourhoods
- Develop Neighbourhood Infrastructure: City Care Centre
- Intermediate Care: DTOC
- Intermediate Care: JET Redesign
- Prevention and Health Promotion

2. MAIN ISSUES

Integrated Neighbourhoods

The North Alliance has created two sub-groups to help deliver the Integrated Neighbourhoods priority. An Integrated Delivery Board (IDB) was established for Greater Peterborough in July 2018 and, more recently, a Hunts and Fenland working group has formed. Both groups have a GP Clinical Lead who is funded via the STP and meetings are well-attended with representation from all system partners. Momentum is building, particularly within Greater Peterborough, and the programme is developing with pace and outputs. This model of local working groups is facilitating the North Alliance vision of local ownership, 'bottom up' thinking and a focus on the local communities the system serves.

The Greater Peterborough IDB has completed an 'Asks and Offers' piece of work which asks each organisation to identify three things they would like an organisation to do differently and in return three things they could offer to improve through integrated working. This generated 160 potential opportunities that have been themed and prioritised to determine those with the greatest impact and those that are 'quick wins'. This has created eight workstreams, each of which have several sub-projects within them:

- Defining Neighbourhoods;
- Access to patient records;
- Multi-Disciplinary Teams Protocol;
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) referral processes;
- Shared assessment tools;
- Training and awareness raising;
- Consultant in the community; and
- GP Practice care home alignment.

Representatives from each organisation are supporting the projects associated with these workstreams, however, dedicated project resource is required to implement all the recommendations and changes.

The Hunts and Fenland Working Group will be reviewing the outputs from the Greater Peterborough Ask and Offers process to see what shared learning there is and what is relevant and can be adopted for their area.

The first step to creating the Integrated Neighbourhoods is deciding the grouping for the Primary Care Networks. The Primary Care Networks will cover populations of 30-50k, focusing on a local community and will cover the same geographical footprint as the Integrated Neighbourhood.

Good progress is being made on the geographies and groupings for the Primary Care Networks, and thus Integrated Neighbourhoods. Primary Care are being provided with information on the current service provision, population health data, GP practice sizes and population economics. A detailed engagement process with practices has commenced and they will be supported in deciding the best practice groupings to serve their local communities.

The Alliance is hoping to identify three Integrated Neighbourhoods in Greater Peterborough and one in Hunts and Fenland who will be supported to progress, as a 'Wave One', with the Integrated Neighbourhoods model.

Once the Integrated Neighbourhood groupings are defined and the 'Wave One' Integrated Neighbourhoods are identified, the Alliances will support engagement events to bring the staff working within the community together. They will be encouraged to review their population health data and share ideas on the needs of their local community.

Peterborough City Care Centre
This project aims to increase utilisation of the clinical space at the Peterborough City Care Centre and align services to support the integrated neighbourhood agenda. A capacity review has identified treatment and procedure rooms which several system partners are interested in utilising. A marketing event took place on 6 November which was well attended by interested partners and a good number of expressions of interest were received. The CCG are leading on

the allocation of the space based on agreed criteria including measuring against strategic priorities, social value and non-financial benefits.

Delayed Transfer of Care
The DTOC priority is being led by Jan Thomas (CCG AO) and there is a large programme of work associated with reducing the number of DTOC patients within NWAangliaFT and CUH. The organisations' Chief Operating Officers form the membership of the Discharge Programme Board and have taken ownership for delivering the 3.5% target in their organisations. The group receive monthly updates from this programme board and will help unblock issues if they arise.

Joint Emergency Team (JET) Redesign
Members of the North Alliance contributed to a series of system wide workshops over the summer of 2018 which reviewed the effectiveness of JET and re-designed the extended JET service. The North Alliance endorsed the initial proposal and subsequent detailed report on the redesign of JET and key actions over the next 3-6 months. A JET steering group was established following this to oversee and implement the revised service. The North Alliance monitors progress and helps resolve risks and issues as required.

Prevention and Health Promotion
The North Alliance are committed to developing the Prevention and Health Promotion Agenda for their population. This closely links with the Integrated Neighbourhood priority and supports the Local Authority 'Think Communities' programme.

The North Alliance identified the need for a system approach to Prevention and Health Promotion and established a steering group in October 2018. This group have reviewed the CCGs Prevention Strategy which detailed the three main priority areas of focus:

- Smoking
- Hypertension
- Workplace Health and the NHS

Following this the steering group agreed an initial focus on three demonstrator areas, Huntingdon North, Wisbech, and Central Peterborough. In addition, it will develop plans for Workplace Health as a priority across public sector and NHS organisations.

The North Alliance are aware of the close link between Prevention and Health Promotion and the Integrated Neighbourhoods. There is recognition for the cross over between this priority and the Living Well Partnerships. The Steering Group plan to review the programme and options for future governance in February 2019.

Future Priorities
From February 2019, the group will start reporting against revised priorities which will broaden its scope and sphere of influence.

The revised priorities for the North Alliance are;

- Integrated Neighbourhoods
- Reducing health inequalities and improving health outcomes
- Admission Avoidance
- Patient Flow
- Better use of our estates and facilities
- North Alliance medium-long term plan

Next Steps
Integrated Neighbourhoods remains the greatest priority for the North Alliance. The North Alliance aims to have at least 3 Integrated Neighbourhoods established in 2019/20.

The immediate next steps for the roll out of these are:
• Support Primary Care with deciding Primary Care Network groupings including providing population health data, information on current organisation boundaries and where local communities currently occur.
• Allocate resources for Integrated Neighbourhoods, including programme support, clinical leads and new frontline posts.
•Establish and implement OD plan in each Alliance including dedicated OD fund.
• Implement projects to support collaborative working which have been identified via an 'Ask and Offers' process.

Appendix 2

Cambridgeshire and Peterborough Sustainability and Transformation Partnership

NHS Glossary of Terms

VERSION 0.2 28.01.2019

Glossary of terms used

Acronym	Meaning	Explanation
ACO	Accountable Care Organisation	An alliance of providers acting as one system, jointly accountable for improving our population's health and wellbeing, outcomes, and experience, within a defined financial envelope.
Alliance (North/South)		A formalisation of natural relationships which tend to occur between organisations all caring for the same population. This enables a focus on a preventative and holistic approach to care and support, enabling people to stay well and independent at home for longer.
AO	Accountable Officer	The Accountable Officer – Responsible for successful delivery within their named delivery group.
CAG	Care Advisory Group	The main purpose of the Care Advisory Group (CAG) is to contribute to the overall delivery of Fit for the Future objectives by reviewing care model design proposals, horizon scan for innovations, ensure that there is a robust evidence base behind decisions, and making recommendations to the HCE.
CAPCCG CCG	Cambridgeshire and Peterborough Clinical Commissioning Group	Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) commissions health services on behalf of the patients it serves. The CCG and its GP member practices work together collaboratively to fulfill the purpose of the CCG.
Carter	Lord Carter Review	Lord Carter's review identifies unwarranted variation in the delivery of mental health and community health services, as well as the potential savings of nearly £1 billion that could be made in efficiencies by 2020/21
CCS	Cambridgeshire Community Services NHS Trust	CCS provides community-based health care services within Cambridgeshire and Peterborough. They also provide services to Luton, Norfolk and Suffolk.
CEP	Capped Expenditure Process	To respond to current financial pressure the NHS is facing, NHS England and NHS Improvement have introduced a capped expenditure process to provide tighter controls on NHS spending. The CEP aims to 'cap' spending within the health care system (both commissioners and providers of health care).
	Clinical Communities	Cross-system communities with representation from front line staff – clinicians, care-givers, voluntary organisations, health analytics and operations people – who will focus redesigning our priority clinical pathways for change.
CPFT	Cambridgeshire & Peterborough NHS Foundation Trust	CPFT deliver many of the NHS services that are provided outside of hospital and in the community such as physical, mental health and specialist services.
CPSB	Cambridgeshire Public Services Board	Senior Executive Officers of County Councils, District Councils, Fire service and Cambridgeshire Constabulary
CUHFT CUH	Cambridge University Hospital NHS Foundation Trust	CUHFT delivers care from the Addenbrooke's and Rosie Hospitals based on the Cambridge Biomedical Campus.
D2A	Discharge to Assess	Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or

		another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.
DoH	Department of Health	
Devolution	Devolution	Devolution refers to the process whereby power and funding is transferred from central government to local areas in order to reform public services for local users and stimulate economic growth.
Digital Exemplar		A Global Digital Exemplar is an internationally recognised NHS provider delivering exceptional care, efficiently, through the use of world-class digital technology and information.
DToC	Delayed Transfer of Care	A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.
ENT	Ear, Nose and Throat	A medical specialism concerned with the diagnosis and treatment of disorders of the head and neck, including particularly the ears, nose, and throat.
Federation (GP)		A federation is a group of general practices or surgeries forming an organisational entity and working together within the local health economy. The remit of a GP Federation is generally to share responsibility for delivering high quality, patient-focussed services for its communities
FPPG	Finance Performance & Planning Group	The main purpose of the FPPG is to contribute to the overall delivery of Fit for the Future objectives by promoting financial sustainability of health and care provision within the Cambridgeshire and Peterborough footprint.
GIC	Guaranteed Income Contract	Guaranteed income contracts see NHS providers receive a set, guaranteed payment for planned patient care, independent of how many patients are treated.
GIRFT	Getting It Right First Time	The Getting It Right First Time (GIRFT) programme is helping to improve the quality of care within the NHS by bringing efficiencies and improvements
GPFV	General Practice Forward View	The General Practice Forward View (GP Forward View), published in April 2016, commits to an extra £2.4 billion a year to support general practice services by 2020/21. It will improve patient care and access, and invest in new ways of providing primary care.
HCE	Health & Care Executive	Organisations from across the system have agreed to work together, taking joint responsibility for improving the population's health and wellbeing within a defined financial envelope. The Health and Care Executive (HCE) exists to provide strong, visible and collective leadership to this process. The HCE's main purpose is to commission and oversee a programme of work that will deliver the Fit for the Future priorities.
ICS	Integrated Care System	NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population served.
JET	Joint Emergency Team	JET is an urgent two or four hour response service that supports people over the age of 65 or those with long-term conditions in their home environment when they become

		very unwell and need urgent care, but do not need to go to hospital.
LEP	Local Enterprise Partnerships	Local Enterprise Partnerships are voluntary partnerships between local authorities and businesses set up in 2011 by the Department for Business, Innovation and Skills to help determine local economic priorities and lead economic growth and job creation within the local area.
LMC	Local Medical Committee	A Local Medical Committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation.
LTC CVD/Stroke	Long term conditions Cardiovascular Disease/Stroke	N/A
MCP	Multispecialty Community Providers	Primary care of the future will build on the traditional strengths of 'expert generalists', proactively targeting services at registered patients with complex ongoing needs such as the frail elderly or those with chronic conditions, and working much more intensively with these patients. Future models will expand the leadership of primary care to include nurses, therapists and other community based professionals, as well as begin employing consultants or take them on as partners, bringing in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff.
MIU Review MIIU	Minor Injuries Unit Review Minor Injury and Illness Unit	N/A
MOU	Memorandum of Understanding	The MOU describes principles of behaviour and action which pertain to the implementation of the Sustainability and Transformation Partnership. Partner organisations which have signed up to the MOU are; Cambridgeshire & Peterborough CCG, CPFT, CUHFT, NWAngliaFT, CCS and Papworth Hospital. Peterborough City Council and Cambridgeshire County Council are also part of the MoU.
MSK	Musculoskeletal	Musculoskeletal conditions affect the joints, bones and muscles, and also include rarer autoimmune diseases and back pain.
NHSI	NHS Improvement	
NSTEMI	Non-ST-elevation myocardial infarction.	NSTEMI is a type of heart attack. NSTEMI stands for Non-ST-elevation myocardial infarction. A myocardial infarction is the medical term for a heart attack.
NWAngliaFT NWAFT PCH	North West Anglia NHS Foundation Trust Peterborough City Hospital	Having formed on 1 April 2017, England's newest acute hospital trust runs 3 hospitals; Peterborough City Hospital, Hinchingbrooke Hospital and Stamford and Rutland Hospital.
OPE	One Public Estate	One Public Estate is a national programme delivered in partnership between the cabinet office and the Local Government Association. In Cambridgeshire and Peterborough this has involved the coming together of public sector partners to: 1. Create economic growth (new homes and jobs)

		2. Deliver more integrated, customer-focused services 3. Generate efficiencies, through capital receipts and reduced running costs
PACS	Primary and Acute Care Systems	'Vertically' integrated Primary and Acute Care Systems allowing single organisations to provide NHS list-based GP and hospital services, together with mental health and community care services.
Planned Care		The focus for Planned Care is to define, design and implement shorter, faster, better and more cost-effective pathways of care for patients needing planned (or sometimes known as 'elective') care. This involves looking at every stage of the patient 'journey' from GP referral, outpatient appointment, procedure to follow up, ensuring that we are making the most effective use of clinical and financial resources.
PPGs	Patient Participation Groups	A group of patients who are interested in health and healthcare issues and want to get involved with / support the running of their local GP practice
Primary Care LCS	Primary Care Locally Commissioned Services	Services arranged locally between C&P CCG and general practices, as opposed to services agreed under the general national contracting arrangements.
QIPP	Quality, Innovation, Productivity and Prevention	Quality, Innovation, Productivity and Prevention Programme (QIPP) is a large-scale programme developed by the Department of Health to drive forward quality improvements in NHS care.
RightCare		NHS RightCare is a leading national NHS England supported programme that focusses on improving population healthcare in a way that contributes to the financial sustainability of the NHS.
RPFT	Royal Papworth Hospital Foundation Trust	
RTT	Referral to treatment	The NHS Constitution states patients should wait no longer than 18 weeks from GP referral to treatment.
SDU	System Delivery Unit	Team to support delivery and reporting for the Sustainability & Transformation Partnership
Specialised Services		Specialised services support people with a range of rare and complex conditions. They often involve treatments provided to **patients** with rare cancers, genetic disorders or complex medical or surgical conditions.
STF	System Transformation Funding	
STP	Sustainability & Transformation Partnership	The NHS and local councils have formed partnerships in 44 areas covering all of England, to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations. Our STP covers Cambridgeshire & Peterborough.
STP Board	Sustainability & Transformation Partnership Board	The STP Board sets the ambition, vision and medium-term priorities for the system medium-term strategy for realising the STP's ambition for accountable care.
Stroke ESD	Stroke Early Supported Discharge	We invested £0.7m during 2017/18 to establish a Stroke Early Supported Discharge (ESD) to provide both intensive stroke discharge support and home-based neuro

		rehabilitation. The operational model means that therapy staff rotate between hospitals, the community based neuro rehabilitation teams and the stroke ESD team. This means an enhanced and multidisciplinary team with better joint working and communication across the patient pathway. We recruited 35 additional posts to provide this service.
System/ System partners		Cambridgeshire County Council, Cambridgeshire Community Services (CCS), Cambridgeshire & Peterborough Clinical Commissioning Group (C&P CCG), Cambridgeshire & Peterborough NHS Foundation Trust (CPFT), Cambridge University Hospitals NHS Foundation Trust (CUHFT), East of England Ambulance Service NHS Trust (EEAST), North West Anglia Foundation Trust (NWAFT), Peterborough City Council, The Royal Papworth NHS Foundation Trust. (RPFT)
TtCT	Time to Care Testbeds	There is currently widespread variation in the resilience amongst our 105 GP practices. A number of these practices are currently vulnerable from an operational and clinical perspective. We are working with three 'testbeds' (groups of seven to 10 practices, supporting populations of 30,000-50,000 patients) to improve efficiency by implementing the 10 High Impact Actions set out in the GP Forward View. With this increased capacity and resilience, our GPs will have more time to work with partners in community, social care, acute, and voluntary sectors to consider new clinical models of care, as well as new organisational forms.
UEC	Urgent and Emergency Care	This Delivery Group is seeking to manage demand for urgent and emergency care services which have seen significant increases over recent years resulting in clinical and financial challenges for the system. The increase in demand in Cambridgeshire & Peterborough is driven mainly by population growth and, in particular, by growth in the older frail population, as well as a lack of community based services to support vulnerable people.
WTE	Whole Time Equivalent	Whole time equivalent (WTE) or full-time equivalent (FTE) is a unit that indicates the workload of an employed person (or student) in a way that makes workloads comparable across various contexts. A WTE of 1.0 is equivalent to a full-time worker, while an WTE of 0.5 signals half of a full work load

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
18 MARCH 2019	PUBLIC REPORT

Report of:	Accountable Officer, Cambridgeshire & Peterborough Clinical Commissioning Group	
Contact Officer(s):	Jan Thomas, Accountable Officer	Tel. 01223 725400

CAMBRIDGE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (C&PCCG) COMMISSIONING PLANS INCLUDING RESPONSE TO PWC REVIEW AND REVIEW OF IMPACT OF DISCONTINUATION OF IVF PROVISION

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 the report.

1. ORIGIN OF REPORT

1.1 The report is being presented following a request from the Health Scrutiny Committee.

2. PURPOSE AND REASON FOR REPORT

2.1 The report is to provide an update on the CCG Commissioning Plans including the response to the PWC review and to update on the review of the impact of discontinuation of IVF provision following its suspension in September 2017.

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 and Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 The CCG has agreed a planned deficit control total of £35.069m for 2018/19 with NHSE, this requires delivery of a £35.142m QIPP (Quality, Innovation, Productivity & Prevention) savings plan. This report details the CCG's month 9 and forecast financial position.

3.1.1 **Financial Overview**

Financial Overview	YTD Month 9				Forecast Position			
	Plan	Actual	Variance		Plan	Actual	Variance	
			Fav / (Adv)				Fav / (Adv)	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Allocation	890,274	890,274	0	0	1,187,576	1,187,576	0	
Programme Expenditure								
Acute Services	453,013	458,155	(5,141)	(1.1)	603,946	609,134	(5,188)	
Mental Health Services	88,064	91,993	(3,929)	(4.5)	117,418	122,638	(5,220)	
Community Services	78,027	78,593	(566)	(0.7)	104,036	104,747	(711)	
Continuing Care	50,838	52,659	(1,821)	(3.6)	67,784	69,378	(1,594)	
Primary Care (incl Delegated)	198,711	197,395	1,316	0.7	267,508	268,066	(558)	
Central Budgets and Reserves	32,453	23,994	8,459	26.1	41,325	28,760	12,565	
Total Programme Expenditure	901,105	902,788	(1,682)	(0.2)	1,202,017	1,202,723	(706)	
Running Costs	15,470	14,948	522	3.4	20,628	19,922	706	
Total Expenditure	**916,576**	**917,736**	**(1,160)**	**(0.1)**	**1,222,645**	**1,222,645**	**(0)**	
In year deficit	**(26,302)**	**(27,462)**	**(1,160)**	**4.4**	**(35,069)**	**(35,069)**	**(0)**	
B/Fwd Cumulative Deficit	(43,532)	(43,532)	0	0.0	(58,042)	(58,042)	0	
Total Surplus / (Deficit)	**(69,833)**	**(70,993)**	**(1,160)**	**1.7**	**(93,111)**	**(93,111)**	**(0)**	

The table above shows that the CCG is reporting an adverse variance to plan of £1.16m at month 9 but is forecasting to recover this position and to achieve its planned deficit of £35.1m by year end. A brief description of the main areas is given below.

- Acute – The CCG has agreed Guaranteed Income Contracts (GICs) with its main providers, this has significantly reduced the in-year financial risk to the CCG and also enables the system to work in partnership to reduce costs across the system.

  The overspend is driven by costs of Discharge to Assess (D2A), winter bed provision, Increased costs at CUH for High Cost Drugs (HCD) that sit outside of the GIC also and the impact of the DTOC (Delayed Transfers of Care) penalties at CUH (Addenbrookes). Managing DTOCs and resolving the D2A overspend are two of the CCGs priorities.

- Mental Health – The overspend due to pressure on S.117 (complex mental health cases) and LD (Learning Disability) Pool charges. The LD Pool Forecast has worsened as, following the conclusion of discussions with the Local Authority, the CCG has agreed to fund its share of the LD Pool in year overspend. S.117 is the third priority of the CCG and PWC have been working with the CCG to improve the management of this area and have produced a set of recommendations for the CCG to implement.

- Community Services – The year to date overspend is mainly the result of under delivery of QIPP, along with some smaller community contract overspends. The forecast assumes that these smaller contracts continue to overspend and that the QIPP does not deliver in full.

- Continuing Care – This area continues to have a higher than planned increase in patients.

- Central budgets – this underspend as a result of release of contingency and uncommitted reserves budget to mitigate against the pressures realised above.

3.1.2 QIPP Delivery

Workstream	Full Year Plan £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Forecast £'000
Acute	14,000	10,454	10,477	23	14,1
CHC	7,500	5,625	5,625	0	7,5
Community Services	5,500	4,325	3,596	(729)	4,8
Mental Health	300	225	225	0	3
Prescribing	5,700	4,289	4,986	697	5,8
Primary Care	2,000	1,500	1,500	0	2,0
Corporate Affairs	142	124	375	251	5
Total	**35,142**	**26,542**	**26,784**	**242**	**35,1**

- The above table shows a small £0.24m favourable position, against the QIPP target at Month 9.
- The risk to non-delivery against any acute QIPP schemes has been managed in year by agreeing Guaranteed Income Contracts with CUHFT NWAFT and Papworth.
- As a result of the progress to date the CCG is forecasting full delivery of the QIPP target for 2018/19.

3.1.3 Risks

	Month 9				
	Total Risk £'000	Risk Assessment %	Assessed Risk £'000	In Forecast £'000	Residual Risk £'000
Total Current Risks Identified	**(29,001)**	73%	**(21,131)**	**(16,454)**	**(4,677)**
Total Current Mitigations					
Contingency 0.5%	3,011	100%	3,011	3,011	0
Other mitigations	24,876	73%	18,120	13,443	4,677
Current Mitigations	**27,887**		**21,131**	**16,454**	**4,677**
Current shortfall in mitigations	**(1,114)**		**0**	**0**	**0**

The CCG has a identified total risks of £29m, these have been risked assessed down to £21.1m. As the year has progressed, £16.5m of these risks have crystallised and have been included in the CCG's I&E forecast leaving £4.7m of residual risk. The CCG currently has identified sufficient mitigations to offset these risks and is reporting a balanced net risk position.

3.1.4 **Improvement and Delivery Plan (IDP)**

Due to the CCG's deteriorating financial position, early in 2018 the CCG commissioned PricewaterhouseCoopers (PwC) to conduct a Capability, Capacity and Independent Review of our financial plan. The review identified significant failings in financial control, contract and performance management, leadership and governance; which together with instability at an Executive level had contributed to the CCG's position. In addition, the CCG was rated Inadequate by NHSE's CCG Improvement and Assessment Framework (CIAF) for 2017-18, leading to special measures and a continuation of NHSE Legal Directions first put in place in 2016. The CCG's External Auditors also exercised its powers under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014 and issued statutory recommendations to the CCG (also reported to the Secretary of State and NHS England) which required the CCG to develop a detailed improvement plan which should be formally ratified by NHSE; and formally agree a robust medium term financial plan to return to normal NHS business rules in a timeframe agreed by NHSE.

Through our Improvement and Delivery Plan (IDP), the CCG has provided assurance to NHSE of our commitment to sustainable improvement, which will be in three stages:

- Driving Immediate Improvement – delivering the recommendations from the PwC Report and requirements from NHSE
- Meeting National Must Dos and CIAF Domains (Better Health, Better Care, Sustainability and Leadership)
- Transforming to an Integrated Care System.

The CCG's Governing Body is fully committed to delivering the Plan to ensure that there is sustained and embedded improvement. This has required a significant shift in culture and a refreshed Organisational Development programme to support this. At month 9, the CCG has made good progress and is on track to deliver the Plan. Key areas of focus have been:

- Recruitment of a substantive Accountable Officer, and new Executive Director Team
- Recruitment of two new Lay Members and a refresh of Committee leadership
- Implementation of a detailed Governing Body Development programme
- Refresh of the CCG's Organisational Development Strategy and Plan, Leadership Strategy and Communications and Engagement Strategy
- Clear focus on delivery of key performance targets, with a taskforce approach on areas of significant risk.

The CCG sought independent assurance on delivery of the Plan through a follow up review undertaken by PwC in November/December 2018. In summary, they have concluded that the CCG has made good progress against a very significant improvement agenda, but remains in the early stages of their overall organisational turnaround journey. They acknowledged that the scale of the challenge is significant and continued focus, drive and energy is required to build on the progress made to date. The CCG has made significant progress against the Improvement Plan, which addresses all of the recommendations included in the March 2018 PwC Capability, Capacity and Independent Financial Review report. Their view of the CCG's progress aligns with the CCG's reporting. The CCG is reporting that it will deliver its £(35.1m) planned deficit. There are a number of risks to this position, which are understood by the CCG.

Responsibility for delivering the Improvement and Delivery Plan rests with the Chief Officer (Accountable Officer), supported by the Executive and Clinical Executive leadership team. Regular monitoring and scrutiny of actions is in place to ensure that the improvements are effectively measured to provide assurance to the Governing Body and to NHSE.

The CCG will meet with NHSE for its annual Assurance meeting at the end of March 2019. We anticipate that the ratings CCG's rating for 2018-2019 will be published in July 2019. The CCG's Chief Officer Team is now developing the 2019-2020 Improvement Plan which will be presented to the Governing Body in public at a future meeting.

3.2 IVF

In September 2017 the routine commissioning of any specialist fertility services was suspended following public consultation, other than for two specified exceptions. The decision is scheduled to be reviewed at the CCG's Governing Body meeting on 14 May 2019.

The two exceptions to the suspension were egg/sperm/embryo storage for cancer patients and sperm washing provided to men who have a chronic viral infection, whose female partner does not, and where intrauterine insemination is being considered.

The following recommendations were agreed to address concerns raised during the consultation:

The CCG will monitor through the contract, where contractually possible, multiple births via first round of IVF that have taken place abroad and any associated complications and costs.

The CCG will review the decision at the end of the funding formula period which is 31 March 2019. The review of the provision of specialist fertility services (IVF) will include an assessment of the CCG's financial position, including the impact of the withdrawal of the service on multiple birth levels and any impact experienced by mental health services.

The CCG also agreed to continue to monitor any impacts on these areas between now and April 2019. It will use the first year of data to start the review and committed to working with local council Scrutiny Committees as part of that review with a decision on whether to reinstate IVF to be made after this period.

It is noted that the Peterborough Scrutiny Committee's views were presented to the CCG Governing Body and discussed and any further feedback from this meeting will be given to the Governing Body meeting in May.

The information is to be presented to the CCG Governing Body in 14 May 2019 will include:

- An update on the financial situation for 2019-20
  From September 2017 to December 2018 suspending the policy has saved £637k. Including the forecast up until March 2019 the estimated savings is £695k. Total estimated spend is £324k in 2018/19 compared to £858k in 2017/18. This equates to in year savings of £534k.

- Responses from providers on any impact on multiple births as a result of IVF treatment received abroad and any related issues:
  - This is information is currently being collated and will be presented to the Governing Body in May.

- Responses from providers on any significant impacts on mental health services as a direct result of the withdrawal of these services
  - This information is currently being collated and will be presented to the Governing Body in May. Our mental health service leads are also conducting a survey to help monitor the impact.

- Local Healthwatch as also compiling evidence and patient stories that they will be submitting to the CCG at the end of April.
  - We are also reviewing related complaints, Serious Untoward Incidences (none to report), exceptional funding requests and Freedom of Information Requests.

4. CONSULTATION

4.1 The CCG held a full public consultation on specialist fertility services in 2017 and attended the Scrutiny Committee.

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 Comments will be fed back to the Governing Body.

6. REASON FOR THE RECOMMENDATION

6.1 The Committee are asked to comment and note the contents of the report.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 None

8. IMPLICATIONS

Financial Implications

8.1 It is clear that the CCG still faces significant financial challenges, it is required to deliver a £35.1m savings programme but this still results in a year end deficit position of £35.1m. There are risks to delivery of this £35.1m control total and the CCG currently has sufficient mitigating actions to mitigate these risks. However, we need to continue to ensure that all of these actions are delivered in the last months of the year in order to achieve our financial control total.

Legal Implications

8.2 None

Equalities Implications

8.3 Full impact assessments were completed in relation to the IVF decision in 2017.
https://www.cambridgeshireandpeterboroughccg.nhs.uk/_resources/assets/inline/full/0/11228.pdf

Rural Implications

8.4 None

9. BACKGROUND DOCUMENTS

9.1 End of consultation report on proposed changes to the future provision of specialist fertility treatment in the Cambridgeshire and Peterborough Clinical Commissioning Group area
https://www.cambridgeshireandpeterboroughccg.nhs.uk/_resources/assets/inline/full/0/11227.pdf

10. APPENDICES

10.1
- Appendix 1 - Improvement Delivery Plan Month 10 Update
- Appendix 2 - PWC Follow-up Review Report

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Improvement and Delivery Plan 2018-2019 – Month 10 Update

Date	Version	Authorised by
30th July 2018	Approved by NHSE on 1.08.2018	J Thomas (AO)
31st October 2018	Month 6 Update (for GB 6.11.2018)	J Thomas (AO)
31st December 2018	Month 8 Update (for GB 8.01.2019	J Thomas (A0)
26th February 2018	Month 10 Update (for GB 5.03.2019)	J Thomas (AO)
At the point of submission to NHSE, these dates and actions are finalised. The document will be reviewed and change control process applied monthly reported through NHSE and CCG Governing Body. The document is owned by the Governing Body who are accountable for its delivery.		

Content

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Summary Position – How we got here

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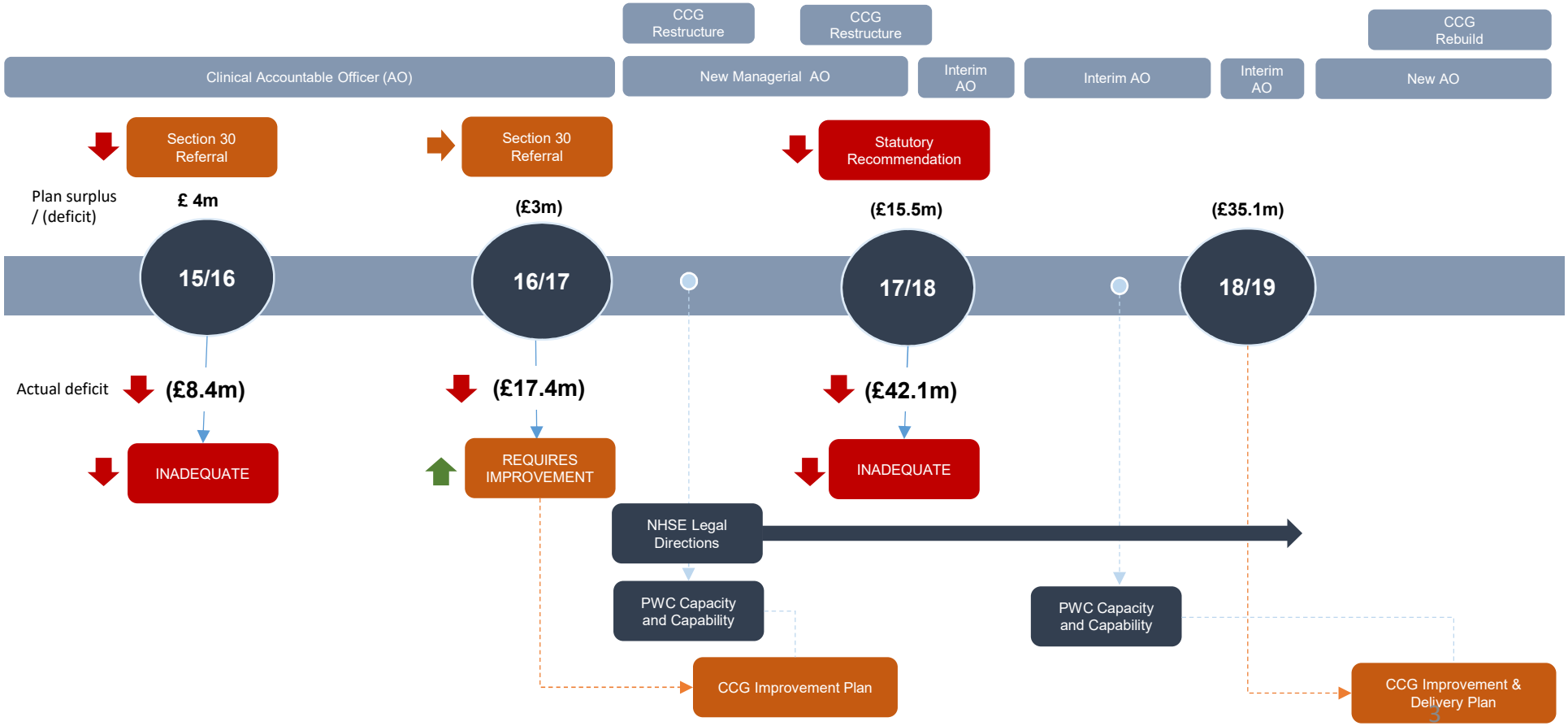
The CCG was rated "Inadequate" in the CCG Improvement and Assessment Framework for 2015/16 and was put under NHSE Legal Directions. A Capacity and Capability Review of Finance and Governance undertaken by PricewaterhouseCoopers LLP (PwC) led to the development of an Improvement Plan, progress to which contributed to a rating of "Requires Improvement" in 2016/17. The CCG remained under Legal Directions as a result of the underlying financial position.

For 2017/18, the CCG agreed a financial control total with NHSE of £15.5m deficit, however, the 2017/18 reported outturn is a £42.1m deficit, after adjusting for the release of the 0.5% national risk reserve the CCG is mandated to retain through the year. This position signals a failure in the CCG's statutory financial duties. There were four key drivers for the financial performance for 2017/18; acute over-performance, under delivery of QIPP, higher than anticipated growth in individual placements including the recognition of the backlog of cases within the CHC service and the national pricing concession issue within prescribing.



Summary Position – How we got here

Cambridgeshire and Peterborough Clinical Commissioning Group

Early in 2018, the CCG commissioned PwC to conduct a capability, capacity and independent review of financial plan which described significant failings across a number of areas of the CCG including a history which demonstrated a lack of grip, action, financial forecasting, financial control and delivery coupled with instability and lack of experienced leadership and capacity. All these issues have led to a breakdown in governance and control in relation to finance, of which NHS Continuing Healthcare was a clear example. The CCG Governing Body anticipates that the Annual Assessment rating will deteriorate and that NHS England Legal Directions will be refreshed.

External Audit has exercised its powers under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014 and has issued statutory recommendations to the CCG (which will also be reported to the Secretary of State and NHS England). These are set out below:-

a. The CCG should in response to the PwC report entitled 'NHS Cambridgeshire & Peterborough CCG – Capability, capacity and independent review of financial position (March 2018)', develop and formally agree a detailed improvement plan by 31 July 2018. The Improvement plan should be formally ratified by NHS England.
b. The CCG should report and monitor the implementation of the actions as a result of the response to the PwC report formally at each Governing Body meeting until all actions are complete.
c. The CCG must develop and formally agree a robust medium term financial plan to return to normal NHS business rules in a timeframe agreed by NHS England.

It is clear that there are three stages required to provide sustainable improvement:-

- Driving Immediate Improvement – delivering the recommendations from the PwC Report and requirements from NHSE;
- Meeting National Must Dos and CIAF Domains (Better Health, Better Care, Sustainability and Leadership);
- Transforming to an Integrated Care System.

The CCG has provided assurance to NHSE of our commitment to improve in these areas and to ensure that we deliver the Financial Plan for 2018-2019. The Governing Body will be accountable for the completion of the Improvement and Delivery Plan. Responsibility for delivering the Improvement and Delivery Plan will rest with the Chief Officer (Accountable Officer) supported by the Executive and Clinical Executive leadership team. There will also be a need to ensure close monitoring and scrutiny of actions to ensure that the improvements are effectively measured to provide assurance to the Governing Body and to NHSE. The Plan will be updated on a monthly basis and delivery closely scrutinised by the Committee Structure prior to presentation to the Governing Body at each meeting in public.

Why is 18/19 going to be different?

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Each of the below strategies on their own will not get the CCG to a sustainable position, all actions are required and are led jointly by the Chair and Accountable Officer.

1 NEW LEADERSHIP

- Newly appointed AO
- New CFO, COO and Medical Director recruitment commenced.
- Recruitment of new 2 Lay Members

2 RESULTS FOCUSED

- Clear financial plan with milestone to assure delivery
- New PMO and QIPP that triangulates QIPP with budget and activity
- Improved reporting based on data.

3 MITIGATED RISK

- Guaranteed income contracts with acute providers, limited acute overspend risk
- Increased management of risks and mitigations.

4 TRANSPARENCY

- Clear no surprises policy with NHSE and Governing Body
- Open book accounting with providers.
- Open approach internally and externally on communications (including MP's)

5 SYSTEM WORKING

- CCG at the heart of the STP and driving the ICS model.
- Focused areas for joint delivery and performance agreed as DTOC and AE.
- Integration of the SDU and CCG

2018/19 Corporate Objectives

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For 2018/19 for the CCG, we have to be very focused. Simply put we have to do what we said we would do and do it well. Our corporate objectives reflect this approach.

1. Delivering the Improvement Plan for 2018-2019 and beyond
2. Delivering the Financial Plan for 2018-2019
3. Delivering national must dos and service priorities set out in the National Planning Guidance
4. Ensuring clear oversight of patient safety and quality
5. Ensuring robust governance arrangements are in place to ensure the CCG delivers its statutory duties
6. Ensuring delivery of robust engagement and communications plans to support delivery

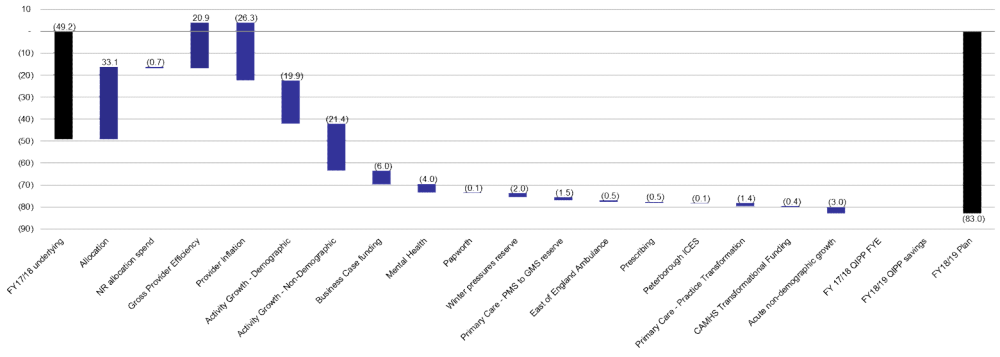
In order to deliver the above operationally we have to deliver 5 things, these 5 are all within our internal gift as an organisation:

- Create and sustain a strategic commissioning function that is fit for purpose and future proofed for development into the Integrated Care System;
- Deliver our QIPP commitment of £35m;
- Deliver specifically our medicines optimisation programme;
- Deliver improvements and results in CHC;
- Work with system partners to create tangible improvements in Delayed Transfers of Care and Emergency Department performance.

Context – 2017/18 to 2018/19

- The CCG and system do not have the capacity and capability to mobilise well worked up system plans by the start of the year.
- 2018/19 is a stabilisation and transition year for this system.
- Negotiated Guaranteed Income Contracts (GICs) with our material acutes to 'buy out' the risk of non-delivery of QIPP and in year growth, and align responsibility for reduction in activity with the investment made in admission avoidance schemes.
- QIPP progress and development is not well developed and is a priority area.
- This plan gets us to a sustainable transformed system that is an Integrated Care System and we have system buy-in to ensuring all parties understand what their role is.
- £35m deficit is a challenging and achievable plan, with several risks that are being mitigated.
- 0.5% contingency is low, therefore we would look for in year benefit against other areas like primary care and RTT to provide operational accounting flexibility.

Doing nothing is not an option …



- **FY17/18 underlying (£49.2):** Included within this underlying opening position is the CHC backlog estimate of £10m as a recurrent pressure going forward.
- **Allocation and non-recurrent allocation spend (+£32.4m):** This reflects resource uplift allocated centrally and non-recurrent allocation spend for IRS and NHS PS changes.
- **Planning adjustments (-£46.7m):** This reflects the national tariff guidance and our activity growth assumptions (primarily guided by the STP growth assumptions).
- **Pre-commitments (-£10.1m):** Business case funding (£6m): In FY17/18 the CCG made contributions to the system investment fund. Pooled funds have been used to fund schemes for 12 months.

2018/19 Financial Plan

NHS
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Clinical Commissioning Group

£m	17/18 FOT	2017/18 Recurrent Exit position	Increase in allocation	Tariff Inflator/ Inflation	Growth	MHIS & GPFV	Other recurrent investments	Non-recurrent investments	Contingency	Other reserves	Planned QIPP	2018/19 Plan	Growth on recurrent exit
Allocation	1,149,272	1,143,103	37,919									1,181,022	3.3%
Expenditure													
Acute	584,262	581,292		4,668	23,367		5,456				-13,969	600,814	3.4%
Mental Health	85,947	88,299		85	2,218	1,429					-300	91,731	3.9%
Community Health Services	129,117	128,336		231	4,410						-5,500	127,477	-0.7%
Continuing Care	71,541	72,736		73	3,273						-7,500	68,582	-5.7%
Prescribing	118,415	115,533		116	5,550			500			-5,700	115,999	0.4%
Primary Care Services	30,376	29,831		119	671	1,395					-520	31,496	5.6%
Primary Care Co-commissioning	117,318	117,292			3,541						-1,500	119,333	1.7%
Other programme	36,720	34,815		30	543					-391		34,997	0.5%
Contingency		-							5,230			5,230	
Non Recurrent headroom	5,059	5,059							-5,059			0	
Running Costs	18,717	19,022		190				1,358		15	-153	20,432	7.4%
Unidentified QIPP												-	
Total spend	1,197,472	1,192,215	0	5,512	43,573	2,824	5,456	1,858	171	-376	-35,142	1,216,091	2.0%
Surplus/(defict)	-48,200	-49,112										-35,069	

Finance Month 10 Position - Summary

NHS
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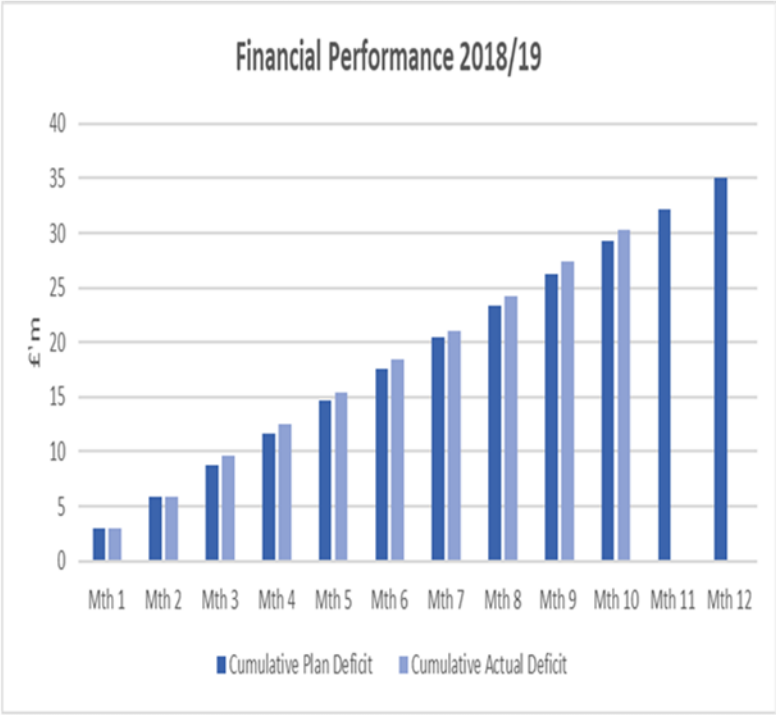
Clinical Commissioning Group

Financial Overview	YTD Month 10				Forecast Position			
	Plan	Actual	Variance		Plan	Actual	Variance	
			Fav / (Adv)				Fav / (Adv)	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Allocation	989,133	989,133	0	0	1,187,989	1,187,989	0	0
Programme Expenditure								
Acute Services	503,304	507,528	(4,224)	(0.8)	603,946	608,405	(4,459)	(0.7)
Mental Health Services	98,117	102,831	(4,714)	(4.8)	117,687	123,325	(5,638)	(4.8)
Community Services	86,697	87,070	(373)	(0.4)	104,036	104,521	(485)	(0.5)
Continuing Care	56,487	58,454	(1,967)	(3.5)	67,784	70,106	(2,322)	(3.4)
Primary Care (incl Delegated)	220,887	220,951	(64)	(0.0)	267,508	268,119	(612)	(0.2)
Central Budgets and Reserves	35,677	25,956	9,721	27.2	41,469	28,660	12,809	30.9
Total Programme Expenditure	1,001,168	1,002,789	(1,621)	(0.2)	1,202,430	1,203,136	(706)	(0.1)
Running Costs	17,189	16,684	505	2.9	20,628	19,922	706	3.4
Total Expenditure	**1,018,357**	**1,019,473**	**(1,115)**	**(0.1)**	**1,223,058**	**1,223,058**	**(0)**	**(0.0)**
In year deficit	(29,224)	(30,340)	(1,115)	3.8	(35,069)	(35,069)	(0)	0.0
B/Fwd Cumulative Deficit	(48,368)	(48,368)	0	0.0	(58,042)	(58,042)	0	0.0
Total Surplus / (Deficit)	(77,592)	(78,708)	(1,115)	1.4	(93,111)	(93,111)	(0)	0.0



Area	Key Variances:
Acute	In year overspend driven by costs of Discharge to Assess (D2A), winter bed provision, costs at CUH for High Cost Drugs (HCD) that sit outside of the GIC and the impact of the DTOC penalties at CUH. Also various smaller NHS contracts overspending to date and forecast to overspend by the end of the year.
Mental Health services	Overspend due to pressure on S.117 cases and LD Pool charges. S.117 is the third priority of the CCG and PWC have been working with the CCG to improve the management of this area and have produced a set of recommendations for the CCG to implement.
Community Services	The YTD overspend is mainly the result of under delivery of QIPP, along with some smaller community contract overspends. The forecast assumes that these smaller contracts continue to overspend and that the QIPP does not deliver in full.
Continuing Care	The CHC in year and Forecast position has worsened. This is due to no longer assuming that the CCG will recharge the Local Authority for patients on the 4Qs pathway that are deemed to be social care.
Primary Care	The YTD overspend is due to the improved access payments now coming through and also in Month 10 an increase in spend on GPIT and additional Locum costs. The forecast overspend is mainly due to GP Prescribing in relation to the price concessions this year and the increase in Locum costs.
Central Budgets	The underspend is as a result of release of contingency, uncommitted reserves budget and release of in year flexibilities to mitigate against the pressures realised above plus the benefit of funding received from the Local Authorities.

Finance Risks and Mitigations – Month 10

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

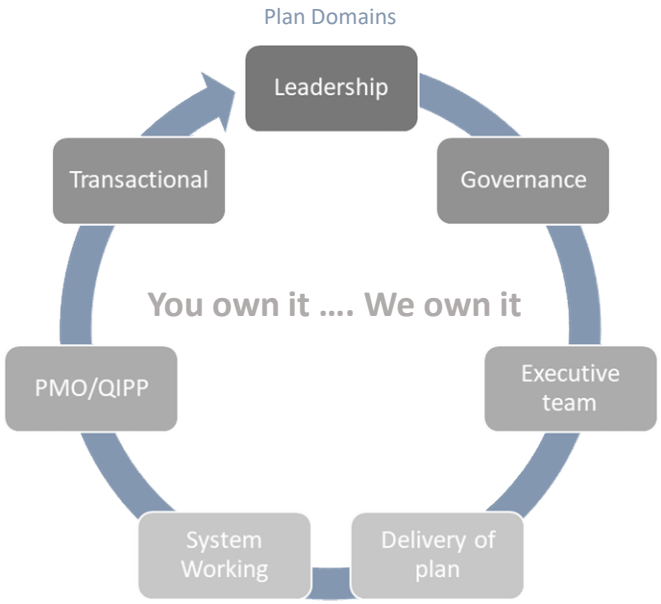
	Month 10							
	Total Risk	Risk Assessment	Assessed Risk	In Forecast	Residual Risk	Exec Lead	Process to manage	Commentary
	£'000	%	£'000	£'000	£'000			
Total Current Risks Identified								
D2A - demand for service exceeding budget	(4,000)	81%	(3,240)	(3,040)	(200)	JT	D2A Task group	Assessed risk assumes CCG pick up 30% of costs from Dec
MH section 117 overspend	(5,000)	88%	(4,395)	(3,895)	(500)	JB	S117 Task Group	Risk due to backlog review continuing
CHC Placement Costs	(6,000)	47%	(2,822)	(2,322)	(500)	JT	CHC task group	Assessed risk assumes that CCG funds 4Qs to end of 18/19
CHC Running Costs overspend as move from agency to	(1,294)	90%	(1,168)	(1,168)	0	JT	CHC task group	Risk if agency needed, potential increased cost of accom and IT
GP prescribing CAT M / price concessions increase	(4,500)	87%	(3,900)	(3,100)	(800)			
Acute overperformance outside of GICs	(4,500)	67%	(3,029)	(1,868)	(1,161)	LK	Task groups and activity reviews	NWA NEL risk share, CUHFT DTOC risk share, HCD, other PBR
LD spend higher than budget	(1,707)	91%	(1,560)	(1,560)	(0)	CM		
Primary care increase contract costs	(1,000)	64%	(640)	0	(640)	RM	Primary Care SMT	
Growth in community activity based contracts	(1,000)	51%	(505)	(255)	(250)	RM		
Current assessment of Risk	**(29,001)**		**(21,259)**	**(17,207)**	**(4,052)**			
Total Current Mitigations								
Contingency 0.5%	3,011	100%	3,011	3,011	0			
Balance sheet flexibilitites	7,823	79%	6,154	5,087	1,067	LK	Monthly financial reporting	Release of prior year provisions and accruals
Other reserves inc investment plans	6,625	77%	5,085	4,615	470	LK	Monthly financial reporting	
Finalise PCC debt	1,968	13%	250	0	250	LK		Detailed work with PCC Ongoing
CHC 4Qs agreement with LA	700	40%	280	0	280			Ensure all social care discharges are directed to LA
BCF Perfromance fund	1,104	100%	1,104	1,104	0			Agreed with LAs
IBCF CHC Backlog	906	100%	906	906	0			Agreed with LAs
Other budget underspends	2,500	107%	2,685	2,485	200			
Contract Management	1,250	40%	0	0	0	RMKC	QE Task Group / COG	
Other mitigations	2,000		1,784	0	1,784	JT	Chief officer team	
Current Mitigations	**27,887**		**21,259**	**17,207**	**4,052**			
Current shortfall in mitigations	**(1,114)**		**(0)**	**0**	**(0)**			

Improvement Plan 2018/19

Cambridgeshire and Peterborough Clinical Commissioning Group

This improvement plan is the owned by Cambridgeshire and Peterborough CCG Governing Body (GB).

- Accountability for delivering the Improvement and Delivery Plan will rest with the Chief Officer (Accountable Officer)supported by the Executive and Clinical Executive leadership team.
- It is based around the PwC Capacity And Capability Review recommendations presented on 23rd March 2018.
- PwC were asked to review the plan at the end of May whilst it was in draft form to assure us that the plan addresses the significant issues raised (See comment box below).
- Since this time we have increased the actions we are to complete from 66 to 77.



Improvement plan coverage of PwC report recommendations

"Following our conversation yesterday, and as discussed I have been through the latest version of the Improvement Plan and cross-referenced the planned actions set out with the recommendations made in our final report 'Capability, capacity and independent review of financial position' dated 23 March 2018.

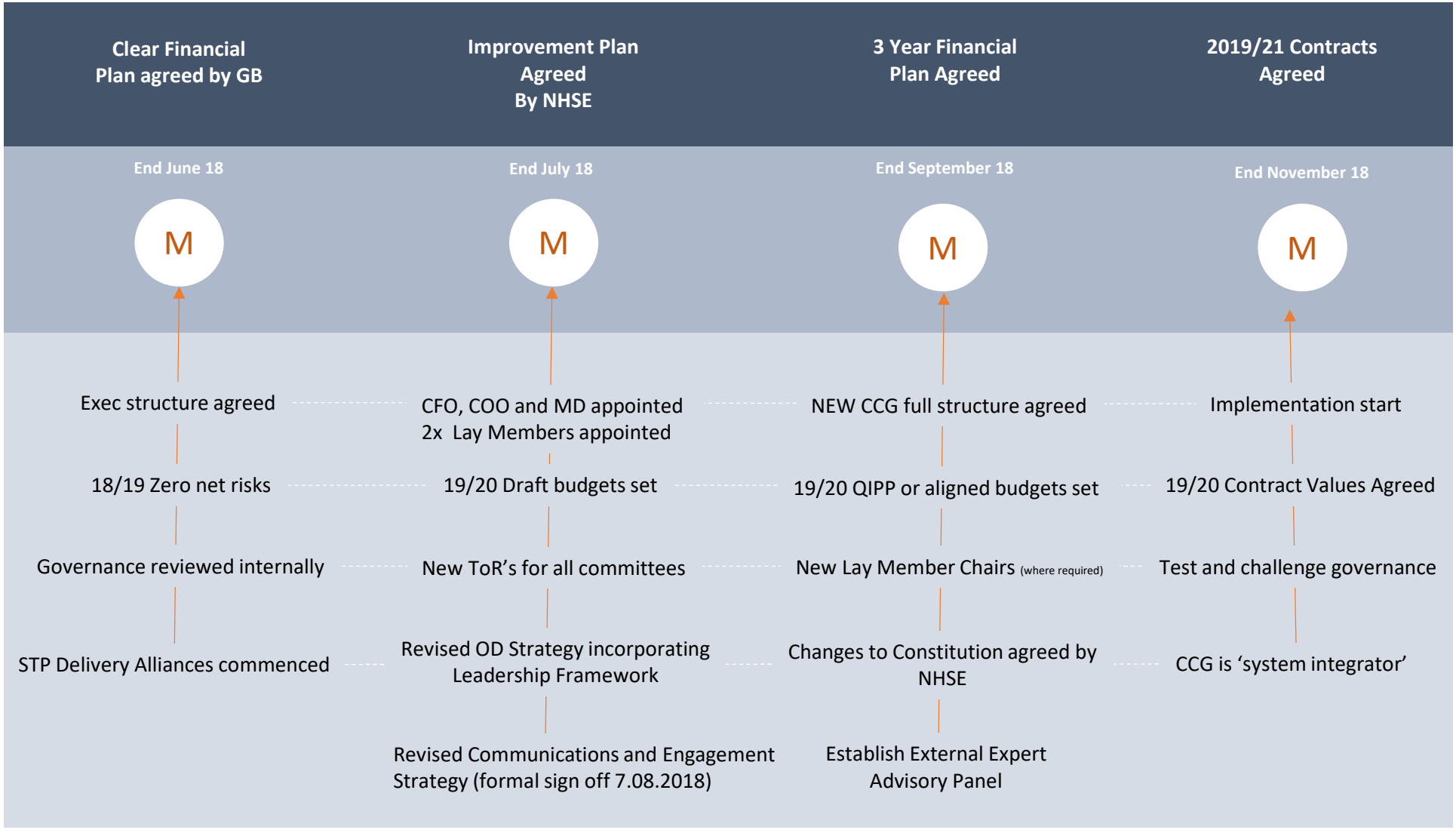
My view is that the improvement plan does cover the same points as the recommendations from the final report, as well as a number of additional points which go beyond the recommendations from our report. The IP has 65 individual actions, and our final report has 48 actions.

In a number of cases the original timetable for completion of the recommendations has elapsed and the IP therefore considers the action which is relevant now, for example 12b 'CCG GB agreement on SDU and CCG integration' has replaced 8A ' The role and remit and leadership arrangements for the SDU should be clarified: Clear objectives, outcomes and accountabilities should be defined'. This doesn't affect my view on coverage but it does highlight the need for the whole organisation to continue to act rapidly to address all action points and prevent slippage against the deadlines set out in the IP."

Matt Lynn, Director - PwC
30th May 2018 – by email

Key Documents and Milestones

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group



M10 – Improvement Plan Progress

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Operational Delivery

- On track for material items
- Focus on delivery in the organisation
- Agreement on shared leadership
- Test and challenge session confirms progress

Financial Delivery

- On plan for M10 (deterioration in month (£1.1m)
- QIPP favourable position by £1.1m
- Acute and Mental Health Overspend
- High cost drugs

Last 30 Day progress:

- New Pilot Governance Structure and Interim Governance Framework agreed by Governing Body and being implemented. Approval from NHSE to proceed as pilot without varying Constitution.
- CIAF Desk Top Review of Leadership Domain completed
- New Integrated Performance Report in place from February 2019.
- Planning for all staff development session 20.03.2019.

Next 30 day priorities:

- Finalising financial plan and 'big ticket transformation for 19-21
- Finalise 2019/20 financial plan and QIPP
- Present CIAF Desk Top Review of Leadership
- Finalise Improvement Plan Plus for 2019-2020.
- Desk Top Review of Constitution to align with revised Model Constitution published by NHSE.
- Planning for effectiveness review of pilot Committee Structure.

Relook and step up actions on:

- Renewed focus on Delayed Transfers of Care – focused organisational KPI's
- S117 delivery and the rigour in the process and financial planning.
- Review the activity and demand plans to ensure increase in activity is mitigated
- EU Exit Organisational Readiness – ensure capacity and capability in place to respond to a No Deal EU Exit.
- Implementation of 2019-2020 Operational Planning and Contracting

Revised dates:

- Action 2c - New full organisational structure agreed for consultation – timescales have been updated to 30.09.2019 to reflect requirement for reducing running costs from 2020-2021. Will be incorporated into the 2019-2020 IDP.
- Action 11d - 3 Year Financial Plan final – timescale has been adjusted to 31.03.2019 to align with the national timescales, and system wide planning that is underway
- Action 14d – External Advisory Group – this action has not been started and it is proposed to remove this. The Strategy and Planning Committee is scheduling monthly speakers to provide an external view to support CCG Strategy Development

Key to Progress Reporting

RAG	Explanation
Complete	Action completed
Not started	Due date later in year
Reset Date	Date changed as more time required to complete
On-Track	Scheduled to be completed / implemented
Delayed	Due to internal / external issues
Status	**Explanation**
Closed	No Further Action Required – Oversight & Assurance by GB
Not started	Due later in year
Open	Some progress but further focus required
Open	Iterative process during 2018-2019 and outcomes to be determined
Live	Completion of action results in recurring actions that will continue to be monitored

M10 – Improvement Plan Progress
Leadership

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
1	The Governing Body must take responsibility for the leadership and governance issues identified and urgently put in place plans to address them.	a	GB to formally sign off the CCG Improvement and Implementation plan (IIP)	24-May	Chair	Complete	Closed
2	A clearly articulated leadership strategy and structure for the CCG is needed.	a	Interim Structure signed off by GB	24-May	AO	Complete	Closed
		b	Leadership strategy to be outlined in IIP	24-May	AO	Complete	Closed
		c	New full organisational structure agreed for consultation	30.09.2019	AO	Reset Date	Open
		d	Appoint to vacant lay member posts	20-Aug	Chair	Complete	Closed
		e	New structure implementation	03-Dec	AO	Not Started	Not Started
		f	Revise CCG Constitution to reflect changes	30-Sep	Chair/CCG Sec.	On-Track	Open
		g	Identify GB Leads for each IDP Domain	30-Jun	CCG Sec.	On-Track	Open
3	Clear accountability for delivery and outcomes to be embedded within the Governing body and CEC.	a	CIAF to be used as core delivery structure and focus in the CCG. With Executive and Clinical ownership	Ongoing (Start in June)	AO	Complete	Live
		b	Strengthen Clinical Leadership	Ongoing (Start in June)	Chair/AO	Complete	Live
		c	Clear Clinical and Executive ownership of corporate and Directorate risks.	Ongoing (Start in June)	AO	Complete	Live

GB Member Oversight and Assurance
Julian Huppert & Dr Sripat Pai

M10 – Improvement Plan Progress Governance

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
4	The CCG should review the effectiveness of the Governing Body and its processes for seeking and receiving assurance over the robustness of plans and ongoing monitoring of implementation.	a	Agree and deliver an improved governance approach	31-Jul	AO	Complete	Live
		b	Review effectiveness and Terms of Reference (TORs) of each CCG committee and GB sign off of all TOR's	02-Jul	CCG Sec.	Complete	Live
		c	Agree Chair of each Committee for 18/19	31-Jul	Chair	Complete	Closed
		d	Complete a Q1 test and challenge session on governance and delivery of the CCG - with PWC	26-Jun	AO	Complete	Closed
		e	Complete end Q3 review of all YTD governance and adapt as required	21-Dec	AO	On-Track	Open
		f	Complete the Deloitte Review of 'look forward implementation plan' for CHC	03-Aug	COO	Complete	Closed
5	Ensure that all members of the Governing Body receive the training, education and performance feedback required to improve overall CCG performance	a	Complete annual performance review and plan for each GB member, including 360.	03-Aug	Chair/AO	Delayed	Open
		b	Provide a rolling programme of Subject Matter Experts training events on specialised areas of CCG delivery	Ongoing (Start in June)	COO	Open	Open
		c	Implement GB Development Programme	31-Jul	AO	On-Track	Live
		d	Quarterly individual performance session	Ongoing (Start in October)	Chair/AO	Delayed	Open
6	Strengthen Risk Management processes across the CCG in line with the recommendations from the Internal Audit Review of Assurance Framework and Risk Management	a	Improve Risk Management Strategy to align to the three lines of defence assurance model	30-Sep	Dir. Gov	On-Track	Live
		b	Incorporate training for GB and Executive Managers in risk management techniques as part of GB Development Programme	31/10/2018 - planning commenced	Dir. Gov	On-Track	Live
		c	Improve triangulation of information with CAF Risks with CCG Reports	30-Jun	Dir. Gov	Complete	Live
		d	Improve actions to mitigate likelihood and consequences and challenge delivery	31-Jul	All	Complete	Live
		e	Enhance Directorate Risk Registers and implement risk management refresher training for Risk Co-ordinators	31-Jul	All	Complete	Live

GB Member Oversight and Assurance
Julian Huppert & David Finlay

M10 – Improvement Plan Progress
Executive Team

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
7	The Executive team must be stabilised urgently, with experienced permanent appointments made wherever possible, or long term fixed appointments where substantive appointments cannot be made in the short term.	a	AO of CCG Appointed	08-Jun	Chairman	Complete	Closed
		b	Turnaround/Improvement Interim Appointment	01-Jun	AO	Complete	Closed
		c	COO Appointed	31-Jul	AO	Complete	Closed
		d	DOF Appointed	31-Jul	AO	Complete	Closed
		e	DON Appointed	18-Aug	AO	Complete	Open
		f	Clinical Director Appointed	20-Jul	AO	Complete	Closed
8	Sustainable OD knowledge is needed within the Executive team, to enable financial recovery.	a	Draft OD strategy	22-Jun	Dir. Gov	Complete	Closed
		b	Ensure OD/HR lead part of executive team	25-May	AO	Complete	Live
		c	CCG system participation in CPP (PWC programme)	Oct (Start date)	AO	On-Track	Open
9	Drive a rigour an operational delivery within the CCG	a	Design and implement an 'operating rhythm' for the executive team that drives a focus on the CCG's delivery and results.	25-May	COO	Complete	Live
		b	Design and implement weekly and monthly performance reporting that is scrutinised regularly	28-Feb	COO	Complete	Closed

GB Member Oversight and Assurance
Dr Jane Collyer

M10 – Improvement Plan Progress
Improvement Plan and System Working

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
10	A clearly defined Improvement Plan should be urgently developed to allow the CCG to map out how it will improve and by when	a	IIP framework agreed by GB	01-May	Chief Officer	Complete	Live
		b	NHSE Approval of recovery plan	31-Jul	Chief Officer	Complete	Live
		c	Agree IIP governance and assurance process	24-May	CFO	Complete	Live
		d	IIP sign off by GB	24-May	CFO	Complete	Live
11	Set out a clearly defined multi-year Financial Recovery Plan, showing when the CCG will recover and return to NHS England business rules.	a	In year financial plan sign off by GB	01-May	CFO	Complete	Live
		b	In year financial plan sign off NHSE	25-May	CFO	Complete	Live
		c	3 Year financial plan draft	20-Jul	CFO	Complete	Open
		d	3 Year financial plan final	31.03.2019	CFO	Reset Date	Open
12	The role and remit and leadership arrangements for the SDU should be clarified. The current overlap / duplication between SDU and CCG activities must minimise	a	HCE agreement for the merging of SDU and CCG over time	NA	AO	Complete	Closed
		b	CCG GB agreement on SDU and CCG integration	01-May	AO	Complete	Closed
		c	Commence Consultation on future structures	July (Start date)	AO	STP AO/Chair decision to pause	
		d	Full organisational integration	03-Dec	AO		

GB Member Oversight and Assurance
Improvement Plan – David Finlay, Dr Sripat Pai & Dr David Irwin
System Working – Dr Mark Brookes & Dr Christopher Scrase

M10 – Improvement Plan Progress
PMO and QIPP

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
13	Implement a robust and embedded PMO	a	Redefine the PMO's purpose, focussing it on the FY18/19 QIPP programme.	25-May	CFO	Complete	Live
		b	Identify an Executive with responsibility for the PMO.	25-May	CFO	Complete	Live
		c	Head of PMO appointed to provide day to day leadership.	07-May	CFO	Complete	Closed
14	Rapid FY18/19 QIPP development	a	The FY18/19 QIPP plan development process should be further accelerated to fill the gap with fully worked up schemes.	Immediate	CFO	Complete	Live
		b	Further focussed development meetings should be held to shore up the QIPP list with PIDs completed	Immediate	CFO	Complete	Live
		c	Set out lead indicators on QIPP delivery – With milestones reported regularly.	25-May	CFO	Complete	Live
		d	Instigate a CCG and NHSE advisory committee, which has sight of monthly financial reports.	30-Sep	CFO	Delayed	Not Started
		e	Re-run unpalatable options generation and assessment process.	15-Jun	CFO	Complete	Live
		f	Weekly QIPP review by CCG executive team	07-May	CFO	Complete	Live
		g	Delivery of QIPP oversite through CEC every 2/52	07-May	CFO	Complete	Live

GB Member Oversight and Assurance
PMO – Dr Alex Manning & Dr Ge Yu
QIPP – Dr Alex Manning & Dr Mark Brookes

M10 – Improvement Plan Progress
Transactional Improvements

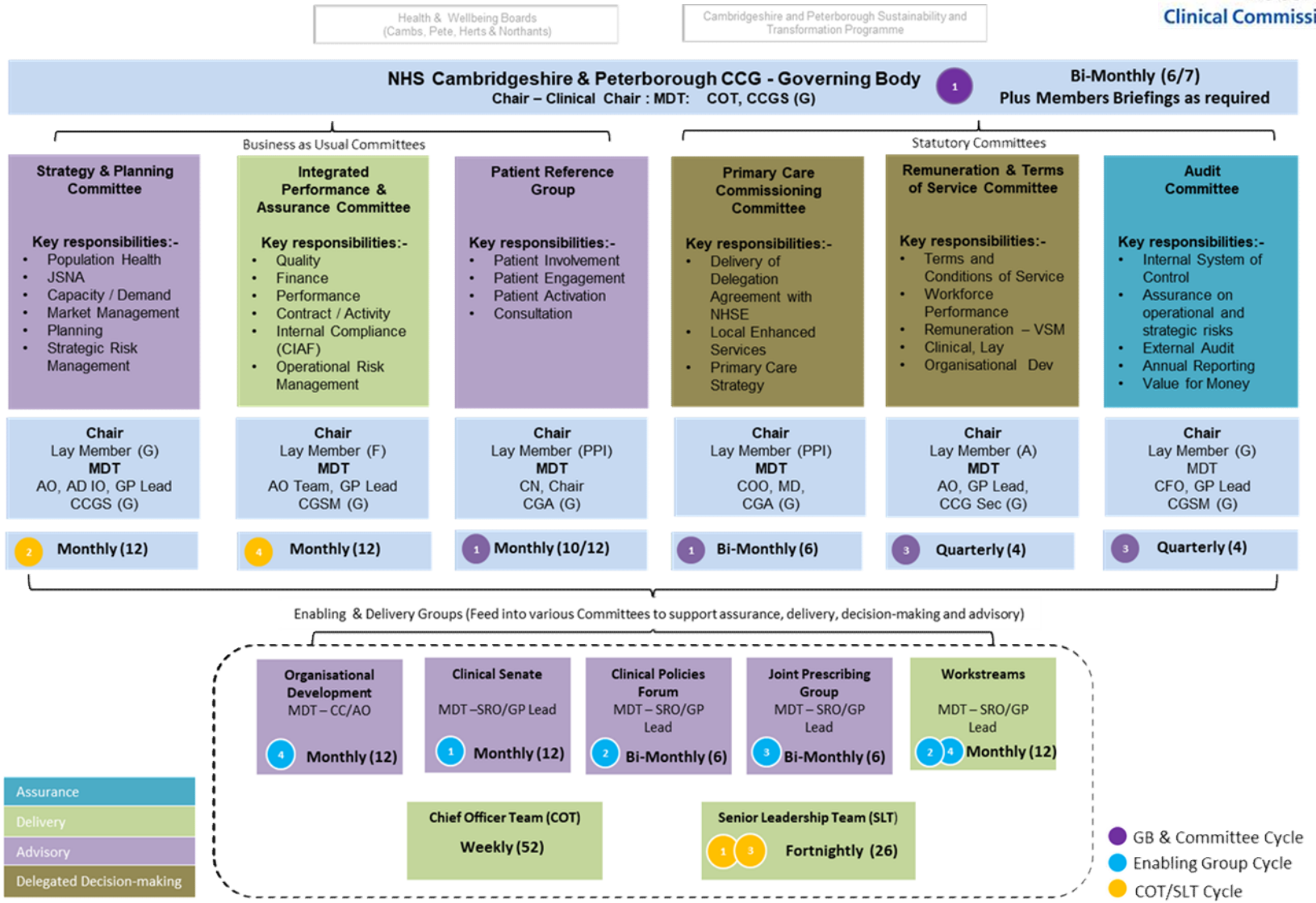
NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
15	Continuing Healthcare delivery and reduction of backlog	a	The CCG should deliver its plan to process the backlog of CHC claims in a rapid but robust way to minimise appeals.	Ongoing	COO	Delayed	Open
		b	CHC back to be cleared within NHSE agreed trajectory	31-Mar	COO	Reset Date	Open
		c	Re-run its model with updated assumptions prior to submission of the final plan in April 2018 to ensure the estimate included for FY18/19 reflects the most up to date information	22-Jul	COO	Complete	Live
16	Contract Management	a	Each contract has a named manager and clinical owner	22-Jun	CFO	Complete	Live
		b	A clear timetable and operational process needs to be in place for the contracting management and challenge process.	22-Jun	CFO	Complete	Live
		c	GP Primary care dashboard for performance and communications should be implemented	31-Aug	CFO	On-Track	Open
17	Communications	a	Implement internal communications plan owned by Executive Team	14-May	Dir. Gov	Complete	Live
		b	Agree and implement stakeholder communications plan	24-May	Dir. Gov	Complete	Live
		c	Refresh external communications and engagement plan, including STP communications	04-Jun	Dir. Gov	Complete	Live

GB Member Oversight and Assurance
CHC – Dr Adnan Tariq
Contract Management – Dr Mark Brookes
Communications – Dr Christopher Scrase & Dr Sue Barrow

Pilot Committee Structure (approved by GB 8.01.2019)

Cambridgeshire and Peterborough Clinical Commissioning Group



Leadership Framework

There is a need for shared ownership, accountability and responsibility for delivery of the CCG's Improvement and Delivery Plan. The aim of the CCG's Leadership Framework is to provide a clear description of the standards and expectations of what good leadership and management looks like at all levels. This sets the standards of how as organisation we are expecting our leaders to deliver together, in collaboration with the whole CCG. The current Leadership Framework is set out below and will reviewed to reflect the Improvement and Delivery Plan.

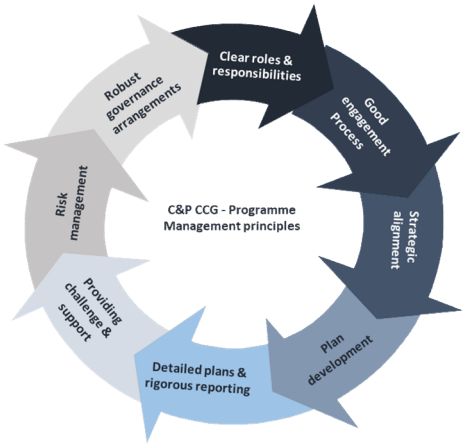
Our objectives are to:

- Create a meaningful plan that will build the capacity and skills of the workforce thus ensuring the organisation is excellent in the commissioning of its services;
- Link leadership and management development to improving services and patient experiences;
- Retain and grow the knowledge and skills of our leaders and managers and provide opportunities for aspiring managers and leaders;
- Encourage a culture of learning in the organisation in which managers and leaders take responsibility for the learning and development of their staff;
- Ensure a range of tools are embedded and work alongside the training and development plan to support leaders and managers in the organisation;
- Describe how and what is needed to perform successfully in a management or leadership role, and provide a consistent approach to appraising leaders' and managers' performance and capability in leading the organisation towards its strategic goals;
- Give examples of what a person operating in such roles will do (competence) and guidance on how they will conduct their leadership and management role (behaviour) to inform recruitment processes and succession planning.

QIPP Delivery

Cambridgeshire and Peterborough Clinical Commissioning Group

- Successful QIPP development and delivery is a key priority for the CCG, and is a central component of the improvement plan.
- Delivery of schemes with a minimum value of £35m is essential, with a strong ambition to deliver more than this to reduce run rate and position the CCG well going into FY2019/20.
- The programme has a clear focus on quality as well as financial recovery, taking difficult decisions but not at the cost of an erosion of quality of care.
- This process draws upon Rightcare, Hospital Episode Statistic, Continuing Healthcare and other benchmarking to identify those areas with most opportunity, as well as cross-referencing the programme with NHS England's Menu of Opportunities.
- Existing schemes have been stretched wherever possible.
- Further work is urgently underway to fill the remaining gap. An exercise to compare QIPP schemes across multiple CCGs across Midlands and East and the rest of England is in process, with buy-in from NHS England.



Stage description	Gateway approval required to progress to next stage
0. Pipeline	Finance review, Management executive review
1. Initiation	CEC review, Impact assessors sign off
2. Planning	PMO review of finalised plans
3. Delivery	PMO able to monitor – KPIs, finances in place
4. Monitoring	PMO records all scheme benefits delivered
5. Closure	PMO records scheme as closed

- Weekly meetings are held with directorates / workstream teams to drive development and delivery, clearly measured by financial and delivery metrics.
- Teams are held to account by an embedded QIPP PMO, which has been re-focused on 2018/19 planning and delivery.
- Encouraging cross directorate working to cut through silos, and increasing system interaction without loss of grip of CCG driven schemes.
- There is regular reporting to the Management Executive (weekly) and CEC (fortnightly). Cases for change are scrutinised before acceptance into the programme.
- MS Office 365 tools and MS Project are used to measure delivery with a composite RAG measure used to give a balanced view of progress.
- Monthly management accounts information will be used going forwards to further scrutinise delivery.

Operational Delivery Plan

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

The Operational Delivery Plan is based around the four Domains in the CCG Improvement and Assess Framework (CIAF).

- Better Health: this domain looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;

- Better Care: this domain principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas; these are mental health, dementia, learning disabilities, cancer, diabetes and maternity;

- Sustainability: this domain looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends;

- Leadership: this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.

The 2018/19 CIAF has yet to be published but it is anticipated that the Domains will remain the same. The Framework will be updated to reflect any changes identified. The Operational Delivery Plan is based around the following principles:-

- Action and Outcome focussed with clear milestones and deliverables;
- The need for financial stability;
- Quality of care and patient safety is central to the organisation now and the future.

The Operational Delivery Plan will be underpinned by a clear Communications and refreshed Organisational Development Strategy, to ensure ownership and delivery across the organisation, and with our wider partners and stakeholders.

The Operational Delivery Plan is set out at Appendix A.

Operational Risks

Cambridgeshire and Peterborough Clinical Commissioning Group

Risk	Year Start Risk Score (April 18)	Current Risk Score	Target Risk Score 2018/19 -	Impact	Actions / Mitigations	Senior Risk Owner (SRO)
Service/Transformation Delivery						
Risk to delivery of QIPP Plan (Transformation)	**20 4x5 Red**	**20 4x5**	**10 2x5 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Sustainability Domain) Referral letter to the Secretary of State under Section 30(b) of the Local Audit & Accountability 2014 Act. Statutory Recommendations under the Local Audit and Accountability 2014 Act Section 24 Schedule 7 Potential referral for a Public Interest Report	CCG Improvement and Delivery Plan - approved by NHSE and monitored via GB, External Audit as required	Chief Finance Officer
Failure to deliver a safe, high quality Integrated Urgent Care (IUC) Service by Herts Urgent Care (HUC)	**20 5x4 Red**	**16 4x4**	**8 2x4 Amber**	Failure to improve CCG CIAF Rating 2018-2019 Rating (Better Care Domain) Increase in patient experience and complaints Reputational damage to CCG and to NHS	Remedial Action Plan, Contract Monitoring, Increased clinical leadership	Chief Nurse
Failure to meet National Framework for NHS Continuing Healthcare and NHS funded Nursing Care compliance	**16 4x4 Red**	**16 4x4**	**12 3x4 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Better Care & Sustainability Domains) Increase in patient experience issues Breach in Statutory Duties Reputational Damage to the CCG and to the NHS	CHC Improvement Plan, Deloitte Review	Chief Operating Officer
Failure to provide accurate data on activity and finance for complex cases - Continuing Healthcare & Section 117 cases	**16 Red**	**16 4x4**	**12 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Sustainability and Well Led Domains)Referral letter to the Secretary of State under Section 30(b) of the Local Audit & Accountability 2014 Act. Statutory Recommendations under the Local Audit & Accountability 2014 Act Section 24 Schedule 7 Potential referral for a Public Interest Report Reputational damage to the CCG and NHS	CHC Improvement Plan, Deloitte Review	Chief Operating Officer
Failure to address Section 117/CHC disputes with Local Authorities	**16 4x4 Red**	**20 4x4**	**4 1x4 Yellow**	Failure to improve CCG CIAF Rating 2018-2019 (Sustainability Domian) Referral letter to the Secretary of State under Section 30(b) of the Local Audit & Accountability 2014 Act. Statutory Recommendations under the Local Audit & Accountability 2014 Act Section 24 Schedule 7 Potential referral for a Public Interest Report Reputational damage to the CCG and NHS	CHC Improvement Plan, Deloitte Review	Chief Operating Officer
Failure to address quality improvement in Primary Care	**15 3x5 Red**	**15 3x5**	**10 2x5 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Better Care Domain) Breach in statutory duty under the Health and Social Care Act 2012 Increased risk of patient complaints, claims and serious incidents Reputational damage to the CCG and NHS	Remedial Action Plans, Close working with CQC and other Regulators, Contract Monitoring	Director of Planned & Primary Care
Impact on quality as a result of workforce capacity within all providers	**16 4x4 Red**	**16 4x4**	**12 3x4 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Better Care Domain) Impact on performance leading to failure to deliver NHS Constitution Targets Increased risk of patient complaints and serious incidents	Remedial Action Plans, Close working with CQC and other Regulators, STP Workforce Strategy and Delivery Plan, Contract Monitoring	Chief Nurse

Operational Risks

Cambridgeshire and Peterborough Clinical Commissioning Group

Risk	Year Start Risk Score (April 18)	Current Risk Score	Target Risk Score 2018/19 -	Impact	Actions / Mitigations	Senior Risk Owner (SRO)
Stakeholder Management						
Failure to engage with Member Practices and wider stakeholders	**12 3x4 Amber**	**16 4x4 Red**	**8 2x4 Amber**	Failure to improve CCG CIAF Rating 2018-2019 Rating (Well Led Domain) Additional NHSE Legal Directions Lack of engagement, poor performance Reputational damage to CCG and to NHS	CCG Improvement and Delivery Plan, Communications and Engagement Plan	Director of Corporate Affairs
Quality Management						
Potential for poor quality in the services which the CCG commissions from the East of England Ambulance Trust.	**16 4x4 Red**	**12 3x4 Amber**	**12 3x4 Amber**	Failure to improve CCG CIAF Rating 2018-2019 Rating (Better Care Domain) Increase in patient experience and complaints Reputational damage to CCG and to NHS	Remedial Action Plan Quality Risk Summit Quality Surveillance Group oversight	Chief Nurse
Risk of poor quality care being delivered to patients in residential and nursing care homes and domiciliary care providers	**16 4x4 Red**	**16 4x4**	**9 3x3 Amber**	Failure to improve CCG CIAF Rating 2018-2019 Rating (Better Care Domain) Increase in patient experience and complaints Reputational damage to CCG and to NHS	Remedial Action Plans, Close working with CQC, Contract Monitoring	Chief Nurse
Failure to comply with lawful requirements for DoLs safeguards to be in place for CCG funded patients	**16 4x4 Red**	**16 4x4**	**4 1x4 Yellow**	Failure to improve CCG CIAF Rating 2018-2019 (Better Care Domain) Breach of Statutory duty Reputational damage to CCG and NHS	CHC Improvement Plan, Deloitte Review	Chief Nurse
Financial Management						
Failure to achieve the Financial Control total agreed with NHS England	**20 4x5 Red**	**20 4x5**	**10 2x5 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Sustainability Domain) Referral letter to the Secretary of State under Section 30(b) of the Local Audit and Accountability 2014 Act. Statutory Recommendations under the Local Audit and Accountability 2014 Act Section 24 Schedule 7 Potential referral for a Public Interest Report Reputational damange to the CCG and NHS	CCG Improvement and Delivery Plan - approved by NHSE and monitored via GB, External Audit as required	Chief Finance Officer
Failure to deliver key NHS Constitution Targets	**16 4x4 Red**	**16 4x4**	**3 1x3 Green**	Failure to improve CIAF 2018-2019 (Better Care Domain) Failure to comply with the Health & Social Care Act 2012 Poor quality of services to patients across Cambridgeshire and Peterborough Reputational damage to the CCG, NHS Trusts and the NHS nationally Increased risk of complaints and serious incidents Potential for increased NHSE Legal Directions	Remedial Action Plans Close monitoring of improvements via governance framework	Chief Officer
Failure to Improve Value For Money Rating In-Year (Efficiency, Economy and Effectivess	**20 4x5 Red**	**20 4x5**	**10 2x5 Amber**	Failure to improve CCG CIAF 2018-2019 Rating (Sustainability Domain) Potential for referral for a Public Interest Report Reputational damage to CCG and NHS Further instability at leadership level Potential for increased NHSE Legal Directions	CCG Impovement and Delivery Plan - approved by NHSE and monitored via Governing Body, NHSE and External Audit	Chief Finance Officer
Governance/Leadership						
Failure to deliver the CCG's Improvement Plan for 2018-2019.	**16 4x4 Red**	**16 4x4**	**4 Yellow**	Failure to improve CCG CIAF 2018-2019 Rating (Well-Led Domain) Potential for referral for a Public Interest Report Reputational damage to CCG and NHS Further instability at leadership level Potential for increased NHSE Legal Directions	CCG Impovement and Delivery Plan - approved by NHSE and monitored via Governing Body, NHSE and External Audit	Chief Officer
Risk to maintaining robust CCG Governance Arrangements	**16 4x4 Red**	**16 4x4**	**4 1x4 Yellow**	Failure to improve CCG CIAF Ratings 2018-2019 Rating (Well-Led Domain) Potential for Public Interest Report - Local Audit and Accountability Act 2014 Increased NHSE Legal Directions	CCG Improvement and Delivery Plan - approved by NHSE and monitored via GB, External Audit as required	Director of Corporate Affairs

Activity Plans

Cambridgeshire and Peterborough Clinical Commissioning Group

- Whilst as a CCG our accountabilities and responsibilities are wider than acute care, we have committed as an organisation to the activity profile below with NHSE.
- This profile is base on the TnR subset of the total activity data we receive from the providers or through the national HES and PBR data.
- Monthly, the Executive and Governing Body will be required to understand our position against this plan and provide recovery and mitigation plans if it is not being achieved.

Code	Title	17/18 OT	18/19 Do Nothing	18/19 QIPP	18/19 Plan	17/18 to 18/19	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
E.M.7	Total Referrals (Specific Acute)	318,285	330,640	-15,388	315,252	-1%	25,761	27,776	26,576	27,433	26,199	24,340	28,016	27,513	22,285	27,119	25,088	27,146
E.M.7a	Total GP Referrals (G&A)	178,715	185,649	-8,640	177,009	-1%	14,778	15,677	15,025	15,238	15,072	13,733	15,699	15,334	12,070	15,022	14,116	15,246
E.M.7b	Total Other Referrals (G&A)	139,570	144,991	-6,748	138,243	-1%	10,983	12,099	11,551	12,195	11,127	10,607	12,317	12,179	10,215	12,097	10,972	11,900
E.M.8	Consultant Led First Outpatient Attendances (Specific Acute)	346,115	355,707	-14,381	341,326	-1%	26,950	29,002	28,350	28,015	27,169	26,330	30,290	31,572	25,236	30,792	28,184	29,437
E.M.9	Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	414,136	420,753	-15,729	405,024	-2%	31,752	33,409	33,061	31,964	32,115	31,481	36,444	37,768	30,241	38,219	33,248	35,321
E.M.10	Total Elective Admissions (Spells) (Specific Acute) [Ordinary Electives + Daycases]	103,535	110,452	-1,983	108,469	5%	8,696	9,271	8,897	9,179	9,228	8,440	9,857	9,591	7,860	9,511	8,682	9,256
E.M.10a	Total Elective Admissions - Day Cases	86,649	90,797	-1,532	89,265	3%	7,173	7,617	7,299	7,565	7,640	6,962	8,125	7,864	6,473	7,908	7,102	7,537
E.M.10b	Total Elective Admissions - Ordinary	16,886	19,655	-451	19,204	14%	1,523	1,654	1,598	1,614	1,588	1,478	1,732	1,727	1,387	1,603	1,580	1,719
E.M.11	Total Non-Elective Admissions (Spells) (Specific Acute)	85,708	89,176	0	89,176	4%	7,138	7,478	7,356	7,543	7,149	7,267	7,566	7,465	7,823	7,561	7,006	7,825
E.M.11a	Total Non-Elective Admissions - 0 LoS		25,437	0	25,437		2,001	2,079	2,134	2,130	2,027	2,054	2,136	2,194	2,293	2,077	2,015	2,297
E.M.11b	Total Non-Elective Admissions - +1 LoS		63,739	0	63,739		5,137	5,399	5,222	5,413	5,122	5,213	5,430	5,271	5,530	5,484	4,991	5,528
E.M.12	Total A&E Attendances excluding planned follow ups	303,404	318,066	0	318,066	5%	25,826	27,582	26,788	28,240	25,913	25,588	27,207	26,316	26,695	25,513	24,404	27,993

- For the avoidance of doubt, this is aligns to but not directly map to the provider activity plans due to it being a subset of data. Provider activity plans will be separately monitored.

Moving to Integrated Care

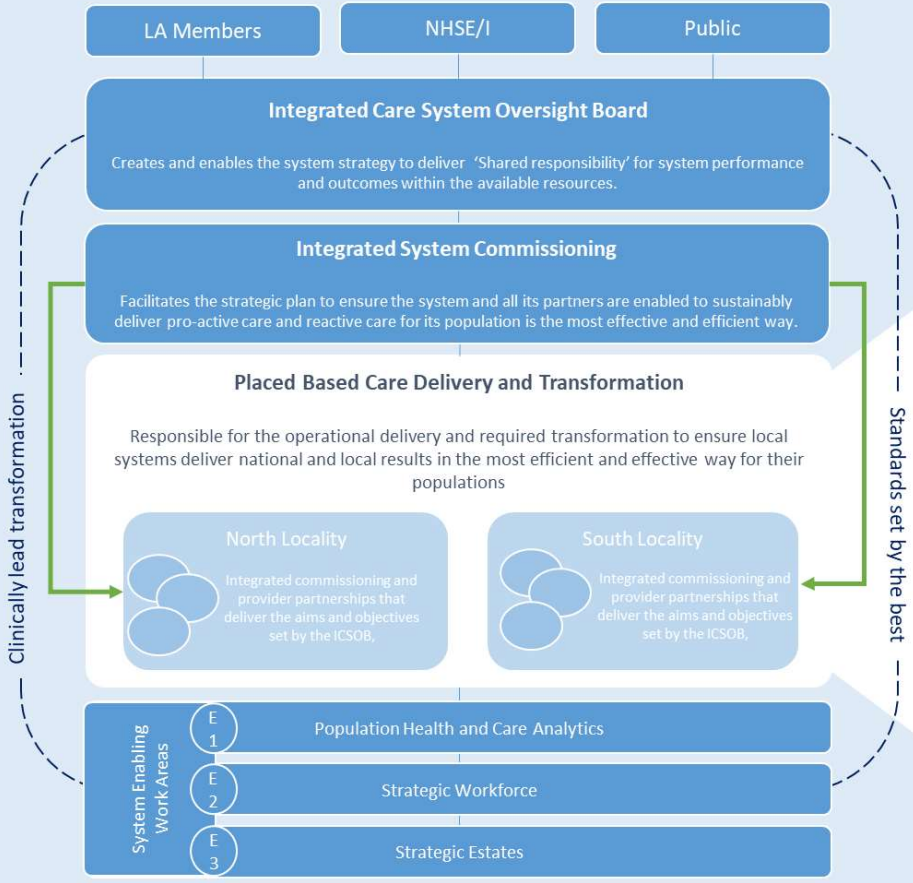
NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

As an CCG the Accountable Officer is also responsible for the Delivery of the Sustainability and Transformation Partnership (STP). The STP has a 3 year plan and strategy and as an organisation we are supportive of the direction and understand the need to move into a year focused on delivery. In order for us as a commissioner within the system, we need to work in 2018/19 be driving all our teams to work in a partnership way and be able to describe what this means. Therefore we are going to work with all stakeholders (internal and external) to test ourselves against the following characteristics required and essential jobs of an integrated acre system.

- ✓ Build **collaborative leadership** around a shared local vision for the Integrated Care System, with mature relationships including local Government.
- ✓ **Effectively engage** and involve clinicians and staff, the third sector, service users in the public in developing the shared local vision and throughout implementation;
- ✓ Create a **dedicated 'engine room**' to drive and manage the local transformation programme, with adequate dedicated resources and capabilities.
- ✓ Establish **a transparent governance structure** so that everyone knows how decisions are made, and to ensure collective responsibility across the Integrated Health System;
- ✓ Understand the **different needs of our diverse population**, and segment into different population groups, designing the Integrated Care System to reflect patient flows and contiguous with local government boundaries.
- ✓ Develop and maintain a clear and explicit description (**a 'logic model'**) that explains how the Integrated care system will transform care to expected and agreed outcomes.
- ✓ Establish the financial case (a **'value proposition'**) for developing the Integrated Care System with collective commitment from all partners to system planning and shared financial risk management. Commit to a clear return on investment, so that there is a compelling and credible proposition for service change. This includes setting out how the Integrated Care System will help moderate demand, and increase provider efficiency to deliver the STP
- ✓ Design **and document each component parts** of the care transformation. This includes clinical and business processes and protocols, team design and job roles. Do these work with and for patients, carers and clinicians? For the most complex services, develop a clear understanding of the different costs, the expected throughputs, and the methods for selecting patients for proactive care.
- ✓ **Systematically plan**, schedule and manage the implementation of the changes in line with the emerging design specifications, and the value proposition timetable. Achieve effective clinical, service user and patient participation.
- ✓ **Learn and adapt quickly**. Generate timely monitoring and evaluation loops covering (a) initial implementation of change, broken down change-by-change, team-by-team; (b) the ongoing management of the services; and (c) the quantified impact on outputs and outcomes. Identify successes and rapidly address the inevitable teething problems that will occur, and failures in design or execution. Scrap the interventions that don't work. Commission and contract so that organisational forms and financial flows are supporting the transformation rather than get in the way.

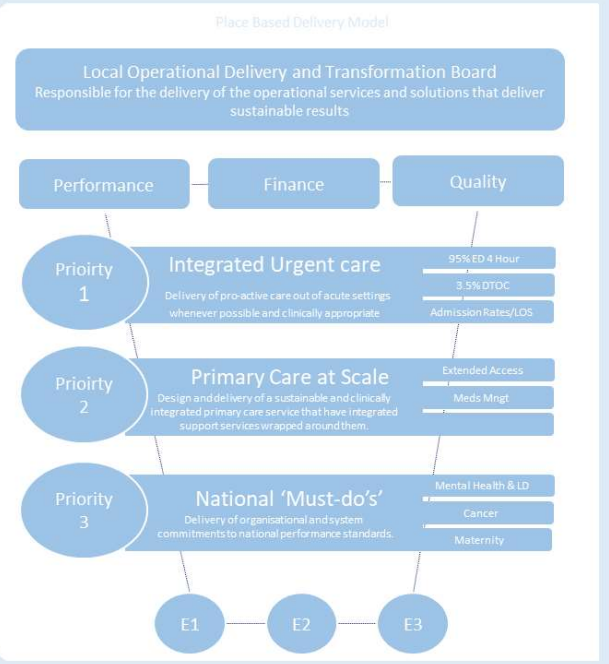
Model ICS Framework – for Discussion

Cambridgeshire and Peterborough Clinical Commissioning Group



"Integrated Care Systems are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations. "

Refreshing NHS Plans for 2018/19
Published by NHS England and NHS Improvement



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NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Previous Monthly Updates

M3 – Improvement Plan Progress

Cambridgeshire and Peterborough Clinical Commissioning Group

Operational Delivery

- On track for all items
- Focus on delivery in the organisation
- Agreement on shared leadership
- Test and challenge session confirms progress

Financial Delivery

- On plan for month 2
- On a risk adjusted basis £2.2m of QIPP gap
- S117 over performance
- QEH over performance

Last 30 Day progress:

- GB approval of changes to Constitution – application to be sent to NHSE w/c 30.07.18
- CFO, COO and MD appointed. Other Top Line Executives on plan to appoint as per plan
- One Lay Member appointed, one Lay Member in progress
- OD Plan and Leadership Framework – informal sign off – formal sign off 7.08.2018
- GB development session, staff briefings and managers briefings all held with positive feedback.

Next 30 day priorities:

- NHSE approval of plan
- Finalise appointment of new top line exec team
- Conclude Deloitte review of CHC and re-run of 2018/19 position for assurance
- Finalise OD and Leadership plans with the staff.

Relook and step up actions on:

- S117 delivery and the rigour in the process and financial planning.
- Review the activity and demand plans to ensure increase in activity is mitigated.
- Implementation of full invoice validation for the acute non-GIC providers

External decisions impacting plan

1. STP Chair has asked to postpone SDU integration with CCG until further notice – this element will be put on hold in the plan.

2. STP agreed with NHSE to delay system 5 year financial plan until October 2018.

M5 – Improvement Plan Progress

Cambridgeshire and Peterborough Clinical Commissioning Group

Operational Delivery

- On track for all items
- Focus on delivery in the organisation
- Agreement on shared leadership
- Test and challenge session confirms progress

Financial Delivery

- On plan for month 5
- QIPP gap addressed
- S117 over performance
- High cost drugs – requiring investigation (emerging)

Last 30 Day progress:

- GB approval of changes to Constitution – application sent to NHSE – advised to expect response October 2018
- CFO, COO and MD appointed. Other Top Line Executives on plan to appoint as per plan
- Lay Members appointed and formally ratified by Governing Body
- OD Plan and Leadership Framework – approved by Governing Body 7.08.2018
- GB development session, staff briefings and managers briefings all held with positive feedback.

Next 30 day priorities:

- Finalise appointment of new top line exec team
- Conclude Deloitte review of CHC and re-run of 2018/19 position for assurance
- 360 Survey for all GB Members – commenced
- Planning for Staff Development Day – 3.10.2019
- Planning for Commissioning and Capability Programme

Relook and step up actions on:

- Renewed focus on Delayed Transfers of Care – 12 week plan
- S117 delivery and the rigour in the process and financial planning.
- Review the activity and demand plans to ensure increase in activity is mitigated.

External decisions impacting plan

1. STP Chair has asked to postpone SDU integration with CCG until further notice – this element will be put on hold in the plan.

2. STP agreed with NHSE to delay system 5 year financial plan until October 2018.

M6 – Improvement Plan Progress

Cambridgeshire and Peterborough Clinical Commissioning Group

Operational Delivery

- On track for material items
- Focus on delivery in the organisation
- Agreement on shared leadership
- Test and challenge session confirms progress

Financial Delivery

- On plan for month 6
- QIPP gap addressed
- S117 over performance
- High cost drugs – requiring investigation (emerging)

Last 30 Day progress:

- NHSE approval of revised Constitution V10 and published on CCG Web-site
- CFO, COO and MD appointed. Director of Nursing, Quality and Patient Experience – secondment for 6 months
- OD Plan and Leadership Framework – implementation
- Staff Development Day held with positive feedback
- GB Lay and Clinical Leads identified to provide oversight and assurance on completion / embedding of all actions

Next 30 day priorities:

- Commence QIPP planning for 2018/19
- 360 Survey for all GB Members – one to ones arranged Oct/Nov 2018
- Continue to work with LA on financial settlement of outstanding areas
- Review of Governance Framework (Committee Structures)
- Refresh of CCG Assurance Framework & Risk Register (CAF)
- Planning for next Test and Challenge session

Relook and step up actions on:

- Renewed focus on Delayed Transfers of Care – focused organisational KPI's
- S117 delivery and the rigour in the process and financial planning.
- Review the activity and demand plans to ensure increase in activity is mitigated
- Winter Planning

External decisions impacting plan

1. STP Chair has asked to postpone SDU integration with CCG until further notice – this element will be put on hold in the plan.
2. STP agreed with NHSE to delay system 5 year financial plan until October 2018.

Revised dates:

Action 2c - New full organisational structure agreed for consultation – we need to have the new Executive Team in place before agreeing this and therefore have set it to 2 weeks after our Medical Director starts;
Action 11d - 3 Year Financial Plan final – work is continuing with system partners and we have limited visibility of the 2019/10 QIPP therefore we want to push the validation of the model out;
Action 15b – CHC Backlog - the backlog date has been re-agreed with NHSE as by the end of March 2019. NHSE has requested that this work is completed sooner and we have agreed to review this once the recruitment process has been concluded and we fill vacancies in the team;

M8 – Improvement Plan Progress

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Operational Delivery

- On track for material items
- Focus on delivery in the organisation
- Agreement on shared leadership
- Test and challenge session confirms progress

Financial Delivery

- On plan for M8 (deterioration in month (£907k))
- QIPP favourable position by £0.599m
- S117 over performance
- High cost drugs – requiring investigation (emerging)

Last 30 Day progress:

- PwC Review and Internal Audit Review underway
- Settlement with LA agreement in principle agreed.
- GB Training Day held 4.12.2018
- GB Lay and Clinical Leads undertaking oversight and assurance meetings with Executive Leads

Next 30 day priorities:

- Finalising financial plan and 'big ticket transformation for 19-21
- Review outcomes of PwC Review
- Finalise review of pilot Governance Framework (Committee Structures)
- Present refresh of CCG Assurance Framework & Risk Register (CAF) (7.1.19)
- Planning for next Test and Challenge session

Relook and step up actions on:

- Renewed focus on Delayed Transfers of Care – focused organisational KPI's
- S117 delivery and the rigour in the process and financial planning.
- Review the activity and demand plans to ensure increase in activity is mitigated
- Winter Planning – outcomes of CUH and NWAFT Winter Assurance visits
- Implementation of 2019-2020 Operational Planning and Contracting

External decisions impacting plan

1. STP Chair has asked to postpone SDU integration with CCG until further notice – this element will be put on hold in the plan.
2. STP agreed with NHSE to delay system 5 year financial plan until October 2018.

Revised dates:

- Action 2c - New full organisational structure agreed for consultation – we need to have the new Executive Team in place before agreeing this and therefore have set it to 2 weeks after our Medical Director starts; now re-set to end January 2019.
- Action 9b – Weekly and Month Performance Reporting; now in place, the Chief Officer Team is developing a new Integrated Performance Report which should be in place for the February 2019 Committee cycle.
- Action 11d - 3 Year Financial Plan final – work is continuing with system partners and we have limited visibility of the 2019/10 QIPP therefore we want to push the validation of the model out; re-set to 14 January 2019 to reflect national timetable.

NHS Cambridgeshire and Peterborough CCG

Capacity, Capability and Financial Position: Follow-up review

Strictly private and confidential

15 January 2019

pwc

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Dear Sir/Madam,

Subject: Capacity, Capability and Financial Position follow-up review

We have been instructed by NHS Cambridgeshire and Peterborough CCG ("the CCG") to provide an independent view of the progress that the CCG has made since we completed a review of the CCG's capacity, capability and financial position in February 2018, in accordance with our engagement letter dated 28 November 2018 (Appendix 1).

This document has been prepared only for Cambridgeshire and Peterborough CCG and solely for the purpose and on the terms agreed with Cambridgeshire and Peterborough CCG. We accept no liability (including for negligence) to anyone else in connection with this document, and it may not be provided to anyone else.

In the event that, pursuant to a request which you have received under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004 (as the same may be amended or re-enacted from time to time) or any subordinate legislation made thereunder (collectively, the "Legislation"), you are required to disclose any information contained in this report, you will consult with us prior to disclosing such report. You agree to pay due regard to any representations which we may make in connection with such disclosure and to apply any relevant exemptions which may exist under the Legislation to such report. If, following consultation with us, you disclose this report or any part of it, you shall ensure that any disclaimer which we have included or may subsequently wish to include in the report is reproduced in full in any copies disclosed.

Yours faithfully

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Contents

Introduction

Introduction and background

The CCG is one of the largest CCGs in the country, serving a patient population of circa 960,000 people. The CCG oversees a budget of approximately £1.2bn.

The CCG's main providers are: Cambridge University Hospitals NHS Foundation Trust (CUHFT), encompassing Addenbrookes and The Rosie hospitals, North West Anglia NHS Foundation Trust (NWAFT), Cambridgeshire & Peterborough NHS Foundation Trust (CPFT), Cambridgeshire Community Services (CCS) NHS Trust and Papworth Hospital NHS Foundation Trust (PHFT).

In March 2018, PwC issued its *Capability, Capacity and Independent Financial Review* report, which was commissioned in response to a sudden deterioration in the CCG's financial performance in first nine months of 2017/18. This report concluded that the breadth and depth of the financial and governance issues that the CCG was facing were among the broadest and deepest set of issues facing any CCG that PwC had previously worked with. The report found that the scale of the challenge meant that the return to financial sustainability would take several years to achieve.

The report raised 18 high priority recommendations. The CCG's external auditors issued a statutory recommendation that the CCG should produce an Improvement Plan to address the issues and recommendations raised in the report. The Improvement Plan was agreed with NHS England and includes a 2018/19 financial plan to deliver a £(35.1)m deficit, after delivery of £35.1m QIPP.

Scope of this review

This review has been commissioned to provide an independent view of the progress that the CCG has made in the nine months since that report in addressing the issues that were raised.

We have reviewed the CCG's assessment of its progress against the Improvement Plan, the M7 Year to Date and Forecast Outturn Position, and the M7 QIPP report. We have spoken to five Governing Body members and external stakeholders from NHS England and CUHFT.

Informed by these discussions, we have reviewed the CCG's expected outturn position. Based on our interviews and document review, we have assessed the extent to which risks that we are aware of are reflected in the reporting to the CCG's Governing Body and sub-committees and to NHS England.

In line with the scope of this follow-up review, only limited financial investigation and analysis has been completed. As such, our views are based solely on the information provided to us and discussed in interviews. Significant additional work would be required for us to come to a definitive view on the CCG's likely outturn position.

We have included at Appendix One a schedule of all recommendations that were included in our March 2018 report, alongside a brief summary of progress made to date against each.

At a glance

PwC view

The CCG has taken steps to address its issues of instability in senior leadership roles. The CCG must ensure that the new executive team rapidly develops into an effective, cohesive team in order to work together to tackle the CCG's significant, ongoing challenges.

The CCG has made good progress against its Improvement Plan to date, but remains at an early stage in its organisational turnaround journey.

There continues to be risk to the CCG's outturn position which must continue to be closely managed.

❶ The CCG has made good progress against a very significant improvement agenda, but remains in the early stages of its overall organisational turnaround journey. The scale of the challenge is significant and continued focus, drive and energy is required to build on the progress made to date.

In our review in March 2018 we noted that the CCG had one of the deepest and most significant set of issues facing any CCG in the country.

Since March the CCG has laid the foundations for a successful turnaround, in particular:

- The change in leadership approach is recognised by internal and external stakeholders as bringing a range of benefits to the CCG; and
- The development of the Improvement Plan and supporting financial plans are designed to deliver the scale of change required.

The pace and scale of this change must continue if the CCG is to build on the progress made to date. Specifically:

- The scale and ambition required to deliver the 2018/19 QIPP programme is significant, and the 2019/20 plan will be similar in scale; and
- The development of the STP and relationships in the system have improved, but significant work is required to leverage the opportunities and return the system to financial balance alongside delivering quality and performance improvement.

❷ There has been significant change in the CCG's leadership. The new Chief Officer has built an experienced and largely substantive executive team in a short time. The executive directors are all committed to the CCG's medium and long-term success. There is a need to strengthen the capacity and capability of the level below the executive.

Our March 2018 review concluded that *'a significant level of instability in the CCG's leadership team over the last two years has impacted on the ability of the organisation to plan effectively and has caused a high degree of uncertainty for staff.'*

Turnover in executive leadership continued in the period after our review, but the CCG now has in place a largely substantive executive team (soon to be fully substantive), and senior leadership that is committed to the CCG's long-term success. This was recognised by all of the internal and external stakeholders that we spoke to.

Although most of the new executive team have worked with at least some of their executive colleagues in previous organisations, the team is new. Relationships and levels of trust will be tested as they work together on a significant improvement agenda. It will be important for the team to continue to invest in its collective and personal development over the coming months and to arrive at a clear consensus regarding priorities and objectives.

As part of this, the executive team should review the extent to which the structure, capacity and capability of the teams below them support the required delivery and take action to address the gaps we understand exist in some respects.

At a glance

PwC view

There are a number of risks to the CCG's delivery of its £(35.1)m deficit control total, which are understood by the Governing Body.

Our limited review of the forecast outturn suggests a deficit position in the region of (£36.0)m, but there are a number of assumptions and variables within this and more work would be required to come to a definitive view.

The CCG has limited opportunity to manage its position using its Balance Sheet, so will have difficulty mitigating additional cost pressures that crystallise after M7.

3 The CCG has made significant progress against the Improvement Plan, which addresses all of the recommendations included in our March 2018 Capability, Capacity and Independent Financial Review report. Our view of the CCG's progress aligns with the CCG's reporting.

The Improvement Plan was developed in response to the March 2018 PwC report. The plan has been ratified by NHS England and addresses all recommendations raised in the March 2018 PwC report, and in some cases aims to deliver further improvement in addition to that included within the PwC recommendations.

The CCG has made progress against all of the areas outlined in the Plan. Key elements include:

- The CCG is forecasting to deliver a £(35.1)m deficit, in line with its financial plan and agreed control total;
- Developing the capability and capacity of the Project Management Office; and
- Links to supporting strategies and plans to develop the CCG's governance and leadership.

The CCG's reporting of the progress it has made is consistent with our view. We have not identified areas where the CCG is significantly behind its improvement schedule, but the CCG must continue to closely focus on maintaining close grip and control over its 2018/19 financial position.

4 The CCG is reporting that it will deliver its £(35.1)m planned deficit. There are a number of risks to this position, which are understood by those we interviewed. We have performed a limited, desktop review of the M7 forecast outturn. Our view is that the CCG's forecast outturn, adjusted for risks on the basis of current information, could be in the region of £(36.0)m deficit. Further work is needed to come to a definitive view.

At M7, the CCG is forecasting to deliver its plan. We have discussed this position with the CCG and understand that a number of pressures reported as risks in M7 will move into the M8 FOT position.

The £35.1m QIPP programme is 3.0% of the CCG's total allocation. This is a challenging target, but management are confident that the CCG is on track to deliver. The reported gateway position of the QIPP programme at M7 shows that £18.4m remains in either Gateway 1 (Design) or Gateway 2 (Develop), but we have been told that this reflects the progress of documentation and not financial risk to QIPP delivery.

The CCG recognises that there is significant risk from S.117 expenditure, and acute activity with King's Lynn NHS FT, which is outside of the GICs.

At M7, the CCG is forecasting to release all of the contingency that was included in the 2018/19 budget, and although opportunities do exist to release Balance Sheet items to manage its position, these are limited.

At a glance

PwC view

The QIPP programme's reported progress through gateway stages does not align with forecast financial QIPP delivery. Management has told us that this reflects issues with QIPP documentation, and is not reflective of financial risk to QIPP delivery, but our scope has not included detailed testing of QIPP delivery to allow us to assess this.

The CCG's relationships with system partners are strengthening rapidly, largely due to the approach taken by the Chief Officer and Chair. The CCG must ensure it leverages these relationships to capitalise on the opportunities they present to drive improvement across the system.

Our view is that there is potential for the CCG to deliver a risk-adjusted deficit in the region of £(36.0)m, although we understand that the CCG is accelerating plans to mitigate its risks.

5 Significant improvements have been made to some areas of QIPP governance, particularly around the development of QIPP schemes and the implementation of a gateway process. There remain opportunities to improve QIPP reporting and there is scope to increase the capacity of the PMO.

A new Head of the PMO was appointed in June 2018, and the capacity of the PMO has also increased (although it remains below establishment). QIPP development and delivery has improved, and planning for delivery of 2019/20 QIPP has begun several months earlier than planning for delivery of the 2018/19 plan. The CCG has implemented a QIPP gateway process, and has made significant progress in developing QIPP plans.

There remain opportunities to improve the quality of QIPP reporting, and the capacity of the PMO:

- The dashboard showing progress of the QIPP programme through the Gateways shows £7.8m in the Design Gateway and £10.5m in the Develop Gateway, which at this stage in the year, we would expect to be at high-risk of non-delivery. We were told QIPP schemes within early stages are delivering savings despite not having been through the full PMO sign-off process, which suggests that the gateway process may be appropriately designed, but not operating effectively in practice. We recommend that QIPP reporting explicitly highlights the risks associated with QIPP included within early stage gateways.
- The PMO is currently working at full capacity with its entire focus on managing the QIPP programme. If PMO capacity is increased, this would create additional scope for the PMO to widen its focus to other priorities, for example, managing activity risks within Guaranteed Income Contracts.

6 The CCG's leadership is recognised for investing in developing strong and collaborative relationships with system partners. These must be leveraged to deliver on the opportunities available.

The CCG's leadership, particularly the Chief Officer and the Chair, are recognised by those we interviewed as being committed to the STP and to developing and delivering initiatives that focus on system recovery.

Relationships are rapidly improving after a prolonged period of frequent change in CCG leadership; the challenge for the CCG now is to leverage the strength of the relationships to deliver system improvements. For example, agreeing GICs with acute providers is only possible when relationships are sufficiently strong. We were told that GICs have focused the attention of providers on the imperative to reduce activity for the benefit of the system, but as yet this has not led to a significant impact on recorded activity.

Recommendations

The tables below set out definitions of the keys we have used against each of the recommendations we have identified in the report.

Priority

High	This is critical to the CCG's progress
Medium	This is important to the CCG's progress
Low	This may not have an immediate significant impact on the CCG's progress but should still be taken forward

Implementation risk

High	Significant concerns and/or the recommendation is difficult to implement. Little progress has been made to date. The CCG is unlikely to implement the recommendations effectively within the necessary timeframe without external support or additional resource
Medium	Some progress has been made. The CCG should consider seeking advice or support to ensure the recommendation is implemented effectively
Low	Low level of concern. Plans are already well advanced, or the recommendation will be straightforward to implement

Recommendations

Ref	Recommendation	Suggested owner	Time frame	Priority	Implementation risk
Continued focus on delivery of the Improvement Plan					
1	The CCG must continue to closely monitor, assess and report on delivery against the Improvement Plan. From a financial perspective, this should focus particularly closely on: • QIPP performance and risk to delivery of the £35.1m QIPP plan, particularly the development and delivery of QIPP schemes that are in early stage gateways; • Activity at trusts that have agreed GICs with the CCG, which will largely determine the extent of risk included in the 2019/20 plan; • The outcome of ongoing negotiations with the Local Authority around the split of responsibility for funding elements of shared programme areas; and • The release of Balance Sheet accounts to manage the CCG's year-end position, where there is opportunity to do so.			**High**	**Medium**
Structure, capacity and capability of teams supporting the Executive team					
2	In order to fully leverage the capacity and capability of the new executive team, executive leadership should review the structure, capacity and capability of the teams that support them. This should be considered within the context of the Executive team's priorities and objectives.			**High**	**Medium**
Project Management Office					
3	The PMO should review the accuracy of QIPP reporting, focusing particularly on the level of reported risk within the QIPP report and the internal consistency within QIPP reporting. If it is determined that QIPP risk is greater than the £0.5m reported in the M7 QIPP, this must be reflected in the Forecast Outturn position reported in the M8 finance report and highlighted clearly for the attention of Governing Body and Finance Committee members.			**High**	**Medium**
4	The PMO should be resourced to its full establishment to enable the PMO to increase the focus of its project management beyond QIPP schemes that will deliver financial improvement.			**Medium**	**Medium**

Recommendations

Ref	Recommendation	Suggested owner	Time frame	Priority	Implementation risk
Leveraging system opportunities					
5	The CCG must leverage the strong relationships that have been cultivated within the system over the past nine months to identify and delivery on opportunities to improve the financial, quality and operational performance of the system.			**High**	**Medium**
Financial plan and Balance Sheet releases					
6	The CCG must continue to review the opportunities to release Balance Sheet accounts that are presented in the CCG's mitigations table Particularly as the forecast outturn in the M7 finance report includes the release of all contingency within its position, these should be released where possible and appropriate.			**Medium**	**Medium**

Executive report

CCG Leadership

The CCG has successfully filled most of its leadership vacancies with substantive leaders with experience of NHS commissioning.

PwC view

The new executive team has an appropriate range of skills and experience given the challenges the CCG is facing.

The increased stability at the CCG is recognised internally and externally, but the recent changes mean that the Executive Team will need to develop effective ways of working rapidly given the immediate size and scale of the issues facing the CCG.

The previous instability of the leadership team has left a legacy in terms of weaker system relationships and internal cultural issues which will take time to overcome.

Leadership and the Executive Team

There has been significant change in the CCG's leadership since the *Capability, Capacity and Independent Review of Financial Position* report was published in March 2018:

- All Governing Body Executive Directors are new in post:
  - The Chief Officer has been in post since June 2018, having previously been on secondment at the CCG as the interim Director of Strategic Commissioning since November 2017;
  - The Chief Finance Officer joined the CCG in September 2018;
  - The Chief Operating Officer joined the CCG in October 2018;
  - The Medical Director joined in November 2018; and
  - The Director of Quality, Patient Safety and Experience joined in October 2018 on a six-month secondment, and will soon become a substantive member of the executive team.

There has also significant turnover in Governing Body GP members and Lay members:

- Two of the eight GP members on the Governing Body are new: the outgoing GP members came to the end of their terms.
- Two of the four Lay Members are new. Both outgoing Lay Members came to the end of their terms. One of the two Lay Members reapplied for their position, but was not appointed.

The recent changes to the CCG's leadership, particularly within the Executive Directors, mean that it is not yet possible to draw definitive conclusions about the strength of the current leadership team. Although we have been told that the new team is working together effectively, and the foundations for an effective team are in place, the Chair and Chief Officer will need to continue to review the team's dynamics and development needs.

Increased stability in executive leadership

This level of change in senior leadership is significant. There had also been significant turnover in the period preceding the March 2018 report.

The CCG's leadership has been acutely aware of the risks associated with such significant and frequent change in leadership, and recent recruitment to Governing Body positions has had an increased focus on candidates' medium and long-term commitment to the CCG.

There are several indicators that the CCG's leadership is significantly more stable now than it was in March 2018:

- Four of the five Governing Body executive members are substantive appointments. This has not been the case among the CCG's Executive Directors for a significant period of time. At the time of our March 2018 report, six of the nine members of the Senior Management Team were either in interim or acting positions, or were working their notice period.
- Although the Executive Directors are new appointments, all have prior experience of working with health economies in Cambridgeshire and Peterborough and/or Suffolk, Essex and London, and so have an understanding of the CCG's recent history. This helps to mitigate some of the issues relating to a lack of corporate memory within the Executive team.

CCG Leadership

As a collective, the Governing Body recognises the scale of the challenge and individual members recognise their corporate responsibilities.

PwC view

There is evidence that the CCG has made progress in addressing the cultural and governance issues that were raised in our March 2018 report.

Governing Body members have a better understanding of their individual corporate responsibility for the CCG's overall performance, including financial performance.

The CCG has invested in Governing Body development, and must continue to do so to drive the behaviours and leadership required to continue to deliver the Improvement Plan.

- Most of the Executive Directors (with the exception of the Medical Director and the COO) have worked with at least one of their Executive colleagues in previous roles, and so have existing relationships which can be leveraged to develop a new, effective team.

Impact of new executive team

In interviews, the new Chief Officer was credited consistently with improving the working culture and environment at the CCG, through an improved approach to internal communication from the CCG's leadership to staff. We were told that communications are now more frequent and more transparent, and that senior decisions are more regularly communicated to staff, enabling them to better understand how their work is supporting delivery of the CCG's strategic objectives.

In September 2018, the CCG ran a Touchstone staff survey focusing only on those areas where performance had dropped in the previous staff survey from May 2018. The full results are included at Appendix Two.

The survey results largely support what we have been told in interviews: that the culture at the CCG is improving, and an increase in positivity and engagement is perceived throughout the CCG.

The results also indicate some continuing issues with a minority of staff reporting that they have experienced bullying or abuse from colleagues in the past twelve months. Understanding and responding to the issues behind these responses should be an immediate focus area for the Executive team.

Developing the structure, capacity and capability of the teams that support the executive team

As part of the new executive team's development, the structure, capacity and capability of the teams that support them should be reviewed. Issues or gaps that are identified should be addressed, if this is not already built in to the CCG's Organisational Development plan.

Recognition of Governing Body corporate responsibility for financial performance

We were told in interviews that the scale of the CCG's challenge to address the issues raised in the March 2018 report is now well-recognised and fully understood across the Governing Body.

This is particularly important as the CCG seeks to move away from a prolonged period of sustained and intense regulatory scrutiny, where the Governing Body's autonomy was inevitably constrained. In order to be able to develop and deliver the CCG's strategy, Governing Body members must have a complete understanding of both the extent and nature of the CCG's challenges, but also of their individual and collective corporate roles and responsibilities to address challenges across the breadth of the CCG's business.

The March 2018 report found that, *'the CCG should take action to strengthen the knowledge/experience on the Committee and Governing Body in relation to finances. This will improve the confidence of Committee members to ask effective questions and provide the right level of scrutiny.'*

We were told that the level of scrutiny applied by the Governing Body to the CCG's financial position is much greater than previously. This improvement is attributed to four points:

1. The messages within the March 2018 report were received clearly by some Governing Body members who had not previously recognised the extent of the CCG's financial and operational challenges;

CCG Leadership

The capability and capacity of the PMO has been strengthened, but it remains below establishment.

PwC view

In line with the recommendations from our March 2018 report, the PMO has focused exclusively on developing and delivering the CCG's QIPP programme.

This is appropriate, but the CCG should look to recruit to the PMO's full establishment, and then assess the extent to which there is capacity for the PMO to provide support on other priority areas within the CCG's Improvement Plan.

2. The CCG has invested in a GP development programme, elements of which focus on developing the financial skills and capability of GP Governing Body members. We were told of a significant increase in the level of GP engagement with financial issues and their recognition of their corporate responsibility for all areas of the CCG's financial, operational and clinical performance. The focus of this has been developed based on 360 feedback and the development of the Improvement Plan;
3. All Governing Body members have completed a 360 review and completed a technical Governing Body training programme; and
4. The strength of Lay Member challenge on the CCG's financial position, which is informed and effective. We have not observed Governing Body or any of its sub-committees to verify or assess this.

Programme Management Office (PMO)

At the time of our March 2018 report, the Head of the PMO was vacant. A new Head of the PMO was appointed and began in post in June 2018.

In addition to the Head of PMO, the PMO's establishment includes three PMO analysts. Currently, the PMO comprises:

- Head of PMO;
- Two PMO analysts (though one analyst is currently working their notice); and
- One PMO support.

The PMO's capacity has fluctuated since the March 2018 report, but at no point has it been at its full establishment.

Several interviewees raised with us that the PMO focuses almost exclusively on managing and reporting on the pace of development and delivery of QIPP schemes to meet the CCG's financial plan. We would always expect the PMO to have a central focus on this.

If the capacity of the PMO is increased, there is scope for the PMO's focus to grow to other areas of the CCG's business, particularly on managing projects that deliver operational and quality benefits as well as financial benefits.

As an example, £12.9m of the CCG's 2018/19 QIPP programme is achieved through the Guaranteed Income Contracts (GICs) that are in place with three of the CCG's largest acute providers. While the GICs nearly eliminate the financial risk of this QIPP, they do not address underlying activity risk, which remains an operational risk for the CCG irrespective of the in-year financial impact.

We were told that the CCG's focus on achieving its financial plan risks reducing the focus on underlying acute activity at providers that have signed GICs. If the PMO had additional capacity, its focus on the schemes that manage this activity could increase.

We have discussed the GICs and the underlying activity risk later in the finance section of this report.

Improvement Plan

Full delivery of the Improvement Plan would address the issues raised in our March 2018 report, but this is a long-term programme.

PwC view

The CCG has made a good start on delivering the level of ambition set out within the Improvement Plan.

Delivery of the Improvement Plan is clearly driving large parts of the CCG's business and it is receiving appropriate focus and attention from the CCG's leadership.

This is reflected in the progress made to date against the recommendations included in our March 2018 report, which are included at Appendix One.

Improvement Plan

The CCG's Improvement Plan was approved by the Governing Body in May 2018. The plan was developed in response to:

- The March 2018 PwC Capability, Capacity and Independent Review of Financial Position; and
- Statutory recommendations issued by the CCG's external auditors, that the CCG should produce an Improvement Plan in response to the issues raised in the PwC March 2018 report, and that this Plan is ratified by NHS England.

The Improvement Plan that was developed sets out:

- How the CCG will deliver a 2018/19 year-end deficit control total of £(35.1)m, which has been agreed with NHS England, which includes delivery of the £35.1m QIPP programme;
- Clarified governance and accountability for the CCG, as well as specific governance and accountability for delivery of the Improvement Plan;
- Links to the development of supporting plans and programmes, including the Organisational Development strategy and Leadership Framework and a revised Communications and Engagement Strategy;
- A detailed and granular action plan that links to the recommendations set out in the March 2018 PwC report;
- An operational risk register setting out the highest-rated operational risks to delivery of the Improvement Plan; and
- Longer-term actions designed to develop the CCG's ability and approach to working with system partners, with a view to moving towards the future creation of an Integrated Care System.

A draft version of the Improvement Plan was reviewed by PwC on 30 May 2018 and feedback was provided that the draft Improvement Plan covered all of the recommendations raised in the March 2018 PwC report, and went beyond those recommendations in some cases, but the CCG must be mindful of slippage against proposed timescales for implementation.

Improvement Plan governance

The CCG has updated its governance structures to reflect the changing priorities set out within the Improvement Plan.

The Terms of Reference of Governing Body sub-committees have been updated and amended to reflect the CCG's changing focus on delivery of the Improvement Plan. The Clinical Executive Committee (CEC) is the Governing Body committee that provides assurance to the Governing Body on progress in delivering the Improvement Plan. Members of CEC completed a confirm and challenge session with PwC in June 2018 focusing on the extent to which delivery of the Improvement Plan would address the issues and risks identified within the PwC March 2018 report.

Named Governing Body GP members and Lay Members have been assigned ownership for different areas of the Improvement Plan, and are responsible for leading Governing Body challenge, oversight and scrutiny over those areas.

Progress made to date

The Month Six update on delivery of the Improvement Plan was presented at the public session of the

Improvement Plan

Reporting of progress made against the Improvement Plan aligns with the findings of our work.

PwC view

Based on our review, the CCG is making good progress against the priorities set out in the Improvement Plan. We have discussed later in this report our views on risks within the CCG's reported forecast outturn position.

Governing Body at its meeting on 6 November 2018. The financial performance included in the update aligns with financial performance included in the Finance Report and the QIPP report.

Delivery of the non-financial priorities within the Improvement Plan are summarised on one slide, with a traffic-light RAG-rating system. At Month Six, this showed a green rating for operational delivery, and amber for financial delivery. This aligns with the narrative in the report and the reported financial position. The report also includes further detail against the specific elements of the specific actions, which are also RAG-rated.

We have reviewed the reporting against these actions with the status that we have reported against the PwC recommendations in Appendix One. The status reported in consistent and we have not identified any significant areas where our view of progress made does not align with the CCG's reported position in the Month Six update.

STP and system working

The CCG's relationships with system partners are improving rapidly. The next step for the CCG will be identifying opportunities to leverage these relationships for the benefit of the system.

PwC view

The approach taken by the Chief Officer and the Chair is recognised as key to the recent strengthening of external relationships.

The CCG must rapidly work with system partners to identify schemes and initiatives that will deliver the benefits from the relationships.

For example, although the GICs have helped to change providers' approach to managing activity, this has yet to significantly reduce activity.

STP and System Working

In our interviews (with both internal and external stakeholders), senior relationships with the CCG's system partners were described as being good, and improving rapidly. The approach taken by the Chair and new Chief Officer to building and strengthening relationships has been key to this.

Each change in CCG executive leadership brings a different leadership style, and the high turnover in CCG leadership has inevitably impacted the CCG's relationship with external partners. However, the CCG's recent attempts to bring stability to its senior team is being recognised and deeper relationships are developing rapidly.

Relationships with the Local Authority are currently more challenging, particularly as the CCG and the Local Authority are negotiating over the split of responsibility for funding different elements of programme spend. We have discussed this further in the finance section of this report.

STP

The Chief Executive of CUH was appointed the STP lead in July 2018, replacing the CCG's former Chief Officer.

The size of the challenge facing the STP is significant, and we were told of a recognition across the system that the performance of individual organisations within the system is becoming less relevant within the context of whole system financial performance.

We were told that the move to Guaranteed Income Contracts (GICs) with three of the largest acute providers has been key in focusing the attention of providers on the imperative to manage activity across the system.

As with the overall theme of our discussions around the STP, the progress made in developing and signing GICs is evidence of improving system relationships, and a recognition that system-risks must be managed as a system rather than by individual organisations. However, there is not yet evidence to show that the GICs have driven a reduction in activity. The CCG recognises this, and leveraging the system opportunities that are within GICs is a key priority.

Each STP partner has contributed to a £10.0m investment fund. We were told that the impact of the investments made by this fund have not yet been significant, but discussions around how to invest the fund for the benefit of the system has helped develop and strengthen relationships.

Systems Delivery Unit

The Systems Delivery Unit (SDU) provides analysis, project management, quality improvement and problem solving capacity for the system.

Our March 2018 report raised concerns around the clarity of the SDU's role and the system's expectations of what the SDU would deliver.

In our interviews, we were not told of any significant change to the structure, function or leadership of the SDU and it was clear that uncertainty around the role of the SDU remains.

STP and system working

The SDU continues to report to the STP Lead, and there are no proposals to change this arrangement in the near term.

PwC view

The CCG has a significant and challenging agenda delivering the Improvement Plan and achieving financial sustainability.

In this context, the CCG would be advised to avoid taking on additional complexity through managing the SDU.

The SDU reports to the Chief Executive of CUH in his role as STP Lead. Changing the reporting lines and accountability of the SDU would risk creating additional uncertainty, and we were told that there would not be a consensus among the system partners as to whether the CCG has the capability to host the SDU, and so negotiations around moving the SDU could potentially negate some of the recent improvements in system relationships.

The size and scale of the CCG's Improvement Plan and the complexity that is inherent in delivering the plan is significant. Our view is that adding additional complexity by bringing the SDU within the remit of the CCG would dilute management focus on the Improvement Plan disproportionately given the potential scale of benefit.

We recommend that the role, accountability and outputs of the SDU remain a topic of discussion at system level, but that the CCG does not push for a significant change in the SDU's position within the STP in the short-term.

Financial plan

The CCG is forecasting to deliver its plan of a £(35.1)m deficit in 2018/19.

PwC view

Achieving the forecast £(35.1)m plan deficit position will be challenging.

Based on our review, there is risk that the CCG will not deliver its control total. The potential for S.117 placements to exceed forecast in M8-M12 and the lack of contingency and Balance Sheet flexibilities to absorb additional cost pressures are key areas of risk. The CCG needs to continue to closely monitor and scrutinise the level of risk within QIPP delivery.

The winter period will present significant further risk to the CCG. Although much of this risk is limited by the GICs, the CCG must continue to closely monitor the impact of winter on its acute contracts.

Our approach to reviewing the CCG's forecast outturn position

In accordance with our scope we have completed a limited and high-level desktop review of the CCG's Forecast Outturn position. We have reviewed the M7 Finance Report, discussed the position with the finance team, and assessed the reporting in light of our interviews and document review.

The finance report is clearly presented and the summary of risks and mitigations clearly details the areas of material risk to the CCG's outturn position. We have not found any examples where the CCG is presenting a position that does not reflect material areas of risk.

On the following pages we have set out a potential view of the risk-adjusted position, and our comments against the tables of risks and mitigations that the CCG has included in the finance report.

We have included our analysis of each area of the CCG's finance position at Appendix Three. Note that this has been completed based on interviews and document review. In line with the scope of this follow-up review, only limited financial investigation and analysis has been completed. As such, our views are based solely on the information provided to us and discussed in interviews. Significant additional work would be required for us to come to a definitive view on the CCG's likely outturn position.

Financial Plan

The table below shows the CCG's Month 7 Year to Date (YTD) and Forecast Outturn (FOT) positions:

The CCG is forecasting to recover a YTD adverse variance from plan of £(0.6)m (0.08%) to deliver a year-end deficit of £(35.1)m, in line with plan.

£'000	M1 - M7 Actuals			M8 - M12 FOT			Total FY18/19		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance
Revenue resource limit	692,606	692,606	0	495,548	495,548	0	1,188,154	1,188,154	0
Acute	352,360	356,229	(3,869)	251,586	251,615	(29)	603,946	607,844	(3,898)
Community	60,688	61,300	(612)	43,348	43,797	(449)	104,036	105,097	(1,061)
CHC	39,541	40,378	(837)	28,243	27,890	353	67,784	68,268	(484)
Mental Health	68,494	71,116	(2,622)	48,924	50,701	(1,777)	117,418	121,817	(4,399)
Primary Care	155,155	153,184	1,971	113,281	114,486	(1,205)	268,436	267,670	766
Central Budgets and Reserves	24,793	19,967	4,826	16,182	12,637	3,545	40,975	32,604	8,371
Runnings Costs	12,032	11,486	546	8,596	8,436	160	20,628	19,922	706
Total expenditure	713,063	713,660	(597)	510,160	509,562	597	1,223,223	1,223,223	0
Unmitigated surplus/(deficit)	**(20,457)**	**(21,054)**	**597**	**(14,612)**	**(14,014)**	**(597)**	**(35,069)**	**(35,069)**	**0**

Financial plan

Our potential risk-adjusted view of the CCG's outturn is a deficit of £(36.0)m, driven largely by reflecting the CCG's risks into the position, and a reduction in QIPP delivery compared to the CCG's forecast.

PwC view

Our view of the CCG's QIPP delivery is based on a high-level review of documentation and discussion with key members of the CCG's management.

This suggests that the CCG may deliver a deficit of £(36.0)m, £(0.9)m adverse to its current forecast position. The CCG must continue to focus on 2018/19 QIPP delivery to achieve its control total of £(35.1)m.

Risk to delivery of the plan

In its M7 finance report, the CCG included a schedule of risks and mitigations that could be applied to the forecast outturn.

The schedule is clearly documented and shows a £nil net risk position. Of the £(16.8)m articulated risk, £(11.3)m is included within the forecast position, and the £(5.5)m residual risk is balanced by £5.5m mitigations.

This schedule is designed to be fluid, with risks moving to the Forecast Outturn position when the CCG's view of the likelihood of the risks crystallising increases.

We have reviewed the risks and mitigations schedules on the following two pages. The CCG has told us that a number of the risks and mitigations will move into the M8 Forecast Outturn position and we have reflected that on the following page.

The CCG has not included a specific risk on QIPP non-delivery, which would be additional to the risks presented in the M7 schedule.

Potential risk-adjusted view of the outturn

The table on the right shows our consolidated view of the risk-adjusted outturn, which is that the CCG could deliver a deficit of £(36.0)m. This includes:

- The areas of risk that the CCG has told us will move into the M8 forecast outturn position. These are the DToC risk share, and the Discharge to Assess cost pressures;
- An assumption that non-elective activity at NWAFT breaches the threshold within the non-elective risk share arrangement and that the run-rate of activity at QEH King's Lynn in the YTD will continue to year-end. We have included these pressures given that the Trusts are about to begin the winter period, and QEH King's Lynn is under significant financial pressure and regulatory scrutiny, which is likely to reduce opportunities for negotiation;
- The CCG's remaining risks, other than s117 risk, which is not considered likely to materialise.
- An additional QIPP risk adjustment that we have calculated by applying the same sensitised rates of QIPP delivery to the CCG's RAG-rated QIPP delivery position as we did in the March 2018 report; and
- The CCG's remaining mitigations, excluding the £0.5m that the CCG has included for contract management relating to the agreement of a year-end position with QEH King's Lynn.

£'000	Surplus/ (deficit)	Discussed on page
M7 2018/19 FOT	(35,069)	
Additional PwC risk:		
Discharge to Assess	(500)	39
CHC risk	(715)	44
DToC risk share	(555)	37
NWAFT NEL risk share	(700)	38
LD spend risk	(772)	41
Primary care contract risk	(600)	45
Community diagnostic activity	(196)	43
QEH King's Lynn	(305)	38
QIPP adjustment	(1,606)	34
Sub-total: additional PwC risk:	**(5,949)**	
Additional PwC mitigation:		
Negotiations with the Local Authority	1,925	22
Balance sheet flexibilities and reserve releases	3,081	22
Sub-total: additional PwC mitigation:	**5,006**	
PwC risk-adjusted FOT	**(36,012)**	

Risks

The CCG's table of risks presented in the M7 finance report includes a number of risks that will be included in the M8 FOT position.

PwC view

There are £(1.1)m known cost pressures that the CCG expects to move into the FOT position in M8.

Our view is that there is likely to be additional activity risk at QEH King's Lynn and risk of QIPP non-delivery that is not shown in this table of risks. We have discussed these risks later in the report.

Risk	Risks								
	Total risk	Risk assessment %	Assessed risk	Risk reflected in the forecast position	Residual risk	Commentary	Risk that the CCG will recognise in its M8 FOT position	Residual risk	Risk included in the PwC risk-adjusted position
Discharge to Assess - demand for service exceeding budget	(4,000)	58%	(2,322)	(2,322)	0	We have discussed the D2A scheme in the section on acute performance in Appendix Three. The CCG has recognised £(2.3)m in its forecast, which assumed that the Local Authority will pay for the social care elements of this activity from 16 November. The CCG has told us that the continued high levels of activity of this scheme will drive an additional £(0.5)m cost pressure to be included in the M8 FOT position. The outcome of negotiations that are ongoing with the Local Authority are reflected in the mitigations table.	(500)	0	(500)
MH section 117 overspend	(7,000)	74%	(5,200)	(3,438)	(1,762)	The £(1.7)m risk reflected the CCG's view of likely additional activity to be invoiced from the Local Authority. Since the M7 figures, the CCG has received more complete information from the Local Authority that supports the value already included in the FOT position.	0	0	0
CHC placement costs	(6,000)	29%	(1,754)	(1,159)	(595)	The risk relating to CHC placement costs reflect the CCG's view of the outcome of its negotiations with the Local Authority on CHC funding following the implementation of the 4Qs pathway.	0	(595)	(595)
CHC running costs overspend	(1,294)	81%	(1,044)	(924)	(120)	The CHC running costs risk relates to activity risk, predominantly additional cost for agency staff.	0	(120)	(120)
Acute performance outside of Guaranteed Income Contracts	(4,500)	78%	(3,500)	(2,039)	(1,461)	This reflects the DToC risk share and High Cost Drugs spend with CUH, the Non-Elective activity risk share with NWAFT and various small PbR activity risks. We have discussed each of these in the acute performance section earlier. The CCG expects to include additional £(555)k DToC risk with CUH in its M8 position, but not the £(0.7)m non-elective risk with NWAFT.	(555)	(906)	(1,255)
Learning Disabilities spend higher than budget	(1,707)	91%	(1,558)	(786)	(772)	The Local Authority has reported an increase in activity that the CCG are investigating. We have discussed this further in the Mental Health section of this report. The CCG will not recognise this additional pressure until the activity increase in investigated.	0	(772)	(772)
Primary care increase contract costs	(1,000)	60%	(600)	0	(600)	This risk relates to an additional pressure against the improving access budget, which has been underspent in YTD. The CCG does not expect to incur additional costs to make up for the slippage in YTD.	0	(600)	(600)
Growth in community activity based contracts	(1,000)	80%	(800)	(604)	(196)	The risk relates to further increases in community diagnostic activity.	0	(196)	(196)
Total current risk assessments	**(26,501)**		**(16,778)**	**(11,272)**	**(5,506)**		**(1,055)**	**(3,189)**	**(4,038)**
Additional PwC risk 1:						Non-elective activity at QEH King's Lynn			(305)
Additional PwC risk 2:						QIPP non-achievement			(1,606)
Total risk included in PwC view:									**(5,949)**

Mitigations

The CCG's mitigations table includes contingency that has been fully utilised in M1-M7.

PwC view

The CHC backlog provision should be fully released in-year if the CHC achieves its backlog clearance trajectory agreed with NHS England.

The CCG believes that it will receive an additional £1.9m funding for services that should have been funded by the Local Authority, but this will only be released into the FOT position after negotiations are concluded.

Risk	Mitigations								
	Total mitigations	Risk assessment %	Assessed mitigation	Mitigation reflected in the forecast position	Residual mitigation	Commentary	Additional mitigation to be recognised in the M8 FOT	Residual mitigation	Mitigation included in the PwC risk-adjusted position
Contingency 0.5%	3,011	100%	3,011	3,011	0	All of the CCG's contingency has been applied in year. The CCG is continuing to search for additional contingency.	0	0	0
Balance sheet flexibilities	7,252	76%	5,479	3,012	2,467	The £2.5m residual mitigation relates to the release of the CHC provision. The CCG is on track to clear its CHC backlog by year-end, and so the full provision could be released in year, depending on the CCG reducing its backlog in line with trajectory and the level of costs incurred. At M8, the CCG is forecasting to release £4.5m of the mitigation, leaving a residual mitigation of £0.9m. Given the CCG is on track to clear its CHC backlog by 31 March 2019, we have assumed that all of this mitigation is included in the PwC risk-adjusted position.	1,488	979	2,467
Other reserves including investment plans	6,625	70%	4,618	4,004	614	The £0.6m additional mitigation relates to three potential upsides: 1) £0.2m is potential for an underspend relating to void costs with NHS PropCo. 2) £0.2m is a potential underspend in a Better Care Fund Performance Fund. 3) £0.2m is a general underspend reserve which has grown across the year. We have assumed that all of these in-year underspends will be able to be released in to the risk-adjusted year-end position.	0	614	614
Agree funding for pathways with LA	6,892	37%	2,520	595	1,925	This £1.9m mitigation is the CCG's estimate of the outcome of its negotiations with the Local Authority relating to the funding of four programme areas (CHC 4Qs pathway, Discharge to Assess, s117 placements and the Learning Disabilities pool).	0	1,925	1,925
Other budget underspends	2,282	28%	650	650	0	The £650k that is reflected in the FOT reflects the run-rate of a number of YTD budget underspends.	0	0	0
Contract management	1,250	40%	500	0	500	This mitigation reflects the potential for the CCG to negotiate a year-end position with QEH King's Lynn NHS FT.	0	500	0
Total current risk assessments	**27,312**		**16,778**	**11,272**	**5,506**		**1,488**	**4,018**	**5,006**

QIPP

The CCG is reporting that there is only £(0.5)m risk to delivery of its £35.1m QIPP programme in the forecast outturn.

PwC view

The progress of the QIPP programme through the gateway process does not reflect the actual stage of delivery of QIPP.

The CCG should review the status of schemes that are in early gateways but are believed to be delivering savings. Schemes should not be implemented without QIA sign-off.

QIPP

The CCG's QIPP plan is to deliver £35.1m in 2018/19. At M7, the CCG was reporting that it will deliver £35.4m, £0.3m greater than plan:

Workstream	Forecast delivery
Acute (GIC)	**12,900**
CHC	**7,500**
Contract Adjustments (CSI)	**4,737**
Mental Health	**300**
Prescribing	**5,782**
Primary Care	**2,000**
Corporate Affairs	**514**
Acute (PbR)	**1,687**
CSI	**-**
Total	**35,420**
Plan	35,100
Variance	**320**

The CCG has risk-assessed its forecast £35.4m to £34.9m, reflecting the forecast achievement of each scheme, as a percentage of total planned benefit.

Workstream	Risk Assessed Value			
	Red	Amber	Green	Total
Acute (GIC)	-	-	12,900	**12,900**
CHC	-	1,120	5,900	**7,020**
Contract Adjustments (CSI)	-	-	4,737	**4,737**
Mental Health	-	-	300	**300**
Prescribing	-	-	5,782	**5,782**
Primary Care	-	-	2,000	**2,000**
Corporate Affairs	-	-	514	**514**
Acute (PbR)	-	-	1,687	**1,687**
CSI	-	-	-	**-**
Totals	**-**	**1,120**	**33,820**	**34,940**

Gateway reporting

The M7 QIPP report also includes a schedule showing the status of the QIPP programme against the five delivery gateways. This shows:

	Number of schemes	Value of schemes
Gateway 1: Design	24	7,871
Gateway 2: Develop	24	10,529
Gateway 3: Deploy	4	2,332
Gateway 4: Deliver	8	14,409
Gateway 5: Closure	0	0
Total	**60**	**35,141**

The table above totals the £35.1m included within the QIPP plan, not the £35.4m forecast to be delivered.

The report shows that £7.9m remains in the first Design gateway. Given there remains only five months until year-end, we would expect to see QIPP schemes that remain in the Design stage at this time in the year to be presented as being at higher risk of non-delivery.

We were told that schemes that are presented as being in the earlier gateways are currently being delivered. However, they continue to be presented in the early Gateways because the project management documentation has not been approved and signed-off through the appropriate governance forums.

Later in the report, thirteen schemes are shown in an Impact Assessment Matrix. Of these, twelve are presented as having had QIAs submitted, but only two are shown as having QIAs approved.

This issue is raised in the *Overview* at the beginning of the report, which states that the PMO will be reviewing whether the Gateway stage is an accurate reflection of scheme status. The PMO is also working with teams to

QIPP

The CCG has developed its QIPP reporting capability during the year. The CCG is reporting that there is £(0.5)m risk to delivery of the £35.1m QIPP plan.

PwC view

There may be additional risk to QIPP delivery, based on scheme progress through the gateway process.

The CCG must ensure that QIPP reporting reflects the actual progress of QIPP schemes through the Gateway process.

ensure that project documentation is passed through the gateway process as quickly as possible.

In the PwC view of net risks on page 15, we have assessed QIPP risk to be higher than the CCG's view of £(0.5)m. We have assumed that 100% of QIPP delivered through the GICs will be achieved. We have then applied 95% to the achievement of green-rated QIPP (based on conversations with management), and 50% achievement to amber-rated QIPP (aligned with the % used in our March 2018 report).

RAG-rating	Risk Assessed Value			
	Forecast value	PwC risk-assessment %	Risk-assessed value	Adjustment
GICs	12,900	100%	12,900	0
Green	20,920	95%	19,874	(1,046)
Amber	1,120	50%	560	(560)
Red	-	20%	-	-
Total	**22,040**		**20,434**	**(1,606)**

Developing QIPP reporting

The PMO has been developing QIPP reporting, using Microsoft Project and Power BI. This will provide the PMO with more accurate and timely information on the progress of QIPP development and delivery, allowing for stronger challenge and accountability for QIPP delivery.

Alongside embedding the use of new systems, there are opportunities to strengthen the consistency of the messaging and narrative within the QIPP report. For example:

- The dashboard at the beginning of the report shows that there are six *Community/CSI* schemes, with a planned delivery of £763k QIPP that are now forecasting not to deliver any savings in year.
    - Later in the report, the *Community Services & Integration* workstream summary section refers to four active QIPP schemes (£720k) and one scheme within the pipeline. The numbers do not reconcile and the summary does not reference that these are now not forecast to deliver any savings at all.

We recommend that QIPP reporting is clarified so that:

- The extent of schemes that are being delivered without having been signed-off is clearly articulated.
- Additional narrative is provided relating to schemes that remain in Gateways 1, 2 and 3. This should support the risk-rating that has been applied to those schemes.
- The Gateway stage should reconcile to the total forecast QIPP delivery, not the QIPP annual plan delivery.

Risk within the QIPP plan

The Guaranteed Income Contracts (GICs) total £12.9m QIPP schemes that are recognised as being fully delivered. Given these contract have been signed, the risk to delivery of these schemes is close to £nil.

2019/20 QIPP planning timetable

The CCG's timetable to plan and develop 2019/20 schemes began in September 2018, which is much earlier than was the case in 2018/19. The CCG's process for developing its 2019/20 QIPP plan is:

- **October 2018:**
    - Directorates to develop work programme schemes.
    - Directorate draft plans presented at Finance Deep Dive meetings.

QIPP

Planning for the development of the 2019/20 QIPP programme began at a much earlier stage than planning for the 2018/19 QIPP programme.

PwC view

Although the CCG's financial plan has not yet been developed, it is clear that the CCG will have to deliver a challenging QIPP target. It is currently unclear if the CCG will agree GICs with providers for 2019/20, which may place significant further pressure to develop additional QIPP.

It is positive that the CCG has implemented a longer timetable for developing future QIPP schemes. There are opportunities to start this process earlier in the following year.

- **November 2018:**
  - Directorates review benchmarking, Rightcare and Menu of Opportunities.
  - Work programme cases for change (initial draft) to be completed.
- **December 2018:**
  - Directorates develop full work programme.
  - Work programme cases for change to be fully costed and presented at Finance Deep Dive meetings.
  - Cases for change to be shared with FPPG.
- **January to March 2019:**
  - Final sign-off of work programmes at Clinical Executive Committee and the Governing Body.

2019/20 QIPP planning principles

When 2019/20 planning guidance is issued, the CCG will develop its detailed financial plan, which will determine the 2019/20 QIPP target.

We were told that the CCG will be updating its approach to QIPP planning next year:

- The CCG will develop fewer schemes of larger value. We understand that the principle being applied at the moment is for all QIPP schemes to have planned delivery of a minimum of £250k.
- There will be a greater focus on benchmarking and a clear evidence base for delivery. Key sources will be Right Care and Model Hospital benchmaking data, external support received on S.117 placements, and there will be greater on the potential to deliver QIPP schemes that leverage system relationships and the STP.
- Guaranteed Income Contracts that are in place with several providers end on 31 March 2018. The CCG intends to negotiate with providers to sign 2019/20 GICs and the expectation is that these contracts will form a significant element of the 2019/20 QIPP programme, as in 2018/19.

Appendices

Appendix one: Recommendations table (1 of 8)

Reference in original report	Area	Original recommendation	Original Priority	Current status
1	Leadership and the Executive Team	A. The Governing Body must take responsibility for the leadership and governance issues identified and urgently put in place plans to address them. These plans should include, but not be limited to, the actions set out below. B. A clearly articulated leadership strategy and structure for the CCG is needed.	High	The Governing Body has signed-off the Improvement Plan, which is designed to address all of the recommendations included in the report. Progress against the Improvement Plan is reported to each Governing Body meeting. The CCG has developed a new Organisational Development strategy. This includes an action plan for Governing Body and leadership development.
2	Leadership and the Executive Team	The Executive team must be stabilised urgently, with experienced permanent appointments made wherever possible, or long term fixed appointments where substantive appointments cannot be made in the short term. *In our draft report, we set out that this should be completed by 31 March 2018. We note that this has not been achieved due to a delay in confirming the AO's role.	High	With the exception of the Director of Quality, Patient Safety and Experience, all executive positions are filled on a substantive basis. All executive directors have significant experience at NHS commissioners, and are committed to the long-term success of the CCG.

Appendix one: Recommendations table (2 of 8)

Reference in original report	Area	Original recommendation	Original Priority	Current status
3	Leadership and the Executive Team	The Executive team needs additional capability and capacity in order to address the challenges the CCG is facing: A. The CCG AO should consider whether she has capacity in the short term to continue to be the STP lead. B. A Chief Operating Officer is needed to take overall responsibility for the delivery of commissioning activities and to eliminate the current silo working. C. A Financial Recovery / Improvement Director is required to focus on the development and delivery of a multi-year financial recovery plan to return the CCG to normal business rules. The Financial Recovery / Improvement Director should be supported by appropriate delivery resource, experienced in financial recovery and improvement. D. Clinical leadership is needed within the Executive team: This should come from the appointment of a substantive Director of Nursing and the creation of a Clinical Director role. E. OD experience is needed within the Executive team, at least in the short-medium term, to develop and deliver an OD plan to enable financial recovery.	High	The STP Lead role has moved to the CUH Chief Executive. The CCG's Chief Officer (who was not the AO at the time of our previous review) no longer holds this role. An experienced CCG COO has been appointed on a substantive basis. The CCG has not appointed an external Financial Recovery/Improvement Director, and this now falls under the remit of the CFO. The CCG was provided with external support in from March to July 2018 under the NHS England National QIPP 4 programme. This support was designed to provide support to the development of the CCG's Improvement Plan, and as part of this support, Director time was focussed on the CCG's financial recovery. The CCG has appointed a substantive Medical Director and has appointed a Director of Quality, Patient Safety and Experience on secondment for six months. The CCG will aim to recruit to this position substantially in due course. OD experience is provided by the Associate Director of Corporate Affairs OD and HR).

Appendix one: Recommendations table (3 of 8)

Reference in original report	Area	Original recommendation	Original Priority	Current status
6	Leadership and the Executive Team	A. The CCG should review the effectiveness of the Governing Body and its processes for seeking and receiving assurance over the robustness of plans and ongoing monitoring of implementation. B. The effectiveness of Lay Members and Clinical Leaders should be considered on the Governing Body and its sub-committees, including clinical leadership at Clinical Executive Committee. C. Action should be taken to strengthen the financial capability of Governing Body members through additional training and the recruitment of Lay Members with NHS finance experience.	High	A 360 degree Governing Body review is currently being delivered, and will support the development and delivery of the Governing Body aspects of the OD programme. Two new Lay Members have been appointed to complement the existing skill mix. The skills of clinical leadership have been reviewed, with additional training provided, for example relating to effective scrutiny of the CCG's financial position. The Improvement Plan includes review of the CCG's governance structures. New Lay Member appointments have focused specifically on financial capability.
14	Leadership and the Executive Team	The CCG should ensure that a dashboard driven system to compare GP practices is in place and is regularly discussed and monitored with GPs and practice managers. Introduction of this approach should be supported by OD focussed on GPs in delivery of the CCG's recovery. Each GP federation should have a nominated improvement lead.	High	GP performance dashboards are produced, and have driven increased engagement with prescribing initiatives.

Appendix one: Recommendations table (4 of 8)

Reference in original report	Area	Original recommendation	Original Priority	Current status
4	Improvement Plan	A. A clearly defined Improvement Plan should be urgently developed to allow the CCG to map out how it will improve and by when; B. Set out a clearly defined multi-year Financial Recovery Plan, showing when the CCG will recover and return to NHS England business rules.	High	Improvement Plan has been produced, with clear trajectories for delivery and oversight by the Governing Body. Financial Recovery Plan has been agreed with NHS England.
5	Improvement Plan	A. A medium term organisational recovery plan should be developed, incorporating the detailed FRP, setting out the organisational development required to achieve financial recovery, including governance, leadership, structural change, culture and behaviours, training, communication and engagement. B. This should also include the consolidation of the CCG staff onto a smaller number of sites to enable the necessary increase in grip across all teams.	High	The Improvement Plan is supported by an OD plan, and an underlying FRP. The CCG is actively looking to consolidate to a small number of sites, but this will take time due to current lease arrangements.
7	STP and System Working	The recovery of the CCG is necessary in order for the Cambridgeshire and Peterborough system as a whole to progress its integration agenda: In the short term the support of the system is required in order to prioritise the urgent need to stabilise the CCG, without which the system as a whole will be adversely affected.	High	The CCG is an active part of the STP, and system relationships are improving. The Guaranteed Income Contracts (GICs) with three acute providers is evidence of this.

Appendix one: Recommendations table (5 of 8)

Reference in original report	Area	Original recommendation	Original Priority	Current status
8	STP and System Working	A. The role and remit and leadership arrangements for the SDU should be clarified: Clear objectives, outcomes and accountabilities should be defined. B. Taking into account the level of resources available within the SDU, system stakeholders should ensure that the SDU role is defined to have maximum impact on recovering the overall financial position of the health system. C. The current overlap / duplication between SDU and CCG activities must cease.	High	The role and accountabilities of the SDU continue to be discussed in system forums, but there is not currently a shared appetite across the system for a wholescale reconfiguration of the SDU.
9	Financial Plan	A. The CCG should deliver its plan to process the backlog of CHC claims in a rapid but robust way to minimise appeals. B. The CCG should re-run its model with updated assumptions prior to submission of the final plan in April 2018 to ensure the estimate included for FY18/19 reflects the most up to date information. C. There should be an investigation into the circumstances surrounding the current CHC situation to identify the lessons learned.	High	The CCG has agreed its CHC backlog trajectory with NHS England, which has now been pushed out to March 2019. CHC has been modelled into the 2018/19 financial plan, and is reviewed and scrutinised at Governing Body committees on a monthly basis. Deloitte completed a short review into the CCG's CHC position in August 2018, which concluded: *'The current plan is fit for the team as it transitions and transforms and will progress the CCG to stabilise and mature in its CHC operations. However, the focus required to achieve a resilient, sustainable service has largely not been addressed.'*

Appendix one: Recommendations table (6 of 8)

Reference in original report	Area	Original recommendation	Original Priority	Current status
10	Financial Plan	Robust contract management must be reinstated for FY18/19 to ensure that emerging risks to the financial position are contained and mitigated throughout the year. This should include: A. Clear ownership of each contract; B. Clear timetabling of the contract management and challenge process.	High	The CCG is continuing to develop its contracting function. The GICs impact the CCG's focus on managing activity through contractual levers.
11	Financial Plan	A. The FY18/19 QIPP plan development process should be further accelerated to fill the gap with fully worked up schemes. B. Further focussed development meetings should be held to shore up the QIPP list with PIDs completed by end of March 2018. C. The timetable for this should be factored into the overall CCG improvement plan. D. Test the cost pressures, line by line, with a turnaround mindset. E. Set out lead indicators on QIPP delivery – With milestones reported regularly. F. Increase the frequency of the finance sub-committee, to scrutinise the recovery. G. Instigate a joint NHSI / NHSE steering committee, which has sight of monthly financial reports. H. Assess any additional funding options. I. Re-run unpalatable options generation and assessment process. J. Consider the need to re-run the CEP / Challenged Health Economy process.	High	The 2018/19 financial plan was developed and agreed with NHS England, with a £(35.1)m deficit control total, with £35.1m QIPP delivery. The CCG is forecasting to achieve this control total.

Appendix one: Recommendations table (7 of 8)

Reference in original report	Area	Original recommendation	Original Priority	Current status
12	Financial Plan	A. The CCG should redefine the PMO's purpose, focussing it on the FY18/19 QIPP programme, and identify an Executive with responsibility for the PMO. B. A CCG Head of PMO should be appointed to provide day to day leadership. C. The PMO team should be appropriately retrained where necessary.	High	The PMO's focus has exclusively been on QIPP development and delivery during 2018/19. The PMO reports to the CFO. Head of PMO was appointed in June 2018. Capacity and capability within the PMO has been reviewed, and new appointments and new training has been provided.
13	Financial Plan	The CCG should implement Director led weekly financial recovery meetings, with PMO support. Detailed discussions of QIPP progress and implementation should be discussed at these meetings and action taken to address any emerging risks and issues.	High	The CCG has implemented stronger financial recovery and QIPP progress meetings. QIPP workstream challenge meetings happen fortnightly, with financial deep dive meetings taking place monthly to report to Governing Body committees.
15	Financial Plan	The CCG should drill further into the benchmarking findings to assist with the pathway redesign process and to aid FY19/20 QIPP plan development.	High	The CCG is using RightCare, Model Hospital and Menu of Opportunities data to aid FY2019/20 QIPP development.

Appendix one: Recommendations table (8 of 8)

Reference in original report	Area	Original recommendation	Original Priority	Current status
16	Financial Plan	A. The planning cycle for the next financial year should be brought forward. B. The CCG should look to hold a FY19/20 kick off meeting in summer/early autumn 2018 to identify a long list of QIPP ideas. C. Further meetings should be held to identify a confirmed short list and PIDs drafted by November 2018. D. The timetable for this should be factored into the overall CCG improvement plan.	High	The planning cycle for QIPP development began in September 2018, earlier than the 2018/19 planning cycle. The QIPP workplan is included as part of the overall Improvement Plan.
17	Financial Plan	A. The reserves and upside areas identified in this review should be regularly reviewed and released where appropriate and possible.	High	Balance Sheet reserves and contingency are regularly reviewed, and have been released into the YTD position in 2018/19 where possible.
18	Financial Plan	A. The CCG should review the finance, contracts and BI teams to ensure that accountability is clearly defined and that the structure and roles within these functions is appropriate, taking into account the role of the SDU and the resources within it. B. Duplication of effort between the SDU and CCG functions should be avoided. C. Vacancies within the finance function should be recruited to in order to increase capacity to support the financial information needs of the CCG.	High	The CFO began in post in September 2018, and has begun to review these functions, and will continue to do so over the course of 2018/19. The role of the SDU will continue to be discussed at a system level.

Appendix two: Staff survey results

The table shows the results of the staff survey completed in September 2018. The survey was a Touchstone survey to test the key indicators that dropped significantly in the May 2018 survey.

Question	May 2018 response	September 2018 response
I speak highly of the leadership of the CCG to people I know.	44% agree	61% agree
The CCG has a strategic plan that will effectively deliver its vision.	43% agree	67% agree
I feel able to tell people I know about the role and direction of the CCG.	44% agree	60% agree
Leaders' behaviour in general supports the delivery of the CCG's goals.	69% agree	71% agree
I would recommend working for the CCG to me friends and colleagues.	56% agree	62% agree
Does the CCG act fairly with regard to career progression?	80% yes 20% no	75% yes 25% no
Over the last 12 months, have you experience bullying or abuse from your colleagues or other staff?	New question not included in the May 2018 staff survey	14% yes 86% no

Appendix three: Financial review by programme area

On the following pages, we have reviewed the CCG's M7 finance report by programme area. This is based on our desktop review and interviews.

Acute performance

The Guaranteed Income Contracts largely limit the CCG's risk from acute expenditure in 2018/19.

PwC view

Although the GICs help to manage the CCG's position, the CCG must continue to scrutinise acute activity to plan effectively for 2019/20 and beyond.

Areas of outstanding risk with CUH relate to the DToC risk share and High Cost Drugs spend, both of which will be reflected in the CCG's M8 FOT position.

Activity over winter will be a significant risk to the CCG. Although the impact of this is partially mitigated by the GICs, the CCG must continue to closely monitor and scrutinise acute contractual performance.

Acute performance

Guaranteed Income Contracts

The CCG has Guaranteed Income Contracts with three acute providers (CUH, NWAFT and Papworth), which removes the CCG's exposure to most activity-driven cost pressures with these three trusts in 2018/19.

The financial benefit of the GICs was calculated at £12.9m, which has been recognised as fully-delivered QIPP.

Cambridge University Hospitals NHS Foundation Trust

Year to Date

Year to date expenditure with CUH is above plan by £(862)k at M7, despite the GIC with CUH limiting the vast majority of activity-related risk at the Trust.

The overspend is driven by:

1) DToC risk share

The impact on the CCG of the Delayed Transfers of Care (DToC) risk-share arrangement, through which the CCG has incurred £(444)k additional expenditure than planned.

The DToC risk share agreed with CUH limits the impact the year to date, DToC rates have consistently been above 7.5%, meaning that the DToC risk share has not limited the CCG's exposure, leading to an additional cost pressure.

In the forecast outturn, DToC rates are assumed to return to the planned trajectory. The financial impact if this is not achieved has been calculated at £(111)k per month (a total of £(555)k between M8-M12). This is recognised in the CCG's table of financial risks and mitigations.

The CCG has told us that there is low likelihood that the DToC trajectory will be achieved, and so the £(555)k risk will move into the forecast position in M8. The CCG will recognise this pressure in the M8 FOT.

2) High Cost Drugs spend

Expenditure incurred on High Cost Drugs is outside of the Guaranteed Income Contract, and is the driver of the remaining £(418)k of the Year to Date variance to plan at CUH.

The CCG recognises that there are opportunities to work more closely with CUH to better manage this area of expenditure, and this will be one area of focus in the development of the 2019/20 QIPP plan.

£'000	M1 - M7 Actuals			M8 - M12 FOT			Total FY18/19		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance
CUH	134,594	135,456	(862)	96,139	95,836	303	230,733	231,292	(559)
NWAFT	143,313	143,313	0	102,367	102,000	367	245,680	245,313	367
King's Lynn and Wisbech	15,981	16,159	(178)	11,416	11,238	178	27,397	27,397	0
Papworth	7,642	7,642	0	5,458	5,358	100	13,100	13,000	100
Other acute contracts	34,915	34,886	29	24,916	25,286	(370)	59,831	60,172	(341)
Other acute	15,915	18,774	(2,859)	11,290	11,896	(606)	27,205	30,670	(3,465)
Total acute commissioning	**352,360**	**(356,229)**	**(3,869)**	**251,586**	**251,614**	**(28)**	**603,946**	**607,844**	**(3,898)**

Acute performance

The CCG's FOT position is improved by a national price reduction in Adalimumab. The CCG has a PbR contract with QEH King's Lynn.

PwC view

The CCG is largely protected from activity risk at NWAFT through its GIC. However, the breach of activity levels included in the non-elective risk share evidences the activity risk that exist within the system, irrespective of where the cost eventually sits.

The financial and quality regulatory concerns at QEH presents risk to the CCG's plan to agree a year-end position with QEH.

Forecast outturn

In the M7 finance report, the CCG is forecasting that its expenditure with CUH will be £(303)k less than plan during M8-M12.

This improvement is driven by the cost reduction in Adalimumab. The reduced price was implemented from mid-November, so the impact of this is not recognised in the year to date figures. This is a price reduction agreed nationally with the manufacturer, so the CCG is forecasting to see the impact of this in its expenditure with all acute providers in the final five months of the year.

The benefit from the Adalimumab price reduction nets-off against the forecast run-rate on other HCD expenditure, which is forecast to continue at the same rate above plan as during M1-M7.

North West Anglia NHS Foundation Trust (NWAFT)

Year to Date

NWAFT year to date expenditure is in line with plan and as expected given the Guaranteed Income Contract.

The CCG has a non-elective risk share arrangement in place with NWAFT. This sets out that, if non-elective activity is 2% or more above plan, the CCG will be required to fund up to £1.0m of the cost of this activity.

The latest activity data indicates that this threshold has been breached. However, the quality of this activity data is still being reviewed. The CCG has chosen not to reflect this in its M7 position while the data has not been fully verified.

Forecast outturn

The £367k favourable variance to plan in M8-M12 is driven by the Adalimumab price reduction.

The CCG has calculated its exposure to the risk that it will be liable to fund additional non-elective activity through its risk share with NWAFT as £1.0m. This is recognised in the risks and mitigations table, but not in the forecast.

Following the review of the latest non-elective activity data, the CCG expects to recognise an additional £0.7m cost pressure into its forecast outturn position. The CCG expects to recognise this in its M8 FOT position.

King's Lynn and Wisbech

Year to Date

The CCG has a Payments by Results (PbR) contract with Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEFT). The year to date overspend is driven predominantly by increased non-elective, outpatient and daycase activity.

Forecast outturn

The CCG is forecasting for expenditure with QEFT to return to plan, through applications of contract penalties and negotiation with the Trust around a year-end settlement, effectively achieving a Guaranteed Income Contract.

QEFT is currently in quality special measures and has significant financial challenges. As such, there is risk that a year-end settlement in will not be agreed. If the overspend in M1-M7 continues at the same rate in M8-M12, there will be an additional £(305)k cost pressure in the FOT.

Acute performance

The CCG is negotiating with the Local Authority on responsibility for funding a number of initiatives, including the Discharge to Assess scheme.

PwC view

Changes in the CCG's executive leadership have led to different approaches to managing the relationship with the Local Authority.

The outcome of the negotiations with the Local Authority will have a material impact on the CCG's ability to deliver its plan deficit. This should continue to be a focus for Governing Body and Finance Committee scrutiny.

Papworth

Year to Date

The year to date position with Royal Papworth Hospital NHS Foundation Trust is on plan, driven by the Guaranteed Income Contract.

Forecast outturn

The position is forecast to improve by £100k in M8-M12, driven by the Adalimumab price reduction.

Other acute contracts

Year to Date

Other acute contracts includes activity with 16 other providers. The YTD position shows an overspend of £(30)k.

Forecast outturn

The FOT position is an overspend of £(342)k. The adverse performance in M8-M12 is driven by three providers:

- Kettering General Hospital NHS Foundation Trust (Kettering);
- University Hospitals Leicester NHS Foundation Trust (UH Leicester); and
- Nuffield Health (Nuffield).

The YTD performance at Kettering favourable to plan, but this the M8-M12 performance is forecast to be on plan. This is a prudent position and there is potential for some upside if the run-rate of activity is M7-M12 continues in M8-M12.

At UH Leicester, the Trust's RTT backlog is increasing, and the CCG has assumed that some of this backlog will be delivered in the remaining months of the year. The YTD position also shows an underspend in critical care activity at the Trust. This activity is volatile and difficult to forecast, so the CCG has assumed that this underperformance will no continue to year-end.

The CCG commissions primarily elective T&O activity from Nuffield. Daycase and elective activity has been below plan in M1-M7, but the FOT assumes that this activity will increase in the winter period. There is a possibility of an upside on this expenditure if activity continues to align with the M1-M7 run-rate.

Other acute

Year to Date

The main drivers of the £(2.8)m year to date overspend are:

- Discharge to Assess overspend of £(2.1)m;
- Activity-driven overspend of £(258)k with the Peterborough Pathology Hub; and
- Non-elective activity driving an increase in non-contracted activity with other NHS providers.

Discharge to Assess

The Discharge to Assess scheme is designed to discharge patients to social care providers at an earlier point in their pathway, and then have their needs assessed within a social care setting, rather than within an acute hospital.

The costs of delivery of this scheme are shared jointly by the CCG and Local Authorities.

The costs of the scheme have been greater than planned, and the split of this additional cost pressure is being negotiated between the CCG and the Local Authority. As

Acute performance

The CCG has not included additional risk in its risk table relating to the Discharge to Assess scheme.

Additional £(0.5)m expenditure will be recognised in the M8 FOT in relation to additional cost pressures from the Discharge to Assess scheme.

part of this, the CCG stopped funding two domiciliary care centres from 15 November, which the CCG believes should be funded from the Local Authority's social care budget.

Forecast outturn

Discharge to Assess

The forecast outturn for the Discharge to Assess scheme is £(2.3)m adverse to plan, a significant reduction in the run-rate of the overspend against the plan in the first seven months. The CCG has stopped providing funding for some of the social care provision included in the scheme, and is in negotiations with the Local Authority over the scheme's funding. These negotiations are part of wider negotiation with the Local Authority that incorporates several different programme areas.

The CCG has not included any additional risk in either its forecast outturn position or its risk table for the Discharge to Assess scheme. However, a potential upside of additional income from the Local Authority in recognition of the CCG's funding of social care up until November is included within the mitigations. This will be determined through the current negotiations.

The CCG has told us that it expects to recognise additional £(0.5)m Discharge to Assess expenditure in its M8 forecast outturn position given the continuing high levels of activity flowing through the scheme.

Mental Health

Section 117 placements have overspent against plan in the YTD and are forecast to drive a significant overspend against plan in the forecast outturn.

PwC view

The CCG has worked to address issues with the timeliness and completeness of the invoicing of S117 placements by the Local Authority, which has made it difficult for the CCG to accurately forecast its expenditure in this area.

S117 placements have been a focus area for QIPP development, and the CCG should monitor delivery of this QIPP closely given the size of the potential overspend that it is driving.

Mental Health performance

Learning Disabilities Pool

The YTD cost to the CCG of the Learning Disabilities Pool aligns with the prior-year activity run-rate. However, the 2018/19 budget was not set to reflect the prior year run-rate.

The 2018/19 budget did not reflect that the 2017/18 actual costs included an agreement with the Local Authority that the CCG would not fund the increase in activity against plan during 2017/18. This agreement did not extend to 2018/19.

The forecast outturn variance reflects the run-rate of expenditure incurred in M1-M7 2018/19.

The CCG is aware that there is further risk relating to this expenditure, as the Local Authority has reported to the CCG that activity has increased further this year. The impact of this is reflected in the CCG's risk table, but not the forecast outturn position.

The CCG has not recognised this in its forecast position as the Local Authority has reported high levels of activity growth for several years, and the CCG is requesting additional investigation of the reported activity before the cost pressure is moved into the forecast position.

Negotiations with the Local Authority relating to the funding of the additional activity are ongoing. The negotiations relating to the Learning Disabilities Pool expenditure are taking place alongside the negotiations with the Local Authority on CHC spend, the Discharge to Assess scheme and the funding of the Section 117 placement. The outcome of these negotiations is included as a mitigation in the CCG's mitigations table.

The has included £1.9m income for the outcome of this negotiation in its mitigations table.

MH individual placements (including s.117 placements)

The CCG has historically had difficulty assessing its exposure to funding additional Mental Health individual placements, including Section 117 placements, due to a lack of complete and timely receipt of invoicing and supporting information from the Local Authority.

Improving the CCG's visibility and forecasting of this expenditure has been a focus for the CCG.

Alongside issues with the accuracy and timeliness of data, there has been an increase in activity. The CCG has also convened a task group to review how to effectively care for this cohort of patients.

The Forecast Outturn position applies the M1-M7 run-

£'000	M1 - M7 Actuals			M8 - M12 FOT			Total FY18/19		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance
Cambridgeshire & Peterborough FT	48,218	48,218	0	34,441	34,441	0	82,659	82,659	0
Other MH providers	4,688	4,847	(159)	3,349	3,366	(17)	8,037	8,213	(176)
Learning Disabilities Pool	10,831	11,289	(458)	7,736	8,064	(328)	18,567	19,353	(786)
MH individual placements (including Section 117 placements)	4,757	6,762	(2,005)	3,398	4,830	(1,432)	8,155	11,592	(3,437)
Total MH commissioning	**68,494**	**71,116**	**(2,622)**	**48,924**	**50,701**	**(1,777)**	**117,418**	**121,817**	**(4,399)**

Mental Health

Funding of s117 placements is part of the negotiations that are currently taking place with the Local Authority.

PwC view

The CCG has assumed that it will receive an additional £1.9m benefit from the Local Authority on conclusion of the negotiations.

rate of activity to the full-year. In addition to this, there is an additional £1.8m recognised in the risk table relating to MH individual placements. Subsequent to the publication of the M7 finance report, the CCG has received more complete information from the Local Authority. This supports the position included in the forecast outturn position, and so the additional risk recognised in the risk table will be removed in the M8 finance report.

The CCG is in negotiations with the Local Authority to determine how the responsibility for funding this activity is split between the two organisations.

As with the negotiations with the Local Authority relating to CHC, the Discharge to Assess scheme and the Learning Disabilities Pool, the CCG has recognised the potential upside from the negotiation within its mitigations table and this is not recognised within the Forecast Outturn position.

The CCG has included an additional £1.9m for the outcomes of this negotiation in its mitigations table.

Community

Community expenditure is £(1.1)m greater than plan, driven by non-delivery of QIPP and overactivity in acute diagnostics services.

PwC view

The CCG is forecasting not to deliver any CSI QIPP, and is assuming that the run-rate in the YTD will continue to year-end in the FOT.

Community Performance

The £(1.1)m variance from plan in the other community services forecast outturn is driven by:

- £(0.7)m QIPP underachievement. This is reported in the M7 QIPP report. Community Services & Integration (CSI) is not forecasting to deliver any QIPP this year, but the shortfall is covered by over performance in QIPP delivery in other programme areas. The CCG told us that the push to develop CSI QIPP is now focusing on developing schemes that will deliver improvements to the CCG's position in 2019/20.
- £(0.4)m over activity in community diagnostics services, with a range of providers. The run-rate of activity included in the YTD position is forecast to continue in M8-M12. There is a further £(0.2)m pressure recognised in the CCG's risk table (but not the FOT position) if activity increases greater than this.

£'000	M1 - M7 Actuals			M8 - M12 FOT			Total FY18/19		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance
Cambridgeshire Community Services	11,027	11,027	0	7,876	7,876	0	18,903	18,903	0
Other Community Services	16,704	17,383	(679)	11,931	12,399	(468)	28,635	29,782	(1,147)
CPFT Integrated Community Services	30,954	30,954	0	22,110	22,110	0	53,064	53,064	0
CPFT Peterborough Childrens Services	2,003	1,935	68	1,431	1,413	18	3,434	3,348	86
Total Community commissioning	**60,688**	**61,299**	**(610)**	**43,348**	**43,798**	**(450)**	**104,036**	**105,097**	**(1,061)**

CHC

The implementation and impact of the 4Qs pathway is part of the ongoing negotiations with the Local Authority.

PwC view

CCG leadership has shown effective grip and control to address the significant issues with the backlog of CHC cases.

This focus must be maintained to eliminate the backlog, but also to ensure that cases continue to be processed on a timely basis.

CHC Performance

The CCG and the Local Authority have implemented a new pathway to assess whether patients eligible for CHC funding should be funded by the CCG or by the Local Authority through social care budgets (known as the 4Qs pathway).

Prior to the M7 forecast, the CCG had included £1.7m additional funding to be received retrospectively from the Local Authority for CHC cases that were funded by the CCG but should have been funded by social care under the 4Qs pathway. The receipt of this funding is part of the negotiations that are ongoing between the CCG and the Local Authority, and the funding has been taken out of the forecast position and moved to the CCG's mitigations table.

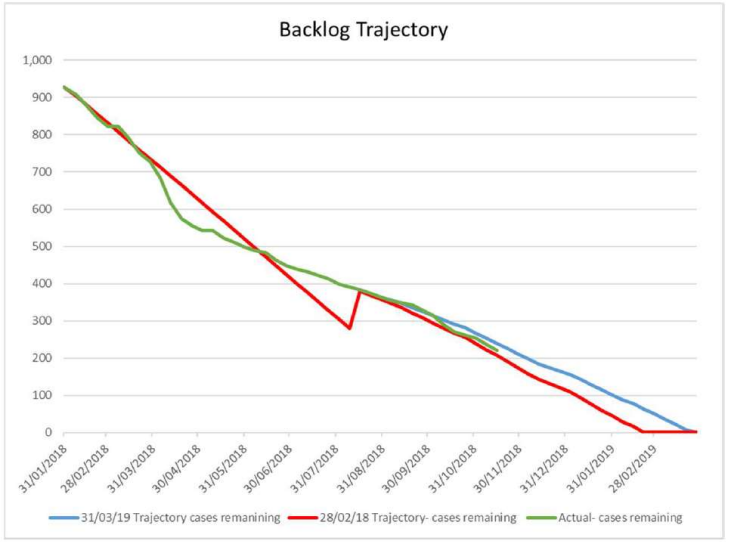
The forecast outturn position assumes that the Local Authority applies the 4Qs pathway from 1 December 2018 when determining who has responsibility for funding CHC cases. The CCG has calculated that it will receive an additional £0.6m funding during M8-M12 as a result. The risk that this is not received is recognised in the CCG's risk tables, along with a further £(0.1)m risk that CHC-related agency costs will increase due to CHC activity.

CHC backlog

The CHC backlog was identified as one of the biggest drivers to the CCG's 2017/18 deficit position in the March 2018 report. Addressing the CHC backlog has been a key priority for the CCG, and a trajectory for eliminating the backlog was agreed with NHS England.

The CCG has agreed with NHS England that the CHC backlog will be cleared by 31 March 2019. However, the CCG is striving to clear the backlog by 28 February 2019.

The graph below was presented to the Finance Committee on 27 November 2018, showing progress made against the objective to clear the backlog by 28 February 2019. This shows that the CCG is marginally behind the 28 February 2019 trajectory, but ahead of the 31 March 2019 trajectory.



£'000	M1 - M7 Actuals								
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance
Continuing Healthcare	35,586	36,336	(750)	25,419	25,203	216	61,005	61,539	(534)
Funded Nursing Care	3,954	4,042	(88)	2,825	2,687	138	6,779	6,729	50
Total Continuing Care	**39,541**	**40,378**	**(837)**	**28,244**	**27,890**	**354**	**67,784**	**68,268**	**(484)**

Primary Care

Primary Care performance is forecast to deliver above plan, largely due to national reductions in prescribing costs.

PwC view

We have not identified any additional risks to the position.

Primary Care Performance

Primary care expenditure is forecast to deliver a favourable £0.8m variance to plan at year-end.

YTD prescribing expenditure is below plan, and this run-rate is forecast to continue to year-end. The reduction in YTD spend is largely attributed to a national reduction in Cat M drugs prices.

Prescribing QIPP schemes are performing above plan at M7, but are forecast to deliver on plan by year-end.

Other Primary Care and Delegated Commissioning budgets

The 'Other Primary Care' and 'Delegated Commissioning' lines in the table below offset each other. Both lines are driven by the rebasing of PMS and GMS contracts in line with national policy.

The net performance across the two lines is a YTD underspend of £1.4m. This is driven by slippage in delivering Improving Access initiatives. These initiatives are forecast to be delivered by year-end, so the FOT shows the full cost incurred. The CCG has recognised an additional £(0.6)m pressure in its risks relating to the potential further overspend in this budget during M8-M12.

£'000	M1 - M7 Actuals			M8 - M12 FOT			Total FY18/19		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance
GP Prescribing	67,912	67,430	482	48,087	47,863	224	115,999	115,293	706
Prescribing Support	2,195	2,076	119	1,522	1,634	(112)	3,717	3,710	7
Other Primary Care	6,910	8,632	(1,721)	4,937	10,057	(5,120)	11,847	18,689	(6,842)
Delegated Commissioning	71,245	68,153	3,092	53,811	50,008	3,803	125,056	118,161	6,894
NHS 111	6,893	6,893	0	4,924	4,924	0	11,817	11,817	0
Total Primary Care	**155,155**	**153,184**	**1,971**	**113,281**	**114,486**	**(1,205)**	**268,436**	**267,670**	**766**

Running costs

Release of the Cost of Change reserve delivers a favourable variance in running costs by year-end.

PwC view

The CCG should be aware of the risk to the 2019/20 position from the 2018/19 running costs run-rate when the Cost of Change reserve releases are removed from the position.

Running costs

Running costs are showing a favourable variance to plan in both the YTD and FOT positions. All directors have had their budgets reduced, which are expected to be achieved through by reducing their FTE establishment.

The FOT position includes overspends against most categories of running costs. The two largest adverse variances are:

- Directors and Governing Body – reflecting additional recruitment costs greater than plan, and reduced turnover;
- Complex case commissioning – driven by additional agency costs to deliver the activity driven by the CHC backlog, which has exceeded vacancy savings;

The overall favourable position is achieved through release of the Cost of Change reserve. The reserve is forecast to be almost fully released by year-end.

£'000	M1 - M7 Actuals			M8 - M12 FOT			Total FY18/19		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance
Directors and Governing Body	752	971	(219)	537	722	(185)	1,289	1,693	(404)
Corporate Costs and Services	1,474	1,503	(29)	1,053	1,021	32	2,527	2,524	3
Community and Services Integration	748	761	(13)	535	565	(30)	1,283	1,326	(43)
Business Intelligence	265	275	(10)	190	210	(20)	455	485	(30)
Complex Case Commissioning	1,201	1,805	(604)	851	1,172	(321)	2,052	2,977	(925)
Planned and Primary Care	1,193	1,193	0	852	873	(21)	2,045	2,066	(21)
Medicine Optimisation	931	867	64	665	717	(52)	1,596	1,584	12
Communications, Membership and Engagement	238	207	31	170	180	(10)	408	387	21
Contracts	655	492	163	474	412	62	1,129	904	225
Finance	1,325	1,383	(58)	946	1,000	(54)	2,271	2,383	(112)
SDU	467	397	70	333	283	50	800	680	120
HR & OD	243	220	23	174	209	(35)	417	429	(12)
Corporate ICT and Strategic Clinical Systems	212	222	(10)	152	150	2	364	372	(8)
Nursing and Quality	486	488	(2)	347	385	(38)	833	873	(40)
Urgent and Emergency Care	454	487	(33)	324	319	5	778	806	(28)
Programme Management Office	296	190	106	212	150	62	508	340	168
Cost of Change Reserve	1,093	25	1,068	780	70	710	1,873	95	1,778
Total Running Costs	**12,032**	**11,486**	**547**	**8,595**	**8,438**	**157**	**20,628**	**19,922**	**706**

Appendix four: Engagement letter (1 of 2)

Private and confidential

NHS Cambridgeshire and Peterborough CCG
Lockton House
Clarendon Road
Cambridge
CB2 8FH

For the attention of Jan Thomas, Accountable Officer

28 November 2018

Dear Sirs

Cambridgeshire and Peterborough CCG follow-up review

Thank you for engaging us to provide you with services on terms which are described in this letter and the attached terms of business (version ToB 06/18 (Deals)). These together form the agreement between us.

Background and purpose

In February 2018 PwC undertook a review of the capacity, capability and financial position of Cambridgeshire and Peterborough CCG (the CCG). This review covered the following areas:

- The CCG's historic financial position
- 2017/18 financial performance and forecast outturn
- 2018/19 financial planning and QIPP development
- Leadership capacity and capability.

We made recommendations in relation to all areas of our work and these informed the CCG's Improvement and Delivery Plan which was finalised and submitted to NHS England in July 2018.

You have asked us to undertake a follow up review to form an independent view of the progress the CCG has made since our initial work in February 2018.

The services

You have instructed us to undertake the following:

- To form an independent view of the progress the CCG has made in relation to the recommendations set out in our earlier report. We will do this through:
  - Interviews – we expect to interview c. five members of the CCG's Governing Body, two key stakeholders from NHS England and the STP lead.
  - Document review covering a range of key documents, including Governing Body and sub-committee papers and minutes, and key management reports.

PricewaterhouseCoopers LLP, 7 More London Riverside, London, SE1 2RT
T: +44 (0) 2075 835 000, F: +44 (0) 2072 127 500, www.pwc.co.uk

- A desktop review of the 2018/19 financial position, in which we will review and comment on the reported and underlying financial performance to 31 October 2018 against the plan submitted by the Governing Body to NHS England. We will comment on the robustness and accuracy of the CCG's assessment of its 2018/19 year to date and forecast outturn and the underlying exit position.
  - Our assessment will be based on financial risks and issues identified through our interviews and document review. We will review supporting financial information and make an assessment of the extent to which risks and issues that we have identified are appropriately reflected in the forecast outturn position.

Deliverable

At the end of our review we will provide a PwC-branded report setting out our findings and recommendations. Where we identify areas of weakness and make recommendations we will suggest an order of priority for these to be addressed.

For the avoidance of doubt our work does not include a full financial baseline review or audit or other assurance procedures.

Timetable

We propose to start work on 26 November 2018 and estimate that we will submit our draft report to you for discussion by 14 December 2018. This is an estimate in advance of starting work and we will keep you informed of our progress. Should we anticipate difficulties in meeting the timetable we will inform you in advance.

Staffing

Yvonne Mowlds (Partner) is the person in charge of providing the services to you, assisted by Harriet Aldridge (Director) and such other staff as we believe are required. If we believe that it is necessary for us to change any of the named individuals we will let you know.

Client contact

You have designated Louis Kamfer to be our primary contact when delivering the services as a person with the knowledge, experience and ability to make decisions in relation to the services.

Fees

Our fees will be calculated in accordance with the following daily rates, based on an eight hour working day. We estimate that our fees will be £20,000 plus expenses and VAT.

Grade	Day Rates
Partner / Director Accountant /Auditor	£2,100
Managing Accountant /Auditor	£1,790
Principal Accountant /Auditor	£1,500
Senior Accountant/ Auditor	£1,300
Accountant/ Auditor	£1,030

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Appendix four: Engagement letter (2 of 2)

pwc

Our fees assume that we will undertake a maximum of 10 interviews, to include members of the Governing Body and stakeholders from NHS England and Cambridgeshire and Peterborough STP.

Our fees exclude VAT and out of pocket expenses and assume information and key stakeholders will be available in order for us to meet the proposed timescale to deliver a draft report. All invoices are payable within 14 days of the invoice date.

Terms of business

Use of information

We draw your attention to clause 5.2 in the attached terms of business which permits us to use your confidential information for any lawful business as set out in the clause. For the avoidance of doubt, clause 5.2 relates to information which you (or anyone else working with or for you) provide to us in connection with the services. Clause 5.2 does not relate to information which we have obtained with your agreement from other sources. You are responsible for obtaining any consents you need in relation to this clause.

Limitation of liability

We draw your attention to clauses 8 and 12.3 in the attached terms of business which amongst other things limit (i) our total liability for all claims connected with the services or the agreement which we have agreed will be 3 times fees or £1,000,000, whichever is greater and (ii) the time for bringing any such claim.

Freedom of Information

If you receive a request under freedom of information legislation to disclose any information we provided to you, you will consult with us promptly before any disclosure. We will respond promptly to support you in meeting your obligations with regard to timescales for disclosure.

Quality of service

We aim to deliver a distinctive experience to our clients that is consistent with what they expect from us. At the end of the engagement our Client Feedback Unit may contact your team and conduct a short Client Feedback Survey over the telephone or web-based as preferred. If you raise any issues which require follow up, Yvonne Mowlds may call you to discuss these with you in more detail.

Confirmation of agreement

Please confirm your acceptance of the agreement by signing the enclosed copy and returning it to us.

pwc

Yours faithfully

Yvonne Mowlds

Yvonne Mowlds
For and on behalf of PricewaterhouseCoopers LLP

Copy letter to be returned to PricewaterhouseCoopers LLP

I accept the terms of the agreement on behalf of Cambridgeshire and Peterborough Clinical Commissioning Group

.. ..
Signed

Chief Finance Officer
Position

04 December 2018
Date

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
18 MARCH 2019	PUBLIC REPORT

Report of:	NHS Cambridgeshire and Peterborough Clinical Commissioning Group	
Contact Officer(s):	Jan Thomas, Accountable Officer	Tel. 01223 725400

EU EXIT – CAMBRIDGESHIRE AND PETERBOROUGH CCG POSITION STATEMENT

RECOMMENDATIONS
It is recommended that Health Scrutiny Committee note the contents of the report.

1. ORIGIN OF REPORT

1.1 The Health Scrutiny Committee requested an update on EU exit planning and preparedness from the CCG.

2. PURPOSE AND REASON FOR REPORT

2.1 This paper is to provide assurance to the Health Scrutiny Committee on the CCG's progress in delivering the European Union (EU) Exit Organisational Readiness Guidance published by the Department of Health and Social Care on 21 December 2018.

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 and Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 PROGRESS TO DATE

The EU Exit Operational Readiness Guidance (NHS England, December 2018) sets out the actions the health and care system in England should take to prepare for a 'no deal' scenario. This guidance covers seven key areas of activity:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

Cambridgeshire and Peterborough CCG has submitted a self-assessment return to NHS England. It is anticipated that further assurance processes will be put in place in the coming weeks.

Specific tasks are also identified within the Guidance and our progress against this is set out below:

Task	Progress to date
Risk assessment of the seven key areas identified above, potential increases in demand associated with the wider impacts of a "no deal" exit and locally specific risk	The CCG has completed the self-assessment process established by NHSE. A risk register has been developed through the self-assessment process. The Risk Register will be monitored by the Chief Officer Team. This is marked Official Sensitive and will not be shared publicly in line with guidance from NHSE.
Business continuity planning, and ensuring business continuity plans across the health and care system are robust	Organisations across the Cambridgeshire and Peterborough Health System including the CCG are reviewing their Business Continuity Plans against a potential no deal EU Exit.
Testing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure they are fit for purpose	The CCG conducted a table-top exercise on 13 February 2019 to test the CCG's Business Continuity Plan against a couple of scenarios which link to EU Exit. The learning from the Exercise will be incorporated into a revised Business Continuity Plan which will be brought to the Governing Body for formal ratification in March 2019. A system-wide Table Top Exercise led by the CCG was run on the 25 February 2019 which tested preparedness against a number of EU Exit scenarios. Over 50 delegates from across the health and care system attended. The Outcomes for Review are being developed to supporting further planning and preparedness.
Ensuring communication and escalation plans are appropriate, and reviewing capacity and activity plans, as well as annual leave and on call command and control arrangements around the 29 March 2019	The CCG's Head of Communications and Engagement is working with Communications Leads across the East to ensure that there is a co-ordinated approach to communications. The CCG is reviewing its Incident Response Plan should a Critical or Major Incident be declared. Additional resilience will be provided to support our on call arrangements should this be required.
Reviewing resilience on data-sharing, processing and access	The CCG has reviewed resilience on data-sharing, processing and access; no specific issues have been identified.
Recording costs (both revenue and capital) incurred in complying with the Guidance.	Staff involved in the process have been recording the costs of their time in complying with the Guidance. This will be collated at the end of the process.

A key requirement from the EU Organisational Readiness Guidance is to gain assurance our providers are completing the appropriate actions in relation to their business. In addition to sharing their self-assessment outcomes, the Local Health Resilience Partnership Cambridgeshire and Peterborough EU Exit Preparedness Health and Care Group (LHRP EUEPHCG) receives an update on planning and preparedness at each meeting.

3.2 NATIONAL ASSURANCE

A national Operational Response Centre (ORC) which includes NHS England, NHS Improvement and Public Health England has been established. This will lead on responding to any disruption to the delivery of health and care services in England that may be caused or affected by EU exit. These arrangements will be mirrored at a regional level. Nationally, extensive planning and contingency measures have been put in place for the healthcare system nationally. Details are now starting to be disseminated.

The Minister of State for Health, Stephen Hammond, provided a written statement to the House of Commons on 25 February 2019 outlining the Department of Health and Social Care's plans for continuity of medicines and medical products in the event of a no deal EU exit. This described the multi-layered approach that has been put in place which is summarised as follows:

- Building up buffer stocks and stockpiling before the 29 March 2019 for:
  - Medicines
  - Medical Devices and Clinical Consumables
  - Blood Tissues and Transport
  - Vaccines and Counter Measures
  - Suppliers for Clinical Trials

- Buying extra warehouse space to store these products including ambient, refrigerated and controlled drug storage

- Securing, via the Department of Transport, additional roll on, roll of freight capacity, away from the short straits from 29 March 2019

- Making changes to, or clarifications of, certain regulatory requirements

- Strengthening the processes and resources used to deal with shortages.

The statement concludes that the multi layered approach is essential: A combination of securing freight, buffer stocks, stockpiling and warehousing, and regulatory requirements, will be needed to help ensure the continuation of medicines and medical supplies in the event of a no deal exit. It reiterates the message that local stockpiling is unnecessary and could cause shortages in other areas, which could put patient care at risk. It is important that patients order their repeat prescriptions as normal and keep taking their medicines as normal. A copy of the full statement is available via the following link:

https://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2019-02-25/HCWS1358/

4. ANTICIPATED OUTCOMES OR IMPACT

4.1 KEY RISKS AND IMPACTS

The CCG's Assurance Framework and Risk Register (CAF) includes references to EU Exit across a number of risks. An over-arching risk has now been added to Version 5 of the CAF as follows:

> *Failure to adequately prepare for a no deal EU Exit* - This is scored at 16, reduced to 12 with the mitigations that have already been put in place. High level actions and mitigations to address any gaps are included on the CAF.

A system-wide Drug Shortage Group has been established across the Cambridgeshire and Peterborough system. It is led by the CCG with representatives from the Local Pharmaceutical Committee and our provider Trusts.

The CCG's Standard Operating Procedure for the management of drug shortages and associated operating flow chart has been updated which now includes escalation to the regional pharmacist.

The CCG Brexit Medicines Newsletter has been written and circulated to all Prescribers. A presentation on preparedness was provided to the Cambridgeshire and Peterborough EU Exit Preparedness Health and Care Group on 22 February 2019.

Workforce continues to be a risk, particularly in relation to staffing within the domiciliary care sector which could have an impact on demand across the health and care system. The Local Authorities are members of the Cambridgeshire and Peterborough EU Exit Preparedness Health and Care Group and we will continue to monitor impacts through this Group.

Guidance is yet to be published in relation to Reciprocal Healthcare. All organisations have been asked to confirm that they have the capacity to undertake further training if there are any changes to reciprocal healthcare arrangements.

5. REASON FOR THE RECOMMENDATION

5.1 The Committee is asked to note the report.

6. IMPLICATIONS

Financial Implications

6.1 None at present.

Legal Implications

6.2 None.

Equalities Implications

6.3 None.

Rural Implications

6.4 None

7. BACKGROUND DOCUMENTS

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

7.1 Update on medicines and medical products supply as we exit the EU:
https://www.gov.uk/government/news/update-on-medicines-and-medical-products-supply-as-we-exit-the-eu

Brexit operational readiness guidance for the health and care system in England:
https://www.gov.uk/government/publications/brexit-operational-readiness-guidance-for-the-health-and-social-care-system-in-england

8. APPENDICES

8.1 None.

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
18 MARCH 2019	PUBLIC REPORT

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

MONITORING SCRUTINY RECOMMENDATIONS

RECOMMENDATIONS	
FROM: Director of Law and Governance	**Deadline date:** *N/A*

It is recommended that the Health Scrutiny Committee:

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

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 12 March 2018 and 5 November 2018

8. APPENDICES

8.1 Appendix 1 – Monitoring Recommendations

RECOMMENDATION MONITORING REPORT 2018/2019 **Appendix 1**

HEALTH SCRUTINY COMMITTEE

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
12 March 2018	Ian Weller, Head of Urgent and Emergency Care Cambridge and Peterborough CCG	**UPDATE ON THE SUCCESSESS AND FAILURES OF INTEGRATED URGENT CARE 1 YEAR ON**	The Health Scrutiny Committee noted the report and **RECOMMENDED** that; The 111 Service enter into discussions with officers in Cambridgeshire and Peterborough to instigate an 'option 3' route which would direct patients calling in with a social care need straight to the social care call centre without the need to call a separate social care helpline.	Awaiting Response. The Director of Corporate Affairs, C&P CCG advised at the meeting on 5 November 2018 that discussions were still ongoing and an update would be provided as soon as was possible. The following update was provided on 8 March 2019: The C&P CCG have advised that a briefing note will be provided to the Committee before the next meeting of the Committee on 18 March 2019.	On-going
5 November 2018	Cabinet Member for Public Health / Director for Public Health	**PETERBOROUGH AND CAMBRIDGESHIRE SEXUAL AND REPRODUCTIVE HEALTH SERVICES COMMISSIONING FEASIBILITY STUDY**	The Health Scrutiny Committee **RESOLVED** to recommend that the Director of Public Health ensure that when implementing the changes to the Peterborough and Cambridgeshire Sexual and Reproductive Health Services that the service continues to be	The Sexual and Reproductive Health Study continues to assemble information and identify commissioning opportunities, and we are ensuring that the needs of Peterborough residents are fully identified and recognised. The Director	Ongoing

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
			easily accessible to the population of Peterborough.	of Public Health will continue to report back to the Health Scrutiny Committee against this action, when key points in the study and re-commissioning process are reached.	
5 November 2018	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group	**Primary Care Update Peterborough**	The Health Scrutiny Committee **RESOLVED** to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee.	The CCG can confirm that some practices advise their patients to call at 08.00 hrs to book a same day appointment. We encourage GP practices to work with their PPGs/patients to find the best ways to meet the patient needs. Practices all work in different ways to meet the access needs of their registered populations and offer a variety of different appointment types. Practices that offer triage prior to booking an appointment may also require their patients to call as early as possible so the patient can be called back in good time and offered appointments as necessary.	Complete

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
				The CCG encourage practices to monitor their demand and capacity and work with their PPGs/patients to find the best ways to provide patient access, but it is for each individual practice to put in place systems and processes to manage their cohort of patients in line with the requirements of the GP contract.	

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 10
18 MARCH 2019	PUBLIC REPORT

Report of:	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

RECOMMENDATIONS	
FROM: Senior Democratic Services Officer	**Deadline date:** *N/A*

It is recommended that the Health Scrutiny Committee:

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

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 1 April 2019.

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

PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 1 MARCH 2019

FORWARD PLAN

PART 1 – KEY DECISIONS

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

If the decision is to be taken by an individual Cabinet Member, the name of the Cabinet Member is shown against the decision, in addition to details of the Councillor's portfolio. If the decision is to be taken by the Cabinet, this too is shown against the decision and its members are as listed below:
Cllr Holdich (Leader); Cllr Fitzgerald (Deputy Leader); Cllr Ayres; Cllr Cereste; 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
g 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, Legal and 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, Legal and 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 1 APRIL 2019

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*
Recommissioning of the Unpaid Carers Contract – KEY/01APR19/01 The procurement of the unpaid carers service in collaboration with Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) for the unpaid carers service across Cambridgeshire and Peterborough.	**Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**August 2019**	Adults and Communities Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	Lee McManus, Commissioner, Cambridgeshire County Council & Peterborough City Council. Tel: 07785 721092. Email: lee.mcmanus@cambridgeshire.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. **The decision will include an exempt annexe. By virtue of paragraph 1, Information relating to any individual**

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***
1.	**Affordable Warmth Strategy 2019 – 2021 - KEY/17APR17/03** Recommendation to approve the Affordable Warmth Strategy 2019 – 2021	**Councillor Walsh, Cabinet Member for Communities**	**March 2019**	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

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	**WARD**	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
2.	**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.	**Councillor Lynne Ayres, Cabinet Member for Education, Skills and University**	**March 2019**	Children and Education Scrutiny Committee	Werrington	Relevant internal and external stakeholders. Consultation will include: Senior School Management team, Sport England, local residents and the Department For Education	Stuart Macdonald, Property Manager. Tel: 07715 802 489. Email: stuart.macdonald@peterborough.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 2015 -2022

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.	**Approval of contract for the delivery of Lot 1 - General Information, Advice and Guidance Services and Lot 2 - Specialist Information, Advice and Guidance Services – KEY/16OCT17/04** Following competitive procurement of these services, to approve the contract to deliver Lot 1 Generalist Information, Advice and Guidance Services - Homelessness Prevention; and Lot 2 Specialist Information, Advice and Guidance Services - supporting protected characteristic groups.	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Adults and Communities	All Wards	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 Tel: 01733 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

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	**WARD**	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
4.	**ICT Infrastructure works for Fletton Quays – KEY/13NOV17/02** To agree to the procurement of ICT infrastructure works for Fletton Quays	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Growth, Environment & Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources 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. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	**WARD**	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
5.	**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**	**March 2019**	Children and Education Scrutiny Committee	Dogsthorpe Ward	Relevant internal and external stakeholders. Public Consultation Meeting	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

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.	**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**	**March 2019**	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

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.	**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	**Councillor Cereste, Cabinet Member for Waste and Street Scene**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	Central, North & Park wards	Relevant internal and external stakeholders. Community engagement with local residents, businesses & partner organisations	Charlotte Palmer	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. Budget allocation in MTFP 2017/18
8.	**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	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	Central, North & Park wards	Relevant internal and external stakeholders. Community engagement with residents, groups, businesses and partner organisations	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 of £4m in MTFP 2017/8

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.	**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**	**March 2019**	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	Charlotte Palmer	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
10.	**Extension to the Section 75 Agreement for Learning Disabilities Services - KEY/30APRIL18/01** Extension of the existing staff and commissioned arrangements for a period of 12 months	**Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**March 2019**	Health Scrutiny Committee	All wards	Consultation with key stakeholders to agree this interim approach	Cris Green Tel: 01733 207164 Email: cris.green@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*
11.	**Approval for contract to be awarded to Skanska to deliver widening of the A605 Oundle Road between Alwalton and Lynch Wood Business Park** - **KEY/11JUN18/03** Approval for contract to be awarded to Skanska to deliver widening of the A605 Oundle Road between Alwalton and Lynch Wood Business Park. The council has received funding (£720k) from the Cambridgeshire and Peterborough Combined Authority to deliver the scheme. In addition the council has also allocated internal funding (£773k) towards the scheme.	**Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	Orton Waterville	Relevant internal and external stakeholders Consultation will take place once the scheme design is completed. This is expected to be later this summer.	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. Cambridgeshire and Peterborough Combined Authority meeting notes confirming grant funding allocation. Also CMDN for award of contract to Skanska for provision of Professional Services under Peterborough Highway Services partnership.

DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	**WARD**	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
12.	**Disposal of freehold in Centre of the City - KEY/12JUN18/01** To delegate authority to the Corporate Director of Growth and Regeneration to sell the property	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources 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. **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).**

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*
13.	**To approve the awarding of contracts to external providers following a competitive tender exercise led by Cambridgeshire County Council. - KEY/25JUNE18/02** Cambridgeshire County has recently conducted a tendering exercise to establish a Dynamic Purchasing System for the provision Supported Living Services for Adults with a Learning Disability (Reference number: DN311905). Peterborough City Council is the named authority under this arrangement and would want to commission care and support packages (call-off).	**Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**March 2019**	Adults and Communities Scrutiny Committee	All Wards	Relevant internal and external stakeholders Relevant consultations has been carried out with the service users, family carers, Health colleagues and care and support providers across Cambridgeshire and Peterborough.	Mubarak Darbar, Head of Integrated Commissioning, Tel: 07718654207, Email: mubarak.darbar@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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14.	**IT Strategy – KEY/3SEP18/01** Approval of an IT Strategy and associated investment for the 2019 to 2022 time period	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 01733 384564 Email: Peter.carpenter@peterborough.gov.uk	IT Improvement Plan 23/07/18. There will be the possibility of an exempt annex if the report contains commercial information. It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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15.	**University Delivery Vehicle – KEY/3SEP18/02** Approval and setting up of an appropriate delivery vehicle with University project partners to move council assets to enable the deliver of the university.	**Councillor Lynne Ayres, Cabinet Member for Education, Skills and University**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources 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. **The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).**

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16.	**Approval of funding for the provision of accommodation to reduce homelessness – KEY/17SEP18/02** Following Cabinet Decision JAN18/CAB/18 this is a new project to increase the supply of housing and address the demand for accommodation resulting from the increase in homelessness	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	All wards	The issues associated with homelessness in Peterborough have been subject to significant discussion in various forums, including the Council's Adults and Communities Scrutiny, Cabinet and Full Council	Adrian Chapman, Service Director for Communities and Safety. adrian.chapman@peterborough.gov.uk carole.coe@peterborough.gov.uk	**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).** It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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17.	**Award of Dynamic Purchasing System for external placements for looked after children and/or those with an Education, Health and Care Plan [EHCP] – KEY/12NOV18/04** As per above, for: Independent Fostering Agencies, Residential Children's Homes, Residential [non-maintained] Special Schools and Out of School Tuition. This is a joint commissioning activity with CCC pan CCC and PCC.	**Councillor Smith, Cabinet Member for Children's Services**	**March 2019**	Children and Education Scrutiny Committee	All Wards	None planned	Helene Carr - Head of Children's Commissioning, helene.carr@peterborough.gov.uk. 07904909039	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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18.	**Amendment to Loan Facility – KEY/12NOV18/05** A loan facility previously approved by Cabinet requires approval of an amendment to that facility	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	All Wards	Detail consultation was undertaken in the original decision to offer the loan facility.	Peter Carpenter, Acting Corporate Director Resources 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. **The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).**

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19.	**Adoption of the "Dynamic Purchasing System" (DPS) procedure for Public Health contracts with Primary Care providers – KEY/10DEC18/01** To seek the approval to adopt the "Dynamic Purchasing System" (DPS) procedure for contracts with Primary Care providers for the duration of up to five years. The proposals have been approved by the Cambridgeshire and Peterborough Joint Commissioning Board.	**Councillor Lamb, Cabinet Member for Public Health**	**March 2019**	Health Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	Claire-Adele Mead Commissioning Team Manager- Primary care and Lifestyles Claire-Adele.Mead@cambridgeshire.gov.uk 07884 250909 Val Thomas, Consultant in Public Health Val.Thomas@cambridgeshire.gov.uk 01223 703264/ 07884 183374	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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20.	**Recommendation to approve the Local Transport Plan programme of capital works for 2019/20 - 2021/22 – KEY/24DEC18/01** The Council expects to be allocated a total transport settlement of £4,193k per year between 2019/20 – 2021/22 comprising of £1,407k Integrated Transport Block Grant and £2,786k Capital Maintenance Block Grant, although this funding has been devolved to the Combined Authority by Government.	**Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders. Appropriate consultation will be undertaken on individual schemes in the programme as required. A briefing note will be prepared for the Growth, Environment and Resources Scrutiny Committee	Lewis Banks, Principal Sustainable Transport Planning Officer, 01733 317465, lewis.banks @peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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21.	**Interim integrated Contraception and Sexual Health service awarded to Cambridgeshire Community Services – KEY/24DEC18/04** The Cabinet Member is recommended to award an interim contract for the delivery of an Integrated Contraception and Sexual Health services (iCaSH) within Peterborough to Cambridgeshire Community Services (CCS) for a value of £1,167,524.25. This is in order to allow sufficient time for the transformational recommissioning of sexual and reproductive health services collaboratively between Cambridgeshire and Peterborough local authorities, Cambridgeshire and Peterborough CCG and NHS England.	**Councillor Lamb, Cabinet Member for Public Health**	**March 2019**	Health Scrutiny Committee	All wards	Relevant internal and external stakeholders	Charlene Elliott, Sexual Health Commissioner for Cambridgeshire and Peterborough, 01733 863603, charlene.elliott@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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22.	**Enhanced highway patch repair funding – KEY/24DEC18/05** An additional £500k p.a. of capital funding is to be spent on enhanced patch repairs on the highway network from 1 April 2019 for 5 years. This is in lieu of a revenue reduction of £520k p.a.	**Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders Consultation was undertaken as part of the budget setting process. Relevant consultation will occur on a scheme by scheme basis.	Kevin Ekins, Asset and Contract Performance Manager, 01733 453448, kevin.ekins@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
23.	**Authority to spot-purchase externally commissioned placement services for looked after children until the mobilization of the new Dynamic Purchasing System – KEY/24DEC18/06** Authority to spot-purchase externally commissioned placement services for looked after children, pending the launch of the Dynamic Purchasing System [DPS] for external placements in April 2019.	**Councillor Smith, Cabinet Member for Children's Services**	**March 2019**	Children and Education Scrutiny Committee	All wards	Relevant internal and external stakeholders	Helene Carr, Head of Children's Social Care Commissioning - Peterborough & Cambridgeshire, 07904 909039, helene.carr@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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24.	**Bus Operator Concessionary Fare Reimbursement - KEY/07JAN19/01** Approval is sought for spend on reimbursement to bus operators for ENCTS (English National Concessionary Travel Scheme) for the financial years 2018/19, 2019/20 & 2020/21	**Councillor Hiller, Cabinet Member For Growth, Planning, Housing And Economic Development**	**31 March 2019**	Growth, Environment And Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Negotiations with bus operators will be undertaken in order to get an agreed rate at which they will be reimbursed.	Andy Bryan, Passenger Transport Officer, Tel: 01733 317458, andrew.bryan@peterborough.gov.uk Charlotte Palmer, Group Manager - Transport & Environment, Tel: 01733 453538, charlotte.palmer@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. **The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).**

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25.	**Approval of funding for the provision of accommodation to reduce homelessness - KEY/07JAN19/02** Following Cabinet Decision JAN18/CAB/18 this is a new project to increase the supply of housing and address the demand for accommodation resulting from the increase in homelessness	**Councillor Seaton, Cabinet Member For Resources**	**March 2019**	Growth, Environment And Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. The issues associated with homelessness in Peterborough have been subject to significant discussion in various forums, including the Council's Adults and Communities Scrutiny, Cabinet and Full Council	Adrian Chapman, Service Director for Communities and Safety Tel 01733 863887 Email: adrian.chapman@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. **The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).**

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26.	**Award of Management Consultancy Framework agreement to support PCC Savings Programme – KEY/21JAN19/02** Appointment of a successful partner to deliver the savings programme for Peterborough City Council and to work in partnership with Cambridge County Council where appropriate	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	Katherine Hlalat Head of Projects, Programmes and Assurance katherine.hlalat@peterborough.gov.uk	Evaluation outcome report It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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27.	**Clinical Waste Collections - KEY/18FEB19/01** Decision required to approve the new collection method for domestic sharps disposal.	**Councillor Cereste, Cabinet Member for Waste and Street Scene**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Amy Nebel, Senior Waste and Recycling Officer amy.nebel@peterborough.gov.uk 01733 864727	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
28.	**Approval of subletting of a Space in Sand Martin House, Fletton Quay, Peterborough KEY/04MAR19/01 –** Approval is required to the Sublease of Space in Sand Martin House. This will generate £406,440 + VAT in rent per annum for the Council. The lease is for nine years with tenant break options in years 3 and 6.	**Councillor David Seaton Cabinet Member for Resources**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders. This transaction has been discussed with Peterborough City Council, in particular the Acting Corporate Head of Resources. The necessary stakeholders from IT, Facilities and soft FM services, and Property have been included in that consultation.	Tristram Hill, Strategic Asset Manager, Tel:07849 079787 Email:tristram.hill@nps.co.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE							
KEY DECISION REQUIRED	***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	***WARD***	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER***
None.							

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY 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***
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***
1.	**Funding of Information, Advice and Guidance services within the voluntary sector -** To authorise award of grants.	**Councillor David Seaton Cabinet Member for Resources**	**March 2019**	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders	Ian Phillips Senior Policy Manager Tel: 01733 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.
2.	**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 Cereste, Cabinet Member for Waste and Street Scene**	**March 2019**	Growth, Environment & Resources Scrutiny Committee	Central Ward	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, Head of Environmental Partnerships, 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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3.	**2017/18 VCS grant funding -** Award of grant to VCS organisations to provide Information, Advice and Guidance services	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	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.
4.	**Inclusion of Investment Acquisition Strategy in the Council's Medium Term Financial Strategy (MTFS) -** To recommend to Council that the Investment Acquisition Strategy be included in the Medium Term Financial Strategy to enable the Council to acquire investment properties	**Cabinet**	**25 March 2019**	Growth, Environment and Resources	N/A	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources 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.

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5.	**Grant funding for voluntary organisations –** To provide funding for voluntary organisations in Peterborough to carry out essential support for vulnerable people, particularly in relation to welfare benefits assistance and other crisis support.	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Adults and Communities Scrutiny Committee	N/A	Relevant internal and external stakeholders.	Ian Phillips Senior Policy Manager Tel: 01733 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.
6.	**Approval of Additional Powers to the Combined Authority (Transfer of Powers) -** Approve additional powers for the Combined Authority via a Statutory Instrument for Adult Skills Commissioning.	**Councillor Holdich, Leader of the Council and Member of the Cambridgeshire and Peterborough Combined Authority**	**March 2019**	Growth, Environment and Resources Scrutiny Committee	All	All Councils in Peterborough and Cambridgeshire have to agree to the transfer	Peter Carpenter, Acting Corporate Director, Resources 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. Combined Authority Statutory Instrument Request

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7.	**Implementation of School Transport Policy for children aged 4 to 16 years –** Cabinet member to approve the implementation of an updated School Transport Policy for children aged 4 to 16 years, in line with guidance. Policy outlines the Council's duties and how it will exercise its responsibilities in accordance with relevant legislation and guidance. No change to current procedures or eligibility.	**Councillor Lynne Ayres, Cabinet Member for Education, Skills and University**	**March 2019**	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders. 28 consultation period to commence on 12th November. All relevant PCC teams, schools, parents, Family Voice, Appeal Panel Members, transport providers Consultation to placed on the Council website.	Emma Everitt, Capital Projects and Assets Officer, 01733 863660 emma.everitt @Peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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8.	**Implementation of the Post-16 Transport Partnership Policy –** Approval to implement a new Post-16 Transport Partnership Policy, developed in partnership with parental support groups for young people with SEN.	Councillor Lynne Ayres, Cabinet Member for Education, Skills and University	**March 2019**	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Policy to be developed with stakeholders. Consultation to follow with all relevant Council teams, schools, colleges, parents. Consultation to be published on the Council website	Emma Everitt, Capital Projects and Assets Officer, 01733 863660 emma.everitt @peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
9.	**Adoption of the Regulation 123 List and the Community Infrastructure Levy (CIL) governance policies-** To approve the adoption of the revised Regulation 123 List and the consolidated Community Infrastructure Levy (CIL) governance policies	**Cabinet**	**25 March 2019**	Growth, Environment & Resources Scrutiny Committee	All Wards	Relevant Internal and External Stakeholders Policy to be developed with stakeholders. Consultation to follow with all relevant Council teams, schools, colleges, parents. Consultation to be published on the Council website	Philip Hylton, Senior Strategic Planning Officer, Tel: 01733 863879, Email:philip.hylton@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.	**Decision Request for Variation of the Woodston Public Spaces Protection Order -** Following the outcome of public consultation, this decision request is to seek approval from the Cabinet Member to implement the proposed changes to the order area and conditions for the Woodston Public Spaces Protection Order	**Councillor Walsh, Cabinet Member for Communities**	**March 2019**	Adults and Communities Scrutiny Committee	Fletton and Woodston Ward	Relevant internal and external stakeholders. Ward councillors, Police & Crime Commissioner, Chief Constable and general public	Laura Kelsey, Senior Prevention & Enforcement Officer Tel: 01733 453563 Email: laura.kelsey@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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11.	**To agree the process of awarding community grants through the Integrated Communities Programme –** Following the successful bid to Government, funding has been awarded to the council via the Integrated Communities Strategy. One of the funded projects will see a communities grant programme launched that will provide opportunities for communities to apply for up to £20k to deliver projects in their neighbourhood. The Cabinet Member is requested to approve the process in which the grants programme will be run.	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Adults and Communities Scrutiny Committee	N/A	Relevant internal and external stakeholders.	Ian Phillips Senior Policy Manager – Tel: 01733 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.

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12.	**Disposal of former Barnack Primary School caretaker house -** Delegate authority to the Corporate Director of Growth and Regeneration to dispose of the property.	**Councillor Seaton, Cabinet Member for Resources**	**March 2019**	Growth, Environment & Resources Scrutiny Committee	N\A	Relevant internal and external stakeholders.	Stuart Macdonald, Property Manager. Tel: 07715 802 489. Email: stuart.macdonald @peterborough.gov.uk Bill Tilah (Bill.Tilah@nps.co.uk)	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. **The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).**

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13.	**Adoption of the Flood and Water Management Supplementary Planning Document (SPD) –** To approve adoption of the Flood and Water Management SPD subject to the Local Plan being adopted by Full Council	**Cabinet**	10 June 2019	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. A Public Consultation on the document took place in March 2018	Richard Whelan, Water Management Engineer, richard.whelan@peterborough.gov.uk, Tel 01733 453454	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
14.	**Adoption of the Green Infrastructure and Biodiversity Supplementary Planning Document (SPD) –** To approve adoption of the Green Infrastructure and Biodiversity SPD subject to the Local Plan being adopted by Full Council	**Cabinet**	10 June 2019	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. A public Consultation on the document took place in March 2018	James Fisher, Wildlife Officer, james.fisher@peterborough.gov.uk Tel. 01733 453543	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
15.	**Adoption of the Developer Contributions Supplementary Planning Document (SPD) –** To approve adoption of the Developer Contributions SPD subject to the Local Plan being adopted by Full Council	**Cabinet**	10 June 2019	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. A public Consultation on the document took place in March 2018	Phil Hylton, Senior Strategic Planning Officer, philip.hylton@peterborough.gov.uk Tel. 01733 863879	It is not anticipated that there will be any documents other than the report and relevant appendices to be published

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16.	**Local Plan for adoption –** To recommend the Local Plan for adoption by Full Council	Cabinet	10 June 2019	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders. This document has undergone public consultation and public examination by the Planning Inspectorate	Gemma Wildman, Principal Strategic Planning Officer, gemma.wildman@peterborough.gov.uk, Tel: 01733 863824	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
17.	**Approval to dispose of a property on Cromwell Road at a minimum of £375,000 and a maximum of £475,000 -** This property was most recently used by Youth Services but has now become surplus to requirements. It has been marked for disposal by the council in order to generate a capital receipt.	Councillor Seaton, Cabinet Member for Resources	March 2019	Growth, Environment and Resources Scrutiny Committee	Central Ward	Relevant internal and external stakeholders. Authority has been provided by the acting head of resources to dispose of this property. A Cabinet Member Decision Notice will need to be produced once heads of terms have been agreed with a purchaser.	Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@nps.co.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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18.	**Funding for voluntary sector 2019/20 -** To provide funding to a number of voluntary sector organisations to provide essential support to vulnerable clients	Councillor Seaton, Cabinet Member for Resources	March 2019	Adults and Communities Scrutiny Committee	N/A	Relevant internal and external stakeholders.	Ian Phillips Senior Policy Manager Tel: 01733 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.
19.	**Asset Transfer of Gladstone Park Community Centre** - The proposed long term lease of Gladstone Park Community Centre to The Thomas Deacon Academy Trust	Councillor Seaton, Cabinet Member for Resources	May 2019	Growth, Environment and Resources Scrutiny Committee	North	Relevant internal and external stakeholders. Ward Councillors for Central, Park and North have been advised of the decision to transfer of the Community Centre	Caroline Rowan, Urban Regeneration Project Manager, Tel: 01733 864095 Email:caroline.rowan@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

DECISION TAKEN:	***DECISION MAKER***	***DATE DECISION TAKEN***	***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***
Review of Bus Services supported by subsidised transport budget to ensure efficiency and value for money is achieved - FEB19/CMDN/90 The Cabinet Member: 1. Approved changes in timetables to the 60s bus services, as set out in the report, which, along with budget efficiency measures and negotiated cost reductions, will present the Council an annual saving of £150,000. 2. Approved the development of a publicity campaign with local bus operators to run during 2019/20 to encourage the public to use local bus services. 3. Supported the continuation of the Cross Party Bus Consultation Group in order to review the remaining services supported by the Council to ensure best value is obtained for both the Council and the travelling public.	**Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development**	**15 February 2019**	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders We have conducted bus passenger surveys on the buses proposed for removal, we have held drop in sessions for people who wished to talk through the proposed changes, worked with a cross party bus consultation group on the proposals.	Charlotte Palmer,Group Manager Transport & Environment Email: charlotte.palmer@peterborough.gov.uk, 01733 453538	Report to joint budget policy forum

DIRECTORATE RESPONSIBILITIES

RESOURCES DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY
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 Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY
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)
Performance and Information (Performance Management, Systems Support Team)

LAW AND GOVERNANCE DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY
Democratic Services (Town Hall, Bridge Street, Peterborough, PE1 1HG)
Electoral Services **(**Town Hall, Bridge Street, Peterborough, PE1 1HG)
Human Resources (Business Relations, HR Policy and Rewards, Training and Development, Occupational Health and Workforce Development)
Information Governance, (Coroner's Office, Freedom of Information and Data Protection)

GROWTH AND REGENERATION DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY
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 Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY
Health Protection, Health Improvements, Healthcare Public Health.

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