

## HEALTH SCRUTINY COMMITTEE

**TUESDAY 9 JULY 2019**  
**7.00 PM**

**Bourges/Viersen Room - Town Hall**

### AGENDA

Page No

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

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.
3. **Minutes of the Health Scrutiny Committee Meeting Held on 18 March 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. **Appointment of Co-opted Members** 11 - 14
6. **NHS England Response To The Healthwatch Report 'Finding An NHS Dentist In Peterborough And Wisbech'** 15 - 24
7. **Recommissioning Contraception And Sexual Health Services** 25 - 30



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|-----|--|-----------------|
| 8.  | <b>Communications and Engagement Approach To Delivering The CCG Financial Plan 'The Big Conversation' - Using Our NHS Resources Wisely</b> | <b>31 - 46</b>  |
| 9.  | <b>Review Of 2018/2019 And Work Programme For 2019/2020</b>  | <b>47 - 72</b>  |
| 10. | <b>Forward Plan of Executive Decisions</b>   | <b>73 - 118</b> |
| 11. | <b>Date of Next Meeting</b>  |                 |
- 18 September 2019 – Health Scrutiny Committee

#### **Emergency Evacuation Procedure – Outside Normal Office Hours**

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

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#### Committee Members:

Councillors: Aitken (Chairman), A Ali, S Barkham, C Burbage, S Hemraj, J Howell, D Lamb, S Qayyum, B Rush (Vice Chairman), N Sandford and S Warren

Substitutes: Councillors: G Casey, N Day, D Fower,,T Haynes and H Skibsted

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

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE  
HELD AT 7.00PM ON  
MONDAY 18 MARCH 2019  
IN THE COUNCIL CHAMBER, TOWN HALL, PETERBOROUGH**

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

**Also present**

Caroline Walker	CEO, North West Anglia NHS Foundation Trust and Co-Chair North Alliance
Jan Thomas	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
Jessica Bawden	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group

**Officers Present:**

Stuart Tarbuck	Change and Transformation Communications
Sion James	Senior Health Improvement Specialist
Dr Liz Robin	Director of Public Health
Paulina Ford	Senior Democratic Services Officer

**46. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Barkham, Co-opted Member Parish Councillor Henry Clark and Dr Watson. Apologies were also received from Healthwatch representative Susan Mahmoud.

**47. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

Councillor Hemraj declared an interest in that she was an employee of the North West Anglia NHS Foundation Trust and advised that she would leave the meeting should the subject be discussed, however it had not been listed as an item on the agenda.

**48. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 21 JANUARY 2019**

The minutes of the meetings held on 21 January 2019 were agreed as a true and accurate record.

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

There were no requests for Call-in to consider.

## 50. HEALTHY PETERBOROUGH PROGRESS REPORT

The Director for Public Health introduced the report accompanied by two officers. The report provided the Committee with an update on the actions of the Healthy Peterborough campaign which was developed by Peterborough City Council's Communications and Public Health teams with support from health partners. The brand of Healthy Peterborough had now been incorporated in to the Integrated Lifestyles Service which was run by Solutions4Health. Healthy Peterborough had supported the many campaigns across the breadth of the public health service.

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

- Success of the Campaign was measured in two ways. One being the success rate of the channel that the message was being communicated by and looking at how many people had viewed it. The other way would be to look at the outcomes of a piece of work, for example the number of people who had stopped smoking following a campaign. Campaigns had been successful because they had been built around the people that the campaign was trying to reach, such as Stay Stronger for Longer. The messages and images used are therefore targeted at a particular audience. Solutions4Health also provided community engagement, including activity like one to one lifestyle counselling, which had also had a positive impact.
- A mix of channels was required to get messages across and this also provided a way of measuring success. Facebook was a very strong social media tool.
- Members suggested using 'influencers' as people to get targeted messages across.
- Members commented that research in Bristol had shown that putting in place 20mph speed limits had proven that it had encouraged people to walk and cycle more and wanted to know if this had been looked at in Peterborough. The Director for Public Health advised that Public Health were aware of the research undertaken in Bristol however further evidence would be required as the cost of implementing 20mph speed restrictions was high.
- The Director of Public Health advised that Public Health would always support people getting out of cars and walking and being part of active travel and Healthy Peterborough would support this initiative an example of which was the Walking Bus campaign.
- There was still more work that could be done to communicate the Healthy Peterborough campaigns in particular across the rural areas which could be assisted by engaging with Parish Councils.
- Healthy Peterborough was an umbrella brand and appeared to be successful as a brand. However the individual campaigns under that brand would have their own individual criteria of success.
- Members sought clarification on whether the mental health campaigns had been successful in reaching the right people. The information on the success of the individual campaigns was not readily available at the meeting. It was acknowledged that a more tailored approach was best practice when engaging diverse communities.
- Members commented that there was a group of GP's who attended Mosques to promote and provide advice on various health issues and suggested that Public Health may wish to engage with these GP's to assist in raising awareness regarding the various campaigns.
- Public Health staff provide advice to the council's planning and transport departments.
- Members suggested using Councillors surgery's and newsletters as another means of communication.

### AGREED ACTIONS:

1. The Health Scrutiny Committee considered the report and **RESOLVED** to note and comment on the progress report on Healthy Peterborough.
2. The Health Scrutiny Committee also agreed that the Director of Public Health provide the Committee with a briefing note on how Public Health is engaging and working with the council's Planning Department.

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

The CEO, North West Anglia NHS Foundation Trust and Co-Chair North Alliance introduced the report which provided the committee with a six month update on the key short-term priorities of the STP, progress of the North Alliance; and the NHS Long Term Plan. It was highlighted that the Board meetings of the STP were now held in public.

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

- Members commented on the section relating to finances and noted the overspend of £133m and sought clarification as to who funded the overspend. Members were informed that the £133m was the approved deficit and the Government had set budgets to include that deficit, therefore the money would not have to be found as it was guaranteed funding from the Government. Anything over and above the agreed deficit would mean borrowing money from the NHS and paying it back.
- The Government have started consulting with services to consider abandoning some targets including A & E Targets and waiting time targets but not the performance of the NHS and standards for safety.
- Clarification was sought around the possibility of a no deal Brexit and what impact it would have on the hospital and finances. Members were informed that hospitals were planning for a no deal Brexit and were looking at regional and national delays for medical supplies from outside of the UK and the possibility of international staff making decisions to leave the UK. To date there had been no significant cost to the hospital other than the time spent planning for contingency arrangements. No surgical items or drugs were being stock piled as a result of a possible no deal Brexit.
- Short term priorities refer to what needs to be done this year or this month and this was reviewed on an annual cycle.
- The North Alliance comprises integrated neighbourhoods, the first three of which were around Peterborough and the fourth one was in Fenland.
- Members sought clarification as to the meaning of the Ask and Offers process. Members were informed that this was a process where representatives from all organisations were brought together and asked what they would want the health service to give them when creating an Integrated Neighbourhood. Suggestions made included: to all work in the same building, to know the list of patients every day that go into the hospital that could have been kept out of hospital.
- Members were concerned about the increased use of the City Care Centre and parking issues. The Chief Officer of the Cambridgeshire and Peterborough CCG advised Members that when buildings were not being fully utilised the CCG had to pay void costs. It was therefore practical to use each building to the maximum use. It was acknowledged that there was an issue with the parking at this facility.
- Delayed Transfer of Care (DTC). Assisting people to leave hospital using the Third Sector was normal practice. All sites had representatives from the Third Sector on site to assist with getting people back to their own homes. The national standard was that no more than 3.5% of beds should be occupied by DTC's. The City Hospital site were at

4% over the last few weeks and on some days this had been below 3.5 % which had been a real improvement.

## **AGREED ACTIONS**

The Health Scrutiny Committee **RESOLVED** to consider and note the update report of the Sustainability and Transformation Partnership (STP), as well as the work of the North Alliance.

## **52. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (C&PCCG) COMMISSIONING PLANS INCLUDING RESPONSE TO PWC REVIEW AND REVIEW OF IMPACT OF DISCONTINUATION OF IVF PROVISION**

The Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group accompanied by Director of External Affairs & Policy introduced the report. The report provided the Committee with an update on the CCG Commissioning Plans including the response to the PWC review and an update on the review of the impact of discontinuation of IVF provision following its suspension in September 2017.

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

- Two new Lay Members had been appointed to the CCG's Governing Body which would make four Lay Members in total. The two new Lay Members were not from a clinical background which provided a varied skill set on the Governing Body. The CCG Governing Body comprised of the following: CCG Accountable Officer, Chief Finance Director, Chief Operating Officer, Medical Director and Chief Nurse, 8 GP's and 4 Lay Members.
- The CCG only use consultants when particular expertise was required for a specific piece of work. PWC were therefore asked to look at the CCG governance processes and financial plans to provide technical assurance.
- It was anticipated that the C&PCCG would be on track to stay within the target of a £35,069 deficit as had been agreed with the regulators by the end of the financial year. The next financial year 2019/20 would be hugely problematic across Peterborough and Cambridgeshire and the current funding allocation had not looked promising. The financial allocation is made up of three parts: funding per person which is then multiplied by the population of the area and then adjusted to provide fairer funding across the UK. In Cambridgeshire the financial allocation per person was £1125pp. Other CCG areas of the country received a lot more e.g. West Norfolk received over £1400 per person, West Suffolk received over £1200 per person. Younger populations attracted less funding as they were deemed to be healthier. 2019/20 would be a very difficult year financially. The funding formula had been challenged and the National Health team had been asked to look at the formula and to meet with the C&PCCG to explain their rationale behind the formula and answer questions. To date the National Health team had not agreed to meet. The CCG welcomed Members lobbying Government whenever possible.
- Members were concerned that the decision to cease IVF treatment was still in place when many lifestyle treatments were being provided free of charge. Members were informed that information was being collated from providers as to whether there had been any impact on multiple births as a result of IVF treatment received abroad and any related issues. Information was also being collated to see if there had been any significant impacts on mental health services as a direct result of the withdrawal of the service. This information would be presented to the CCG Governing Body on 14 May along with any comments and recommendations made by this Committee.
- Members were informed that there would possibly be a £20m gap in the finances for 2019/20 and difficult decisions would have to be made. If Members wanted IVF treatment

to be reinstated then what alternative services could be withdrawn. A suggestion was made with regard to stopping the prescribing of vitamins.

- Councillor Rush, Seconded by Councillor Jones put forward a recommendation that the IVF services which had been suspended should now be reinstated with at least one cycle of routine IVF treatment being offered and requested that the CCG Governing Body reverse their decision made in September 2017. The recommendation was unanimously agreed.

#### **AGREED ACTIONS:**

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

#### **RECOMMENDATION**

The Health Scrutiny Committee considered the information within the report providing an update on specialist fertility services and **RECOMMENDED** that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group advise the Governing Body at the meeting on 14 May 2019 that the Health Scrutiny Committee **does not agree to** continuing with the suspension of IVF services and request that the Governing Body reverse the decision made in September 2017 to suspended routine commissioning of any specialist fertility services. They also request that the Governing Body

1. Reinstatement at least one cycle of routine IVF treatment.
2. Consider all other alternative areas where savings could be made.

### **53. EU EXIT – CAMBRIDGESHIRE AND PETERBOROUGH CCG POSITION STATEMENT**

The Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group introduced the report which provided the Committee with an update on EU Exit planning and preparedness from the CCG. This CCG wished 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. The two main areas of risk in the event of a No Deal Brexit were workforce and medicine supplies but mitigations were being put in place to address these.

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

- Members sought clarification as to whether there had been any calculations done with regard to how much money had so far been spent on preparing for an EU Exit. Members were informed that there had been a request nationally for the cost of preparing for an EU Exit to be provided. The CCG were collating the information which covered staff time, planning and event management.

#### **AGREED ACTIONS:**

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

### **54. MONITORING SCRUTINY RECOMMENDATIONS**

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

- The CCG had provided a briefing note to the Committee on the outstanding recommendation from 12 March 2018 meeting concerning the Update on the Successes and Failures of Integrated Urgent Care 1 Year on. Members noted that the Option 3 service would only operate from 9.00hrs to 17.00hrs Monday to Friday (except Bank Holidays). The Social Care services operated an out of hour's service and Members sought clarification if this service could still be used out of hours. Members were advised that it was not clear if this out of hour's service would be used via the Option 3 service. It was therefore suggested that the recommendation remain on the monitoring report as on going so that a further update could be provided when the service went live.
- Members had received a response with regard to the recommendation regarding the Primary Care Update report from the 5 November 2018 meeting. The Committee felt that the response was insufficient and requested that the CCG continue to do further work with GP's to try and address the issue raised in the recommendation. Members were advised that the contract for the GP's was not managed by the CCG Governing Body and was managed by the Primary Care Commissioning Committee. A lot of GP's were looking at on line appointment bookings, extended access and GP Hubs where routine appointments could be held on Saturdays and in the evenings. A more detailed response could be provided regarding GP appointments.

## 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 agreed that the following recommendations should stay on the report for further monitoring:

<p><b>UPDATE ON THE SUCCESSSES AND FAILURES OF INTEGRATED URGENT CARE 1 YEAR ON</b></p>	<p>The Health Scrutiny Committee noted the report and <b>RECOMMENDED</b> that;</p> <p>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.</p>
<p><b>PRIMARY CARE UPDATE PETERBOROUGH</b></p>	<p>The Health Scrutiny Committee <b>RESOLVED</b> 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.</p>

## 55. 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.

Councillor Rush announced that it would be the last meeting that Jane Pigg, the Company Secretary for North West Anglia NHS Foundation Trust would be in attendance at as she would be retiring. Councillor Rush thanked Jane on behalf of the Committee for her valued support and assistance to the Health Scrutiny Committee and wished her every happiness in her retirement.

CHAIRMAN  
7.00pm – 8.53pm

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<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 5</b>
<b>9 JULY 2019</b>	<b>PUBLIC REPORT</b>

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

**APPOINTMENT OF CO-OPTED MEMBERS**

<b>R E C O M M E N D A T I O N S</b>
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Appoint Dr Steve Watson as a non-voting co-opted member for the municipal year 2019/2020. Appointment to be reviewed annually at the beginning of the next municipal year.</li> <li>2. Appoint Parish Councillor June Bull as a non-voting co-opted member to represent the rural area for the municipal year 2019/2020. Appointment to be reviewed annually at the beginning of the next municipal year.</li> </ol>

**1. ORIGIN OF REPORT**

1.1 The report is presented to the Committee on behalf of the Director of Law and Governance.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to request that the Committee appoint Dr Steve Watson and Parish Councillor June Bull as Non-Voting Co-opted Members for municipal year 2019/20 to the Health Scrutiny Committee in accordance with Part 3, Section 4 – Overview and Scrutiny Functions:

*Paragraph 4.3 The Scrutiny Committees shall be entitled to co-opt, as non-voting members, up to four external representatives or otherwise invite participation from non-members where this is relevant to their work.*

And Part 4, Section 8 – Overview and Scrutiny Procedure Rules: Paragraph 3 - CO-OPTED MEMBERS

*3.1 As well as any statutory co-opted members, Scrutiny Committees can co-opt up to four non-voting members on to the Committee.*

*3.2 There must be at least one non-voting position reserved for a Parish Councillor from a rural area with one substitute member. The Parish Council Liaison Committee will decide these.*

*3.3 A Scrutiny Committee can co-opt a further three members at its discretion. One of these can be a second parish council member identified by the Parish Council Liaison Committee.*

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference No. 4.3 of Part 3, Section 4 – Overview and Scrutiny Functions – Co-optees.

**3. TIMESCALES**

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

**4.1 Independent Co-opted Members**

**Dr Steve Watson**

The Committee have for some time wanted to add additional expertise to the membership of the Committee by co-opting further members with a medical or health related background. Dr Watson who has been a GP for some years and is now retired was therefore appointed as a co-opted member of the committee on 4 September 2017. Dr Watson has been an active and valuable member of the committee providing positive input and effective and challenging scrutiny at all meetings and has expressed a keen interest in continuing as a co-opted member.

It is therefore proposed that the Committee approve the appointment of Dr Steve Watson as an Independent co-opted member of the Committee for the municipal year 2019/20.

**Parish Councillor Co-opted Members**

Each Scrutiny committee has the ability to co-opt up to four non-voting co-opted members one of which will be a Parish Councillor representing the rural area to ensure the voice of the rural communities are reflected. The nomination will be decided by the Parish Council Liaison meeting. The Parish Council Liaison has therefore proposed that Parish Councillor June Bull be nominated to represent the rural area on the Health Scrutiny Committee.

It is therefore proposed that the Committee approve the appointment of June Bull as a Parish Councillor co-opted member of this committee to represent the rural area for the municipal year 2019/20.

**NEXT STEPS**

If the Committee agree to appoint the above nominations as co-opted members of the Health Scrutiny Committee from 9 July 2019, they will be able to attend and take part in all meetings of the Committee and any Task and Finish Groups that the Committee agree that they may be assigned to with no voting rights.

**5. CONSULTATION**

5.1 None

**6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 The inclusion of the co-opted members will allow the Committee a wider, more diverse input to discussion, drawing on the relevant expertise of the additional members.

**7. REASON FOR THE RECOMMENDATION**

7.1 The recommendation is made to assist the Scrutiny Committee in fulfilling its terms of reference as set out in the constitution Part 3, Section 4 – Overview and Scrutiny Functions:

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

## **9. IMPLICATIONS**

### **Financial Implications**

9.1 Co-opted Members will receive a special responsibility allowance of £250 per annum as stated in the Members' Allowances Scheme.

### **Legal Implications**

9.2 Due process has been followed with regards to the appointment of the co-opted members.

### **Equalities Implications**

9.3 Members are keen to ensure that the Committee membership is as inclusive as possible and provides relevant expertise in accordance with the terms of reference for this committee.

### **Rural Implications**

9.4 The appointment of a Parish Councillor as a co-opted member representing the rural area will ensure that the voice of the rural communities are reflected.

## **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 None.

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<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 6
<b>9 JULY 2019</b>	<b>PUBLIC REPORT</b>

Report of:	NHS England and NHS Improvement – East of England	
Contact Officer(s):	David Barter, Head of Commissioning, NHS England and NHS Improvement – East of England	Tel. 0113 824 9032

**NHS ENGLAND RESPONSE TO THE HEALTHWATCH REPORT ‘FINDING AN NHS DENTIST IN PETERBOROUGH AND WISBECH’**

**R E C O M M E N D A T I O N S**

It is recommended that the Health Scrutiny Committee:

1. Consider and comment on the report from NHS England and NHS Improvement in response to the Healthwatch report ‘Finding an NHS dentist in Peterborough and Wisbech’ and make any recommendations

**1. ORIGIN OF REPORT**

- 1.1 This report is being presented at the request of the Health Scrutiny Committee.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 This report has been produced at the request of the Health Scrutiny Committee to provide information regarding actions if any that are being taken by NHS England and NHS Improvement in response to the Healthwatch report ‘Finding an NHS dentist in Peterborough and Wisbech’
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions; paragraph No. 2.1 Functions determined by Council - Scrutiny of the NHS and NHS providers.

**3. BACKGROUND AND KEY ISSUES**

Healthwatch Cambridgeshire and Healthwatch Peterborough undertook Enter and View visits to Dental Access Centres in Peterborough and Wisbech between September – November 2018. In January 2019 a report was published ‘**Finding an NHS dentist in Peterborough and Wisbech**’.

The Health Scrutiny Committee are concerned at the findings within the report and requested that NHS England produce a report to address the findings and recommendations contained in the Healthwatch report.

- 3.1 NHS England and Improvement welcomes the work undertaken and the feedback contained in the report.

The key findings were identified as follows:

- Due to the lack of routine and urgent dental appointments in Peterborough and Wisbech NHS dental practices, people are going to the Dental Access Centres for help
- The number of people being turned away without treatment from the dental access centres is substantial and increasing
- People do not know that formally registering with an NHS dental practice is no longer a possibility since April 2006
- People appreciate the high quality of care and the caring nature of staff at the Dental Access Centres
- There are not enough NHS dentists or dental nurses regionally and there are significant problems with recruitment
- Poor transport links make it hard for some people to access dental health care in the Fenland area

In addition, it was found that:

- Children have no priority for either routine or emergency appointments, unless they have additional needs and disabilities
- There is not enough preventative oral health education
- The number of children having multiple tooth extractions is increasing

Healthwatch Cambridgeshire and Healthwatch Peterborough recommend that NHS England and NHS Improvement:

- 1) Continue to work with partners and gather public views in regard of the proposed changes to both urgent and routine dental care.
- 2) Review the need for dental services in Cambridgeshire and Peterborough, and commission activity in line with demand.
- 3) Ensure that information about dentists on the NHS Choices website is up to date and accurate.
- 4) Direct dentists to take steps to increase dental care for children.

Recommend that the Cambridgeshire and Peterborough Public Health Team and Public Health England:

- 5) Commission an oral health campaign across Cambridgeshire and Peterborough targeting children and families.

Recommend that Cambridgeshire Community Services NHS Trust:

- 6) Review accessibility of information in both Dental Access Centres to ensure this complies with the NHS England Accessible Information Standard
- 7) Review availability of interpreting and translation services and maximise use of NHS England's newly commissioned service.

Please see below NHS England and NHS Improvement comments against the points raised:



### 3.2 **Due to lack of routine and urgent dental appointments in Peterborough and Wisbech NHS dental practices, patients are seeking care from Dental Access Centres**

In hours dental care is commissioned by NHS England and NHS Improvement across the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area. This includes both routine and urgent dental care which is delivered by general dental practices. Dental access centres are commissioned to provide urgent dental care for patients without access to a regular dentist.

The contractual mechanism is via General Dental Service (GDS) contracts and Personal Dental Service (PDS) agreements. GDS contracts are not time limited, whilst PDS agreements have an end date.

In total there are 23 contracts/agreements in Peterborough and 58 contracts/agreements in the Cambridgeshire area providing general dental care.

### 3.3 **Access rates for adult patients seen in the previous 24 months and child patients seen in the previous 12 months as a percentage/number of the population, by patient type and LA**

Name	Adult (18+)		Child (0-17)		Total	
	31 Dec 2018		31 Dec 2018		31 Dec 2018	
	%	No.	%	No	%	No
Peterborough City Council	42.2	62,807	59.6	29,824	46.6	92,631
Cambridgeshire County Council	45.7	234,621	57.0	76,726	48.0	311,347
Norfolk County Council	54.9	399,731	55.6	94,453	55.0	494,184
Suffolk County Council	55.0	331,963	59.9	91,577	56.0	423,540
Essex County Council	50.9	590,875	55.5	170,983	51.9	761,858
England	50.4	22,052,439	58.6	6,953,918	52.2	29,006,357

Source: NHS Dental Services, NHS Business Services Authority (BSA).  
NHS Dental Statistics: 2018-19, Second Quarterly Report

Access rates for Peterborough City Council area are below average for adults at 42.2% which is the lowest adult access rate in the area. However, the access rate for children is higher than average at 59.6% and is the second highest access rate in East.

Access issues have been identified in the Cambridgeshire and Peterborough CCG area, with some patients struggling to access both routine and urgent dental care. Patients requiring NHS dental care able to access services from a dental practice that has capacity to take on additional/new NHS patients. Practices are able to open and close their lists to new patients and do not require consent from NHS England and NHS Improvement to do this. Lists can open and close frequently and patients may find when contacting a practice again that they are accepting patients.

### 3.4 **Urgent care and stabilisation pilot**

NHS England and NHS Improvement are aware that patients have had difficulties in accessing urgent and routine dental care at general dental practices and have been working with the local dental networks and local dental practices with the view to implement the urgent care and stabilisation pilot scheme.

This pilot scheme will allow new NHS patients to be seen, the cause of their dental pain treated and then the patient will be put on a phased course of treatment in order to stabilise their oral health. This is to encourage dental motivation for oral health improvement instead of patients attending practices only when in pain. Stabilised patients would then be encouraged to enter into a normal pattern of dental examinations in general dental practice.

Two engagement events were held in March and May 2019; one in Peterborough and the other in King's Lynn. Invitations to the events were sent out to local practices. The objectives of the pilot were discussed, and expressions of interest invited.

NHS England and NHS Improvement are assessing the expressions of interest with the view that practices will commence working under pilot arrangements by the end of July 2019.

**3.5 The number of people being turned away without treatment from the dental access centres**

Since 2017/18 NHS England put additional capacity in place for urgent care at the dental access centres. This additional capacity was rolled forward into 2018/19 and 2019/20. The additional funding has totalled £310k.

NHS England and NHS Improvement commenced a review of dental access centres in 2018/19 and are currently working with the providers to gain comprehensive data to inform future commissioning decisions. As part of this review it is proposed that the current services will continue under pilot arrangements for two years from October 2019.

**3.6 People do not know that formally registering with an NHS dental practice is no longer a possibility since April 2006**

A Regulatory change in 2006 resulted in the ending of formal patient registration. Since then practices have included patients on a database in their practice and therefore patients may not realise that the registration process is not a guarantee that they will receive ongoing care from a practice as an NHS patient. A practice is only responsible for a patient whilst they are in a course of treatment.

NHS England and NHS Improvement is trailing a small number of prototype practices across England. Practices working under this system have a capitated patient list. There are a number of practices in East Anglia and Essex working under prototype arrangements including one in Cambridgeshire.

**3.7 People appreciate the high quality of care and the caring nature of staff at the Dental Access Centres**

NHS England and NHS Improvement acknowledges the high standard of care being provided and continues to work with the provider to ensure that patients continue to experience a high quality, caring service.

**3.8 There are not enough NHS dentists or dental nurses regionally and there are significant problems with recruitment**

It has been reported that recruitment of dentists has been problematic in some areas, this can be worse in the more rural areas. In addition, there have been delays in performers joining the national performers list which is managed by Capita.

NHS England continues to work with Capita and holds regular meetings. Processes and systems have been put in place to ensure that performer list applications are dealt with as smoothly as possible. There has been a reduction at a local level in the delays incurred in processing applications.

The Local dental network chairs in East Anglia and Essex are working in conjunction with Health Education England and Essex University with a view to looking to expand current training for dental therapists into areas of East Anglia including Peterborough. It is hoped to include setting up a Foundation training year for dental therapists.

The possibility of offering an extension to the current Foundation Training Scheme in order to

retain newly qualified dentists in the area is also being explored and it is hoped that this could be piloted under the Health Education England advancing dental care programme.

Whilst there have been some changes to the training programmes of dental nurses, including the introduction of apprenticeships providers have not reported any significant issues with the recruitment of dental nurses.

**3.9 Number of dentists with NHS activity, for years ending 31 March, England - NHS England region geography and CCG**

	2016/17			2017/18		
	Total number of dentists	Population per dentist	Dentists per 100,000 of population	Total number of dentists	Population per dentist	Dentists per 100,000 of population
Cambridge & Peterborough	440	1,992	50	457	1,936	52
West Norfolk	61	2,855	35	64	2,736	37
North Norfolk	74	2,305	43	67	2,566	39
South Norfolk	116	2,098	48	109	2,109	47
Great Yarmouth and Waveney	116	1,852	54	121	1,782	56
Norwich	170	1,166	86	165	1,314	76
East	1,930	2,223	45	1,987	2,177	46
England	24,007	2,302	44	24,308	2,274	44

*Source: NHS Dental Statistics for England: 2017-18.*

**3.10 Poor transport links make it hard for some people to access dental health care in the Fenland area**

Transport links and road networks can be problematic for rural populations; however, accessibility will be considered in future commissioning decisions.

**With regard to the wider provision of dental healthcare for children in Peterborough and Fenland, Healthwatch found that:**

**3.11 Children have no priority for either routine or emergency appointments, unless they have additional needs and disabilities**

Providers of NHS dental services should provide both urgent and routine care to patients. The general dental services contract includes all patients, whether adult or child. This also applies to both DACs and Out of Hours providers. Practices are only responsible for the care of the patient whilst they are under a course of treatment, have another issue in two months or have an item under guarantee. In effect this means patients are not guaranteed access to an NHS dental appointment at that practice in the future.

**3.12 There is not enough preventative oral health education**

The Office of Chief Dental Officer England has instigated an initiative Starting Well aimed at dental access and preventive care for young children, and the Local Dental Networks (LDNs) have been working with the profession to encourage them to see children (under the age of two) under this scheme.

There are other initiatives as part of public health programmes (see point 5 below).

3.13 **The number of children having multiple tooth extractions is increasing**

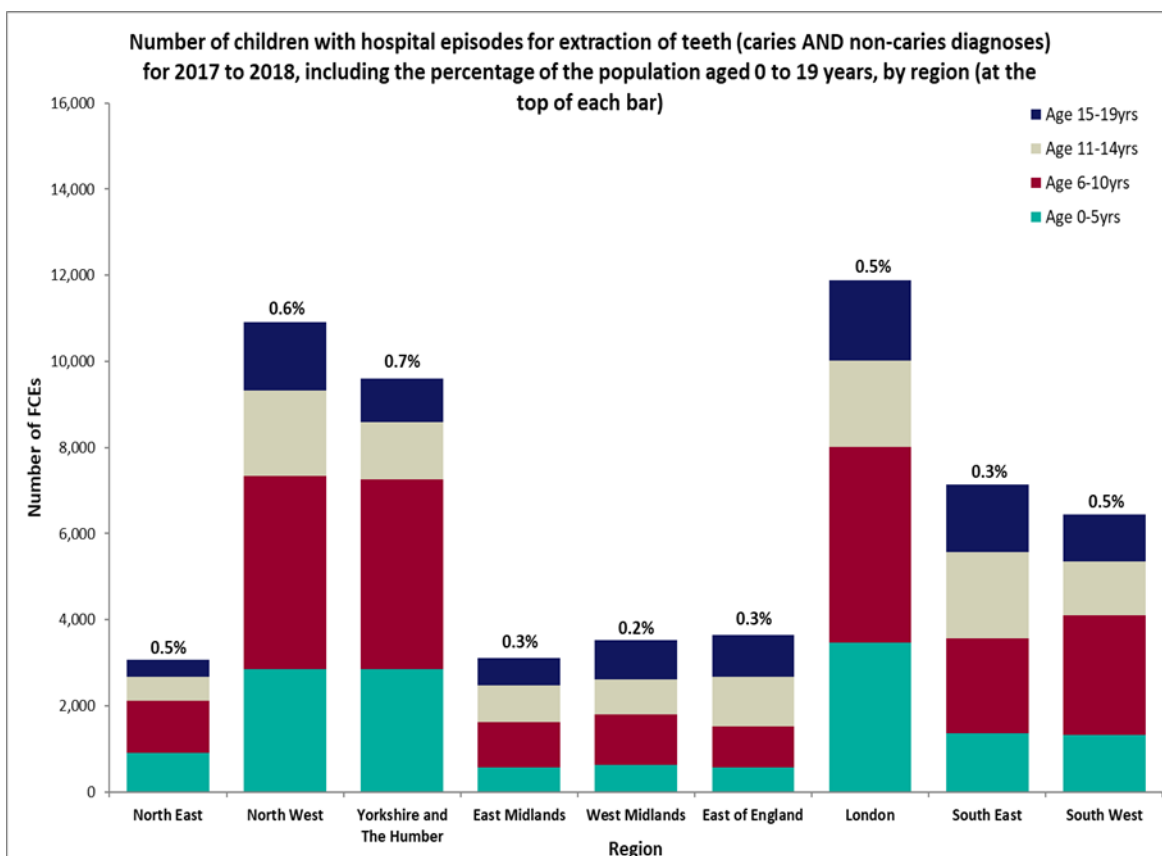
Whilst any dental extractions in children is regrettable, the estimated population for 0-5 years in 2017/18 was 19,419, of these it can be seen in the table below there were 14 consultant episodes resulting in extractions.

3.14 **The number of Finished Consultant Episodes (FCEs) for children and adolescents aged 0-19 for hospital dental extractions during 2017-18 in the Peterborough area**

LA Name	Age 0-5yrs	Age 6-10yrs	Age 11-14yrs	Age 15-19yrs	Total 0-19yrs
Peterborough	14	13	38	33	98

Source: National Dental Epidemiology, Programme for England: oral health survey of five-year-old children 2017 - A report on the inequalities found in prevalence and severity of dental decay (Revised 17/05/2018)

The table below shows regional comparison of 0-19 year olds.



Source: National Dental Epidemiology, Programme for England: oral health survey of five-year-old children 2017 - A report on the inequalities found in prevalence and severity of dental decay (Revised 17/05/2018)

**Recommendations**

3.15 **1) Continue to work with partners and gather public views in regard of the proposed changes to both urgent and routine dental care.**

NHS England and NHS Improvement is committed to working with public health, other colleagues and stakeholders to gain a better understanding of access to primary dental care

across the geography and the factors that may affect this. As such the dental strategy group was formed to take this work forward. This includes the identification of service gaps, changes in demand for services and identification of new builds/population changes and the implications for planning primary care dental services. Health profiles and areas/pockets of deprivation across the East of England will be considered.

3.16 **2) Review the need for dental services in Cambridgeshire and Peterborough, and commission activity in line with demand.**

NHS England and NHS Improvement dental strategy group is currently reviewing dental access in areas where there are known access issues. The review will inform commissioning intentions, with the view that activity will be commissioned in line with need.

As part of the work programme the urgent and oral health stabilisation pilot is being set up and discussions are underway with the provider of the dental access centres with regard to the next two years, commencing 1 October 2019.

Data collection during the pilot will further inform commissioning intentions.

3.17 **3) Ensure that information about dentists on the NHS Choices website is up to date and accurate**

The responsibility of maintaining the information regarding dental practices on the NHS website lies with dental providers. This is not currently a contractual obligation, however as part of contract reviews encourage practices to keep their profile updated.

3.18 **4) Direct dentists to take steps to increase dental care for children**

Access rates for children in the Peterborough City Council area are higher than average at 59.6%, with rates in Cambridge City Council being slightly lower than average at 57%. The England rate is 58.6%.

NHS England and NHS Improvement are currently reviewing how a national initiative which has been developed by the Chief Dental Officer to improve the uptake of children as a first check-up outlined in “Delivering Better Oral Health” will be implemented by the Autumn. The initiative is intended to promote an increase in children’s attendance at the dental practices.

The overall aim is to increase the attendance by younger children, (by their third birthday) and in the longer term to improve oral health and decrease the number of extractions in children. This will require the support and sign-up to the initiative by general dental practices along with the co-operation of Local Authorities (through existing Oral Health schemes).

The main aims of the initiative is:

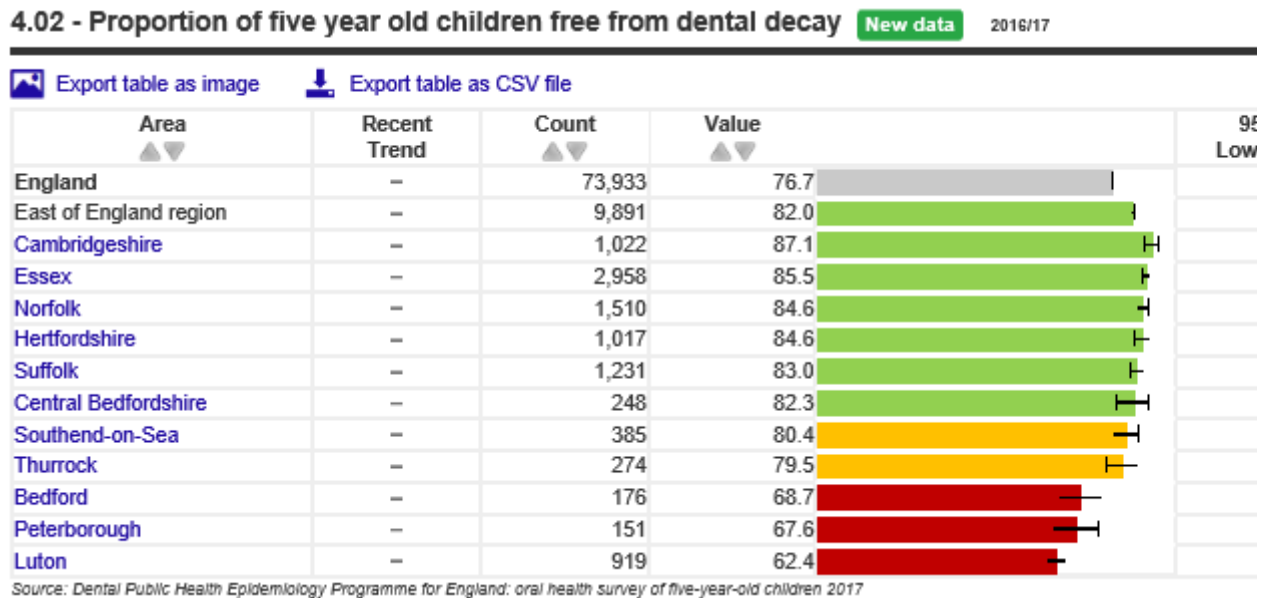
- to improve the uptake of dental services for children under the age of three
- to maintain the oral health of children
- to support a high profile public awareness programme
- to enable practices to participate in the initiative
- a reduction in hospital based General Anaesthetic for young children

An event for dental practices with Chief Dental Officer as key speaker was held in Basildon on 11 June 2019. Additional engagement is planned.

3.19 **Healthwatch recommend that the Cambridgeshire and Peterborough Public Health Team and Public Health England:**

3.20 **5) Commission an oral health campaign across Cambridgeshire and Peterborough targeting children and families**

On local dental health promotion – there is wide health inequality in children’s dental health around Cambridgeshire and Peterborough, which the following extract from the PHE ‘public health outcomes framework’ demonstrates well. This is likely to be associated with levels of deprivation. Cambridgeshire has the highest percentage of 5 year old children free from dental decay in the East of England region at 87.1% while Peterborough is second lowest in the region at 67.6%.



A national Children’s oral health/smile community pharmacy public health campaign was run from May until mid-June 2019. Pharmacies were contractually obliged to participate in this campaign that has been agreed nationally by Public Health England (PHE), NHS England and NHS Improvement and the Pharmaceutical Services Negotiating Committee (PSNC). The campaign was supported using national toolkits which were provided to pharmacies.

In Peterborough an oral health project to address the poor outcomes in Peterborough has started. Health Visitors provide families with a toothbrushing pack (baby toothbrush, tube of fluoride toothpaste, information leaflet) at their 12-month Health Visitor check, this is still ongoing. PCC Public Health produced 2 infographics and translated the information leaflet into 12 languages, multiple copies were distributed to children’s centres and pharmacies.

Dental health promotion work forms part of the community dental service contract. A procurement has been undertaken during 2018/19 for community dental services in East Anglia. Dental health promotion initiatives are part of the new contracts and are linked with local authority initiatives.

**Healthwatch recommend that Cambridgeshire Community Services NHS Trust:**

3.21 **6) Review accessibility of information in both Dental Access Centres to ensure this complies with the NHS England Accessible Information Standard**

Following this report NHS England and NHS Improvement have reminded the Trust of their obligation to ensure that this information is readily available to patients.

3.22 **7) Review availability of interpreting and translation services and maximise use of NHS England’s newly commissioned service**

NHS England and NHS Improvement has recently secured a new supplier for interpreting and translation services in East Anglia, offering more languages. Providers can access the service through an automated telephone system which should speed up access to interpreters. All relevant stakeholders have been advised of the change in service.

#### **4. CONSULTATION**

4.1 *N/A*

#### **5. ANTICIPATED OUTCOMES OR IMPACT**

5.1 The Committee will consider the report and make any recommendations as necessary.

#### **6. ALTERNATIVE OPTIONS CONSIDERED**

6.1 *N/A*

#### **7. IMPLICATIONS**

##### **Financial Implications**

7.1 *N/A*

##### **Legal Implications**

7.2 *N/A*

##### **Equalities Implications**

7.3 *N/A*

#### **8. BACKGROUND DOCUMENTS**

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

8.1 [Finding an NHS dentist in Peterborough and Wisbech](#) – Healthwatch Report published January 2019

#### **9. APPENDICES**

9.1 *None*

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<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 7</b>
<b>9 JULY 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Liz Robin	
Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health.	
Contact Officer(s):	Val Thomas, Consultant in Public Health	Tel. 07884 183374

**RECOMMISSIONING CONTRACEPTION AND SEXUAL HEALTH SERVICES**

R E C O M M E N D A T I O N S	
<b>FROM:</b> Val Thomas, Consultant in Public Health and Peter Taylor	<b>Deadline date:</b> <i>The contract for the new integrated contraception and sexual health service will be awarded in October 2019 and the new service will commence on April 1 2020.</i>
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Endorses the scope of the consultation that is part of the re-commissioning of the integrated contraception and sexual health services in Peterborough.</li> <li>2. Indicates the Health Scrutiny's priorities for the new integrated contraception and sexual health service.</li> <li>3. Indicates if and how members would like to have further involvement in the consultation processes.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 The Health Scrutiny Committee requested a report on the re-commission of the integrated contraception and sexual health services.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The Health Scrutiny Committee received a paper in November 2018 that secured its support for Peterborough City Council (PCC) along with Cambridgeshire County Council being one of two areas in England that Public Health England is sponsoring to undertake a collaborative commissioning pilot. Since 2013 local authorities, clinical commissioning groups and NHS England have been commissioning different sexual and reproductive health services and reports had confirmed that consequently service pathways were not aligned and patient experiences required improvement. The pilot would be included in the planned re-commission of integrated contraception and sexual health services as one service across Peterborough City Council (PCC) and Cambridgeshire County Council (CCC).

However the Committee expressed that it would want assurance that the specific needs of Peterborough residents are addressed by the new service. Therefore the purpose and reason for

this paper are as follows.

- To provide assurance to the Health Scrutiny Committee that the proposed consultation being undertaken to inform the development of the service specification for the new service will capture the needs and priorities of the Peterborough residents and key stakeholders.
- To ensure that the members' knowledge of the needs and priorities of the local population along with their views are reflected in the re-commission.

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 ***How does this report link to the Corporate Priorities?***

2.3.1 This re-commission of the integrated contraception and sexual health services will support the Corporate priority of 'First rate futures for our children, young people – and quality support for our adults and elderly.

2.3.2 The re-commission of the integrated contraception and sexual health services will have a focus upon vulnerable and high risk groups. These groups will be consulted with to ensure that their needs are included and addressed along with ensuring safeguarding issues are a priority for the new service. This will include Children in Care and their needs that are described in the Children in Care Pledge..

### 3. **TIMESCALES**

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

4.1 The sexual and reproductive health of the Peterborough population has been changing in recent years.

- Between 2014 and 2018 there has been an increase in the new diagnoses of sexually transmitted infections from 1097 to 1171, which is above the English average.
- Early diagnosis and treatment of HIV can with current treatment mean a normal life expectancy for a person living with HIV. In Peterborough there has been some improvement in late diagnosis decreasing from 62.5% (2013-15) to 51.2% (2015-17). However this remains above the national average.
- Testing for HIV has improved consistently from 2009. Numbers of HIV diagnosed increased from 17 in 2014 to 21 in 2017.
- Chlamydia screening for the 15-24 year olds has been highly successful achieving a high number of screens. However importantly this means that amongst young people there is an underlying high rate of infection.
- The numbers of teenage pregnancies in Peterborough fell from 102 in 2014 to 74 in 2017. This is the lowest number recorded in Peterborough, and was the first time in six years that the number was similar to the national figure and not significantly worse.
- More women under the age of 25 years attended specialist contraception clinics at the integrated contraception and sexual health service in Peterborough; increasing from 1482 in 2014 to 2117.

4.2 This information provides important insights into the contraception and sexual health needs in Peterborough. However an additional important consideration for Peterborough is the number of vulnerable high risk groups that live in the City. These include migrants from other countries,

intra-venous drug users and sex workers. Ensuring that services are accessible to these groups is important as they may not routinely access services.

- 4.3 Another factor for consideration is the increased demand for the integrated contraception and sexual health services that has occurred since it was commissioned in 2014. Appointments at the integrated contraception and sexual health clinic located at Kings Chambers in the centre of Peterborough increased from 18,213 in 2014/15 to 25,438 in 2018/19. This a 29% increase against the initial contracted level of 20,000 appointments. This included appointments for both STI testing and contraception. There is a need to explore new approaches to delivering services. These have started to be developed across the country and focus on addressing increasing needs using innovative approaches.
- 4.4 Previously PCC and CCC have individually procured their contraception and reproductive health services. Although these individual procurements led to the same provider being awarded both contracts. This re-commission will as described above be for one service established through one contract across PCC and CCC. Both contracts are now due for renewal, no further extensions are available and the councils are required to carry-out a full procurement process. The rationale for establishing a shared contract with a lead commissioning organisation is that it affords the potential of a more cost-effective service model. A legal agreement between the two local authorities will capture this and provide the appropriate assurances for the new contract that will start in April 2020.
- 4.5 Local Authorities have been mandated since 2013 to provide contraception and sexual health treatment services. The other commissioning authorities, the Clinical Commissioning Group and NHS England have responsibility for a number of other sexual and reproductive health services.
- The PHE sponsored collaborative commissioning study has been developing in recent months. The focus amongst the local authority and NHS commissioners is upon improving reproductive services for women to enable them to access a wider range of services in one location.
- 4.6 The residents from PCC and the different areas within CCC have different needs which reflect a wide range of issues which include for example different population groups, deprivation and access to services. Therefore the consultation processes that are part of the re-commission of the services will ensure that the differing needs are identified and that services in the different areas are designed to meet them. This will demand a wider range of consultation events to ensure that the new service can address these needs and manage changes in demand effectively.
- 4.7 The re-commission of the integrated contraception and sexual health services is complex. It must address the differing needs across the two local authorities along with increases in demand. It must support ongoing improvement and contribute to maintaining the improvements in sexual health. Innovation is required but this must be acceptable to the local residents. Commissioners are endeavouring to ensure that the consultation is comprehensive and captures the views of all stakeholders especially the vulnerable more hard to reach groups. These factors need to be considered in the context of the Public Health Grant in Peterborough which benchmarks 20% lower than average for its level of need. The most effective and efficient use of resources to meet the different and complex needs of residents is a priority for this re-commission.

## **5. CONSULTATION**

- 5.1 The scope of the consultation will include the following areas along with other issues if they emerge in the course of the consultation.
- Strengths and weaknesses of the current services.
  - Accessibility in terms of location and opening hours
  - Self-referral options
  - Priority aspects of services
  - Innovative service delivery – digital/online

5.2 The following consultation has already taken place.

- A stakeholder event was held in October 2018 that brought together local authority and NHS commissioners along with providers of sexual and reproductive health services to identify and agree priorities for collaborative commissioning.
- Various service-user engagement methods were used in May and June 2019, including:
  - Waiting Room Survey within the Peterborough integrated contraception and sexual health service.
  - Online survey for integrated contraception and sexual health service users.
  - Online survey for Peterborough HIV Care and Treatment users.
  - One-to-One and Group work consultations with service users of third sector partners (facilitated by the voluntary sector organisations).
- Papers in relation to the scope of the work have been presented to partner authorities.

5.3 Further planned consultation.

- 9 July 2019: Health Scrutiny Committee feedback on needs and key priorities for Peterborough;
- June to August 2019: Consultation with vulnerable hard to reach groups in Peterborough
- 9 August 2019 – Stakeholder Event to discuss key issues/ priorities
- 12 August 2019 – consultation on draft service specification with stakeholders.

5.4 Procurement timetable for the re-commission of the new service is as follows

- 29 July – Prior Information Notice (PIN) to be published
- 12 August – Soft Market Testing (of Draft Service Specification & KPIs) commences. (includes consultation with stakeholders)
- 30 August – Market Warming Event - Bidders can hear directly from commissioners and ask them questions.
- 9 September – Invitation to Tender (ITT) published
- 28 September – Clarification Window closes
- 7 October – Final date for ITT submissions

5.5 Subsequent provisional timetable

- October 21 2019: Bidders informed of their individual outcomes and 10 day standstill period commenced.
- October 31 2019: Publication of the winning bidder.

## **6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 Commissioners will have a comprehensive understanding of the contraception and sexual health needs and priorities of Peterborough residents.

6.2 The new Service Specification and planned Service will reflect resident and member knowledge and understanding of needs and priorities along with most cost effective approaches to addressing them.

## **7. REASON FOR THE RECOMMENDATION**

7.1 The contraception and sexual health needs in Peterborough are complex and challenging. The consultation already undertaken and planned will capture the diversity of needs in Peterborough and how people think services should be delivered.

- 7.2 The planned consultation processes will be modified in response to Health Scrutiny member feedback if necessary. Members are invited to take part in any of the planned consultation events.
- 7.3 Health Scrutiny member feedback on the contraception and sexual health needs of Peterborough residents and the priorities for the new Service will be reflected in the development of the Service Specification for the new Service.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 Undertake a more limited consultation. This would not fully explore the differing needs of Peterborough residents.
- 8.2 Re-commission the integrated contraception and sexual health services for PCC only. This would make any management savings difficult to achieve.

## **9. IMPLICATIONS**

### **Financial Implications**

- 9.1 The current funding allocated to CCC and PCC integrated contraception and sexual health services contracts are as follows.
- PCC annual contract value: £1,566,298
  - CCC annual contract value: £3,230,418

It is proposed that the new contract will have a maximum length of 5 years with potential breaks at the third and fourth years.

### **Legal Implications**

- 9.2.1 The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to arrange for the provision of certain services. These require the provision of:-
- open access sexual health services for everyone present in their area; covering free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and
  - free contraception, and reasonable access to all methods of contraception.

- 9.2.2 The procurement and contract award will be undertaken in line with legal requirements found in the Public Contract Regulations 2015 and the Council's Contract Rules.

- 9.2.3 A Memorandum of Understanding shall be entered into by Peterborough City Council and Cambridgeshire County Councils to document each party's responsibilities throughout the procurement/re-commissioning exercise. A Delegation Agreement between the Peterborough City Council and Cambridgeshire County Council will be prepared to enable Cambridgeshire County Council to contract with the successful bidder on behalf of Peterborough City Council - this agreement shall legally delegate Peterborough's statutory function to Cambridgeshire County Council. The Delegation Agreement (with reference to the Joint Working Agreement) shall set out the grounds upon which the two Councils will work together to deliver their objective of ensuring that the Services are properly provided to Peterborough Council under the new Contract, as well as confirming the terms of the arrangements between the Parties relating to attribution of their respective costs and allocation of risks between them.

### **Equalities Implications**

- 9.3 The new service will be universal but will need to include targeted actions to address any

inequalities and improve the outcomes for the most vulnerable and at risk populations.

### **Rural Implications**

9.4 N/A

### **Other Relevant Implications**

9.5 Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the appropriate governance structures before proceeding.

9.6 A Community Equality Impact Assessment will be completed and potential bidders will be invited to detail what specific provisions, reasonable adjustments to delivery; or additional steps taken to reach and support 'hard to serve' communities they will offer/ put in place in order to ensure access to services for specific groups, for example provision for young people under 25 years; children in care and care leavers; or specialised services for gay and bisexual men, people with learning disabilities or sex workers.

## **10. BACKGROUND DOCUMENTS**

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

10.1 Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health and HIV 2015

<https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services>

Public Health England: Sexual Health, Reproductive Health and HIV: A Review of Commissioning 2017

<https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review>

## **11. APPENDICES**

11.1 N/A

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 8</b>
<b>9 JULY 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Jessica Bawden, Director of External Affairs and Policy, Cambridgeshire & Peterborough Clinical Commissioning Group	
Contact Officer(s):	Jessica Bawden, Director of External Affairs and Policy	Tel: 01733 847332

**COMMUNICATIONS AND ENGAGEMENT APPROACH TO DELIVERING THE CCG FINANCIAL PLAN 'THE BIG CONVERSATION' – USING OUR NHS RESOURCES WISELY**

**R E C O M M E N D A T I O N S**

It is recommended that Peterborough Health Scrutiny Committee discuss the content of this report and endorse the process for this consultation.

**1. ORIGIN OF REPORT**

1.1 Jessica Bawden, Director of External Affairs and Policy for Cambridgeshire and Peterborough Clinical Commissioning group (CAPCCG) alerted members of the committee to the intention of CAPCCG to consult with the public and key stakeholders on the NHS financial situation for this area. This report is to inform the full committee of the intended content, scope and processes for that consultation and to seek approval from the committee for the process by which it intends to consult and engage with the public.

**2. PURPOSE AND REASON FOR REPORT**

2.1 For approval of the consultation process, and to give the committee the opportunity to comment on the proposed consultation.

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

**3. BACKGROUND AND KEY ISSUES**

3.1 The CCG is facing an unprecedented financial challenge in 2019/20. To meet this challenge, we need to garner support from our key stakeholders, providers and importantly the wider public. This requires a new approach, a Big Conversation about how we use our valuable NHS resources and how we take more responsibility for our own health. The CCG has specific duties in relation to consultation and engagement, but with the support of Healthwatch and our Scrutiny Committees, we will agree a process that is open, transparent and proportionate.

**3.2 Our objectives for this approach**

- This programme of work is a catalyst for how we communicate with our public about how NHS resources are used wisely;
- To start an open conversation about commissioning priorities alongside individual responsibilities in relation to self-care and lifestyle, supported by evidence;

- To ensure that we meet our statutory duties in relation to decommissioning of services, in a proportionate and pragmatic way;
- To seek the support and understanding of key stakeholders in relation to this work and our ongoing lobbying and partnership work to bring the system into financial sustainability for the long term.

3.3 The CCG has a savings plan of £32.7 million in 2019/20. Many of these are around contractual transactions, but many propose a change in how a service is delivered or the level of service or medication that is available.

3.4 Working alongside the CCG's Programme Management Office (PMO) and the proposed QIPP (Quality, Innovation, Productivity and Prevention) schemes, engagement plans have been identified into the following main areas:

- **Specific stakeholder engagement** by workstream lead, generally with providers or local authority partners;
- **Primary care engagement** around a number of schemes and potential changes to commissioned services, supported by Governing Body members;
- **Staff engagement** to ensure that staff know what the proposals are, act as champions and also to support the identification and implementation of running cost reduction initiatives;
- **The Big Conversation**, a major communications initiative to engage people in the challenges we face and what we can all do to use NHS resources wisely;
- **Formal public consultation** alongside, this will be required for a small number of proposals such as change in the provision of hearing aids.

3.5 The major piece of work will be our Big Conversation with the public. The majority of our savings proposals are around medicines waste, clinical thresholds, service transformation etc. The key messages from this will be as follows:

- This is our NHS;
- Resources are limited;
- We all have a responsibility to use the NHS wisely;
- The NHS is working hard already to reduce inefficiency, reduce duplication and running costs;
- We all have a responsibility to look after ourselves, when we can, and the NHS will help people to that;
- How the NHS looks after us changing – we can all use more technology to access and services and be treated;
- We need to make choices about where we focus resources to get the best outcomes.

3.6 This is being supported by information and facts around the impact of lifestyle on health and demand on health services. This will be a communications and marketing led exercise supported by engagement with interest groups and established patient groups. Healthwatch is developing a proposal to support this work alongside focus group work around prioritisation and values-based decision making.

### 3.7 **Timescales**

Throughout May and June 2019, we have worked with Healthwatch and Cambridgeshire and Peterborough Scrutiny Committees as well as our own Patient Reference Group to develop the proposed approach to engagement. We will attend public Scrutiny meetings to present the process at the beginning of July and we will also be sharing the draft document with key stakeholders before we launch. Healthwatch will also be contributing the outputs of their NHS Long-Term Plan engagement and survey responses. We will also be continuing our round of



briefings for Members of Parliament (MPs).

These conversations have been invaluable in helping us build the framework for our document, which will be set out as follows:

1. The problem and context;
2. What we in the NHS are doing to address the problem, such as reducing running costs or duplication of contracts;
3. What work we have already been doing with the public, such the great strides we have made with public attitude to over the counter medicines;
4. How lifestyle behaviours impact on our own health and NHS costs and how we can help ourselves more and where the NHS can help;
5. Other areas we will be looking at in the future such as simplifying routes into Urgent Care Services, or reviewing wait times for certain procedures;
6. Specific Areas where we are proposing to stop or reduce services;
7. Survey to gather views.

We propose to launch the Big Conversation week beginning 22 July 2019, running until the end of September 2019. Timescales will be finally agreed with main Scrutiny Committees.

3.8 Key outputs will be as follows:

- Big Conversation document, infographics, Public Relations materials and survey developed with Healthwatch;
- Impacts of lifestyle facts & figures;
- Suite of materials, including leaflets, presentations, Frequently Asked Questions and social media tools;
- Public Meetings.

#### **4. CONSULTATION**

4.1 We have developed the attached draft Consultation Process Plan which is being developed with key stakeholders and will be presented to Scrutiny Committees, alongside our key messages. This is attached at Appendix One.

#### **5. ANTICIPATED OUTCOMES OR IMPACT**

5.1 The Committee is asked to endorse this approach to the communications and engagement and the draft Engagement Process Plan.

#### **6. REASON FOR THE RECOMMENDATION**

6.1 The CCG and system financial challenges provides an opportunity for a change in the conversation we have with the public about how we all use the NHS and the need to take more responsibility for our own health. A wider debate, rather than a focus on traditional consultation processes will open up a new level of engagement that we can use going forward as we plan for the next 3-5 years.

This approach will step up our two-way communications with the public it is also vital to support our challenging financial plan for 2019-20.

#### **8. IMPLICATIONS**

##### **Financial Implications**

8.1 Funding for healthcare across Cambridgeshire and Peterborough is under pressure. We are currently buying more than we can afford, which means we need to make some difficult decisions about the services we can afford to provide in the future.

As a CCG we need to make savings of around £65 million. This is our part of the whole system challenge.

Much of this will be through work with our providers to cut down on duplication, reduce costs of running certain services, and setting clear prices for services, known as tariffs. This will have minimum impact on patients, but around £35 million will need to be found from services that the CCG currently commission.

We are currently overspending £1 million pounds a week and need to review what we commission and focus on core NHS services that bring the most benefits for our patients.

The table below gives some detail on the areas where the CCG is planning to make these savings. Many of these will be discussed as part of the big consultation. This is not a final list as more detail is being added and we will share with the Committee as soon as possible.

<b>2019/20 savings programme</b>	<b>£'000</b>	<b>Notes</b>
NHS Continuing Healthcare case reviews and contract management	5,136	
Review of contracts and services	4,087	
Prescribing Over the counter medicines, medicines waste, switches to lower cost medicines	3,050	EG over the counter medicine £400k, Generics £350k, switches to lower cost drugs £1.8m
Learning Disability Delayed Transfers of Care Management	680	
S117 (complex case management) Case review	1,000	
Wheelchair Procurement	1,063	Already engaged with service users to develop specification
Contract management	3,759	e.g. negotiating lower uplifts £1.9m, coding audit £0.8m
Further community services review	734	
Ambulance contract	2,500	Arbitration resulted in only £500k achieved in 19/20
Line by Line budget review	3,723	
Running costs	1,043	Additional £2.5m to be found in 20/21
Review of acute capacity	3,000	
Primary Care	1,500	
Efficient management of discharge pathways	1,425	
<b>Total</b>	<b>32,700</b>	

The areas that we expect to be including in the Big Conversation are:

- Audiology pathways including a review of hearing aid provision for mild to moderate hearing loss
- Over the counter medicines
- Medicines waste
- Local enhanced services by GP practices
- Changes to the End of Life Pathway

- Simplifying access to Urgent Care Services
- Reviewing the waiting time for some procedures
- Vasectomy services
- Lifestyle changes
- Endoscopy services

The contents of the document are being finalised and we would like to share the draft document with the Committee and/or the Chair for feedback before we commence the process.

### **Legal Implications**

- 8.2 The CCG has a statutory duty to consult and engage with the public and key stakeholders:  
**Section 14Z2 Health and Social Care Act 2012**  
 14Z2 Public involvement and consultation by clinical commissioning groups  
<http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### **Equalities Implications**

- 8.3 All relevant workstreams will complete impact assessments before changes are considered and these will be published on the CCG website from the start of the consultation.

## **9. BACKGROUND DOCUMENTS**

- 9.1 <https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/governing-body-papers-2018-19/>  
Refreshed Communications & Engagement Strategy July 2018

## **10. APPENDICES**

- 10.1 Appendix One – Draft Consultation Process Plan

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**WORKING DOCUMENT,**

## **Consultation Process Plan**

**Big Conversation**

**Spending our NHS Money Wisely**

**Proposed consultation xxx July to xxx September 2019**

**V3**

**26/06/19**

**Jane Coulson**

**Jessica Bawden**

## Background

Funding for healthcare across Cambridgeshire and Peterborough is under pressure. We are currently buying more than we can afford, which means we need to make some difficult decisions about the services we can afford to provide in the future. As part of the decision-making process, we want to have a Big Conversation with members of our community, clinicians, providers and stakeholders, to fully understand their needs and priorities. This information will help to inform how we invest our limited funds. Putting patients at the heart of our decision making.

## Why are we consulting now?

The CCG is facing an unprecedented financial pressure in 2019/20. The whole of the NHS system in our area is facing an enormous financial challenge, this includes all of the hospitals and community providers as well as Primary Care. That challenge is a funding gap of almost £200 million.

Much of this will be through work with our providers to cut down on duplication, reduce costs of running certain services, and setting clear prices for services, known as tariffs. This will have minimum impact on patients, but around £35 million will need to be found from services that the CCG currently commission.

We are currently overspending £1million a week and need to review what and how we commission and focus on core NHS services that bring the most benefits for our patients.

## The Proposal

### The Big Conversation

The Big Conversation is our way of opening up the challenges we face and working together with our community, staff, stakeholders and providers to find the right solutions. We want to put patients at the heart of our decision-making processes. We will do this by launching our Big Conversation that will run from XX July to XX September. During this time, we want to have a Big Conversation with...

1. **With our Community** – about what services they need and value most, at the same time as looking at how they use NHS services, including out of hours care, over the counter medications, and medicines waste
2. **With our Clinicians** – about referrals, prescribing and service constraints and how we help people to look after themselves better
3. **With our Providers** – about how they can become more efficient and embrace innovation whilst still providing good quality healthcare

## Process

### Pre-consultation and engagement

Cambridgeshire and Peterborough CCG will:

- Prepare a full and comprehensive consultation document that explains the programme and the options for consultation in clear plain English.
- Prepare a summary of this consultation document for people who are not able, or do not want, to be able to read the full consultation document.
- Translate the summary consultation documents into key community languages when required, explaining that more information is available if people want it.
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Ensure that drafts of the full consultation documents and questions for consultations are shared with the following groups:
  - CCG Governing Body
  - Health Scrutiny Committees from Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Norfolk.
  - The CCG Patient Reference Group (PRG)
  - Healthwatch organisations from Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Norfolk.
- Ensure that the final consultation document reflects feedback from these groups.
- Ensure that we provide materials for different audiences and how much they want to engage, including briefings for stakeholders, leaflets and infographics and messaging for social media.
- Plan public meetings in accessible venues in the CCG area.
- Publicise these meetings within the consultation documents in good time in advance of meetings.

### Consultation and engagement

Cambridgeshire and Peterborough CCG will:

- Have copies of the consultation documentation available on the website from the first day of the consultation and throughout the consultation.
- Have translations and rich text versions of the documentation on the CCG website as close to the start of the consultation as possible.
- Have photocopies of the documentation prepared for distribution on the first day of the consultation.
- Have printed copies of the full document, summary document and translations available on request as soon as possible after the start of the consultation.
- Distribute these documents to:
  - GP practices
  - Pharmacies
  - Stakeholder database
  - MPs
  - Councils for Voluntary Services (Peterborough and Cambridgeshire).
  - Local Medical Committee

- Local Pharmaceutical Committee
  - Health Scrutiny Commissions, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire, Norfolk.
  - Health and Wellbeing Boards, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire, Norfolk.
  - District Councils across our regions
  - CCG Patient Reference Group
  - Public Service Board
  - Patient Forum Groups
  - Healthwatch organisations, Peterborough, Cambridgeshire, Northamptonshire, Hertfordshire, Norfolk.
  - Libraries
  - Cambridgeshire Community Services NHS Trust
  - Cambridgeshire and Peterborough NHS Foundation Trust
  - East of England Ambulance Service MNHS Trust
  - North West Anglia NHS Foundation Trust
  - Cambridge University Hospitals NHS Foundation Trust
  - Royal Papworth NHS Foundation Trust
  - Peterborough City Council
  - Cambridgeshire County Council
  - Queen Elizabeth Hospital NHS Trust
  - Unions
  - NHS England/Improvement Area Team
  - Cambridgeshire and Peterborough Combined Authority
- 
- Send media release to all local media outlets at the start of the consultation and at strategic points in the consultation to ensure widespread media coverage.
  - Use Facebook and Twitter, and other social media platforms, to raise awareness of the consultation, conversation phased, sent to local stakeholders to support disseminate
  - Ensure that translations are made available on request in key community languages.
  - Ensure that all translations are available on the CCG website when requested.
  - Ensure that all responses received in other languages are translated into English and included in the response reports.
  - Log all calls received with regard to the consultation.
  - Collate all letters and emails received as part of the consultation.
  - Ensure that all public meetings held have full meeting notes, recording comments and questions.
  - Ensure that when we attend meetings we record a briefing note of the meeting and request full minutes when available.
  - Collate all meeting notes, briefing notes and minutes.
  - Respond to requests for attendance at meetings to discuss the consultation.



- Attend meetings with the following key stakeholder groups during consultation:
  - Health Scrutiny Commissions in Cambridgeshire, Peterborough
  - Health Scrutiny Committees in Northamptonshire, Hertfordshire and Norfolk on request.
  - Healthwatch organisations in Cambridgeshire and Peterborough. Attend in Northamptonshire, Hertfordshire and Norfolk on request.
  - CCG Patient Reference Group
  - Health and Wellbeing Boards in Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Norfolk (on request)
  - Relevant patient representative groups

## **Post Consultation**

A report to be produced on the consultation responses

Cambridgeshire and Peterborough CCG Governing Body will review report and findings before making its decision.

Press release on the outcome of the consultation, emphasising the changes made following consultation feedback.

Communications to be sent via email/letter to stakeholders/and consultation respondents with link to consultation report and outcomes.

Feedback to staff via email, staff briefings and iConnect.

Feedback to members via, Members news and Members email.

Continued communication as project progresses.

## **Legal requirements**

The consultation documents will be drawn up in accordance with following legal requirements and guidance:

### **Cabinet Office Consultation Principles July 2012**

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at:

<https://www.gov.uk/government/publications/consultation-principles-guidance>

### **Section 14Z2 Health and Social Care Act 2012**

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution—

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### **Four Criteria for Significant Service Change**

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

### **CCG Constitution Section 5.2.**

5.2. General Duties - in discharging its functions the NHS C& P CCG will:

5.2.1. Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) ensuring that individuals to whom the services are being or may be provided are involved:

- (i) in the planning of the CCG's commissioning arrangements;
- (ii) in the development and consideration of the proposals by the CCG for changes in commission arrangements;
- (iii) in the decisions of the CCG affecting the operation of commissioning arrangements, where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them;

b) in order to understand the views of patients and the public and to disseminate relevant information to them, establishing and working closely with:

- (i) a Patient Reference Group which is constituted as a subcommittee of the Governing Body in accordance with this Constitution;
- (ii) Local Commissioning Groups which are constituted as subcommittees of the Governing Body in accordance with this Constitution;
- (iii) the Patient Safety and Quality Committee which is constituted as a subcommittee of the Governing Body and considers patient experience, complaints and feedback;
- (iv) Patient Participation Groups which will seek the views of local populations and assist with the dissemination of information, and representatives of which will sit on each Local Commissioning Group's patient forum;

c) in order to understand the views of patients and the public and to disseminate relevant information to them, ensuring regular liaison and the development of close working relationships with each of the following bodies:

- (i) Patient Forums, which are intended to give individuals the opportunity to raise questions or concerns about the provision of healthcare services at the wider county level;
- (ii) Healthwatch, which gathers views of local people on local health services;
- (iii) Health Overview and Scrutiny Committees which review the planning, commissioning and delivery of health services;
- (iv) Health and Wellbeing Boards, each of which is a group of key leaders representing health and care organisations who work together to understand what their local communities need from health and care services and to agree priorities;

d) publishing a Communications Membership and Engagement Strategy, approved by its Governing Body and regularly revised to take into account any new guidance published by NHS England, which will be designed to ensure that the CCG involves patients and the public by a range of means that are suitable to different aspects of its commissioning arrangements, those means to include as appropriate:

- (i) the publication of documents to disseminate relevant information about the commissioning arrangements;
- (ii) regular attendance at key meetings, forums and events for the purpose of listening to the views of patients and the public, providing information about and explaining actions being taken or considered by the CCG, and answering questions;

- (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events;
  - (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails and other suitable means;
  - (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms;
- e) in the implementation of the arrangements described above, acting consistently with the following principles:
- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements;
  - (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes;
  - (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it;
  - (iv) using plain language, and sharing information as openly as is reasonably practicable;
  - (v) treating with equality and respect all patients and members of the public who wish to express views;
  - (vi) carefully listening to, considering and having due regard to all such views;
  - (vii) providing clear feedback on the results of patient and public involvement.

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CPCT/Corporate%20documents/CCG%20Constitution.pdf>

### **NHS Accessible Information Standards.**

The NHS Accessible Information Standards ensure clearer health and care information for disabled people and their carers.

The Accessible Information Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services. Examples of the types of support that might be required include large print, plain text copy on websites, braille or using a British Sign Language (BSL) interpreter.

All organisations that provide NHS care or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices. As part of the accessible information standard, NHS organisations must do five things:

- Ask people if they have any information or communication needs, and find out how to meet their needs.
- Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.

- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The Accessible Information Standard came into effect in July 2016

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<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 9</b>
<b>9 JULY 2019</b>	<b>PUBLIC REPORT</b>

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

**REVIEW OF 2018/2019 AND WORK PROGRAMME FOR 2019/2020**

R E C O M M E N D A T I O N S	
<b>FROM:</b> Director of Law and Governance	<b>Deadline date:</b> N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Considers items presented to the Health Scrutiny Committee during 2018/19 and makes recommendations on the future monitoring of these items where necessary.</li> <li>2. Determines its priorities, and approves the draft work programme for 2019/2020 attached at Appendix 1.</li> <li>3. Notes the Recommendations Monitoring Report attached at Appendix 2 and considers if further monitoring of the recommendations made during the 2018/2019 municipal year is required.</li> <li>4. Notes the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 The report is presented to the Committee on behalf of the Director of Law and Governance.

**2. PURPOSE AND REASON FOR REPORT**

2.1 To provide the committee with a review of the work undertaken during 2018/19 by the Health Scrutiny Committee and to consider if further monitoring of these items are required.

To determine the committee's priorities and approve the draft work programme for 2019/2020 attached at Appendix 1.

To note the recommendations made last year attached at Appendix 2 and consider if further monitoring is required.

To note the Terms of Reference for this Committee attached at Appendix 3.

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, paragraphs 2.1, and paragraph 3, Specific Role of Overview and Scrutiny, sub paragraphs 3.1, 3.2, 3.3 and 3.5.

### 3. **TIMESCALES**

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

4.1 The Health Scrutiny Committee was established by Council at its Annual meeting on 12 October 2016.

4.2 During 2018/19 the Health Scrutiny Committee scrutinised the following items:

#### **Information / Update**

- Review of 2017/18 and Future Work Programme 2018/19
- Appointment of Co-opted Member

#### **Monitoring / Calling to Account**

- Dental Service in Peterborough
- North West Anglia NHS Foundation Trust – Bed Capacity
- STP Update and Strategic Direction 2018/2019
- NHS Constitution Including Targets and Performance
- Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) Commissioning Plans and response to PWC Review
- Preparations for Winter 2018/19 in Our Hospital
- Primary Care Update Peterborough
- Cabinet Portfolio Holder for Public Health Performance Report
- North West Anglia NHS Foundation Trust - CQC Inspection Outcome And Action Plan
- Annual Public Health Report
- Healthy Peterborough Programme Progress Report
- STP Update and Strategic Direction 2018/19
- Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) Commissioning Plans and response to PWC Review and Review of Impact of Discontinuation of IVF Provision
- Planning for Brexit (CCG Report)
- Monitoring Scrutiny Recommendations
- Forward Plan of Executive Decisions

#### **Policy / Plans / Consultation**

- Peterborough And Cambridgeshire Sexual And Reproductive Health Services Commissioning Feasibility Study
- Transforming Care - 'Building The Right Support' (BRS) - Inpatient Bed Configuration. Preferred Option Consultation
- Podiatry Services

4.3 **Call-In**  
None

4.4 **Task & Finish Groups**  
None

#### **Joint Committees**

- Joint Scrutiny of the Budget Phase One - Medium Term Financial Strategy 2019/20 to 2021/22 - Tranche One
- Joint Scrutiny of the Budget Phase Two – Medium Term Financial Strategy 2019/20 to 2021/22 - Tranche Two



- Joint Scrutiny of the Budget Phase Three - Medium Term Financial Strategy 2019/20 to 2021/22 - Tranche Three

#### 4.6 **Recommendations Made**

A list of any recommendations made during the year are attached at Appendix 2 for consideration.

### 5. **WORK PROGRAMME 2018/2019**

5.1 The Committee is asked to consider the work undertaken during 2018-2019 and make recommendations on the future monitoring of any of these items where necessary.

5.2 In preparing a work programme for 2019-2020, the Committee is requested to consider its functions as set out in the terms of reference attached at Appendix 3 - Part 3, Section 4, Overview and Scrutiny Functions and Terms of Reference, paragraph 2.1 section 3.

5.3 A draft work programme which shows the items identified for scrutiny at the Annual Work Programming Session held on 3 June 2019 is attached at Appendix 1 for consideration and approval.

### 6. **CONSULTATION**

6.1 N/A

### 7. **REASON FOR THE RECOMMENDATIONS**

7.1 To ensure the Scrutiny Committee fulfils the requirements as set out in the terms of reference attached at Appendix 3.

### 8. **IMPLICATIONS**

#### **Financial Implications**

8.1 None

#### **Legal Implications**

8.2 A review of last year's priorities, acting upon lessons learnt and continuous improvement and approval of the coming year's Scrutiny priorities providing a planned and focussed approach to the work of Scrutiny, is in keeping with good governance.

#### **Equalities Implications**

8.3 None

#### **Rural Implications**

8.4 N/A

### 9. **BACKGROUND DOCUMENTS**

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

9.1 Minutes of the meetings of the Health Scrutiny Committee held on: 2 July 2018, 17 September 2018, 5 November 2018, 21 January 2019, and 18 March 2019.

### 10. **APPENDICES**

- 10.1 Appendix 1 – Draft Work Programme 2019/20  
 Appendix 2 – Recommendations made during 2018/2019  
 Appendix 3 – Part 3, Section 4 – Overview and Scrutiny Functions

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**Draft Health Scrutiny Committee Work Programme 2019/2020**

Updated: 3 June 2019

Meeting Date	Item	Indicative Timings	Comments
<p><b>9 JULY 2019</b>  <i>Draft Report 14 June</i>  <i>Final Report 27 June</i></p>	<p><b>Co-opted Member Report</b>                      To agree to the appointment of co-opted members to the committee for the municipal year 2019/2020.   <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>NHS England Response To The Healthwatch Report 'Finding An NHS Dentist In Peterborough And Wisbech'</b>   <b>Contact Officer: David Barter / Tom Norfolk</b></p>		
	<p><b>Recommissioning Contraception And Sexual Health Services</b>   <b>Contact Officer: Val Thomas / Peter Taylor</b></p>		
	<p><b>Communications and Engagement Approach To Delivering The CCG Financial Plan 'The Big Conversation' - Using Our NHS Resources Wisely</b>   <b>Contact Officer: Jessica Bawden</b></p>		
	<p><b>Review Of 2018/2019 And Work Programme For 2019/2020</b>                      To review the work undertaken during 2018/19 and to consider the work programme of the Committee for 2019/2020</p>		

	<b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		
	<b>Monitoring Scrutiny Recommendations</b> To monitor progress made on recommendations made at the previous meeting.  <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		
	<b>Forward Plan of Executive Decisions</b> That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.  <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		
<b>16 JULY 2019</b> Joint Scrutiny of the Budget Meeting	<b>Medium Term Financial Strategy 2020/21 to 2022/23 -</b>  <b>Contact Officer: Peter Carpenter</b>		
<b>17 SEPTEMBER 2019</b> Joint Scrutiny of the Budget Meeting	<b>Medium Term Financial Strategy 2020/21 to 2022/23 -</b>  <b>Contact Officer: Peter Carpenter</b>		
<b>18 SEPTEMBER 2019</b> <i>Draft Report 23 August</i>	<b>Best Start in Life Strategy - Scrutiny of Health Visiting and School Nursing Section 75</b>		Possibly November

*Final Report 6 September*

**Contact Officer:**

**Primary Care Updates**

**Contact Officer: Jessica Bawden**

**Reprocurement of integrated Lifestyle and Behaviour Change Services**

**Contact Officer: Val Thomas / Amy Hawkins**

**Monitoring Scrutiny Recommendations**

To monitor progress made on recommendations made at the previous meeting.

**Contact Officer: Paulina Ford, Senior Democratic Services Officer**

**Forward Plan of Executive Decisions**

That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.

**Contact Officer: Paulina Ford, Senior Democratic Services Officer**

	<p><b>Work Programme 2019/2020</b> To consider the Work Programme for 2019/2020</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
<p><b>19 NOVEMBER 2019</b> <i>Draft Report 25 October</i> <i>Final Report 7 November</i></p>	<p><b>Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough</b></p> <p><b>Contact Officer: Dr Liz Robin</b></p>		
	<p><b>East of England Ambulance NHS Trust Service update</b></p> <p><b>Contact Officer: Dorothy Hosein, Interim Chief Executive / Dave Fountain, Deputy Director</b></p>		
	<p><b>North West Anglia NHS Foundation Trust - Preparations for winter 2019/20 including plans for flu vaccines</b></p> <p><b>Contact Officer: Caroline Walker / Taff Gidi</b></p>		
	<p><b>North West Anglia NHS Foundation Trust - Financial Update, to include any changes in management and vision for the hospital.</b></p> <p><b>Contact Officer: Caroline Walker / Taff Gidi</b></p>		
	<p><b>Monitoring Scrutiny Recommendations</b> To monitor progress made on recommendations made at the previous meeting.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		

	<p><b>Forward Plan of Executive Decisions</b> That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>Work Programme 2019/2020</b> To consider the Work Programme for 2019/2020</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
<p><b>27 NOVEMBER 2019</b> Joint Scrutiny of the Budget Meeting</p>	<p><b>Medium Term Financial Strategy 2020/21 to 2022/23</b></p> <p><b>Contact Officer: Peter Carpenter</b></p>		
<p><b>7 JANUARY 2020</b> <i>Draft Report 5 December</i> <i>Final Report 18 December</i></p>	<p><b>Update on Heart Disease Mortality - prevention</b></p> <p><b>Contact Officer: Jessica Bawden / Dr Liz Robin</b></p>		
	<p><b>Update on Healthy Peterborough Campaign</b></p> <p><b>Contact Officer: Stuart Tarbuck</b></p>		
	<p><b>Portfolio Progress Report the Cabinet Member for Adult Social Care, Health and Public Health</b></p> <p><b>Contact Officer: Dr Liz Robin</b></p>		

	<p><b>Monitoring Scrutiny Recommendations</b> To monitor progress made on recommendations made at the previous meeting.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>Forward Plan of Executive Decisions</b> That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>Work Programme 2019/2020</b> To consider the Work Programme for 2019/2020</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
<p><b>12 FEBRUARY 2020</b> Joint Scrutiny of the Budget Meeting</p>	<p><b>Medium Term Financial Strategy 2020/21 to 2022/23 -</b></p> <p><b>Contact Officer: Peter Carpenter</b></p>		
<p><b>9 MARCH 2020</b> <i>Draft Report 13 February</i> <i>Final Report 26 February</i></p>			



	<p><b>Monitoring Scrutiny Recommendations</b> To monitor progress made on recommendations made at the previous meeting.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>Forward Plan of Executive Decisions</b> That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		

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## RECOMMENDATION MONITORING REPORT 2018/2019

## HEALTH SCRUTINY COMMITTEE

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
4 September 2017	Councillor Lamb, Cabinet Member for Public Health / Dr Liz Robin, Director of Public Health	<b>PETERBOROUGH ANNUAL PUBLIC HEALTH REPORT</b>	The Health Scrutiny Committee considered the report and <b>RECOMMENDED</b> that the Director of Public Health include in future Annual Public Health Reports details on healthy eating habits and statistics on air quality as both have an impact on the health of local people.	Updated at 6 November meeting: the Director of Public Health advised that the request from the Health Scrutiny Committee has been logged and will be taken in to consideration when preparing the Annual Public Health Report for 2018, next year.	Report to be presented in January 2019.  Completed
12 March 2018	Ian Weller, Head of Urgent and Emergency Care Cambridge and Peterborough CCG	<b>UPDATE ON THE SUCCESSSES AND FAILURES OF INTEGRATED URGENT CARE 1 YEAR ON</b>	The Health Scrutiny Committee noted the report and <b>RECOMMENDED</b> 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	On-going

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
				<p>the Committee before the next meeting of the Committee on 18 March 2019.</p> <p>A briefing note was provided to the Committee on 18 March 2019. At the meeting of the Committee held on 18 March 2019 it was agreed that this recommendation should continue to be monitored and requested a further update.</p>	
5 November 2018	Cabinet Member for Public Health / Director for Public Health	<b>PETERBOROUGH AND CAMBRIDGESHIRE SEXUAL AND REPRODUCTIVE HEALTH SERVICES COMMISSIONING FEASIBILITY STUDY</b>	The Health Scrutiny Committee <b>RESOLVED</b> 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 easily accessible to the population of Peterborough.	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 of Public Health will	<p>Further update report to be provided at the 9 July 2019 meeting of the Committee.</p> <p>Committee to determine if further monitoring is required.</p>

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
				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 Executive of North West Anglia NHS Foundation Trust	<b>PREPARATIONS FOR WINTER 2018/19 IN OUR HOSPITAL</b>	The Health Scrutiny Committee <b>RESOLVED</b> to recommend that all abbreviations / acronyms within the report should be fully explained either within a glossary or bracketed within the text to allow full understanding and transparency for the Committee and members of the public.	The North West Anglia NHS Foundation Trust has noted this recommendation for future reports to the Committee.  A glossary of NHS Acronyms has been provided to the Committee for future reference.	Complete
5 November 2018	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group	<b>Primary Care Update Peterborough</b>	The Health Scrutiny Committee <b>RESOLVED</b> 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	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	Ongoing

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
			at 08.00hrs in the morning to book an appointment and report back to the Committee.	<p>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.</p> <p>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.</p>	

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
				The Committee agreed to continue to monitor this recommendation at its meeting on 18 March 2019 and requested that the CCG further investigate the original recommendation as agreed at the 5 November meeting of the Committee.	
18 March 2019	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group	<b>CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (C&amp;PCCG) COMMISSIONING PLANS INCLUDING RESPONSE TO PWC REVIEW AND REVIEW OF IMPCT OF DISCONTINUATION OF IVF PROVISION</b>	<b>RECOMMENDATION</b>  The Health Scrutiny Committee considered the information within the report providing an update on specialist fertility services and <b>RECOMMENDED</b> that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group advise the Governing Body at the meeting on 14 May 2019 that the Health Scrutiny Committee <b>does not agree to</b> continuing with the suspension of IVF	Due to the Elections and Purdah the decision regarding the suspension of IVF Services was deferred from 14 May 2019 meeting. A formal response to the Committees recommendation is still to be provided once this has been reviewed by the CCG Governing Body at its meeting on 2 July 2019.	Awaiting response

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
			<p>services and request that the Governing Body reverse the decision made in September 2017 to suspended routine commissioning of any specialist fertility services. They also request that the Governing Body</p> <ol style="list-style-type: none"> <li>1. Reinstate at least one cycle of routine IVF treatment.</li> <li>2. Consider all other alternative areas where savings could be made.</li> </ol>		



## Section 4 – Overview and Scrutiny Functions & Terms of Reference

### 1. OVERVIEW AND SCRUTINY COMMITTEES

- 1.1 The Council has appointed the following Overview and Scrutiny Committees to carry out those functions under Sections 9F to 9FI of the Local Government Act 2000, as amended by:
- (a) Section 19 of the Police and Justice Act 2006 in relation to the scrutiny of crime and disorder matters;
  - (b) Section 244 of the Health & Social Care Act 2012 in relation to health matters; and
  - (c) Section 22 of the Flood Risk Management Act 2010 in relation to flood risk management.

### 2. TERMS OF REFERENCE

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

<b>1.</b>	<b>Children and Education Scrutiny Committee</b>	
	<b>No of Elected Members appointed by Council:</b>  Eleven, none of whom may be a Cabinet Member.	<b>Chairman and Vice-Chairman</b>  Appointed by Council.
	<b>Quorum:</b>  At least half the Members of the Committee (including voting co-opted members).	<b>Co-opted Members to be appointed by the Committee/Council</b>  Four representatives as follows with full voting and call-in rights on education matters only: (a) 1 Church of England Diocese representative; (b) 1 Roman Catholic Diocese representative; and (c) 2 parent governor representatives.  No more than four non-voting members.
	<b>Functions determined by Council</b>  1. Children’s Services including <ul style="list-style-type: none"> <li>a) Social Care of Children;</li> <li>b) Safeguarding; and</li> <li>c) Children’s Health.</li> </ul> 2. Education, including <ul style="list-style-type: none"> <li>a) University and Higher Education;</li> <li>b) Youth Service;</li> <li>c) Careers; and</li> <li>d) Special Needs and Inclusion.</li> </ul> 3. Adult Learning and Skills	

	<p><b>Functions determined by Statute</b></p> <p>All powers of an Overview and Scrutiny Committee as set out in Sections 9F to 9FI Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, and any subsequent regulations.</p>

<b>2.</b>	<b>Adults and Communities Scrutiny Committee</b>	
	<p><b>No of Elected Members appointed by Council:</b></p> <p>Eleven, none of whom may be a Cabinet Member.</p>	<p><b>Chairman and Vice-Chairman</b></p> <p>Appointed by Council.</p>
	<p><b>Quorum:</b></p> <p>At least half the Members of the Committee.</p>	<p><b>Co-opted Members to be appointed by the Committee/Council</b></p> <p>No more than four non-voting members.</p>
	<p><b>Functions determined by the Council</b></p> <ol style="list-style-type: none"> <li>1. Adult Social Care;</li> <li>2. Safeguarding Adults;</li> <li>3. Housing need (including homelessness, housing options and selective licensing);</li> <li>4. Neighbourhood and Community Support (including cohesion, community safety and youth offending) and;</li> <li>5. Equalities</li> </ol>	
	<p><b>Functions determined by Statute</b></p> <p>To review and scrutinise crime and disorder matters, including acting as the Council's crime and disorder committee in accordance with Sections 19 of the Police and Justice Act 2006;</p>	

<b>3.</b>	<b>Health Scrutiny Committee</b>	
	<b>No of Elected Members appointed by Council:</b>  Eleven, none of whom may be a Cabinet Member or the Health and Wellbeing Board.	<b>Chairman and Vice-Chairman</b>  Appointed by Council.
	<b>Quorum:</b>  At least half the Members of the Committee.	<b>Co-opted Members to be appointed by the Committee/Council</b>  No more than four non-voting members.
	<b>Functions determined by the Council</b>  1. Public Health; 2. The Health and Wellbeing including the Health and Wellbeing Board; and 3. Scrutiny of the NHS and NHS providers.	
	<b>Functions determined by Statute</b>  To review and scrutinise local authority services under Sections 9F to 9FI Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, and any subsequent regulations  To review and scrutinise matters relating to the Health Service and to make reports and recommendations to local NHS bodies in accordance with section 244 of the National Health Service Act 2006. This will include establishing joint health committees in relation to health issues that cross local authority boundaries and appointing members from within the membership of the Committee to any joint health overview and scrutiny committees with other local authorities. (Also see The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013)	

<b>4.</b>	<b>Growth, Environment and Resources Scrutiny Committee</b>	
	<b>No of Elected Members appointed by Council:</b>  Eleven, none of whom may be a Cabinet Member.	<b>Chairman and Vice-Chairman</b>  Appointed by Council.
	<b>Quorum:</b>  At least half the Members of the committee.	<b>Co-opted Members to be appointed by the Committee/Council</b>  No more than four non-voting members.
	<b>Functions determined by the Council</b>  1. City Centre Management; 2. Tourism, Culture & Recreation; 3. Libraries, Arts and Museums; 4. Environmental Capital;	

	<ol style="list-style-type: none"> <li>5. Economic Development and Regeneration including Strategic Housing and Strategic Planning;</li> <li>6. Transport, Highways and Road Traffic;</li> <li>7. Flood Risk Management;</li> <li>8. Waste Strategy &amp; Management;</li> <li>9. Strategic Financial Planning;</li> <li>10. Partnerships and Shared Services; and</li> <li>11. Digital Services and Information Management.</li> </ol>
	<p><b>Functions determined by Statute</b></p> <p>To review and scrutinise flood risk management in accordance with Section 21F of the Local Government Act 2000 (as amended by the Flood and Water Management Act 2010 and under the Flood Management Overview &amp; Scrutiny (England) Regulations 2011 No. 697).</p>

### **3. SPECIFIC ROLE OF OVERVIEW AND SCRUTINY**

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

#### **POLICY DEVELOPMENT AND REVIEW**

3.2 Within their terms of reference the scrutiny functions will:

- (a) Help the Council and the Executive to develop its budget and policy framework and service Budgets;
- (b) Carry out research into and consultation about policy issues and possible options;
- (c) Consider and promote ways of encouraging the public to take part in developing the Council's policies;
- (d) Question Members of the Cabinet, Committees and senior officers about their views on policy proposals;
- (e) Work with outside organisations in the area to make sure the interests of local people are taken into account;
- (f) Question, and gather evidence from, any person who gives their permission; and
- (g) Monitor and scrutinise the implementation of Council policy.

#### **SCRUTINY**

3.3 The Scrutiny Committees will:

- (a) Review and scrutinise the Executive, Committee and officer decisions and performance in connection with the discharge of any of the Council's functions;
- (b) Review and scrutinise the Council's performance in meeting the aims of its policies and performance targets and/or particular service areas;
- (c) Question Members of the Executive, Committees and senior officers about their decisions and performance of the Council, both generally and in relation to particular decisions or projects;
- (d) Make recommendations to the Executive and the Council as a result of the scrutiny process;
- (e) Question, and gather evidence from any person with their consent;
- (f) Hold the Executive to account for the discharge of functions in the following ways:
  - i. By exercising the right to call-in, for reconsideration, decisions made but not yet implemented by the Executive or key decisions which have been delegated to an officer;
  - ii. By scrutinising Key Decisions which the Executive is planning to take, as set out in the Forward Plan of executive decisions;

- iii. By scrutinising decisions the Executive are planning to make; and
  - iv. By scrutinising Executive decisions after they have been implemented, as part of a wider policy review.
- (g) To consider petitions submitted to it;
- (h) Establish ad-hoc Task and Finish Groups to investigate specific topics on a time-limited basis in accordance with the Scrutiny Committee Procedure Rules; and

## **CRIME AND DISORDER**

- 3.4 The Scrutiny Committee responsible for crime and disorder shall, and any sub committees may:
- (a) Act as the crime and disorder committee within the meaning of Section 19 of the Police and Justice Act 2006;
  - (b) Review or scrutinise decisions made, or other actions taken by bodies or persons responsible for crime and disorder strategies in the Peterborough area;
  - (c) Make reports or recommendations to the local authority on any local crime and disorder matter in relation to a member of the authority; and
  - (d) Consider any crime and disorder matters referred by any Member of the Council.

## **HEALTH ISSUES**

- 3.5 The Scrutiny Committee responsible for health and any sub committees shall undertake their responsibilities under section 244 of the National Health Service Act 2006 as follows:
- (a) May review and scrutinise any matter relating to the planning, provision and operation of the health service in the Peterborough area (including NHS Bodies and other NHS providers);
  - (b) Must invite interested parties to comment on the matter and provide reasonable notice;
  - (c) Take account of relevant information available to it and, in particular, from a Local Healthwatch organisation or representative;
  - (d) Acknowledge any referral within 20 working days and keep the referrer informed of any action taken;
  - (e) Request information about the planning, provision and operation of health services in the area to enable it to carry out its functions;
  - (f) Make reports or recommendations on a matter it has reviewed or scrutinised including;
    - i) An explanation of the matter reviewed or scrutinised;
    - ii) A summary of the evidence considered;
    - iii) A list of the participants involved in the reviews; and
    - iv) An explanation of any recommendations made.
  - (g) Where the Committee asks for a response, the person must respond in writing within 28 days of the request.
- 3.6 The Committee will consider any proposals received from a National Health Service body, Clinical Commissioning Groups or other provider about;

- (a) Any substantial development of the health service in Peterborough; or
  - (b) Any substantial variation to the provision of NHS Services as set out the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 3.7 In considering the proposals, the Committee must take account of the effect or potential effect of the proposals on the sustainability of the Health Service in its areas and may refer proposals to the Secretary of State in certain circumstances.

#### **FLOOD RISK MANAGEMENT**

- 3.8 The Scrutiny Committee responsible for flood risk management, and any sub committees shall undertake their responsibilities under the Flood and Water Management Act 2010 as follows:
- (a) May review and scrutinise any matter relating to the planning, provision and operation of the flood risk management in the Peterborough area;
  - (b) May invite those authorities responsible for flood risk management to comment on the matter;
  - (c) Request information from them to enable it to carry out its responsibilities; and
  - (d) Make reports or recommendations and request a response from flood risk management authorities.

#### **4. MEMBERSHIP**

- 4.1 All Members, except Members of the Executive, may be a member of a Scrutiny Committee. However, no Member may be involved in scrutinising a decision with which he or she has been directly involved. Members of the Health and Wellbeing Board should not be a member of the Health Scrutiny Committee.
- 4.2 Members must have undertaken relevant training within the past three years in order to hold a seat on a Scrutiny Committee.

#### **CO-OPTees**

- 4.3 The Scrutiny Committees shall be entitled to co-opt, as non-voting members, up to four external representatives or otherwise invite participation from non-members where this is relevant to their work.
- 4.4 The Children and Education Scrutiny Committee shall include in its membership the following representatives. These representatives will have full voting and call-in rights on education matters only, and when other matters are dealt with they may stay in the meeting and speak:
- (a) 1 Church of England Diocese representative;
  - (b) 1 Roman Catholic Diocese representative; and
  - (c) 2 parent governor representatives.

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<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 10
<b>9 JULY 2019</b>	<b>PUBLIC REPORT</b>

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

**FORWARD PLAN OF EXECUTIVE DECISIONS**

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

**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?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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**4. BACKGROUND AND KEY ISSUES**

4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The Forward Plan contains those Executive Decisions which the Leader of the Council believes that

the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after 22 July 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: 21 JUNE 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 Seaton; Cllr Walsh; Cllr Allen and Cllr Farooq.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis to reflect new key-decisions. Each new Plan supersedes the previous Plan and items may be carried over into forthcoming Plans. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to philippa.turvey@peterborough.gov.uk, Democratic and Constitutional Services Manager, 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](mailto: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](http://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 22 JULY 2019**

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p><b>Decision to extend the current Section 75 agreements for the Healthy Child Programme (HCP) in Peterborough (Health Visiting, Family Nurse Partnership and School Nursing) from 01.07.2019 - 30.09.2019. – KEY/22JUL19/01</b> - The Healthy Child Programme (“HCP”) includes School Nursing, Health Visiting and Family Nurse Partnership Services. Work is underway between both Local Authorities and service Providers to develop an integrated HCP offer across the county and it shall be amongst the first child health service to be recommissioned within this strategic vision. Due to the complexity of the work required, an extension is being sought under the current terms for a further 3 month period.</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</b></p>	<p><b>July 2019</b></p>	<p>Health Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Amy Hall, Children's Commissioning Manager for Public Health; Telephone: 01733 863687 Email: amy.hall@peterborough.gov.uk</p>	<p>Documents relevant to the decision include: CMDN FEB19/CMDN/88 and CMDN KEY/29APR19/05</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p><b>Sign-off on Pseudo Framework - KEY/22JUL19/02</b> - It is required for the Cabinet member to sign off tender documents prior to Invitation To Tender being published (ITT). The ITT is for Better Care Fund and Hancock-funded services for better integration of health and social care, winter pressures and Prevention services.</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</b></p>	<p><b>November 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Equality Impact Assessment</p>	<p>Graeme Hodgson, Commissioner. Tel. 07448 379944 Email: <a href="mailto:graeme.hodgson@cambridgeshire.gov.uk">graeme.hodgson@cambridgeshire.gov.uk</a></p>	<p>Service Specifications, Terms and Conditions of Pseudo Framework ITT.</p>
<p><b>Approval of invest to save expenditure - KEY/22JUL19/03</b> - The decision required will enable the Council to purchase suitable homes within the local housing market for use as temporary accommodation for households at risk of homelessness. This proposal is predicated on an invest to save proposition based upon an attached business case.</p>	<p><b>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</b></p>	<p><b>July 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders and Ministry of Housing Communities and Local Government</p>	<p>David Anderson Interim Development Director Tel: 01733 452468 Email: <a href="mailto:Dave.Anderson@Peterborough.Gov.uk">Dave.Anderson@Peterborough.Gov.uk</a></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

**PREVIOUSLY ADVERTISED KEY DECISIONS**

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
<p>1. <b>Affordable Warmth Strategy 2019 – 2021 - KEY/17APR17/03</b>                      Recommendation to approve the Affordable Warmth Strategy 2019 – 2021</p>	<p><b>Councillor Walsh, Cabinet Member for Communities</b></p>	<p><b>June 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p> <p>The draft strategy will be placed on PCC Consultation pages for 3 week consultation period</p>	<p>Sharon Malia, Housing Programmes Manager,                      Tel: 01733 863764                      Email: sharon.malia@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>BRE Integrated Dwelling Level Housing Stock Modelling Report July 2016 Housing Renewals Policy 2017 – 2019</p>

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<p>2. <b>Award of contract for the expansion and partial remodelling of Ken Stimpson Community School – KEY/18SEP17/03</b>  The intention is to expand the school by 2 forms of entry (300 additional pupils plus 150 sixth form) to meet the growing need for secondary school places. A new building block is planned on the site with an extension to the dining hall and minor remodelling to an adjacent building. As part of the remodelling the on site library will be demolished - following its relocation to a suitable site close by.</p>	<p><b>Councillor Ayres, Cabinet Member for Children’s Services and Education, Skills and the University</b></p>	<p><b>June 2019</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>Werrington</p>	<p>Relevant internal and external stakeholders.</p> <p>Consultation will include: Senior School Management team, Sport England, local residents and the Department For Education</p>	<p>Stuart Macdonald, Property Manager.</p> <p>Tel: 07715 802 489.  Email: stuart.macdonald@pet-erborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>School Organisation Plan 2015 -2022</p>



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<p>81</p> <p><b>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</b> 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.</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>June 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Voluntary sector advice agencies consulted in service design. Market testing of providers has also taken place.</p>	<p>Ian Phillips, Senior Policy Manager Tel: 01733 863849 Email: ian.phillips@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

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<p>4.</p> <p>ICT Infrastructure works for Fletton Quays – KEY/13NOV17/02 To agree to the procurement of ICT infrastructure works for Fletton Quays</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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<p>5.</p> <p>83</p>	<p><b>Expansion and Remodelling of Marshfields School – KEY/11DEC17/03</b> To approve the proposed expansion and remodelling of Marshfields school</p>	<p><b>Cabinet Member for Children’s Services and Education, Skills and University</b></p>	<p><b>June 2019</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>Dogsthorpe Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>Public Consultation Meeting</p>	<p>Sharon Bishop, Capital Projects &amp; Assets Officer Tel: 01733 863997 Email: <a href="mailto:Sharon.bishop@peterborough.gov.uk">Sharon.bishop@peterborough.gov.uk</a></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>School Organisational Plan</p>

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84	<p><b>6. A605 Whittlesey Access Phase 2 - Stanground Access - KEY/25DEC17/03</b> 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).</p>	<p><b>Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South</p>	<p>Relevant internal and external stakeholders.</p> <p>The scheme is included in the fourth Local Transport Plan. Further consultation will be undertaken during the design process, including ward Councillors.</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer.</p> <p>Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>Fourth Local Transport Plan: www.peterborough.gov.uk/ltp National Productivity Investment Fund for the Local Road Network Application Form: <a href="https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/residents/transport-and-streets/A605Application.pdf?inline=true">https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/residents/transport-and-streets/A605Application.pdf?inline=true</a></p>

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85	<p><b>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</b></p> <p>Improvement to open spaces in the CAN Do area of the city as part of the capital regeneration programme for the area</p>	<p><b>Councillor Cereste, Cabinet Member for Waste, Street Scene and Environment</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North &amp; Park wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Community engagement with local residents, businesses &amp; partner organisations</p>	<p>Charlotte Palmer</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>Budget allocation in MTFP 2017/18</p>
	<p><b>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</b></p> <p>Community facility improvements in the CAN Do area of the city as part of the capital Regeneration Programme for the area</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North &amp; Park wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Community engagement with residents, groups, businesses and partner organisations</p>	<p>Cate Harding, Community Capacity Manager. Tel: 01733 317497. Email: cate.harding@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>Budget allocation of £4m in MTFP 2017/8</p>

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<b>9.</b>	<p><b>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</b></p> <p>public realm improvements within the CAN Do area</p>	<p><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, North &amp; Park wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Community engagement with local residents, groups, businesses and partner agencies</p>	<p>Charlotte Palmer</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>Budget allocation £3m in MTFP 2017/18</p>
<b>10.</b> 88	<p><b>Extension to the Section 75 Agreement for Learning Disabilities Services - KEY/30APR18/01</b></p> <p>Extension of the existing staff and commissioned arrangements for a period of 12 months</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>June 2019</b></p>	<p>Health Scrutiny Committee</p>	<p>All wards</p>	<p>Consultation with key stakeholders to agree this interim approach</p>	<p>Cris Green Tel: 01733 207164 Email: <a href="mailto:cris.green@peterborough.gov.uk">cris.green@peterborough.gov.uk</a></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>11. <b>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</b> 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.</p>	<p><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Orton Waterville</p>	<p>Relevant internal and external stakeholders</p> <p>Consultation will take place once the scheme design is completed. This is expected to be later this summer.</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer.</p> <p>Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>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.</p>

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12.	<b>Disposal of freehold in Centre of the City - KEY/12JUN18/01</b> To delegate authority to the Corporate Director of Growth and Regeneration to sell the property	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>June 2019</b>	Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 0792016012 2 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.  <b>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).</b>



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<p>13. <b>To approve the awarding of contracts to external providers following a competitive tender exercise led by Cambridgeshire County Council. - KEY/25JUNE18/02</b>            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).</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>June 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p> <p>Relevant consultations has been carried out with the service users, family carers, Health colleagues and care and support providers across Cambridgeshire and Peterborough.</p>	<p>Mubarak Darbar, Head of Integrated Commissioning, Tel: 07718654207, Email: mubarak.darbar@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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06	<b>14. IT Strategy – KEY/3SEP18/01</b> Approval of an IT Strategy and associated investment for the 2019 to 2022 time period	<b>Councillor Farooq, Cabinet Member for Digital Services and Transformation</b>	<b>June 2019</b>	Growth, Environment and Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 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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<p>15.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">91</p>	<p><b>University Delivery Vehicle – KEY/3SEP18/02</b> Approval and setting up of an appropriate delivery vehicle with University project partners to move council assets to enable the deliver of the university.</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and the University</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><b>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).</b></p>

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<p>16. <b>Adoption of the “Dynamic Purchasing System” (DPS) procedure for Public Health contracts with Primary Care providers – KEY/10DEC18/01</b>            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.</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>June 2019</b></p>	<p>Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Claire-Adele Mead            Commissioning Team Manager- Primary care and Lifestyles            Claire-Adele.Mead@cambridgeshire.gov.uk            07884 250909</p> <p>Val Thomas,            Consultant in Public Health            Val.Thomas@cambridgeshire.gov.uk            01223 703264/            07884 183374</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>17. <b>Enhanced highway patch repair funding – KEY/24DEC18/05</b>  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.</p>	<p><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders</p> <p>Consultation was undertaken as part of the budget setting process. Relevant consultation will occur on a scheme by scheme basis.</p>	<p>Kevin Ekins, Asset and Contract Performance Manager, 01733 453448, kevin.ekins@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>
<p>18. <b>Authority to spot-purchase externally commissioned placement services for looked after children until the mobilization of the new Dynamic Purchasing System – KEY/24DEC18/06</b>  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.</p>	<p><b>Councillor Ayres, Cabinet Member for Children’s Services and Education, Skills and the University</b></p>	<p><b>June 2019</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Helene Carr, Head of Children’s Social Care Commissioning - Peterborough &amp; Cambridgeshire, 07904 909039, helene.carr@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

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<p>19. <b>Bus Operator Concessionary Fare Reimbursement - KEY/07JAN19/01</b> 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 &amp; 2020/21</p>	<p><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment And Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Negotiations with bus operators will be undertaken in order to get an agreed rate at which they will be reimbursed.</p>	<p>Andy Bryan, Passenger Transport Officer, Tel: 01733 317458, andrew.bryan@peterborough.gov.uk Charlotte Palmer, Group Manager - Transport &amp; Environment, Tel: 01733 453538, charlotte.palmer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><b>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).</b></p>

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<p>20. <b>Approval of funding for the provision of accommodation to reduce homelessness - KEY/07JAN19/02</b>            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</p>	<p><b>Councillor Allen, Cabinet Member for Housing, Culture and Recreation</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment And Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>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</p>	<p>Adrian Chapman, Service Director for Communities and Safety            Tel 01733 863887            Email: adrian.chapman@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><b>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).</b></p>

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<p><b>21. Clinical Waste Collections - KEY/18FEB19/01</b></p> <p>Decision required to approve the new collection method for domestic sharps disposal.</p>	<p><b>Councillor Cereste, Cabinet Member for Waste, Street Scene and Environment</b></p>	<p><b>September 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Amy Nebel, Senior Waste and Recycling Officer amy.nebel@peterborough.gov.uk 01733 864727</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>22. Recommissioning of the Unpaid Carers Contract – KEY/01APR19/01</b></p> <p>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.</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>November 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Lee McManus, Commissioner, Cambridgeshire County Council &amp; Peterborough City Council. Tel: 07785 721092. Email: <a href="mailto:lee.mcmanus@cambridgeshire.gov.uk">lee.mcmanus@cambridgeshire.gov.uk</a></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 1, Information relating to any individual</p>



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23.	<p><b>Vehicle removal for Parking contravention – KEY/15APR19/02</b> To ask the Cabinet Member to approve the policy to implement a scheme to remove vehicles of persistent offenders in breach of parking restrictions in the City and to appoint the Local Authority Trading Company to act as the authorised agent of the policy.</p>	<b>Councillor Walsh, Cabinet Member for Communities</b>	<b>July 2019</b>	Growth, Environment and Resources Scrutiny Committee	All Wards	<p>Details of any consultation to be decided.</p> <p>Relevant internal and external stakeholders.</p>	Adam Payton, PES Senior Officer, Parking Lead, 01733 452314 adam.payton@peterborough.gov.uk	Prevention and Enforcement Service Vehicle Removal For Parking Contraventions Policy and Guidance
24.	<p><b>Award of contract for the refurbishment of the Town Hall North - KEY/29APR19/04</b> - Award of construction design and build contract with regard to the refurbishment of the Peterborough Town Hall North</p>	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>June 2019</b>	Growth, Environment and Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders.	Stuart Macdonald. Head of Property. Email: stuart.macdonald@peterborough.gov.uk Tel: 07715802489.	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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<p>25. <b>Establishing New Schools. For Cabinet to agree a policy position on the establishment of new faith schools in Peterborough - KEY/27MAY19/05</b>  This will inform the Council's approach to planning and reviewing of educational provision and decisions which result from this activity.</p>	<p><b>Cabinet</b></p>	<p><b>10 June 2019</b></p>	<p>Children and Education Scrutiny Committee</p>	<p><b>All Wards</b></p>	<p>Relevant internal and external stakeholders.</p> <p>Briefing note previously sent to Service Director: Education and Cllr Ayres (Cabinet Member for Children's Services and Education, Skills and the University).</p> <p>If the DfE agrees funding for either or both of the applications made to its Voluntary Aided Schools Fund (announcement expected in May) this would trigger a statutory process which would include consultation and representation processes.</p>	<p>Clare Buckingham: Strategic Education Place Planning Manager (Cambridgeshire &amp; Peterborough)  Clare.buckingham@cambridgeshire.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>26. <b>Approval for contract to be awarded to Skanska to deliver design of Eastern Industries Access Phase 1 scheme - KEY/10JUN19/01</b>          Approval for contract to be awarded to Skanska to deliver design of Eastern Industries Access Phase 1 scheme. The council has received funding (£550k) from the Cambridgeshire and Peterborough Combined Authority to deliver the scheme.</p>	<p><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>East Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>Consultation will take place with residents and key stakeholders at the relevant stage of the scheme.</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer, 01733 317465, lewis.banks@peterborough.gov.uk</p>	<p>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.</p>

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<p>100</p> <p>27. <b>Approval for contract to be awarded to Skanska to deliver design of A1260 Nene Parkway Junction 15 Improvement scheme – KEY/10JUN19/02</b> Approval for contract to be awarded to Skanska to deliver design of A1260 Nene Parkway Junction 15 Improvement scheme. The council has received funding (£500k) from the Cambridgeshire and Peterborough Combined Authority to deliver the scheme.</p>	<p><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>West Ward</p>	<p>Relevant internal and external stakeholders</p> <p>Consultation will take place with residents and key stakeholders at the relevant stage of the scheme.</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer, 01733 317465, lewis.banks@peterborough.gov.uk</p>	<p>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.</p>
<p>28. <b>Approval of increased levels of liability and insurance - KEY/10JUNE19/03</b> Approval of increased levels of liability and insurance under corporate contract.</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards.</p>	<p>Relevant internal and external stakeholders.</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>29. <b>Disposal of Freehold Large Leisure Facility – KEY/24JUN19/01</b> – Delegate the Authority to the Corporate Director of Growth and Regeneration to sell the property.</p> <p>101</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>Fletton and Stanground</p>	<p>Relevant internal and external stakeholders.</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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102	<b>30. Clare Lodge refurbishment (Phase 7) - KEY/24JUN19/02</b> Refurbishment of 16 bedrooms, 4 lounges and gymnasium	Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University	<b>August 2019</b>	Children and Education Scrutiny Committee	Glington & Castor	Relevant internal and external stakeholders.  Grant submitted to and approved by Department for Education	Steve McFaden, Business Manager Clare Lodge, <a href="mailto:steve.mcfaden@peterborough.gov.uk">steve.mcfaden@peterborough.gov.uk</a> Tel no:01733 253246 Direct no. 01733 254009	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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<p>31. <b>Recommissioning of Integrated Contraception and Sexual Health Services - KEY/24JUN19/03</b>  Seeks approval to undertake a competitive procurement process to re commission sexual health services as one contract across Peterborough City Council and Cambridgeshire County Council.</p> <p>103</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>June 2019</b></p>	<p><b>Health Scrutiny Committee</b></p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>The procurement process will involve consultation current service users, partner organisations and other stakeholders and a general public online request.</p>	<p>Val Thomas, Consultant in Public Health  Email: Val.Thomas@cambridgeshire.gov.uk  Tel: 01223 703264/07884 183374</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p><b>32.   Recommissioning Integrated Lifestyle Services - KEY/24JUN19/04</b> To undertake competitive procurement for the recommission of Integrated lifestyles services</p> <p style="text-align: right;">104</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health &amp; Public Health</b></p>	<p><b>June 2019</b></p>	<p><b>Health Scrutiny Committee</b></p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>The procurement process will involve consultation current service users, partner organisations and other stakeholders and a general public online request</p>	<p>Val Thomas, Consultant in Public Health Email: Val.Thomas@cambridgeshire.gov.uk Tel: 01223 703264/07884 183374</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>



**PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE**

**KEY DECISIONS TO BE TAKEN IN PRIVATE**

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
<p><b>Amendments to arrangements with Empower - KEY/29APR19/02</b> - A loan facility previously approved by Cabinet requires approval of an amendment to that arrangement.</p>	<b>Cabinet</b>	<b>15 July 2019</b>	Growth, Environment and Resources Scrutiny Committee	All Wards	<p>Relevant internal and external stakeholders.</p> <p>Detailed consultation was undertaken in the original decision to offer the loan facility.</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><b>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).</b></p>

**PART 3 – NOTIFICATION OF NON-KEY DECISIONS**

**NON-KEY DECISIONS**

<i><b>DECISION REQUIRED</b></i>	<i><b>DECISION MAKER</b></i>	<i><b>DATE DECISION EXPECTED</b></i>	<i><b>RELEVANT SCRUTINY COMMITTEE</b></i>	<i><b>WARD</b></i>	<i><b>CONSULTATION</b></i>	<i><b>CONTACT DETAILS / REPORT AUTHORS</b></i>	<i><b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b></i>
<p><b>Approval of the Proposed Submission version of the Cambridgeshire and Peterborough Minerals and Waste Local Plan for public Consultation and subsequent submission to the Secretary of State for independent examination</b> - For Cabinet to recommend to Full Council for approval of the Proposed Submission version of the Cambridgeshire and Peterborough Minerals and Waste Local Plan for public consultation and subsequent submission to the Secretary of State for the purposes of independent examination</p>	Cabinet	Cabinet on 23rd September and then Full Council on 16th October	Growth, Environment and Resources Scrutiny Committee	All	<p>Relevant internal and external stakeholders</p> <p>Planning Committee on 3rd September; Scrutiny briefing note to be submitted to the committee on 4th September.</p>	<p>Richard Kay, Head of Sustainable Growth Strategy, Tel: 863795 Email: richard.kay@peterborough.gov.uk and Chris Stanek, Senior Strategic Planning Officer, Tel 863883 Email: chris.stanek@peterborough.gov.uk</p>	<p>Cambridgeshire and Peterborough Minerals and Waste Local Plan</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

**PREVIOUSLY ADVERTISED DECISIONS**

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</b>
1.	<p><b>Funding of Information, Advice and Guidance services within the voluntary sector -</b> To authorise award of grants.</p>	<p><b>Councillor David Seaton</b> <b>Cabinet Member for Finance</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Ian Phillips Senior Policy Manager Tel: 01733 863849 Email: ian.phillips@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
20.	<p><b>A Lengthmans to be deployed on Lincoln Road Millfield -</b> 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.</p>	<p><b>Councillor Cereste,</b> <b>Cabinet Member for Waste, Street Scene and Environment</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>Central Ward</p>	<p>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.</p>	<p>James Collingridge, Head of Environmental Partnerships, Tel: 01733 864736 Email: james.collingridge@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<b>3.</b>	<b>2017/18 VCS grant funding -</b> Award of grant to VCS organisations to provide Information, Advice and Guidance services	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>June 2019</b>	Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Ian Phillips Senior Policy Manager Tel: 863849 Email: <a href="mailto:ian.phillips@peterborough.gov.uk">ian.phillips@peterborough.gov.uk</a>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>4.</b> 108	<b>Inclusion of Investment Acquisition Strategy in the Council's Medium Term Financial Strategy (MTFS) -</b> 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	<b>Cabinet</b>	<b>10 June 2019</b>	Growth, Environment and Resources	N/A	Relevant internal and external stakeholders	Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: <a href="mailto:Peter.carpenter@peterborough.gov.uk">Peter.carpenter@peterborough.gov.uk</a>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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109	<b>5. Grant funding for voluntary organisations –</b> 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.	<b>Councillor Seaton, Cabinet Member for Finance</b>	<b>June 2019</b>	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.
	<b>6. Approval of Additional Powers to the Combined Authority (Transfer of Powers) -</b> Approve additional powers for the Combined Authority via a Statutory Instrument for Adult Skills Commissioning.	<b>Councillor Holdich, Leader of the Council and Deputy Mayor of the Cambridgeshire and Peterborough Combined Authority</b>	<b>June 2019</b>	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: 07920160122 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. <b>Adoption of the Regulation 123 List and the Community Infrastructure Levy (CIL) governance policies-</b> To approve the adoption of the revised Regulation 123 List and the consolidated Community Infrastructure Levy (CIL) governance policies 110	<b>Cabinet</b>	<b>10 June 2019</b>	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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<p>8. <b>To agree the process of awarding community grants through the Integrated Communities Programme –</b>  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.</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>June 2019</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Ian Phillips  Senior Policy Manager  –  Tel: 01733 863849  Email:  <a href="mailto:ian.phillips@pet-erborough.gov.uk">ian.phillips@pet-erborough.gov.uk</a></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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9.	<p><b>Disposal of former Barnack Primary School caretaker house -</b> Delegate authority to the Corporate Director of Growth and Regeneration to dispose of the property.</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>June 2019</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>NVA</p>	<p>Relevant internal and external stakeholders.</p>	<p>Stuart Macdonald, Property Manager.  Tel: 07715 802 489. Email: stuart.macdonald@peterborough.gov.uk  Bill Tilah (Bill.Tilah@nps.co.uk)</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p><b>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).</b></p>



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10.	<p><b>Approval to dispose of a property on Cromwell Road at a minimum of £375,000 and a maximum of £475,000</b> - 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.</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p>June 2019</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>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.</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: <a href="mailto:tristram.hill@nps.co.uk">tristram.hill@nps.co.uk</a></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
11.	<p><b>Funding for voluntary sector 2019/20</b> - To provide funding to a number of voluntary sector organisations to provide essential support to vulnerable clients</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p>June 2019</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Ian Phillips Senior Policy Manager Tel: 01733 863849 Email: <a href="mailto:ian.phillips@peterborough.gov.uk">ian.phillips@peterborough.gov.uk</a></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<b>12.</b>	<b>Asset Transfer of Gladstone Park Community Centre</b> - The proposed long term lease of Gladstone Park Community Centre to The Thomas Deacon Academy Trust	<b>Councillor Seaton, Cabinet Member for Finance</b>	June 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.
<b>13.</b>	<b>To purchase the offices at 16-20 Lincoln Road, Peterborough PE1 2RL at a cost set out in the annex –</b> The above property is being purchased for its strategic position in the city centre (which is important for future redevelopment) and will in the short term provide rental income to PCC.	<b>Cabinet Seaton, Cabinet Member for Finance</b>	<b>June 2019</b>	<b>Growth, Environment and Resources Scrutiny Committee</b>	Central	Relevant internal and external stakeholders.  NPS are acting for PCC in the acquisition of this commercial property. All the relevant internal stakeholders for example in democratic services, legal, finance and property will be consulted in this process.	Tristram Hill, Strategic Asset Manager, NPS, email: tristram.hill@peterborough.gov.uk tel: 07849 079787	Heads of terms for the purchase of 16-20 Lincoln Road, Peterborough. Details of the purchase, the price and associated costs should not be made public whilst commercial negotiations and associated legal work are progressing.

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14.	<b>Food and Feed Service Plan 2019/20</b> - Decision required to approve Food and Feed Service Plan 2019/20 in line with Government guidance	<b>Councillor Walsh, Cabinet Member for Communities</b>	<b>July 2019</b>	<b>Growth, Environment and Resources Scrutiny Committee</b>	N/A	Relevant internal and external stakeholders.	Stuart Brough, Business Compliance Manager, Tel: 07989 432151 Email: stuart.brough@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
15.	<b>Approval of the Corporate Energy Strategy –</b> The Corporate Energy Strategy has been jointly drafted with Cambridgeshire County Council and approved at Joint SMT.	<b>Councillor Cereste, Cabinet Member for Waste, Street Scene and Environment</b>	<b>June 2019</b>	<b>Growth, Environment and Resources Scrutiny Committee</b>	N/A	Relevant internal and external stakeholders  Predominantly internal consultation. As a Strategy, it is intended to show a direction and not specific projects at this stage, which would impact and require wider consultation.	Elliot Smith, Commercial Manager; Smart 7Energy, Infrastructure and Regeneration, elliot.smith@peterborough.gov.uk	The Corporate Energy Strategy.

**PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES**

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

## **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)

Corporate Property

### **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)

### **PLACE AND ECONOMY 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)

### **PUBLIC HEALTH DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY**

Health Protection, Health Improvements, Healthcare Public Health.

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