

## HEALTH SCRUTINY COMMITTEE

MONDAY 21 SEPTEMBER 2020  
7.00 PM

Venue: [Peterborough City Council's YouTube Page](#)

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### AGENDA

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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 Health Scrutiny Meeting Held on 7 July 2020** 3 - 10
  - 3.1 **Minutes of the Joint Scrutiny Committee Meeting held on 2 July 2020** 11 - 22
  - 3.2 **Minutes of the Joint Scrutiny Committee Meeting held on 22 July 2020** 23 - 40
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 three Members of a 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 Member** 41 - 44

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<b>6.</b>	<b>Interim Report on The Relocation of The Proposals to Relocate the Urgent Treatment Centre and GP Out of Hours Service Peterborough</b>	<b>45 - 70</b>
<b>7.</b>	<b>Innovation and Collaborative Working In Light Of COVID-19</b>	<b>71 - 80</b>
<b>8.</b>	<b>Managing COVID-19 Public Health Update</b>	<b>81 - 88</b>
<b>9.</b>	<b>Review Of 2019/2020 and Work Programme For 2020/2021</b>	<b>89 - 114</b>
<b>10.</b>	<b>Forward Plan of Executive Decisions</b>	<b>115 - 154</b>
<b>11.</b>	<b>Date of Next Meeting</b>	
	<ul style="list-style-type: none"><li>• 3 November 2020 – Health Scrutiny Committee</li><li>• 11 November 2020 – Joint Scrutiny of the Budget</li></ul>	

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**Committee Members:**

Councillors: K Aitken (Chairman), A Ali, S Barkham, C Burbage, S Hemraj, S Qayyum, B Rush (Vice Chairman), N Sandford, N Simons and S Warren

Substitutes: Councillors: G Casey, D Fower, T Haynes and A Iqbal

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

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE  
HELD AT 6.00PM ON  
TUESDAY 7 JULY 2020  
VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE**

**Committee Members Present:** Councillors K Aitken (Chairman), S Barkham, C Burbage, D Fower, S Hemraj, S Qayyum, B Rush, N Sandford, N Simons, S Warren and Co-opted Member Parish Councillor June Bull

**Also present:**

Jessica Bawden	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group
Caroline Walker	Chief Executive, North West Anglia NHS Foundation Trust
Ian Hollingsworth	Integrated Urgent Care Service Manager, Herts Urgent Care
Athar Yasin	Emergency Clinical lead NWAFT
Oscar Onyebuchi	Clinical Lead for Cambridgeshire and Peterborough for Herts Urgent Care
Andrew Anderson	Clinical Lead for Urgent Care, C&P CCG
Tracey Pilcher	Chief Nurse, Lincolnshire Community Health NHS Trust
Ian Weller	Head of Urgent & Emergency Care, C&P CCG
Louise Mitchell	Director of Strategy and Planning
Alison Lungley	Herts Urgent Care
David Barter	Head of Commissioning, NHS England and NHS Improvement – East of England
Tom Norfolk	Local Dental Network (LDN) Chair and Lead Dental Practice Adviser NHS England and NHS Improvement, East of England
Jessica Bendon	Senior Contracts Manager (Dental) NHS England and NHS Improvement, East of England
Susan Mahmoud	Representative for Healthwatch
Janice Greenhill	Director of Performance & Delivery, Herts Urgent Care

**Officers Present:**

Dr Liz Robin	Director of Public Health
Paulina Ford	Senior Democratic Services Officer
Karen Dunleavy	Democratic Services Officer
Rachel Edwards	Head of Constitutional Services
Philippa Turvey	Democratic and Constitutional Services Manager

## **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Ali and Cllr Fower was in attendance as substitute.

## **2. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

### Agenda Item 4. Proposals for the Relocation of the Urgent Treatment Centre and GP Out of Hours Service In Peterborough

Councillor Hemraj declared that she was an employee of the North West Anglia Foundation Trust (NWAFT) and therefore would not be speaking on agenda item 4.

There were no further declarations of interest or whipping declarations.

## **3. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 9 MARCH 2020**

The minutes of the Health Scrutiny Committee meeting held on 9 March 2020 were agreed as a true and accurate record.

### **3.1. MINUTES OF THE JOINT SCRUTINY COMMITTEE MEETING HELD ON 20 MAY 2020**

The minutes of the Joint Scrutiny Committee Meeting held on 20 May 2020 were agreed as a true and accurate record subject to one amendment.

Page 28, final paragraph, last line which stated "*However, the figures were being assessed and would be presented to the Treasurer in order to obtain extra funding*" the word Treasurer to be changed to the word Treasury.

## **4. PROPOSALS FOR THE RELOCATION OF THE URGENT TREATMENT CENTRE AND GP OUT OF HOURS SERVICE IN PETERBOROUGH**

The report was introduced by the Chief Executive, North West Anglia NHS Foundation Trust. The report outlined proposals to relocate the Urgent Treatment Centre (UTC) and the GP Out of Hours services from the City Care Centre on Thorpe Road to the City Hospital site in Bretton, Peterborough to create a single point of access for urgent and emergency care for the people of Peterborough. This followed the NHS Long Term Plan which committed to redesigning and reducing pressure on emergency hospital services.

As this was a significant service change, the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) were therefore legally required to conduct a statutory Public Consultation.

Members were advised there would be no change for patients who arrived at Peterborough City Hospital by ambulance.

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

- Members thanked the hospital team and the medical staff for their hard work and commitment throughout the COVID-19 crisis.
- Concern was raised regarding the already limited parking available at the hospital site and clarification was sought as to how this would be addressed. Members were advised that it was recognised that parking had been a problem at both the hospital and City

Care Centre sites. Research undertaken by the CCG indicated that the vast majority of parking issues occurred in the early evening at the City Care Centre. There would however be adequate car parking available at the hospital site at this time of day, but the situation would be monitored.

- Members commented that local residents in Bretton, Netherton and Ravensthorpe had complained that hospital parking had overflowed into residential areas and residents had difficulty parking in their own street which had caused friction. Members sought clarification as to whether there were plans to expand the car parking arrangements at the hospital site. Members were informed that there were future plans to expand the car parking arrangements at the City Hospital site which included a multi storey car park and another car exit. There were however currently no parking issues with plenty of empty spaces as less patients were visiting the hospital and others were using digital platforms. Some hospital staff were also working from home.
- The Green Travel Plan for the hospital included working with bus companies to provide more routes and other options in conjunction with the Peterborough City Council. It also included arrangements to increase car parking and prevent staff bringing their own cars to work if they lived locally, however the implementation date was not known.
- Members asked to see the Green Travel Plan and hoped it would include funding towards public transport improvements.
- Members were concerned about the lack of public transport to the hospital and some Members felt that due to this the location of the UTC should remain in the city centre. Concern was raised about people having to make a journey into town and then another journey to the hospital as there were no direct bus routes from outside of the city centre and the bus services during the evening were greatly reduced. Members also commented that local bus companies had revised their routes during busy times and now did not take buses to the main entrance due to congestion.
- The Head of Urgent & Emergency Care, C&P CCG Director of Strategy and Planning felt there was a good provision of bus services from the city centre to the hospital site as indicated in the impact assessment, which would be published as part of the consultation process. An audit had been conducted to understand how people travelled to the City Care Centre which revealed that 99% of people interviewed arrived by car and not many people used public transport.
- Members asked for consideration to be given to an arterial bus route including the city ring road which would access the city hospital site via the existing A47.
- Members were informed that an exercise had been undertaken in Cambridge for a similar service move to see how people attended for urgent care and a similar exercise could be undertaken in Peterborough to assure the Committee that public transport was not an issue.
- Members felt that insufficient research had been conducted on the use of public transport and the Clinical Lead for Urgent Care, C&P CCG suggested an audit could be included in the public consultation process.
- The UTC site would be located at the front of the Emergency Department (ED) where walk-in patients currently entered the building, using the same access for all patients. Patients would then be guided towards the most appropriate department based on their clinical presentation. Planning permission was also in place for another building next to that area should there be a need to expand, however the current floorplan would be large enough to accommodate the service.
- Patient flow could also be included in the consultation documentation.
- It was anticipated that more people would attend the Emergency Department with a pre-booked appointment time.
- The Minor Injury Unit currently accommodated walk-in patients up to 8pm which would continue as the services would be transferred to the new site on a like for like basis. A fully integrated service was proposed eventually with back up from the Emergency Department, GPs and Advanced Practitioners.

- The Healthwatch representative questioned why services were being directed to a hospital site at a time when people were still worried about visiting hospitals because of COVID. It was acknowledged fear remained a consideration however a significant number of patients continued to visit the hospital and Accident & Emergency attendances were at 85% of pre COVID levels.
- The Healthwatch representative also questioned the relevance of a consultation being held at a time when face to face engagements could not be held and access to the consultation would only reach those digitally connected, excluding those most likely to be affected by the move. Members were advised that the face to face elements of previous consultations were the least well attended. Digital platforms had increased engagement however advocacy organisations such as Healthwatch, would be used to reach patients not on those platforms.
- Members expressed concern that public opinions in previous consultations had not always been taken into account. Members were informed that previous proposals had been modified in the past as a result of public opinion through consultation.
- The CCG confirmed that they had corresponded with Lincolnshire Health Scrutiny Committees and would include them and the Parish Councils within the consultation group.
- Members were invited to suggest ways to engage with the public effectively and were reminded that as Councillors they could engage with local residents to get them involved with the consultation. Paper consultation documents would not be published due to infection prevention and control measures.
- The need for patients to travel to healthcare appointments was changing as more consultations were being conducted remotely and electronic prescriptions were being issued directly to the pharmacy nearest the patient. Healthcare could be delivered differently in the future. The national agenda was for patients to contact the 111 service in the first instance for an assessment carried out by telephone or video which negated the need for travel to a face to face assessment. Booked face to face appointments could then follow if required.
- Patients could make appointments with an appropriate clinician for same day emergency care via the 111 service. Appointments could be allocated at a time which was clinically safe; patients could be seen on time which would reduce waiting times and overcrowding. These would usually be in the Urgent Treatment Centre.
- By calling the 111 service first, patients would be directed to the correct service which best catered for their needs, at an appointed time convenient to them. This model was already operating in Lincolnshire through Urgent Treatment Centres at Pilgrim and Lincoln hospitals.
- It was anticipated that phase one would be completed by winter and the integrated phase two in the spring, followed by phase three.
- Proposals had not yet been prepared on the future use of the City Care Centre premises however it would remain a health facility.
- Critically ill patients arriving by ambulance would continue to be seen in the Emergency Department.
- There were no plans for any staff redundancies within the health service.
- There was an enthusiastic team on the 111 service with a provider keen to embrace change. Incorporating GP support into the service had been successful and currently options were being explored within the Clinical Assessment Service (CAS) sitting behind the initial call handlers to expand the service further. It was hoped to enlarge the team by including pharmacists and consideration was being given to including A & E Consultants and Paediatricians.
- An interim report update was requested for the September meeting.

## **AGREED ACTIONS**

1. The Health Scrutiny Committee **RESOLVED** to endorse the proposals for public consultation attached at Appendix A within the report regarding the relocation of the Urgent Treatment Centre (UTC) in Peterborough from the City Care Centre to Peterborough City Hospital.
2. The Health Scrutiny Committee also requested that the following documents be included within the consultation documents:
  - a. A floor plan of the footprint of the Urgent Treatment Centre and details of how patient flow under the new scheme will work within the hospital.
  - b. The impact assessment with regard to how people in Peterborough currently attend for emergency care appointments to show methods of transport currently being used.
3. The Chief Executive, North West Anglia NHS Foundation Trust to provide an interim report on the relocation of the Urgent Treatment Centre to be presented to the Committee at the September meeting and to include the hospitals Green Travel Plan.

## **6. NHS ENGLAND AND NHS IMPROVEMENT – EAST OF ENGLAND RESPONSE TO COVID-19 AND THE DELIVERY OF NHS DENTAL SERVICES IN PETERBOROUGH**

The Head of Commissioning, NHS England and NHS Improvement – East of England introduced the report which provided an update on the impact of the COVID-19 emergency on the delivery of dental services in the Peterborough area, the interim provisions in place and the recovery plan.

All non-urgent face to face dental activity ceased following the Prime Minister's announcement on 25 March 2020 introducing social distancing measures to slow down the spread of COVID-19. This was necessary because dentists worked 6-12 inches from the patients' airways using procedures which could create aerosols. During this closure, most practices had been providing a service remotely for anaesthesia, antibiotics and advice.

60 Urgent Dental Care (UDC) systems had been created to provide care for people with urgent dental problems once appropriate personal protective equipment (PPE) had been sourced.

Practices were advised on 8 June by the Chief Dental Officer to prepare to re-introduce services to patients and many were now up and running but only conducting non aerosol generating procedures as the safety of both patients and clinical teams remained a priority.

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

- Members were concerned that residents were unaware that dental practices were providing NHS treatment during the COVID crisis.
- Members were informed that referrals to a UDC practice would be either through a dental practice or via the 111 service. Remote support was also being provided via dental practices regarding advice on the use of antibiotics and analgesics to manage pain. All practices within the area had remained open remotely.
- Dentists had been advised to avoid face to face consultations unless absolutely necessary and whilst the decision made by the Chief Dental Officer to suspend routine dental services was not ideal, services had to be safe for both patients and the dental team.

- The gateway to dental services was via the 111 service or via dental practices. Primary Care providers were also able to signpost people for urgent dental care. Some patients were presenting at hospitals and GP surgeries. These patients were referred onward through the triage system to allow patients to be prioritised.
- Members reported that patients had been turned away from the 111 dental service and presented then to GP surgeries, where GPs were being asked for antibiotics and analgesics to treat dental issues.
- A volunteer group of 50-70 dentists across the region were working throughout the closure and were contacting referred patients by telephone or video link. Triage services had been made available over weekends in response to demand and were still in place.
- The allocation of UDC had not been influenced by the PPE supply. Some practices chose not to participate as either the staff were classified as “vulnerable,” or had contracted COVID or were nervous about going into work.
- The location of the centres had not been advertised to prevent people from just turning up as had happened in other areas, which had given rise to safety issues for both patients and staff.
- The number of patients referred for UDC remained manageable. On most days there was capacity to see the most urgent cases and there had been very few occasions where sites had been taken off-stream.
- UDC was being used less as more dentists were returning to work and dentists were contacting patients to ascertain their dental requirements to prioritise those most in need, however the UDC centres would remain in place for the time being.
- The use of drills and scalers generated water particles which were a convenient size to attract the COVID cells. These circulated within a room and could be easily inhaled. The dental team would also be working within inches of a patient’s head and dental practitioners were considered one of the highest risk groups within healthcare. Dental care provision had therefore been limited to avoid dentists becoming virus “super-spreaders”.
- Members asked how patients not registered with an NHS dental practice had fared during the crisis. Members were advised that unlike GP practices, dental practices did not have registered patient lists and, prior to COVID, anyone presenting at a practice which had the right amount of contracted activity should be seen and given a course of treatment as required. Therefore, any patient could be seen at any NHS dental practice for advice and treatment if that practice had the capacity.
- Orthodontic services were included within the UDC however most cases were not perceived as an emergency although there were exceptions such as a broken brace where the brace wires penetrated the cheek or a brace removal in advance of a brain scan. In urgent cases orthodontists visited dental surgeries to attend to an urgent need.
- The Chief Dental Officer had praised the dental services provided in the region throughout the crisis.
- Community Dental Services assigned to vulnerable children and adults provided a more specialised service suited to their needs which had continued during the pandemic.
- Members were advised dentists used category 3 Personal Protection Equipment (PPE) which had not initially been readily available to all practices.
- Prior to the COVID crisis, dentists could see 20-30 patients per day however 4-6 patients per day was currently more achievable to allow time for aerosols to settle, (an hour), deep cleaning consulting rooms between patients and adhering to social distancing measures.
- Members were surprised that no complaints had been received given that only very urgent patients in severe pain were being referred to for UDC. Members were informed that complaints regarding NHS services could be made directly to the dental practice or via the NHS Contact Us system.



- Should there be a second spike of COVID, dental practices would follow the advice of Public Health England (PHE) although it could be assumed that with the correct PPE and social distancing measures in place, service would continue.
- Dental services were being reviewed to consider how services such as prevention and oral health education could be re-integrated. Dental services worked closely with PHE on priorities to improve dental health, engage with harder to reach groups and improve inequalities.
- Prior to the COVID pandemic, a pilot started to promote oral health stabilisation. Dentists would be remunerated for attending to an urgent walk-in patient's immediate needs and then continue to stabilise their oral health. This would then build a professional relationship which would encourage the patient to continue to attend the dental practice. This was in comparison to the walk-in centre which only offered emergency treatment. Practices would be asked to re-commence providing this service.
- Members felt that the local dental services could not accommodate all the cases they received prior to the COVID outbreak, and that approximately 90% of dentists in Peterborough were not taking new NHS patients or only taking on those referred by a dental practitioner.
- Members sought clarification on what measures would be put in place to ensure that access to dental services was available to all. Members were advised that current access to dental services was determined by clinical need and some practices were not carrying out routine check-ups. However, the aspiration was to have all practices fully re-opened and seeing as many patients as possible whilst attracting additional patients through the Oral Health Stabilisation programme.
- Any patient who was in unbearable pain would pass through the triage system and would be given assistance to relieve the pain.

## **AGREED ACTIONS**

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

CHAIRMAN  
6.00pm – 7:48pm  
7 July 2020

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**MINUTES OF THE JOINT SCRUTINY COMMITTEE  
HELD AT 4:30PM ON  
2 JULY 2020**

**VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE**

**Committee Members Present:** Councillors C. Harper (Chairman), K. Aitken, R. Bisby, S. Bond, R. Brown, C. Burbage, G. Casey, A Coles, N. Day, A. Dowson, A. Ellis, John Fox, Judy Fox, S Hemraj, T. J. Howard, J. Howell, M Jamil, D. Jones, A Joseph, S. Lane, D. Over, S. Qayyum, L. Robinson, B. Rush, N Sandford, N. Simons, H. Skibsted, S. Warren, C Wiggin and I. Yasin.

**Co-opted Members:** Co-opted Member Rizwan Rahemtulla  
Parish Councillor Junaid Bhatti  
Parish Councillor June Bull  
Parish Councillor Keith Lievesley  
Parish Councillor Neil Boyce  
Parish Councillor Susie Lucas

**Also Present:** Councillor Holdich, Leader of the Council and Member of the Cambridgeshire and Peterborough Combined Authority  
Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health  
Councillor Ayres, Cabinet Member for Children's Services and Education, Skills and University  
Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments  
Councillor Seaton, Cabinet Member for Finance  
Councillor Walsh, Cabinet Member for Communities  
Councillor Allen, Cabinet Member for Housing, Culture and Recreation  
Councillor Farooq, Cabinet Member for Digital Services and Transformation  
Councillor Cereste, Cabinet Member for Waste, Street Scene and Environment  
Councillor Bashir Cabinet Advisor for Children's Services

**Officers Present:** Gillian Beasley, Chief Executive of Peterborough City Council  
Charlotte Black, Service Director: Adults and Safeguarding  
Will Patten, Service Director Commissioning  
Lou Williams, Service Director, Children and Safeguarding  
Jonathan Lewis, Service Director, Education  
Adrian Chapman, Service Director for Communities and Partnerships  
Dr Liz Robin, Director for Public Health

Steve Cox, Executive Director Place & Economy  
 Mohamed Hussein, Director, Housing Needs and Supply  
 Graham Hughes, Service Director, Highways and Transport  
 Sue Grace, Director, Customer and Digital Services  
 Amanda Askham, Director of Business Improvement and Development  
 Peter Carpenter, Acting Corporate Director Resources  
 Fiona McMillan, Director of Law and Governance  
 Rachel Edwards, Head of Constitutional Services  
 Pippa Turvey, Democratic and Constitutional Services Manager  
 Paulina Ford, Senior Democratic Services Officer  
 Jane Webb, Senior Democratic Services Officer  
 Dan Kalley, Senior Democratic Services Officer  
 David Beauchamp, Democratic Services Officer  
 Karen S Dunleavy, Democratic Services Officer

The Chairman opened the meeting by welcoming those members of the public and press who were watching the livestream of the meeting through the Council's YouTube page. Due to government guidance on social distancing, the meeting took place remotely in accordance with current legislation as laid out in the [Local Authorities and Police and Crime Panels \(Coronavirus\) \(Flexibility of Local Authority and Police and Crime Panel Meetings\) \(England and Wales\) Regulations 2020](#) which made provision for remote attendance at, and remote access to Council meetings. The meeting was held in accordance with Peterborough City Council's Virtual Meeting Protocol.

The Democratic Services Officer conducted a roll call of Members and Officers in attendance.

## 6. APOLOGIES FOR ABSENCE

Apologies were received from Councillors S Barkham, J Goodwin and A Ali. Councillor A Joseph was in attendance for Councillor Ali. Apologies were also received from Co-opted Members A Kingsley, P Cantley, F Vettese and C Watchorn.

Councillor Dowson was not confirmed in attendance at the start of the meeting due to IT issues. Councillor Sandford announced that he would have to leave the meeting at 5:30pm.

## 7. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Councillor J Bull announced she was a Vivacity Trustee. There were no whipping declarations.

## 8. PUBLIC QUESTIONS

<b>Question From Iftikhar Ahmed</b>	<b>Answered by Mohamed Hussein Director: Housing Needs and Supply</b>
This is regarding North Ward, Peterborough. Would the Council allow for overcrowding in homes during COVID? Specific properties with rogue landlords and overcrowding have been	In regard to overcrowding, the government guidance when it came out around matters that the local authority should take action on

reported to the Council. No social distancing measures are taking place in the local park (Gladstone Park, off Bourges Boulevard) and the bushes and hedges have not been trimmed. A lot of anti-social behaviour is taking place but when issues are reported, the Council uses COVID as a reason for not being able to take any action. As the health and safety of many residents is at risk, I believe the Council should look properly into any reported issues.

In terms of housing people were related to people who were rough sleeping. There was no guidance issued in respect of moving or transferring people that were in overcrowding or otherwise unsatisfactory conditions. Had that been the guidance, it would have been difficult for us to work on that basis because the numbers that would have been involved would have been simply been too many and it would have overwhelmed the service completely. So we have acted in accordance with the guidance in that respect and will continue to do so.

In respect of the other matters, I have a prepared response.

All PCC shrubs are cut back once a year, once per year. They will have their annual cut following bird nesting season however we will still slide back anything that could be obstructing a public highway. So at the moment it's nesting season so they wouldn't be cut at the moment in any case.

We will ask a member of Aragon Direct Services to check the location for any obstructions and have these cut back if required.

And further, since the start of COVID, police officers are undertaking regular patrols in the area which includes Gladstone Parks. Any calls received by Peterborough City Council raising concerns around lack of social distancing are passed on to police colleagues. Residents are also encouraged to report incidents at the time they are taking place, direct to the police.

Officers from the Prevention and Enforcement Service will liaise with police around the issues you have raised around tackling anti-social behaviour and look at options to promote social distancing messages in the park and in the wider community.

Members asked why the minutes of the previous Joint Scrutiny Committee meeting held on 20 May had not been included with the agenda for this meeting. Members were advised that it was not normal practice to include minutes at an extraordinary committee meeting and as Joint Scrutiny meetings were extraordinary meetings the minutes would be presented at the next ordinary Scrutiny Committee meeting. The minutes of the last Joint Scrutiny Meeting would be presented to the next Health Scrutiny Committee meeting on 7 July.

## **9. PETERBOROUGH CITY COUNCILS RESPONSE TO COVID-19**

The Chief Executive of Peterborough City Council introduced the report which provided details of the Council's response to the current Coronavirus pandemic; the progress made on assessing financial, service and community impact. The Council's initial approach to recovery would be covered in more detail at the next meeting.

An overview was given on the report content. The highlight reports were published fortnightly.

The Director for Public Health advised the committee that the government had announced on 24 May that all upper tier councils in England needed to prepare a Local Outbreak Control Plan. This would work with the National Test and Trace system and multi-agency partner organisations to contain COVID - 19 and prevent a second wave of infection. There was a strong focus on social distancing, regular handwashing, self-isolating and testing. Surveillance and monitoring of the situation had improved with daily review data meetings, with information passed to the Outbreak Management Team to interpret and direct relevant local actions.

The plan included governance structures and workforce requirements to monitor and control local outbreaks including care homes, schools, workplaces and other vulnerable population groups. Testing was readily available using the £1m Test and Trace Grant provided to deliver the Local Outbreak Plan which had been published on the Council's website. There was now a Multi-Agency Health Protection Board of Senior Officers and a Member led Outbreak Engagement Board to protect and care for the local communities.

Peterborough had seen a downward trend in cases, hospital admissions and deaths. The current results issued and published by Public Health England (PHE) currently included tests run in local laboratories, mainly hospitals and care homes and focused on people who were ill. Tests booked by individuals themselves - Pillar 2 Tests for residents with symptoms - were carried out in national laboratories which although were previously included in national figures they did not filter into local statistics.

The overall trend was decreasing, and the community was managing the situation well. Pillar 1 cases in Peterborough, those most seriously ill, were below the national average, whereas Pillar 2 cases were above the national average. Peterborough was therefore ascending the table of cases because of the change in the way the Pillar 1 and Pillar 2 results were being published. Parts of Peterborough had higher risk factors such as overcrowding, diversity of languages, higher levels of deprivation and housing containing more residents. Data had been received which confirmed these were the sectors of greatest risk and the Council therefore had to try and protect

these groups via campaigns and social media. More community support would be introduced to help with the forthcoming easing of lockdown arrangements due the following weekend.

The Health Scrutiny Committee considered the report section by section and in summary, key points raised and responses to questions were as follows.

## **Background and Public Health Context**

Questions and observations were made around the following areas:

- Members asked what rapid response mechanisms were in place to prevent a second Coronavirus spike, given that Public Health England (PHE) data published 1 July 2020 stated that 148 patients had died in Peterborough City Hospital since the start of the pandemic and that there were nearly 28 cases per 100,000 which placed Peterborough in 11th position nationwide. The Director for Public Health advised that there was some confusion over data published by PHE and further data releases due 2 July 2020 would better confirm Peterborough's position. It was emphasised that Peterborough deaths from Covid-19 had not been high and deaths and hospital admissions were falling. Public behaviour was responsible for the containment of the first wave and all communities needed to continue to play their part by following government advice on social distancing, handwashing and hygiene measures. Testing and self-isolation remained important and there was guidance available for places of worship, business and parks to keep the community safe.
- The Service Director for Communities and Partnerships reassured Members of arrangements in place for the weekend of the 4 July 2020 which came about following the formation of Rapid Response approach. This was a small team comprising of enforcement officers, environmental health colleagues, the police, communications team and community staff, youth and education officers and representatives from the community who meet daily. They analysed the incoming data and formulated the appropriate response in the relevant locality. As a result, activities were planned from 2 July 2020 in the Millfield area with strong messaging using the LED van and youth workers. Environmental officers were visiting local businesses in both an advisory and enforcement capacity. There were about 30 established group leaders who had been working closely with the council and community messages were delivered via local radio stations. The Rapid Response Team had access to various resources and could react quickly, the same day if necessary.
- Members felt that the power to impose a local lockdown should be given to the Director for Public Health and asked if that case could be made to Central Government to allow more local control. Whilst Directors understood the concerns, they had not been included in discussions surrounding this as local lockdown was not being considered for Peterborough at this time. It anticipated that there would be consultation before a local lockdown was enforced.
- Most outbreaks were confined to settings such as care homes, workplaces or specific premises and in those situations the Council could use local powers under the Health & Safety Act, the Coronavirus Act or routine public health legislation to close premises or enforce isolation and it was hoped using these local powers would prevent national intervention.
- For the Secretary of State to impose a lockdown there would have had to have been a rising trend for some time and remedial action locally would have already commenced.
- The Chief Executive advised that there was a continuing national live debate on the assignment of powers in the event of local lockdown.
- The council would be submitting a request for £3.2m funding from Central Government for sheltering homeless people on 3 July 2020. The final figures for the claim had not been calculated but were based on the costs incurred through the rest centre process. A significant

number of people had been resettled into settings appropriate to their needs and there were currently around 48 rough sleepers in The Park Inn. Of these, 20 were eligible for resettlement and it was anticipated that they would be resettled by the end of July. Ongoing assistance for the remaining 28 included repatriation, help to obtain the legal documentation to work and assistance in finding work. The government had recently issued a directive regarding certain ineligible people which created flexibility within the regulations and provided for accommodation and support for a further three months. The government had also indicated that eligible rough sleepers should be housed until the end of March 2021 and follow on short to medium term accommodation was being sought.

- There were 17 rough sleepers remaining on the street, some of whom had never engaged with support services. Some had been accommodated in rest centres and their behaviour had resulted in some of them being asked to leave, however a tolerant approach was adopted and most were given a further opportunity should they re-engage. The remainder had become rough sleepers recently and were not covered by the government directive although it was hoped to extend to them the same opportunities to be accommodated in the rest centres and re-settled.
- Members considered three months a short period of time to find work when over 2m people were unemployed and partner agencies were making a case to have the terms amended. The Light Project (*local faith charity offering support with night shelter and day centre*) had been invited to participate in the Ministry meetings.
- The Director of Public Health confirmed it was very important to have up to date data and communication of data had been improved recently. Several data feeds were received and discussed daily by the Surveillance Group, including regular information from the Office of National Statistics and COVID-19 information from hospitals and the 111 Service. More detailed anonymised post coded data was also being received.
- Data was based on the date of testing and there could therefore be some delay whilst waiting for test results to come through.
- The Local Outbreak Control Plan included smaller testing arrangements within the results. There were further Pillars of testing, including the anti-body testing, and a research Pillar.

## **Test and Trace**

Questions and observations were made around the following areas:

- Mass testing of those without symptoms had proved helpful in healthcare settings with a high density of cases, however consideration would need to be given to resources required to test within settings with a lower density of cases. Mass testing of the population would in theory identify those infected who could then isolate to contain the virus however practicality remained the issue, given the relatively low numbers of infections.
- Within the Local Outbreak Plan the Incident Management Team, led by PHE Communicable Disease Specialists, would consider the appropriate response required if a cluster or a high number of cases was identified within a workplace. Testing of all workers would be an option and testing facilities could be deployed very quickly.
- Information was received from Contact Tracing which indicated that self-isolation negatively influenced the spread of the virus, it was important that those contacted by Test and Trace agents complied with the need to self-isolate as required although only a proportion of those people would develop symptoms.
- Negotiations were not currently in progress with Leicester Council on their lockdown and travel arrangements however the Director for Public Health agreed to investigate issues relating to the local lockdown in Leicester and the impact of travel between Peterborough and Leicester.



- Members were concerned that a number of large families had visited Leicester in the last two weeks which had the potential of increasing the cases in Peterborough, particularly if visits were repeated.
- Trained staff already existed within the health care system who had experience of Track and Trace functions within their existing roles.
- Front line intervention required additional support for Environmental Health Officers and staff would be trained to fulfil this role and work on prevention and control in high risk areas.
- The overall outbreak management capability needed strengthening in the public health team and it was hoped to conduct further training within community groups.

## **ACTIONS AGREED**

The Director of Public Health to investigate issues relating to the local lockdown in Leicester and the impact of travel between Peterborough and Leicester.

### **Peterborough Hub**

Questions and observations were made around the following areas:

- The Council were aware that there may be people who needed support during the pandemic who had not needed support before the crisis. The Council had worked hard to identify those people through the media, leaflet drops, newspapers and radio broadcasts. Contact had been made with known carers and those who had been discharged from Adult Social Care in the previous six months to ensure they had the support they required. There were over 60 voluntary and specialist organisations spread across the city who had worked with the hub and every request for help received via the Hub had been fulfilled. This included food and medication deliveries, gardening and supporting mental health through friendship calls and craft packs for adults and children. Parish councils had also engaged through the clerks to consider closer working with the Council.

### **Care Homes**

Questions and observations were made around the following areas:

- Secured additional residential, nursing and extra care capacity had been increased by 106 additional beds across existing providers, some of which were already contracted to the Council.
- Members commented that there had been 140 deaths in care homes due to, or suspected, from COVID-19 as per an FOI (*Freedom of Information request*). The Service Director, Adults and Safeguarding reassured Members that an agreement was in place with all acute trusts that a patient's test result must be known prior to discharge in accordance with national guidance.
- Comparative figures on care home deaths was requested and the Director for Public Health agreed to request this information from the data analysts.

## **ACTIONS AGREED**

The Director of Public Health agreed to ask the Analytical Team to produce comparative data between Peterborough, the national average and neighbouring areas for deaths in care homes.

## **Personal Protection Equipment (PPE)**

Questions and observations were made around the following areas:

- Reports had been received by members that the Alconbury hub who supplied PPE to primary care units in Peterborough had very low stock levels. The local authority had made a commitment to care homes to provide PPE from their own social care supplies should they experience problems sourcing from usual suppliers and most care homes had reported an improvement in supplies. The supplies of PPE to primary care facilities was the responsibility of the CCG (*Clinical Commissioning Group*) and enquiries would be made to confirm their availability of supplies.
- The price of PPE had become inflated due to the increase in demand however the council worked closely with suppliers and had negotiated the best possible supply arrangements. Details of credible suppliers were passed to care homes.
- Care homes appeared to be managing PPE supplies well however Members requested that a bulk purchase scheme to include care homes could be considered to reduce costs.

## **ACTIONS AGREED**

1. The Executive Director, People and Communities, agreed to contact the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and ask them to investigate possible issues regarding Personal Protective Equipment (PPE) shortages in Primary Care Facilities.
2. The Executive Director, People and Communities agreed to investigate the possibility of creating a bulk buying scheme with care homes to purchase Personal Protective Equipment (PPE) at reduced rates.

## **Schools Re-opening**

Questions and observations were made around the following areas:

- Free school meals over the summer break would be offered through Edenred UK via a £90 voucher for each child who qualified for free school meals.
- Assessments and tests for 2021 were still being considered. SATS would take place as usual however the Early Years Baseline Assessment would be postponed for a year.
- Ofqual, (*The Office of Qualifications and Examinations Regulation*) were currently considering alternative arrangements for next year's GCSEs, including the delaying of exams until July to compensate for the education lost this year.
- The number of children returning to school in the last few weeks of term was not expected to increase, however the current expectation was that every child would return in September which would be challenging. Although Peterborough schools were generally well funded the government had announced an additional £1bn funding and whilst the exact details were yet unknown, it was expected the focus would be on deprivation.

- Head teachers were reporting that children had not regressed although there was a need to catch up on missed education. The Council's approach to distance learning was considered effective. Teachers would need to reconsider their curriculum.
- Ofsted assessments would be postponed until the spring term and recovery actions in place would continue to be monitored.
- The Council's Education Team met fortnightly with secondary school headteachers to share information and best practice for the benefit of pupils and school resources.
- Guidance had been received from the government allowing for summer provision to continue through the school holidays with the correct protective measures in place to provide support for key workers. Government guidance also advised that schools would not remain open for the holidays and the usual summer care programmes could return to provide care. Vivacity would remain responsible for the services they provided for the 90-day transition period and a meeting was imminent to discuss the summer programme further.
- Period poverty was being addressed through schools and Members asked if this provision had continued. The Government had released information on best practice in this area and the Service Director, Education agreed to obtain further information.
- Members expressed concern over the quality of the hour and a half education and career support currently given to year 12 students who would be preparing for university. The Service Director, Education explained that only 25% pupils were allowed to attend school at any one time, but the guidance was limited, and the emphasis remained on distance and independent learning. He agreed to follow up on specific concerns if they were made known to him.
- Students who returned to school to re-sit their A levels would provide additional demand on schools, however it was anticipated that the quality of assessments would be such that there would only be a small number of students in this category. Further information was expected and would be relayed when received.
- The Schools Transport Plan had responded to the current social distancing guidance with regard to school taxis and bus services. Future provision would be challenging as there was a limited amount of suitable transport available and more information would be required on how schools would re-open before final arrangements could be made. Additional funding would also be required to facilitate the anticipated increase in costs.
- Schools would not remain open in the summer holidays for compulsory education although summer clubs could continue.
- Government guidance had now been released on re-opening of schools safely. Schools needed to undertake risk assessments and have protective measures in place. The Council would support schools who found this challenging and were unable to fully function and would consider each situation individually. However the guidance was clear on the need to continue to provide remote learning. Conversations were planned with secondary headteachers to discuss the matter further the following week.
- Members were concerned there would be an increase in traffic due to children being taken to school and staggered start times may be considered to avoid too many people congregating in one place at one time. However, working parents may not find this fits in with work start times. It was hoped that out of school clubs would provide some flexibility when they re-opened in September. The School Street programme considered managing drop off arrangements in a different way and further risk assessments were required. It was hoped more children would walk or cycle to school.

## **ACTIONS AGREED**

The Director of Education was asked to liaise with Head Teachers regarding challenges faced by Year 12 students in light of disruption caused to their education by Coronavirus.

### **City Centre Re-opening**

Questions and observations were made around the following areas:

- Members asked if the current messaging on shopping locally referred to smaller shops and centres or the city centre and the Executive Director Place & Economy assured the Committee that the city centre would be safe for visitors to return.
- Concerns were expressed that littering and other anti-social behaviour would increase with the re-opening of pubs and restaurants due 4 July and Members were advised that an appropriate operational plan was in place with the Police and the Prevention and Enforcement Service (PES).
- Blue Badge holders were experiencing difficulties finding car parking spaces. Some disabled parking bays had been removed following discussion with Disability Peterborough however if the provision was now considered insufficient a further investigation would follow.
- For now, car parking would remain free in Council owned car parks although this would be reviewed periodically.
- Work continued with local businesses to maintain the current social distancing measures.
- The Build Back Better scheme would follow the current reopening plan for the City Centre to address needs across the city to make it a better place to visit. Planned developments at the Station Quarter, the University and North Westgate / Queensgate Centre would help revitalise the city. The Business Improvement District work was also ongoing.
- Current plans to enhance the City Centre and provide long term improvements also included relocating the market stalls into Bridge Street, replanting the planters and hanging baskets and encouraging cafes and restaurants to use outdoor space. Plans were in place to replace and upgrade the street lighting.
- The Service Director for Communities and Partnerships advised that the spirit of the recent legislation supported a cafe culture in the high streets to aid recovery and the legislation supported the easing of bureaucracy to move this forward. The Council had been working with around 70 premises in the city centre to see how they would like to continue operating and if this would require amendments to their licences. For most, no changes would be made as most licences had provision for using outside space however others might require an outside licence.

### **The Recovery Framework**

Questions and observations were made around the following areas:

- Members would have liked more information on the Tranche One cycling spend however there had been very little time between the guidance being issued and the submission for funding deadline, being only five days. The strength of the proposed schemes had resulted in a funding increase of 12%. The position going into Tranche Two would be strengthened if these schemes were delivered within an eight-week period,
- Further funding of £7-800,000 was expected in the next few weeks for the Tranche Two funding and once guidance was received, Members and interested organisations would be included in the consultation.

- Suggestions to memorialise those who had lost their lives to Covid-19 and their families had been received and had cross-party approval. It had not been decided what form this would take however but this was being considered.
- The volunteer response had been overwhelming during the pandemic with around 2,500 volunteers across the county and their work was praised by the Service Director for Communities and Partnerships. When surveyed recently, 60% had agreed to continue after the pandemic ended, half of which had a professional background and held a DBS (*Disclosure and Barring Service*) check. Discussions were currently underway with the PCVS (*Peterborough Council for Voluntary Services*) and other partners to establish a volunteer scheme.
- The pandemic had changed the way people were working. A recent survey carried out amongst PCC staff had provided good feedback and agile and home working would be a feature of the future working arrangements at the Council.

## **Vivacity**

Questions and observations were made around the following areas:

- Vivacity had now provided their HR data to enable the Council to review staffing arrangements which had been delayed due to their staff being furloughed. This would be completed as quickly as possible to avoid undue stress on the workforce.
- Meetings were planned with Vivacity on 3 July to consider any plans in place to re-open the libraries safely and other services which would remain under Vivacity control for the 90 day transition period.
- Members asked if there was any additional funding available to help Vivacity reopen its services, however the Council could only apply for funding if they ran leisure services themselves and once services had been transferred back to the Council, the relevant applications could be made.
- The council did not intend to cut services unless the demand for services had shifted however the way forward must be affordable. Outdoor gyms and cricket pitches could be provided as additional services.
- The Council would consider every aspect of current Vivacity provision and alternative ways of delivery including working with local groups, local communities and parish councils as well as moving some services in-house and this was an opportunity to review and regroup services and re-set the local vision for these services to meet the modern needs of the city.
- Members sought assurance that there were ambitious plans for Culture to be part of the Recovery. Officers responded that this assurance could be given and a meeting had taken place between the Service Director for Communities and Partnerships, the Chief Executive and the Arts Council's Chief Executive to discuss the arts, culture and heritage aspirations within the city and how they could be used to encourage a strong recovery. The work already started on developing a new Cultural Strategy for Peterborough was now on hold pending the ease of lockdown and was likely to recommence in autumn.
- Members felt that it was of paramount importance to restart the entertainment and cultural sectors to prevent undue hardship to performers.

## **Implications**

Questions and observations were made around the following areas:

- Most local authorities were in the same position and were waiting for additional government funding.
- The forecast for the deficit was getting larger and didn't account for COVID-19 funding due from central government. Members expressed concern over the Council's financial position, given that most reserves had now been used. The Acting Corporate Director Resources advised that most local authorities were in the same position. As the data quality improved, the expenditure appeared to increase. As the pandemic progressed, the Council were being asked to increase their workload and there may be income not yet received. The LGA (*Local Government Association*) and professional organisations were lobbying central government for increased funding.
- The largest impact was from lost tax income, again a countywide issue, and government would be looking at the collection fund deficit over a three-year period at the end of 2020 when setting the Local Government Settlement for 2021.
- The funding available from the Homelessness Grant was not large when considered against the overall expenditure. The Council had applied for a grant but would not receive anywhere near the expenditure incurred in tackling homelessness.

## RECOMMENDATIONS

1. The Joint Scrutiny Committee **RESOLVED** to note and comment on the progress made to date in responding to the impact of the Coronavirus.
2. The Joint Scrutiny Committee **RESOLVED** to recommend that the Service Director – Education, investigated and reported back to the relevant Scrutiny Committee on the issues surrounding Period Poverty, especially over the summer holidays, noting that schools' involvement in tackling this issue had been reduced by Coronavirus.
3. The Joint Scrutiny Committee **RESOLVED** to recommend that the Executive Director, Place and Economy and the Service Director – Education explored the feasibility of establishing a Cycle to School grant scheme and report back to the relevant Scrutiny Committee and decision maker.
4. The Chairman closed the meeting and thanked the Chief Executive and her team for all their hard work to provide support, care, information and advice to residents, councillors and staff during the COVID-19 pandemic period which was much appreciated.

CHAIRMAN  
2 July 2020

The meeting began at 4:30PM and ended at 7:10 PM

**MINUTES OF THE JOINT SCRUTINY COMMITTEE  
HELD AT 4:30PM ON  
22 JULY 2020**

**VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE**

**Committee Members Present:** Councillors C. Harper (Chairman), A. Ali, S. Barkham, R. Bisby, S. Bond, R. Brown, C. Burbage, G. Casey, A Coles, N. Day, A. Ellis, D Fower, Amjad Iqbal, John Fox, Judy Fox, T. Haynes, J. Howard, J. Howell, M Jamil, D. Jones, S. Lane, E. Murphy, D. Over, L. Robinson, B. Rush, N Sandford, N. Simons, H. Skibsted, S. Warren, C Wiggin and I. Yasin

Co-opted Members:

Alistair Kingsley – Independent Co-opted Member  
Claire Watchorn – Parent Governor Representative  
Flavio Vettese – Statutory Education Co-opted Member representing the Roman Catholic Church  
Peter Cantley – Statutory Education Co-opted Member representing the Church of England  
Parish Councillor Junaid Bhatti  
Parish Councillor June Bull  
Parish Councillor Keith Lievesley  
Parish Councillor Neil Boyce

**Also Present:** Councillor Holdich, Leader of the Council and Member of the Cambridgeshire and Peterborough Combined Authority  
Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health  
Councillor Ayres, Cabinet Member for Children's Services and Education, Skills and University  
Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments  
Councillor Seaton, Cabinet Member for Finance  
Councillor Walsh, Cabinet Member for Communities  
Councillor Allen, Cabinet Member for Housing, Culture and Recreation  
Councillor Farooq, Cabinet Member for Digital Services and Transformation  
Councillor Cereste, Cabinet Member for Waste, Street Scene and Environment  
Councillor Bashir Cabinet Advisor for Children's Services

**Officers Present:** Gillian Beasley, Chief Executive of Peterborough City Council  
Charlotte Black, Service Director: Adults and Safeguarding

Wendi Ogle Welbourn – Executive Director, People and Communities  
Lou Williams, Service Director, Children and Safeguarding  
Jonathan Lewis, Service Director, Education  
Adrian Chapman, Service Director for Communities and Partnerships  
Dr Liz Robin, Director for Public Health  
Steve Cox, Executive Director Place & Economy  
Mohamed Hussein, Director: Housing Needs and Supply  
Graham Hughes, Service Director, Highways and Transport  
Sue Grace, Director, Customer and Digital Services  
Amanda Askham, Director of Business Improvement and Development  
Peter Carpenter, Acting Corporate Director Resources  
James Collingridge, Head of Environmental Partnerships  
Fiona McMillan, Director of Law and Governance  
Rachel Edwards, Head of Constitutional Services  
Pippa Turvey, Democratic and Constitutional Services Manager  
Paulina Ford, Senior Democratic Services Officer  
Jane Webb, Senior Democratic Services Officer  
David Beauchamp, Democratic Services Officer  
Karen S Dunleavy, Democratic Services Officer

The Chairman opened the meeting by welcoming those members of the public and press who were watching the livestream of the meeting through the Council's YouTube page. Due to government guidance on social distancing, the meeting took place remotely in accordance with current legislation as laid out in the [Local Authorities and Police and Crime Panels \(Coronavirus\) \(Flexibility of Local Authority and Police and Crime Panel Meetings\) \(England and Wales\) Regulations 2020](#) which made provision for remote attendance at, and remote access to Council meetings. The meeting was also following the Peterborough City Council's Virtual Meeting Protocol

The Democratic Services Officer conducted a roll call of Members and Officers in attendance.

#### **10. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors K. Aitken, A. Dowson (Councillor Murphy in attendance as substitute) J. Goodwin, S. Hemraj (Councillor D. Fower in attendance as a substitute), S. Qayyum (Councillor A. I Iqbal in attendance as substitute), Co-opted Members Susie Lucas and Rizwan Rahemtulla,

#### **11. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

Co-opted Member June Bull declared that she was a trustee of Vivacity and would therefore not take any part in discussions in the relevant section of the report.

#### **12. PUBLIC QUESTIONS**

There were no public questions received for this meeting.



### 13. PETERBOROUGH CITY COUNCILS RESPONSE TO COVID-19 RECOVERY PLAN

The Chief Executive of Peterborough City Council introduced the report which provided an update on the Council's ongoing response to the coronavirus pandemic, work with partners and communities to protect the most vulnerable and developing work to help Peterborough to recover from the emergency,

Questions and observations were made around the following sections of the report.

#### **Background and Public Health Context**

- Members asked what measures were in place to restrict large gatherings, e.g. car cruise events. The Director of Public Health responded that there was coordination with the police and other relevant partners on these matters via local command and control structures, local resilience forums, strategic coordination groups and several sub-groups. Due to the increase in cases since the report was written, it was important to monitor events and gatherings carefully and work with partners to minimise any increased risk of COVID-19.
- It was agreed that the Director of Public Health would investigate further the police response to a car cruise event held in Peterborough on Saturday 18 July and pass on the Committee's concerns regarding lack of consistency in police enforcement of large gatherings to the Multi-Agency forum.
- Members asked if the Council had moved from being a leader in Test and Trace to following the work of other councils. Members also felt that furloughed Vivacity staff could have assisted the Public Health Team. The Chief Executive responded that the COVID-19 response under the Civil Contingencies Act from the Council and other partners had been reported to the Joint Scrutiny Committee on two occasions. Central Government had visited Peterborough and assessed the City's response as being close to best practice.

*Councillor Over joined the meeting at 4.44pm.*

- The Director of Public Health acknowledged that it was challenging for the Council to balance supporting the objectives of the upcoming Black Lives Matter movement whilst also discouraging large gatherings due to the pandemic. It was suggested that Councillors should be role models in public health and consider not attending the protest while finding other ways to demonstrate their support for fighting injustice. The protest itself would be made as safe as possible.
- Members raised specific concerns regarding the policing of a large gathering in Paston. It was agreed that the Director of Public Health would refer these concerns to the Multi-Agency forum as per the action below.

#### **ACTIONS AGREED:**

The Director of Public Health to investigate further the police response to a car cruise event held in Peterborough on Saturday 18<sup>th</sup> July and pass on the Committee's concerns regarding lack of consistency in police enforcement of large gatherings to the Multi-Agency forum.

## Test and Trace

- Members asked if there were any plans to introduce additional testing centres alongside those at the East of England Showground and Gladstone Park in light of Peterborough's COVID-19 infection rate ranking increasing from 8<sup>th</sup> to 11<sup>th</sup> in the country. The Director of Public Health responded that feedback had indicated that not everyone could access the Showground easily without a car. The Council planned to work with the regional Test and Trace Centre and the military to find appropriate sites for mobile test centres. The Council aimed to increase the accessibility of testing, especially in the Northern and Central postcodes of Peterborough, rather than siting test centres in particular hotspots. There were strict criteria that needed to be achieved for a site to be deemed suitable.
- The Director of Public Health stated the importance of following the government's testing and self-isolation guidelines if a person experienced symptoms of COVID-19.
- Details of possible new testing locations were not available at the meeting but it was agreed that conversations between Councillors and the Director of Public Health regarding the needs of specific areas would take place outside the meeting.
- It was agreed that the Director of Public Health would discuss with colleagues improvements to the signage directing people to the COVID-19 Test Centre at the Showground to avoid the public having to ask local residents for directions.
- Members requested an assessment of the success of the test centre at the Gladstone Park Community Centre, in light of potential language barriers in the area. The Director of Public Health responded that the success of the mobile testing centres had been variable, but Gladstone Park had been used steadily. The Service Director, Communities and Partnerships responded that extensive work had been undertaken to improve the accessibility of testing at Gladstone Park, e.g. multi-lingual leaflets and liaison with the Mosque and community leaders. Officers would welcome any input from Members to improve accessibility of testing further.
- Members asked why the Showground was chosen as a test centre given its poor accessibility for people without a car. The Director of Public Health responded that the Showground was a regional test centre, not a Peterborough-specific one, so its accessibility from the A1 was a key reason for its selection, especially as it was selected at a time when access to testing was lower.
- The Director of Public Health outlined the current guidance for testing and self-isolation for people with and without COVID-19 symptoms. This information was available on the Peterborough City Council website.
- Members asked if military assistance was requested by the Council or the Secretary of State. The Director of Public Health responded that in Peterborough, the military had been requested by the Council, unlike in some other areas. Peterborough's relatively high infection rates were a concern to Central Government but the City was coordinating its own response while being able to request additional support if needed. The response had been quick and positive. Work had been done with the Regional Centre to identify the best testing sites.
- Officers aimed to communicate with the relevant Councillors when a testing centre was due to be set up in their ward. A Member's concerns regarding lack of notification in one case was noted and officers would aim to ensure communication took place in the future.

## **ACTIONS AGREED**

1. The Director of Public Health to discuss with colleagues' improvements to the signage directing people to the COVID 19 Test Centre at the Showground to avoid the public having to ask local residents for directions.
2. The Director of Public Health to ensure that councillors are advised in advance of any test centres being opened up in their wards.

## **Peterborough Hub**

- Members requested an update on the status of the Peterborough Hub's volunteer programme. The Executive Director - People and Communities responded that the Hub still had access to many volunteers who were used in a variety of ways, e.g. food banks and alongside parish councillors. The Council would continue to encourage new volunteers, especially those with knowledge of economic hardship.

## **Shielded Programme**

There were no questions on this section of the report.

## **Think Communities**

- Members requested information on plans to re-energise the Think Communities programme in 2020/21. The Service Director, Communities and Partnerships responded that delivering Think Communities in real time had inspired officers throughout the pandemic and it had been demonstrated that this was the right approach to support people. A roadmap for progress between now and March 2021 had been developed and it was agreed that this would be shared with Members as a briefing note. By March 2021 there would be a comprehensive Think Communities offer available.
- Members commented that although interesting meetings had taken place regarding the Think Communities pilot in Orton Longueville, different aspects of the programme did not seem to integrate well it and it was unclear who would be responsible for ensuring this took place. The Service Director responded that fourteen Think Communities pilots had been undertaken which helped to inform the development of the model but their scope was more limited. The Think Communities programme would be a comprehensive approach to address the needs of all residents in a particular area and would be fully coordinated.

## **ACTIONS AGREED**

The Service Director, Communities and Partnerships to provide a briefing note to Councillors containing details of the future Road Map for progressing work on the Think Communities approach.

## **Vivacity**

- Officers were working closely with Vivacity during the 90 day exit period and no opportunities would be missed to apply for part of the £1.75bn government support package for the performing arts. Members were encouraged to monitor the situation and hold officers to account on this issue.

- The Service Director – Communities and Partnerships summarised plans to re-open leisure facilities as follows:
  - 25<sup>th</sup> July – Regional Pool
  - Between 25<sup>th</sup> July and end of August - Premier Fitness, Jack Hunt Pool and Gym, Bushfield Leisure Centre and Werrington Leisure Centre
  - Discussions ongoing regarding Bretton Water Park and hoping for positive news shortly
  - The Lido would not open this season due to time required to recommission it and make it COVID-secure. The combination of the short remaining season and the costs involved made re-opening the site too risky. The Friends of Peterborough Lido group were understanding and would work with officers to ensure next season's re-opening would be a success and examine other alternative uses for the Lido buildings to enable them to be used more throughout the year.
  - Early August – Central Library subject to COVID-secure measures
  - End of August – Bretton, Orton, Hampton and Dogsthorpe Libraries
  - End of September – Other libraries including the Mobile Library
  - No current plans for the re-opening of Museums or Flag Fen.
  - Officers were keen to open Flag Fen as soon as possible as well as find museum space for the Must Farm findings to keep them local. This has the potential to be a site of international renown.
  - Work was ongoing regarding the re-opening of residual services, e.g. the Key Theatre.
- Members noted that the Council would soon be taking responsibility for leisure facilities again and asked if operation by other businesses or voluntary groups would be considered in the future. The Service Director, Communities and Partnerships responded that in the short-term, direct running of services by the Council was the only viable option. The Council would reflect on Vivacity's tenure and consider post-COVID demand for services and consider the best delivery arrangements in the future. Community management would be considered.
- There was every intention for the Lido to open for the next season. The decision not to open next year was based on advice from Vivacity and the Public Health department and a change of operator would not cause this advice to change.
- Members asked when the decision was taken not to re-open the Lido and felt that problems with Vivacity had been previously apparent and there was a lack of clear direction. Officers responded that the Council was facing a unique set of circumstances due to Vivacity giving notice during lockdown. It was difficult to have timely conversations with 98% of staff on furlough. Decisions made regarding the use of public money needed to involve due diligence, which could take a long time.
- Most Vivacity staff would be subject to the TUPE rules and become employees of the Council. Those for whom this did not apply had been made aware.
- Members asked why indoor swimming pools were being opened before the Lido given that COVID-19 transmission rates were lower outside. The Director of Public Health responded that the short time period for re-opening the Lido to a COVID-secure standard and the possibility for large gatherings and queues were factors in this decision.
- The Director of Public Health stated that the Public Health department had not been formally asked for advice regarding the re-opening of indoor swimming pools but the decisions to re-open were based on clear national guidance. Indoor pools were more likely to be capable of being COVID secure than the Lido but a close analysis had not yet been undertaken.

- Some members felt that that direct operation of leisure facilities by the Council should be considered. Alternative models could also be examined such alternative types of trust models with having workers and customers being on the board of the new leisure operator. The Service Director – Communities and Safety responded that all options were on the table and alternative delivery vehicles would be considered.
- Members asked why Werrington Leisure Centre was not reopening at the same time as the Regional Pool. The Service Director responded that Vivacity had significant numbers of their workforce on furlough and hence limited staff to make facilities COVID-secure for re-opening. It was also important to understand the needs of communities.
- The Service Director clarified that all staff subject to TUPE would be protected, regardless of the timelines for facility re-opening.
- The Director of Public Health informed Members that ‘R’ ratings were not reliable on a sub-regional level. Infection rates per 100,000 people would instead be used to assess whether leisure facilities could re-open. The Service Director added that higher infection rates would not necessarily entail centres remaining closed; it was one of many factors to consider. Officers were conscious that people had been locked down and were passionate about re-opening facilities.
- Members queried levels of communication to Vivacity customers, if the Council were overseeing this and if reduced subscription rates were available for those in difficult financial circumstances due to COVID-19. The Service Director reminded members that Vivacity was still responsible for the service though the Council was working closely with them to ensure consistent messaging. The Council did not have access to Vivacity’s customer database. Vivacity were considering various options to help customers use services again although the details had not yet been disclosed.
- It was believed that the only provision for children’s summer leisure activities at present was at the Key Theatre, which would be made available in 1-2 weeks’ time. It was agreed that the Service Director would find out if Vivacity were running any other activities.
- It was clarified that the Director of Public Health provided advice on the re-opening of the Lido. The decision not to re-open the facility was taken jointly between the Council and Vivacity.
- Ward councillors would continue to be updated on the progress of re-opening facilities in Werrington and this approach would be replicated across all wards.
- All available information regarding the transfer of service from Vivacity to the Council had been shared with members. The situation was fast moving and updates would be provided. The relationship between the two organisations was strong with good progress being made and officers were confident that the transition would be smooth.

## **ACTIONS AGREED**

The Service Director, Communities and Partnerships to enquire if Vivacity were running any other activities for children over the summer holidays, besides those taking place at the Key Theatre.

### **Children’s Education.**

All questions on this section were answered by Jonathan Lewis – Service Director, Education.

- There was currently no additional funding available for the extra school transport required to maintain school bubble arrangements. It was agreed that the Service Director – Education would provide members of the Children and Education Scrutiny Committee,

with information on any guidance and additional funding that may be received from the Department for Education to deal with additional demands on school transport provision due to bubble requirements for certain children as a result of the COVID-19 pandemic.

- Members commented that schools were already having to make plans for transport, and most were planning to use existing levels of transport. Members asked how schools would cope without extra resources given bubble requirements and when the deadline would be for making new arrangements. The Director responded that local authorities were responsible for statutory school transport. The guidance on bubbles was challenging for secondary schools, which entailed seating plans and face coverings. The Council planned to support parents to bring their own children to school and were working to ensure appropriate measures were put in place. The lack of extra funding was challenges and meant no new buses or tail lift vehicles could be provided. Plans would be agreed over the summer holidays and parents would be written to advising them of the arrangements. The Council was working with special schools to keep bubbles in place.
- Members commented that approaches to remote learning varied considerably between schools and asked how best practice was being identified and shared. The Director responded that school improvement advisors had met with the head teachers of all maintained schools to ensure best practice was followed. Daily updates were also provided to schools. There were excellent national examples and case studies to follow.
- The Council had a statutory duty to provide Education, Health and Care Plans (EHCs) and these requirements had been met despite the lockdown by bringing in additional staff. Some face to face contact had been needed. It was agreed that the Service Director – Education would provide members of the Children and Education Scrutiny Committee with an update in the autumn regarding how the COVID-19 pandemic had affected Education, Health and Care Plans (EHCs) in Peterborough.
- Members asked how schools were following the National Education Union’s guidance on bereavement and how they were making arrangements for the wellbeing of bereaved pupils. The Director responded that the following work had taken place in this area:
  - Discussions with a psychologist
  - Webcasts and Training
  - Voluntary sector support
  - Clear signposting
  - Ensuring adequate team capacity
  - Monitoring
  - Integration with social care and early help services
  - Support for children to re-integrate.
- Members and Officers praised the work of the Peterborough Music Hub which had continued to deliver virtual lessons during the pandemic.

## **ACTIONS AGREED**

1. The Service Director – Education to provide members of the Children and Education Scrutiny Committee, with information on any guidance and additional funding that may be received from the Department for Education to deal with additional demands on school transport provision due to bubble requirements for certain children as a result of the COVID-19 pandemic.

2. The Service Director – Education to provide members of the Children and Education Scrutiny Committee with an update in the Autumn regarding how the COVID-19 pandemic had affected Education, Health and Care Plans (EHCs) in Peterborough.

### **Children’s Services**

Questions on this section were answered by the Executive Director - People and Communities and the Service Director – Children and Safeguarding.

- The Council commissioned a service for young carers and would continue to do so. It was agreed that the Executive Director and Service Director for Education would confirm what summer activity programmes were in place for young carers.
- Members expressed concern that safeguarding training on the Council’s website was only at an introductory level. Members requested information on designated safeguarding leads, statutory refreshers courses, plans for extra training in the autumn (e.g. webinars) and any implications for safeguarding. Officers responded that plans were in place and it was agreed that the Executive Director – People and Communities would provide members of the Children and Education Scrutiny Committee with a report on what additional plans were in place for extra safeguarding training in the autumn.
- Family courts had been operating well by embracing virtual hearings and arranging facilities to support families and parents. A Children and Family Court Advisory and Support Service (CAFCAS) survey indicated that only one case in Cambridgeshire and Peterborough was delayed due to COVID-19. There were delays in the Youth Courts however and it was agreed that details would be provided to the committee outside the meeting.

### **ACTIONS AGREED:**

1. The Executive Director – People and Communities and the Service Director – Education to confirm what summer activity programmes were in place for young carers.
2. The Executive Director – People and Communities to provide members of the Children and Education Scrutiny Committee with a report on what additional plans were in place for extra safeguarding training in the autumn.
3. The Director of Children’s Services and Safeguarding to provide details of any delays in relation to Youth Justice Courts.

### **Adult Social Care - Test and Trace**

- Members asked when the impact of test and trace on social care providers would be known. The Service Director, Adults and Safeguarding responded that there had not been any issues yet but the Council was aware of possible impacts on staffing and would continue to monitor the situation.

### **Infection Control Fund**

There were no questions on this section of the report.

## **Care Homes**

- Members requested information on the Council's predicted impact and understanding of the risk of a second wave of COVID-19 in the winter, noting that mortality from the virus reduced with increasing temperature. The Service Director, Adults and Safeguarding responded that this was an area of concern and a second wave would be challenging for care homes. Staff were currently tested weekly and residents for whom there was particular concern were tested monthly. Experience had been gained and care home support plans and infection control funding had been put in place to ensure homes were ready for a second wave. It was noted that some of the City's most vulnerable residents lived in care homes and this was a crucial issue.

## **Delayed Transfer of Care**

- Members requested an update on 'step down' facilities for people who could not be safely isolated in care homes. The Service Director, Adults and Safeguarding responded that discussions were still ongoing with the Clinical Commissioning Group (CCG). One model being explored involving using block beds that had been already commissioned with additional wrap-around health services but no final decision had been made. A decision would be needed quickly if infection rates started to rise.

## **Bereavement Service**

- Members recognised the good work of the Bereavement Service and passed on their thanks.

## **Registration Service (Register Office)**

There were no questions on this section of the report.

## **Waste**

Questions on this section were answered by the Head of Environmental Partnerships unless otherwise stated.

- Issues regarding traffic at the Household Recycling Centre (HRC) and difficulties in accessing the nearby food bank were noted. Officers were reviewing traffic management daily and working closely with the HRC operators and the Highways Team. Concerns regarding the volume of traffic would be passed on. Traffic was unpredictable and there were no specific peaks and troughs identified. Officers would ask FCC Environmental to coordinate any trends and pass this information on to members if any were identified.
- Members asked when garden waste collections would return to taking place fortnightly instead of monthly. Officers responded that weekly meetings with Aragon Direct Services took place to monitor tonnages. Residual and recycling tonnages had increased significantly requiring resources to be diverted to ensure these core services were maintained, though there had been a slight drop recently. Officers were working on a proposal with Aragon to bring back fortnightly garden waste collections and Members would be kept updated on the progress of this.
- Members requested updates on the Bulky Waste Collection service and requested that advice be given to Bretton Parish Council on the subject. Officers responded that the



resource normally assigned to bulky waste collection had been re-assigned to collecting the core bin service. Officers were monitoring the issue and trying to restore bulky waste services, while prioritising the main bin collection services.

- Members requested advice on rat issues in Orton, stating that residents had been advised to use private pest control. Officers responded that the Council's Pest control team would address reports of rats on Council land. Residents feeding birds in their gardens could contribute to this issue. Residents were encouraged to put waste in double bags in affected areas.
- Members commented on the drop in recycling performance and asked how this compared to previous trends. Officers responded that recycling rates were 16% higher compared with the same time last year. Although general side waste was not accepted, recyclable side waste in clear bags would be accepted. Officers were keen to ensure that these trends continued after the pandemic and that residents made full use of all bins.
- Members questioned whether brown bin collections should have been suspended, asked how much the Council had lost in revenue from the service and suggested that the charge should be scrapped. Officers responded that the suspension of the brown bin service had been based on government advice to secure the continued provision of the core service. An update would be provided on the brown bin service soon.
- Members asked if the suspension of the brown bin service had led to surplus waste being placed in black bins. Officers responded that there had been a 30% increase in HRC tonnage which was positive as garden waste was being recycled. No compositional analysis was available for black bins. It was agreed that The Head of Environmental Partnerships would analyse the calorific value of black bin waste to establish if there had been an increase in garden waste placed in black bins due to the reduction of the brown bin service.
- Members asked what residents should do in light of the suspension of bulky waste collections. Officers responded that the HRC was available although it was acknowledged that this was not accessible for everyone. There were also private companies who could provide bulky waste collection.
- There was no additional cost to the Council of tackling excess fly-tipping as Aragon was paid a fixed fee to deal with the issue. Fly-tipping was monitored weekly and levels were now down to the same level as the previous year and continued to improve.
- The current advice on the HRCs website to only visit for essential purposes was questioned by members in light of the issues surrounding garden waste. It was agreed that the Head of Environmental Partnerships would liaise with staff at the Household, Waste and Recycling Centre (HRC) to discuss whether the current advice on the Website regarding encouraging essential visits only should be reviewed. It was suggested that changing the advice could lead to more traffic problems and make it more difficult to ensure social distancing.

#### **ACTIONS AGREED:**

1. The Head of Environmental Partnerships to analyse the calorific value of black bin waste to establish if there had been an increase in garden waste placed in black bins due to the reduction of the brown bin service.
2. The Head of Environmental Partnerships to liaise with staff at the Household, Waste and Recycling Centre (HRC) to discuss whether the current advice on the Website regarding encouraging essential visits only should be reviewed.

## **Aragon Direct Services**

All questions in this section were answered by the Head of Environmental Partnerships.

- Members praised Aragon Direct Services for their good work despite staff shortages caused by COVID-19. It was suggested that furloughed staff from Vivacity or other Council partners could have been seconded to Aragon to assist.
- When fortnightly brown bin collections were restored, new customers would be able to join the scheme at the same time.
- Discounted compost would continue to be available for delivery to houses.
- In response to a Member's concerns, it was agreed that the Head of Environmental Partnerships would ensure adequate bin collections and road sweeping were taking place in the City Centre.
- Play areas in Hampton had been opened because they were operated by a private company. Following central government guidance, there were no plans for the Council to open additional play areas at this time, beyond the one that was already open. This single site had opened as there was a gardener based in the park who could close it easily. Although government guidance allowed the use of play areas, there were strict requirements in place to make them COVID-secure which would not be feasible to roll out to every play area. Work was underway with the Communications team to make residents aware of which facilities could be used. Officers were still inspecting signage and equipment weekly to ensure it was safe. It was agreed that the Head of Environmental Partnerships would provide clearer communication on the plans for the reopening of PCC-owned play areas.
- Members raised specific concerns regarding overflowing bins in public spaces and asked how frequently these were emptied and if larger bins could be provided. The Head of Environmental Partnerships responded that different bin collection frequencies were used across the City. Play area bins were inspected weekly and would be collected once full. Older 'Tulip' bins were susceptible to losing their contents in windy weather and might need to be replaced by 180l bins.
- Members praised the work of Aragon Direct services in addressing issues around parked cars preventing the collection of bins.
- Members praised officers' work in re-opening a BMX track.

### **ACTIONS AGREED:**

1. In response to a Member's concerns regarding overflowing bins, it was agreed that the Head of Environmental Partnerships to ensure adequate bin collections and road sweeping were taking place in the City Centre.
2. The Head of Environmental Partnerships to provide clearer communication on the plans for the reopening of PCC-owned play areas.

## **Highways and Transport**

All questions in this section were answered by Graham Hughes, Service Director, Highways and Transport.

- Members commented that councillors had submitted ideas for Tranche 1 of the Emergency Active Travel fund without receiving any feedback and requested that this take place, noting that Tranche 2 was being developed. Officers responded that Tranche 1 was put in place rapidly and communication could have been better. The Deadline for Tranche 2 was 7 August. Department for Transport (DfT) guidance was very specific about how funding could be used and focussed on the reallocation of road space. Details of the ideas raised by councillors are listed in 'ACTIONS AGREED' below and it was agreed that the Service Director would pass these on to the Group Manager, Transport and Environment.
- Members raised concerns that the Council's post-COVID recovery plan was disproportionately focussed on highway schemes and asked if there was a plan to ensure a green recovery and when this would be implemented. The Director responded that although there were highway schemes planned, it was also important to focus on the DfT money used to improve walking and cycling in the City. A green recovery could ensure that good behaviours adopted during the pandemic were normalised, such as lower car use.
- Members felt that following amended government guidance, the Council should again promote the use of public transport alongside active travel to ensure CO2 emissions remained low. The Director acknowledged this point and noted the Mayor of Cambridgeshire and Peterborough (Combined Authority) had already made similar points. The Council would work with Stagecoach to ensure masks were being worn on buses so that residents could feel safe using public transport. It was agreed that the Service Director, Highways and Transport would work with the Combined Authority to consider promoting the COVID-secure use of public transport again , reiterating the use of facemasks, with the aim of avoiding an increase in car use and CO2 emissions in the wake of the COVID-19 pandemic.
- The Council was still responsible for Emergency Traffic Regulation Orders, not the Combined Authority.
- Members raised specific issues regarding cycling and walking in the Ravensthorpe area and encouraged well-targeted use of funds. It was agreed that these issues would be raised with the Highways team and the member contacted outside the meeting.
- It was noted that only seven schools had applied to be part of the School Streets Initiative. Members were encouraged to contact the Group Manager – Transport and Environment if they knew of any other schools interested in participating.
- Members commented that some traders on Cowgate and Lower Broadway felt that their comments on the Active Travel Fund consultation were not taken into account and questioned the value of responding. The Director encouraged traders to respond to consultations and emphasised that it was worth doing so. Changes to Cowgate might take place as part of Tranche 2.
- Members requested clarity on the deadline for Tranche 2 Active Travel funding. Officers responded that this was 7 August but it was agreed that Service Director, Highways and Transport would verify this and provide more information on the programme.
- Members commented that many parish councils had been working to improve cycling and walking but there had been little communication or support regarding this from the Council. The Director responded that he would liaise with the Highways Team to understand how communication with parishes and ward councillors took place. The sums of money availability for cycling and walking improvements in Tranche 2 were substantial and could represent an immediate opportunity for improvement.
- Members felt that a small investment, e.g. bike racks, in a local area could be highly effective at promoting active travel. It was agreed that these comments would be referred

to the Group Manager – Transport and Environment. It was noted that criteria for spending were more restricted in Tranche 2 than Tranche 1.

- Members noted that the Combined Authority had significant transport funding and asked how much of this would be allocated to improving cycling and walking in Peterborough. The Director acknowledged this and stated that his previous response focussed just on the Council's resources. The Combined Authority was the transport authority for Peterborough and had access to significant funding which was allocated by their Board. It was important for the Council to develop good quality schemes to submit to the Combined Authority to increase the chances of funding being received.

## **ACTIONS AGREED**

1. The Service Director, Highways and Transport to pass on Members comments regarding the Tranche 2 of the Emergency Active Travel fund consultation to the Group Manager, Transport and Environment. These to include;
  - a. Bike racks / cupboards including in the four main rural villages
  - b. Bike borrow schemes
  - c. Encouraging the use of walking, cycling and public transport
  - d. Consulting with Cowgate traders to ensure any works completed are appropriate for their needs.
2. The Service Director, Highways and Transport to work with the Combined Authority to consider promoting the COVID-secure use of public transport again, reiterating the use of facemasks, with the aim of avoiding an increase in car use and CO2 emissions in the wake of the COVID-19 pandemic.
3. The Service Director, Highways and Transport to confirm that the deadline for applications to the Emergency Active Travel fund was 7<sup>th</sup> August 2020 and provide more information on the programme

## **Housing**

- Members requested information on the amount of domestic violence refuge accommodation available in the City. The Executive Director – People and Communities responded that the amount of refuge accommodation had reduced due to infection control measures. To compensate, the Council had worked with Cross Keys Homes to find two new houses so there was no drop in capacity. Domestic abuse had risen by 11% and it was expected this would continue to increase. The Council was working with the Police and other partners to encourage victims to seek help. There was capacity to help people and a specific piece of work was currently ongoing regarding interactions between older and younger people in a household. This was a key area of focus for the Executive Director in her work with the hub.
- Members noted the success of housing homeless people during the pandemic and asked what plans were in place to ensure these people remained housed. The Director of Housing Needs and Supply responded that the Council would continue to house 36 households in temporary accommodation until the end of July. The Council had been notified of Government 'next steps' funding including £105m revenue funding to cover

costs in the remainder of the municipal year. The Council had been encouraged to bid for this along with other councils. Negotiations were underway with another provider and the Council would aim to house people who had not yet been accommodated. There was also a second pot of £161m of capital funding available to bid for in 2020/21. There was scope to make bids for both the short term and long term (e.g. building, buying and developing assets for the future). Officers were working with the Public Health team to understand issues surrounding drug and alcohol misuse and other partners such as the Light Project to understand what kind of accommodation the Council should be providing. The Council was in a strong position regarding resources that were potentially available. The Ministry of Housing Communities and Local Government had proposed Peterborough as one of only 12 authorities to receive assistance from a charity called Land Aid who had expertise in property acquisition and development. They would provide free assistance in bidding for available funding.

### **City Centre Re-opening**

- In response to a Member's query it was agreed that the Service Director, Highways and Transport would confirm when St. Peter's Arcade would re-open outside the meeting.
- Members asked what measures were in place to enforce the wearing of face coverings in shops. The Director of Public Health responded that supporting shopkeepers to ensure the wearing of facemasks had been discussed at the Tactical Coordination Group and with the Rapid Response Team. The Chief Executive added that discussions were ongoing between the Council and the Police. The requirement to wear masks was a significant change and handling it well was importance. Plans had been put in place which would be monitored carefully. Reports would be sent to the Strategic Coordination Group if more action was needed.

### **ACTIONS AGREED:**

The Service Director, Highways and Transport to confirm when St. Peter's Arcade would re-open.

### **Recovery Framework**

- Members raised concerns regarding lack of staff capacity to enforce parking outside the City Centre and general enforcement in the Public Space Protection Order (PSPO) areas. The Service Director, Communities and Safety responded that he was confident that there were sufficient officers available. The Think Communities approach helped to increase collaboration with partners and enforcement agencies.

### **Workforce**

There were no questions on this section of the report.

### **Risk Management**

There were no questions on this section of the report.

## **Financial Implications**

All questions in this section were answered by Peter Carpenter – Acting Corporate Director, Resources.

- Members asked if lost revenue from Council Tax and Business Rates would be covered by Central Government. The Acting Corporate Director, Resources responded that three tranches of funding had been introduced by the government. The first was additional overall funding, the second was the reimbursement of income and the third covered Council Tax and Business Rates income. Guidance was still incomplete on the second two tranches. The present position was that Councils with collection shortfalls would have to reimburse the collection fund over the next 3 years, representing a reduction in revenue. This could be £16-20m in Peterborough which would represent a revenue reduction of £6m of revenue funding per year. However, this could change following the September Local Government Financial settlement and a great deal of lobbying was underway to this effect. Non-collection of tax income was one of the Council's largest risk factors. The end of the Furlough scheme in October could see an increase in redundancy, making the non-collection issue worse.
- Members noted the creation of the COVID-19 reserve and the forecast that it would be used in full to support the revenue budget. Members asked what COVID-19 would cost the Council's revenue budget in 2021. Officers responded that £13m of government funding had been received; £5.6m before the start of the 2020/21 financial year to increase the Council's reserves, an additional tranche of £5.4m with a final tranche of £2m confirmed in the previous week. This still left a budget gap of £12-14m which was validated monthly with MHCLG.
- Members raised concerns about the impact of COVID-19 on the Council's budgetary position and the risk of having to repair capital assets obtained through bid funding. Officers responded that they were examining this issue and budget monitoring reports continued to be produced. The next budget was being worked out and would be re-evaluated based on the new way of working. New pressures caused by COVID-19 included loss of income and savings being unable to be delivered. An analysis of the funding gap was underway. The situation was constantly changing and there were different types of government funding, some were ring-fenced and others were not. The biggest challenge for next year's budget was that the local government sector would have to respond to the COVID challenges before the next local government finance settlement.
- Some Members asked what the cost to the Council of delivering leisure services would be, stated that Vivacity had been inadequately funded and felt that additional leisure funding would be needed in the new budget. Officers responded that this was being worked on and that the cost of delivering services had changed since March 2020. The Secretary of State had indicated that 75% of income from Council-run leisure facilities could be kept by the Council and officers were investigating the feasibility of this. This had not been possible when services were run by Vivacity.

## **Background documents**

There were no questions on this section of the report.

## Formulation of recommendations

- Councillor Murphy, seconded by Councillor Robinson, proposed that the Committee recommends that Cabinet takes immediate steps to open statutory services such as libraries, with due consideration for public health issues, and that a report should be submitted to Central Government outlining the Council's breach of statutory duties to date. This was UNANIMOUSLY agreed. The Service Director, Communities and Safety stated that he would take responsibility for responding to the recommendation and would liaise with Vivacity accordingly.
- Councillor Sandford, seconded by Councillor Ellis, proposed that the Committee recommends that Cabinet requests that the Combined Authority Board provides additional funding to invest in cycling provision and bridleway improvement in Peterborough. Councillor Sandford agreed amendments to the recommendation from Councillors Murphy and Fox to include mention of 'additional funding for to improve cycling provision' and 'bridleway improvement' respectively. The amended proposal was UNANIMOUSLY agreed. The Service Director, Highways and Transport stated that he would discuss this with the Combined Authority. Councillor Murphy stated that he would also raise this proposal at the Combined Authority's Scrutiny Committee.
- Councillor Murphy, seconded by Councillor Over, proposed that the committee recommends that Cabinet investigates introducing 20mph speed limits, including in rural areas and outside schools, to encourage safer cycling. This was UNANIMOUSLY agreed. The Senior Democratic Services Officer advised that a Scrutiny Task and Finish Group to revenue the issue of 20mph speed limits had previously taken place and officers may wish to refer to the work of this group when preparing a response to the recommendation.

## RECOMMENDATIONS

The Joint Scrutiny Committee noted and commented on the progress made to date in responding to the impact of the Coronavirus and:

1. The Joint Scrutiny Committee **RESOLVED** to recommend that Cabinet takes immediate steps to open statutory services such as libraries, with due consideration for public health issues, and that a report should be submitted to Central Government outlining the Council's breach of statutory duties to date.
2. The Joint Scrutiny Committee **RESOLVED** to recommend that Cabinet requests that the Combined Authority Board provides additional funding to invest in cycling provision and bridleway improvement in Peterborough.
3. The Joint Scrutiny Committee **RESOLVED** to recommend that Cabinet investigates introducing 20mph speed limits, including in rural areas and outside schools, to encourage safer cycling.

CHAIRMAN

The meeting began at 4:30PM and ended at 7:22PM

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<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 5</b>
<b>21 SEPTEMBER 2020</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

<b>APPOINTMENT OF CO-OPTED MEMBER</b>
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<b>R E C O M M E N D A T I O N S</b>	
<b>FROM:</b> <i>Director of Law and Governance</i>	<b>Deadline date:</b> <i>N/A</i>
<p>It is recommended that the Health Scrutiny Committee:</p> <p>Appoint Parish Councillor June Bull as a non-voting co-opted member to represent the rural area for the municipal year 2020/2021. Appointment to be reviewed annually at the beginning of the next municipal year.</p>	

**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 Parish Councillor June Bull as a Non-Voting Co-opted Member for municipal year 2020/21 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	N/A
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### 4. **BACKGROUND AND KEY ISSUES**

#### 4.1 **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.

Parish Councillor co-opted members are nominated through a process which is handled by the Think Communities Service area in People and Communities on behalf of the Parish Council Liaison Committee. This is done by sending out an advert and Terms of Reference for each Scrutiny Committee to all Parish Councils asking for expressions of interest for the position. Any expressions of interest received are assessed by the Chair of the Parish Council Liaison for experience and skills and why the candidate wishes to become a co-opted member of a particular scrutiny committee. The final nominations are then put forward to the relevant committee for approval. The Parish Council Liaison committee has therefore proposed that Parish Councillor June Bull be nominated for a second year 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 2020/21.

#### **NEXT STEPS**

If the Committee agree to appoint the above nomination as a co-opted member of the Health Scrutiny Committee from 21 September 2020, 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 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.

## **9. IMPLICATIONS**

### **Financial Implications**

- 9.1 Co-opted Members may 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 is 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>	<b>AGENDA ITEM No. 6</b>
<b>21 SEPTEMBER 2020</b>	<b>PUBLIC REPORT</b>

Report of:	Louise Mitchell, Director of Strategy and Planning, Cambridgeshire and Peterborough Clinical Commissioning Group.	
Contact Officer(s):	Jane Coulson, Senior Engagement Manager	janecoulson@nh s.net

**INTERIM REPORT ON THE RELOCATION OF THE PROPOSALS TO RELOCATE THE URGENT TREATMENT CENTRE AND GP OUT OF HOURS SERVICE PETERBOROUGH**

<b>R E C O M M E N D A T I O N S</b>
It is recommended that the Peterborough Health Scrutiny Committee notes and comments on the interim report on the consultation around proposals to relocate the Urgent Treatment Centre and GP Out of Hours Services from the City Care Centre Thorpe Road to the Peterborough City Hospital site.

**1. ORIGIN OF REPORT**

- 1.1 This report is submitted to the Peterborough Health Scrutiny Committee at the request the members and Chair of the committee at the Meeting on 7 July.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 The purpose of this report is to provide information and updates on the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) consultation on proposals to relocate the Urgent Treatment Centre and GP Out of Hours Services from the City Care Centre Thorpe Road to the Peterborough City Hospital site.
- 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:

3. Scrutiny of the NHS and NHS providers.

**3. BACKGROUND AND KEY ISSUES**

- 3.1 The NHS Long Term Plan, which was published on 7 January 2019, talks about five major changes to the NHS. Chapter 2 of this plan is very clear that local NHS organisations need to: "... redesign and reduce pressure on emergency hospital services".

Along with this plan, the national guidelines state that Urgent Treatment Centres (UTC) should work together with hospital Emergency Departments (EDs) to improve services for patients and create a seamless service.

To meet both objectives effectively, the NHS locally needs to rethink how some of our urgent and emergency services are delivered. The changes in this proposal relate only to services in Peterborough.

#### **4. CONSULTATION**

4.1 CPCCG launched a public consultation on these proposal on 5 August for 8 weeks until 30 September 2020 on the proposal to move the current Urgent Treatment Centre and the GP Out of Hours (OOHs) Services from the City Care Centre in Thorpe Road Peterborough to the Peterborough City Hospital (PCH) site to be located alongside the Emergency Department.

#### **4.2 The services proposed to be relocated are:**

- The Urgent Treatment Centre run by Lincolnshire Community Health Services NHS Trust (LCHS)
- The GP Out of Hours Service (GP OOHs) run by Herts Urgent Care (HUC)

Moving these services will allow for a single front door to all the urgent and emergency care services at Peterborough City Hospital.

You can travel to one location for all of your urgent and emergency health needs and will no longer have to work out which service is the most appropriate for you. Trained healthcare professionals will ensure you get the right care.

The service will cover the full range of injuries and illnesses with access to diagnostics, such as x-rays and scans, as well as specialist opinions, should they be needed. The services will be available to adults and children of any age. There will be a combination of pre-booked appointments and walk-in access.

GP Out of Hours Service will still go out on home visits if required, which are booked through NHS 111 if clinically required. This will not change.

#### **Access to these services will be through:**

- Direct booking through NHS 111, telephone or online.
- Walk-in bookable appointments, this means that people who walk-in are given an appointment slot time, so they don't have to sit and wait for their appointment. Some walk-in treatment will still be available, but at busier times people will have to wait for that type of service.

When you as a patient walk through the 'front door' you will be triaged or assessed by trained clinicians. They will take a brief history and perform basic observations before directing you to the most appropriate service depending on their injuries or illness.

**There will be four service streams available for people who arrive at the front door at the hospital without calling or going online to NHS 111 first.**

After triage, the patient will be directed to one of these four service areas:



Figure 1 proposed four service streams

999 ambulances will arrive directly at the ED (no change to the existing service).

#### 4.3 **Parking and public transport**

We know from the previous analysis that the primary mode of transport to the UTC is by car, only an extremely small number of patients walked or used public transport including taxis. We intend to continue to do surveys of patients attending the UTC and ED at both sites to further understand transport and parking needs.

##### **Parking**

112 additional car parking spaces were created at PCH during early 2020 providing a total of 796 parking spaces and 101 disabled parking spaces allocated for patient and visitor parking. It is worth noting that since the COVID pandemic, the Trust (North West Anglia NHS Foundation Trust) is now operating a significant proportion of outpatient appointments virtually (c50%) which equates to around 5,000 fewer patient visits to the PCH site per month.

There is a drop-off bay adjacent to the main entrance for visitors and patients to use with a 20-minute stay limit.

Peak car parking times at PCH are from 9am to approx. 1pm and 1.45pm – 6pm Monday to Friday. The peak usage times as shown in table 1 show that the busiest times for the UTC are mostly outside of these times. The GP Out of Hours service operates only outside of these peak times for the Peterborough City Hospital car park.

An evaluation of public car parking charges at other Trusts has been undertaken to understand whether charging is consistent with local Trusts to adhere to the 'Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability' document. The findings show on average, Peterborough City Hospital

charges the public less for parking than other Trusts considered within the high-level assessment.

By comparison, the City Care Centre on Thorpe Road has 82 parking spaces with five disabled parking spaces allocated for patient and visitor parking.

### **Buses**

A number of Stagecoach buses run between Peterborough City Centre bus station and the Peterborough City Hospital site.

### **The Green Travel Plan**

North West Anglia NHS Foundation Trust is responsible for the Peterborough City Hospital site. The Trust is in the final approval stages for their Green Travel Plan that has been developed in consultation with patients and staff to make sure that users can get to the site as safely and conveniently as possible.

The Green Travel Plan will contribute to an enhanced transport network that supports an increasing proportion of journeys being undertaken by sustainable travel modes, and support a package of Smarter Choices that encourage and promote sustainable travel to all people travelling in and around Peterborough.

- 4.4 The consultation has been shared widely by email and on social media across a range of audiences including our diverse communities in and around Peterborough.

The response rate has been 688 responses by 7 September.

The consultation page on the CCG website has been viewed 1360 times, with 183 downloads of the public consultation document.

The virtual public meeting will have been held by the time of this meeting. They are scheduled for 19 August and 10 September.

The CCG has also been invited to attend virtual meetings to speak about the consultation.

- Fill in the questionnaire found online on our website:  
<https://www.surveymonkey.co.uk/r/D8V8VHY>
- Attend one of our virtual events on the dates shown, details of how to join the virtual public meetings will be shared here:
- [www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/utc-consultation/](http://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/utc-consultation/)
- Email at: [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net)

The closing date for responses is **Wednesday 30 September 2020**.

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

### **5.1 Emerging themes**

The consultation is still ongoing at the time of writing this report. A full end of consultation report will be shared with the Health Scrutiny Committee following the CCG Governing Body decision regarding these proposals.



The consultation ends on 30 September 2020.

### **Question responses on 7 September**

Full response data to all the questions will be reported at the end of the consultation.

The first question in the consultation survey was a repeat of a question that we asked as part of the BIG Conversation engagement exercise at the end of 2019

When you feel unwell, but it is not an emergency, and you need to see someone to talk about it, would you:

- Prefer a single 24/7 access point to go for advice and treatment which can book you an urgent appointment with the right service?
- Prefer to use the services you know already are available and see how quickly you can be seen, such as ED, Minor Injury Units, Urgent Treatment Centres, GP out of hours or GP urgent appointments?

The response to this question in 2019 was that 72.85% of respondents would prefer a single access point to go for advice and treatment which can book you an urgent appointment with the right service.

Currently the responses to this question in the current consultation survey reflect that people would prefer to use the services they already know, with 65% of respondents saying they prefer this option.

The text responses to the consultation survey would suggest that people are nervous of attending a hospital setting at the current time due to perceived risks posed by the COVID-19 virus.

In response to the other survey questions, 74% of respondents have told us that they understand the reasoning behind the proposals to move the UTC to the Peterborough Hospital site, although currently only 29% of respondents agree with this proposal. 60% do not agree with 11% unsure.

67% of people responding have said they are willing, if assessed as not requiring hospital-based services to call or go online to NHS 111 as an alternative means of accessing healthcare. With 80% happy for NHS111 to book an appointment for them at the most appropriate service to meet their needs.

At the time of writing this report the following themes have emerged from the feedback received so far:

- Parking at Peterborough City Hospital
- Support for services all being in one place, makes sense for the patients, and can lead to better medical outcomes.
- Support for reduced waiting times in A&E as more people triaged to the most appropriate service
- Support for NHS 111 and streaming at the front door
- Support for more advice on what is the most appropriate service to use
- Accessibility from the City Centre
- Public Transport to Peterborough City Hospital
- Concerns about COVID-19 at the hospital site

- Improvements to GP services so less people need urgent care
- Concerns that the City Care Centre site would be sold for development of more housing
- Support for a separate paediatric urgent care service
- Concerns about accessibility to Peterborough City Hospital from the south of the city and outlying towns and villages

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

- 6.1 It is recommended that the Peterborough Health Scrutiny Committee notes and comments on the proposals to relocate the Urgent Treatment Centre and GP Out of Hours Services from the City Care Centre Thorpe Road to the Peterborough City Hospital site.

## **7. APPENDICES**

- 7.1 Appendix 1– Frequently asked questions document.  
Appendix 2 – Peterborough City Hospital proposed floor plan  
Appendix 3 – Health Inequalities Impact Assessment

# **Proposals to relocate the Urgent Treatment Centre and GP Out of Hours Service from The City Care Centre in Thorpe Road to the Peterborough City Hospital site in Bretton, Peterborough.**

## **Frequently Asked Questions (FAQs)**

### **What is the Urgent Treatment Centre?**

The Urgent Treatment Centre in Peterborough was previously known as the Minor Injury and Illness Unit or MIIU, it is also known locally as the 'Walk-in centre'. All of these names refer to the same services. It is open every day from 8am to 8pm. The service treats a range of illnesses and injuries that are urgent but not life-threatening. These are illnesses and injuries that if left untreated may become more severe quite quickly. For other illnesses and minor injuries people go to their GP practice.

### **What is the GP Out of Hours Service?**

The GP Out of Hours Service can be contacted through NHS 111 when GP surgeries are closed and provides access to GP services during the night (6.30pm – 8am) and over the weekends (from 6.30pm on Friday to 8am on Monday) and bank holidays. It is for patients with urgent needs who cannot wait until their GP practice re-opens in the morning or on Monday. Many patients are given advice and prescribed medicines over the telephone or video consultation, but some need to be seen face-to-face.

### **Why is the relocation so important?**

The recent 'Big Conversation' survey highlighted that patients are often confused regarding where to go to access urgent & emergency care. The hospital provides a single 24/7 well understood place for people to go to access care.

### **What is the Emergency Department?**

The Emergency Department or ED is located at Peterborough City Hospital. It is also known as Accident and Emergency, or A&E. These names all refer to the same service which provides emergency care **in life threatening or very urgent cases**. It is open 24 hours a day every day.

### What services are proposed to be relocated?

- The Urgent Treatment Centre (UTC) run by Lincolnshire Community Health Services NHS Trust (LCHS)
- The GP Out of Hours Service (GP OOHs) run by Herts Urgent Care (HUC)

Moving these services will allow for a single front door to all the urgent and emergency care services at Peterborough City Hospital.

You can travel to one location for all of your urgent and emergency health needs and will no longer have to work out which service is the most appropriate for you. Trained healthcare professionals will ensure you get the right care.

### How will the UTC work with the Hospital ED?

The UTC will be the front door of the ED for patients who walk in. Patients will be streamed by a senior clinician to the most suitable pathway.

## There will be four service streams available for people who arrive at the front door at the hospital without calling or going online to NHS 111 first.

After triage, the patient will be directed to one of these four service areas:



### Is the UTC currently open on Thorpe Road?

Yes, the UTC is currently open to treat patients at the Thorpe Road site. The service is open from 8am to 8pm every day.

### **Will patients get turned away from the UTC front Door?**

**No**, all patients will be assessed on arrival. Following that assessment patients will be booked into the most appropriate service that best meets their needs. This may mean that some patients will be redirected safely to other services as they have been assessed as not needing urgent care services. They may need to be booked in to speak to their GP/pharmacy or be given advice on how to self-care. This will help to relieve pressure on UEC services.

### **How is the hospital going to accommodate the UTC space within the Hospital?**

The hospital has applied for national capital funding to make changes to the existing ED Infrastructure/space to accommodate the UTC and GP OOHs services. A proposed floor plan of this is in the consultation document.

### **Will patients be able to park?**

Yes, there is sufficient parking onsite for patients including disabled bays and parent and child bays. Parking charges are very similar to the City Care Centre. For patients who are streamed away (as not needing urgent care) there is a 30-minute time period where no parking charges are made.

Currently, due to reduced outpatient numbers and less staff working on site at the PCH site the car parks have plenty of capacity.

112 additional car parking spaces were created during 2019 providing a total of 796 parking spaces and 101 disabled parking spaces allocated for patient and visitor parking.

There is a drop-off bay adjacent to the main entrance for visitors and patients to use with a 20-minute stay limit.

Peak car parking times are from 9am to approx. 1pm and 1.45pm – 6pm Monday to Friday. The peak usage times as shown in table 1 show that the busiest times for the UTC are mostly outside of these times. The GP Out of Hours service operates only outside of these peak times for the Peterborough City Hospital car park.

An evaluation of public car parking charges at other Trusts has been undertaken to understand whether charging is consistent with local Trusts to adhere to the 'Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability' document. The findings show on average, Peterborough City Hospital charges the public less for parking than other Trusts considered within the high-level assessment.

By comparison, the City Care Centre on Thorpe Road has 82 parking spaces with five disabled parking spaces allocated for patient and visitor parking.

### **What is Public Consultation?**

When considering any significant change to healthcare services, CCGs are legally required to consult with the public on the proposed change. The CCG and Local Authority have approved the process of public consultation which is running from 5 August to 30 September.

As a member of the public you are able to be involved in this process. When making any final decisions on the proposals the CCG will consider the response received during the consultation period.

### **Will ED waiting times improve?**

Waiting times at the A&E for 'minors' (minor illness and injury) pre COVID were in the region of 60 mins. The new UTC model will be compliant with national standards meaning that patients will be assessed within 15 minutes and then assessed/treated accordingly. The UTC will also be operating a booking system and in some cases, patients will be asked to ring NHS 111. Patients will still have to wait, although this should be shorter and smoother as patients will be streamed to the most suitable pathway from the start.

### **What is going to happen to the City Care Centre (CCC)?**

The City Care Centre will remain open and all the other services that are currently located there will remain the same. The CCC is used to provide space for a wide range of health clinics, not just the UTC and OOHs services.

The proposal will mean that space is vacated at the City Care Centre. NHS property services and the CCG are working with local health stakeholders regarding the occupation of vacant space at the CCC as a wider piece of work. The aim will be to utilise any vacant space for local health provision.



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### **Appendix 3**

#### **Health Inequalities Impact Assessment**

#### **Proposal to relocate the Urgent Treatment Centre Peterborough to the Peterborough City Hospital site.**

<b>Name of people completing this analysis:</b>
Ian Weller Ramnit Bassi John Ford Dr Kathryn Faulkner Dr Arrthi Pangayatselvan Dr Katie Wright Dr Emma Figures Dr Dhanya Sasidharan

<b>Name of Sponsor Director:</b>
Jess Bawden

<b>Date last completed:</b>
16 June 2020

<b>Stage 1 questions – Service description</b>	<b>Date completed:16/6/20</b>
<p>The service change is associated with the relocation of the Peterborough Urgent Treatment Centre (UTC) from Thorpe Rd PE3 6DB to the Peterborough City Hospital Site PE3 9GZ, which is a distance of 2.4 miles between sites. The UTC is currently open from 0800 – 2000 daily 365 days a year for patients of all ages to access should they have an urgent care need.</p> <p>The UTC is a GP led service and will –</p> <ul style="list-style-type: none"><li>○ provide assessments by a qualified and experienced specialist Emergency Nurse Practitioner or Medical practitioner using accepted techniques in history-taking and clinical examination.</li><li>○ ensure provision of suitable staffing to enable the requesting, taking and interpretation of x-rays, or have in place suitable arrangements which deliver the equivalent radiological services.</li><li>○ treat adults and children of all ages who present with urgent minor injuries or illnesses who do not need the facilities and resources of an Accident and Emergency department.</li><li>○ use technical skills such as wound closure (including suturing), nail removal and incision and drainage of skin infections under local anaesthetic, limb plastering and splinting and other dressing, bandaging and other associated techniques.</li></ul>	

The Services will treat a wide variety of problems including, but not limited to –

- Cuts/grazes and lacerations
- Sprains and strains
- Minor dislocations (see note below on fracture pathway)
- Broken bones (fractures) (see note below on fracture pathway)
- Minor burns and scalds (see ‘not appropriate’ / referral criteria below)
- Bites and stings (including human/animal/insect bites)
- Minor head injuries (Glasgow Coma Scale 14-15 is the official definition of minor head injury. GCS 14 may require CT scan according to Nice Guidelines).
- All infections (whether bacterial, viral, or fungal) that are deemed minor and be able to be treated in a UTC setting including:
  - a). Minor eye infections, foreign bodies & scratches
  - b). Ear, nose, and throat infections
  - c). Suspected infections (e.g. URTIs, UTIs, conjunctivitis etc, list not exhaustive)
  - d). Skin conditions (including spreading cellulitis)
  - e). Wound infections
- Headaches (where the onset is not sudden – and see NICE guidance red flags)
- Abdominal pain / minor gastric complaint associated with indigestion, constipation, vomiting and diarrhoea
- Injuries to the back, shoulder, and chest without traumatic mode of injury
- Any exacerbation of chronic illnesses that the patient may have. (initial assessment, treatment, and education... FU with GP)
- Any acute illness that presents at the UTC should have senior clinical assessment before pathway determination.
- Any non-resolution of active treatment given via primary care, but patient concerned and for whatever reasons decides to consult UTC. (e.g. un-resolving chest infection, UTI, cellulitis).

National policy stated within the NHS Long Term Plan requires CCG and STPs to redesign services to reduce pressure on Emergency Hospital services. This along with the national principles and standards associated with UTCs state that to improve patient flow through the system UTCs will operate as part of a networked model of urgent care, with referral pathways into emergency departments and specialist services as required. All facilities must have the offer of booked urgent appointments, accessed through NHS111, General Practice and the ambulance service.

To do this effectively and remove any duplication or confusion to patients, and to provide a place where patients can access the full range of urgent and emergency care services requires services to be co-located into a single site.

In practice this will mean the colocation of the UTC and Out of Hours (OOHs) services onto the Peterborough City Hospital as part of an integrated A&E model. However, it is critical that the impacts of this are fully recognised and understood to avoid creating any health inequalities are disadvantaging patient’s equality rights.

<b>Stage 2 and 3 questions – Brainstorming and assessing the impact</b>		<b>Date Stage 2 completed:</b>	<b>Date Stage 3 completed:</b>	
<p>Stage 2 questions - Please list all the possible positive and negative impacts on <i>access or health outcome</i> that your team can think of for the following groups. N.B. At this stage it is better to include as many as possible.</p> <p>Stage 3 questions – Please describe the evidence used to assess the likelihood of these impacts and the evidence used to make that judgement (this may include local data, national research, surveys, reports, discussions with patient representatives or third sector organisation, focus groups, pilot activity evaluations or other Equality Analyses).</p>				
<b>Group</b>	<b>Stage 2</b>		<b>Stage 3</b>	
	<b>Negative impacts on access or health outcome</b>	<b>Positive impacts on access or health outcome</b>	<b>Likelihood (rare, unlikely, possible, likely, almost certain)</b>	<b>Evidence</b>
1. Lower socio-economic groups (e.g. those on low incomes, unemployed, receiving means-tested benefits)	Potential risk of Increased waiting times in addition Referrals from UTC to A+E may lead to increased waits Bus routes Access to pharmacies	Quicker access May improve access if public transport better	Likely if demand & capacity are not aligned to new patient pathways.	Check demand v capacity modelling. Check interoperability of UTC and A+E clinical systems. Need to check bus route - bus from city centre to PCH every 30 mins... takes 15 mins... Check IMD scores around both areas Need to check
<b>Disadvantaged groups</b>				
2. People who are minority ethnic	Unsure of the mix of minority ethnic groups between areas People may be deterred because of the hospital		Unlikely but mitigated by multi language Communications/public consultation	Need to check BAME groups

People who are Lesbian, Gay, Bisexual and Transgender plus		More facilities at the hospital (e.g. PALS)		Need to check gender neutral facilities
3. Older adults, particularly those living in rural areas who rely on public transport		Better (more capacity) parking at the hospital site  Good transport (Bus) links to the PCH site	Unlikely	Based on local UTC survey most people drive.  Review bus timetables  Check parking charges
4. Those with current or prior justice system involvement	No change	No change	Rare	
5. Those who spent time in care as a child or experienced multiple Adverse Childhood experiences**	Access to emergency contraception Hospital may be more intimidating	PCH "Jungle" more child friendly	Rare	Need to check UTC case mix Considering improving signage and welcoming approach to make it clear to patients
<b>Inclusion health groups</b>				
6. Those sleeping rough or housing insecure		More likely to use hospital services	Rare	Need to check
7. Those belonging to the Gypsy Roma and Traveller community		May benefit from more use of UTC	Rare	Need to check Could do some bespoke comms
8. People who are transgender	See above	See above	Rare	
8. Asylum seekers, refugees and undocumented migrants	Some people may think they have to pay at the hospital		Rare a same for both settings	NHS Emergency care is free to all.
10.Those who do not speak English	Confusion if unsure when one is opening and the other closing.	Single front door of UTC and hospital may simplify access	Unlikely	Need to ensure clear and concise site signage/clear that shows patients where to go

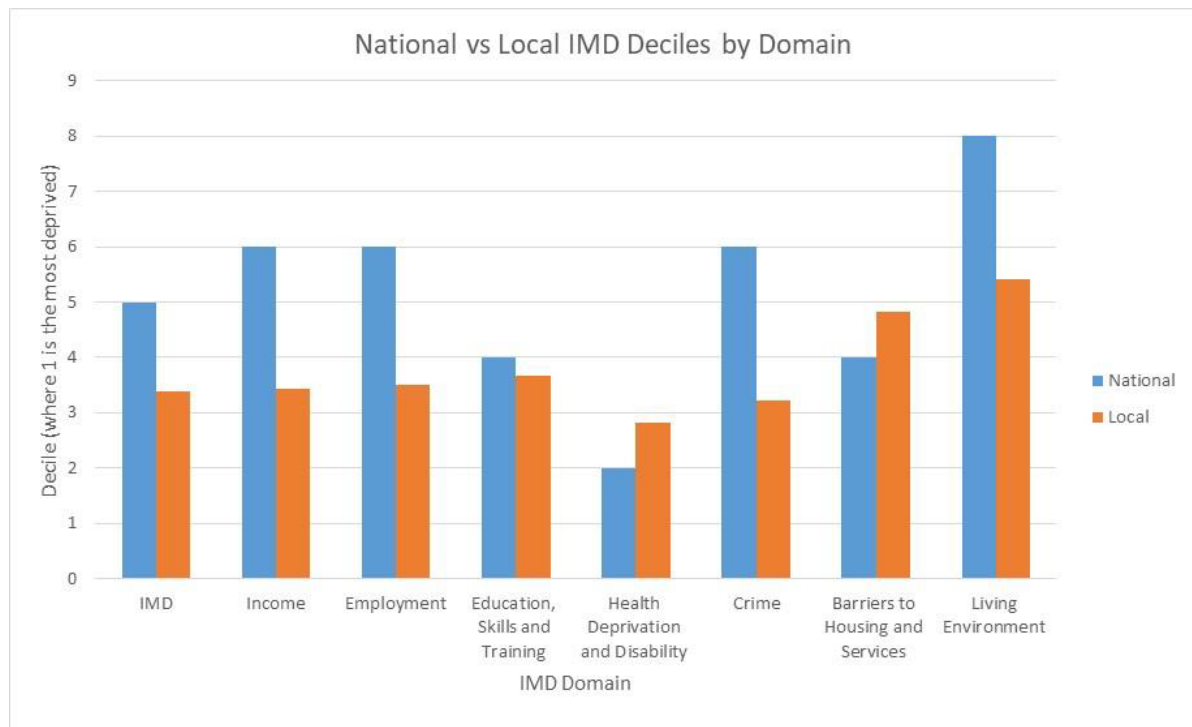
	Hospital bigger site and may be harder to navigate			Pre move multi language communications informing the public of what is happening
11. Street-based sex workers		May benefit from UTC services for minor injury related issues	Unlikely	NHS ICASH services are provided at Kings Chambers Address: 39 - 41 Priestgate, Peterborough, PE1 1JL
12. Those with a severe mental illness	No change	Psychiatric liaison services are available at PCH for severe MH	Unlikely	Both do not directly treat anxiety related mental illness. Pts are referred to NHS 111 option 2 to the C&P First response service (FRS)
13. Those with a learning difficulty	Hospital may be/feel more intimidating due to its size and how busy it is		Unlikely	Consider post move survey to ascertain what the patient's satisfaction is regarding the new location and how it is accessed
<b>Equality</b>				
14. Age		Better parking/access at the hospital More hotel services/seating on site including PaLS/volunteers	Unlikely	
15. Disability		More disabled parking spaces	Unlikely	Good access to hospital services
16. gender reassignment	See above	See above	Unlikely	Gender neutral/unisex toilets are available at the PCH site
17. marriage and civil partnership	No change	No change		
18. pregnancy and maternity	No change	No change		

19. race	See above	See above		
20. religion or belief		Prayer room	Rare	Both sites have prayer rooms. On site PALs/friends of Peterborough hospital available at the front of the PCH site, including dedicated security
21. sex				As above
22. sexual orientation				As above
23. Other		Possibilities to improve use of public transport from a sustainability perspective		Car parking E-charging point. Need to link in with LA sustainability plan

Please describe what mitigating steps have been taken to reduce the negative impacts or enhance the positive impacts. Please describe which risks have been included in the project risk register.

**Lower socio-economic groups (e.g. those on low incomes, unemployed, receiving means-tested benefits).**

Peterborough ranks as the most deprived local authority in the Cambridgeshire and Peterborough area and is ranked 51/317 of all local authorities nationally.



**Figure 1: A breakdown of Peterborough average local and national decile rank by individual domain**

The Peterborough UTC is located within the Central ward of Peterborough on Thorpe Rd. The Hospital is in the Bretton Ward on the Edith Cavell Campus. Interestingly both wards have similar deprivation indices (2&1) respectively.

Ward	National IMD (where 1 is the most deprived)	Local IMD (where 1 is the most deprived)
Barnack	8	8
Bretton (PCH Site)	2	2
Central (UTC Site)	2	1
Dogsthorpe	2	1
East	3	1
Eye, thorny & Newborough	5	4
Fletton & Stanground	4	3
Fletton & Woodston	5	5
Glington & Castor	8	8
Gunthorpe	6	5
Hampton Vale	6	4
Hargate & Hempsted	7	5
North	2	1
Orton Longueville	2	2
Orton Waterville	6	6

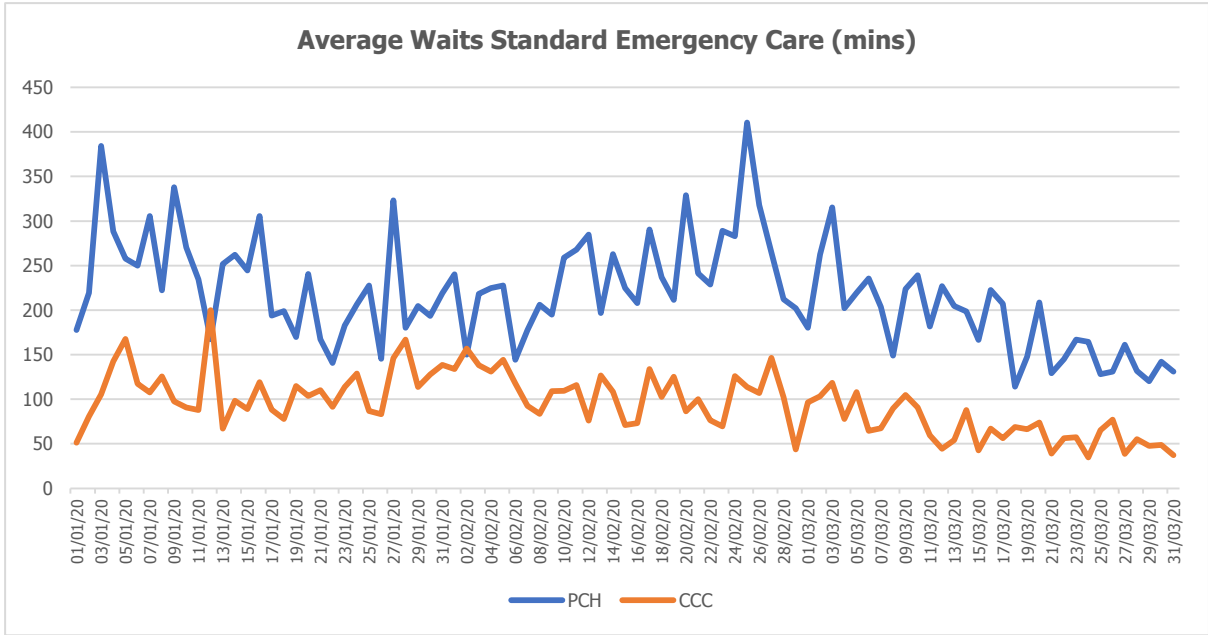
Park	4	3
Paston and Walton	3	2
Ravensthorpe	3	3
Stanground South	4	3
Werrington	7	5
West	6	5
Wittering	8	8

**Table 1 of wards in Peterborough by Local and National IMD.**

From a recent survey patients from across the city wards attend the UTC therefore there is no direct correlation with UTC utilisation and deprivation.

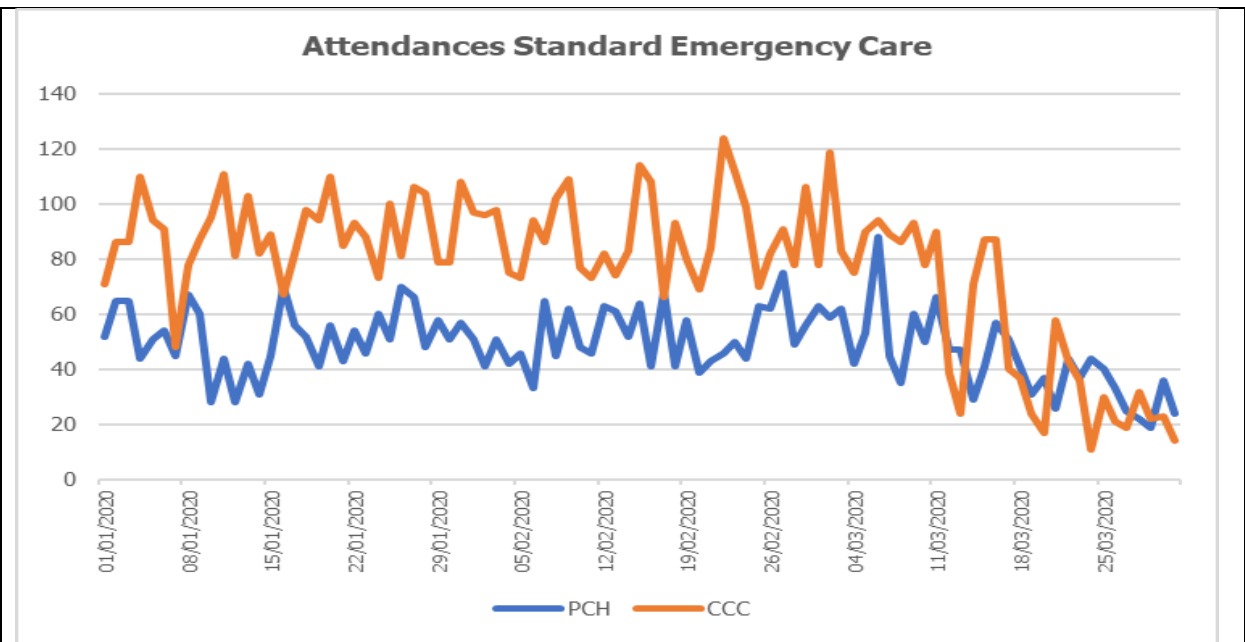
**1. Potential risk of Increased waiting times in addition, referrals from the UTC to A+E may lead to increased waits.**

Currently waiting times at the PCH ED for minors are on average 200 minutes whereas waiting times at the UTC are 100 mins. This indicates that it is significantly quicker to be seen at the UTC as opposed to the hospital see fig 1. In addition, there are more like for like cases seen at the UTC. It is key to recognise that currently ED does not differentiate cases until they are seen by a clinician.



**Fig 2 Average Wait times source C&P CCG SUS data**



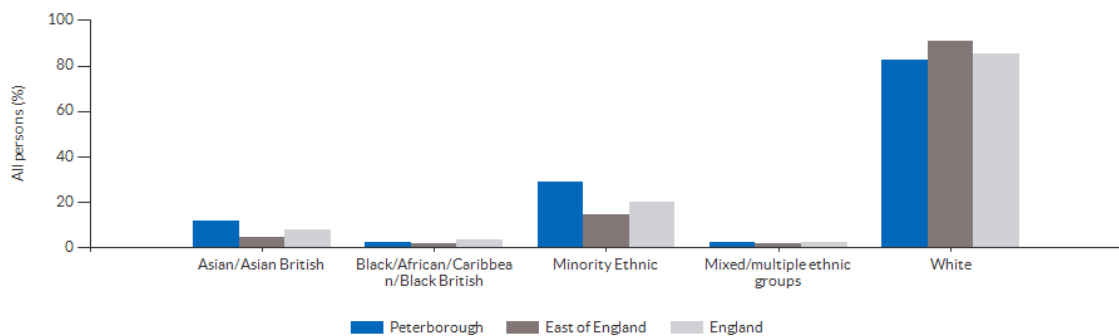


**Figure 3 Comparative attendances source C&P CCG SUS data**

In mitigation the proposed PCH single front door model will have a single triage function that will rapidly assess patients’ needs to determine which service they need. This initial triage will happen within 15 minutes of the patient arriving so that they are placed in the correct service appertaining to their specific needs. If patients are not suitable for UTC or ED services, then they will be booked into Primary care slot to be seen (virtually/F2F) by their own GP or given self-care advice and discharged with no further treatment.

The UTC will provide additional workforce capacity to the ED, 24/7 rotas are being designed to manage the demand through the UTC to ensure that the service is compliant with the national standards.

**2. *Unsure of the mix of minority ethnic groups between areas. People may be deterred because of the hospital size/facilities***

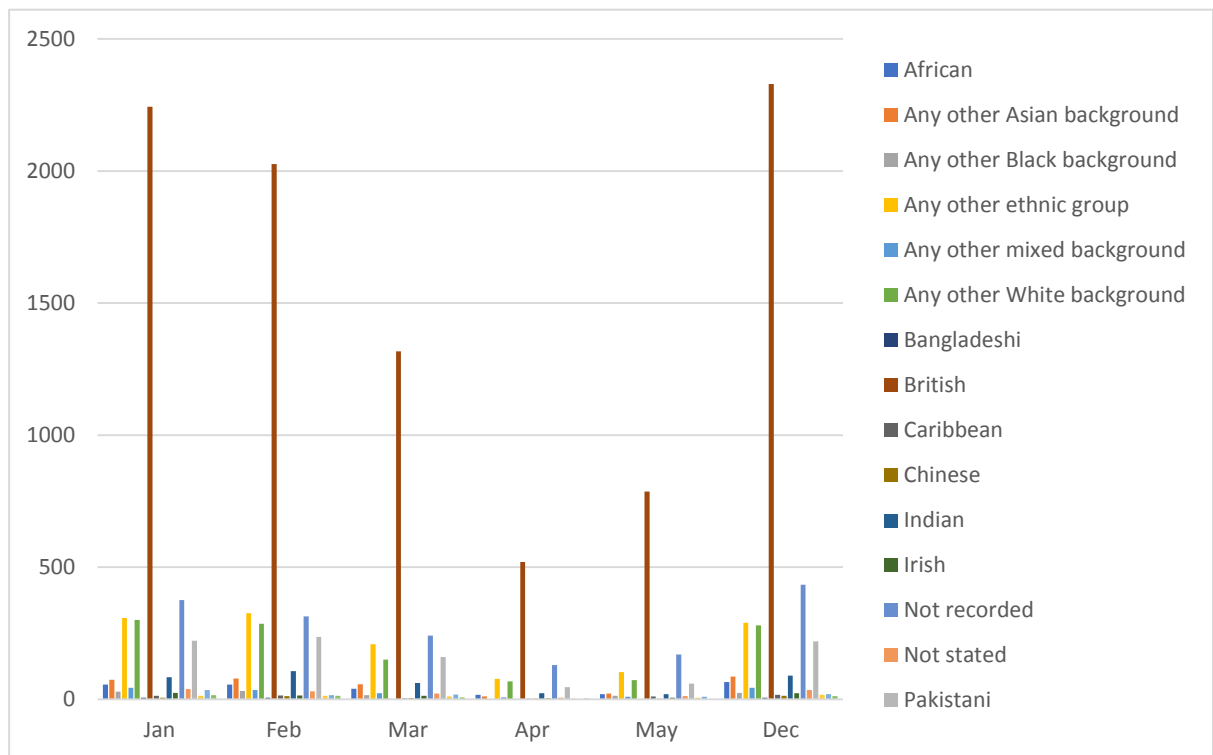


Source: ONS Census 2011

**Fig 4 Peterborough Population ethnic groups source ONS 2011**

Fig 3 shows that Peterborough has a higher & population of BAME population than the both the EoE and England. This is significant and means that it is important to ensure that these groups are featured as part of the public consultation to gather views on how a potential relocation would impact on this demographic and whether this is material or not?

In terms of patients using the UTC service. The UTC demographic split does correlate with the overall Peterborough demographic illustrating approx 11% of all UTC attendances are from a BAME background see fig 4.



**Fig 5 UTC attendances Ethnicity distribution source: System1**

Understanding the demographic split of patients using the UTC will ensure that any communications regarding the relocation/public consultation are translated into the required languages. In addition, relocation plans need to cater for the needs of BAME backgrounds to ensure that facilities like prayer rooms/dress formalities are recognised and acted upon to avoid patients being treated indifferently.

### 3. Older adults, particularly those living in rural areas who rely on public transport

The UTC on Thorpe Rd is closer to the City Centre than the PCH site and is walkable from the bus station and takes approx. 15 mins. Interestingly a small survey conducted at the UTC indicated that most patients did access the site by car see table.

10-Mar	Location	Gender	Age Range							Method of Travel						Awareness		comments
Practice	patients post code	Male/Female	Under 16	16-24	25-44	45-64	65-75	Over 75	walked	driven	driven by someone	taxi	Bus	Amb/PTS	Other	aware of alternative	tried alternative	
Old Fletton	pe28hz															yes	no	didn't think GP would be able to see her
Central MC	n/a															yes	NHS 111/GP	GP Fully booked
Boroughby	n/a															yes	no	
Old Fletton	pe28dh															yes	GP	No appointments available
Hampton	pe78wa															yes	GP	fed up waiting to be called back
Bretton	pe38rg															yes	GP	No appointments available
Boroughby	pe27hx															yes	pharmacy	advised to go UTC/no GP appt for 3 weeks
Dundle	pe86yz															yes	no	
Thomas W	pe13af															yes	NHS 111	
Old Fletton	pe29ql															yes	NHS 111	used NHS 111 advised go to ED
Old Fletton	pe29ja															yes	GP	advised to go to UTC due to high temp
Park	pe13xx															yes	no	difficult to get parked
Hodgeson	pe45bp															no	no	didn't realise other services available
Old Fletton	pe28ht															yes	no	
Bretton	pe38eb															yes	no	no2 bus
Thorpe Rd	pe46es															yes	no	self diagnosed
Thorpe Rd	pe39mf															yes	yes	missed GP appointment
Boroughby	pe46if															yes	GP	No Appt until Friday
N/A	pe48rb															yes	yes	Pharmacist advised UTC
Nightingale	pe14sb															yes	GP	GP advised to go to UTC
Park	pe13sf															yes	NHS 111	used NHS 111 Online
Westwood	pe15yf															yes	GP	No appt available

**Table 2 Local UTC access survey**

The above analysis highlights a question around car park charges and whether there is a significant difference in cost between sites which would impact on patients attending the hospital site

PCH Site	City Care Centre
<ul style="list-style-type: none"> <li>No Charge for up to 30 minutes</li> <li>£2.90 for up to 4 hours</li> <li>£4 for up to 8 hours</li> <li>£6 for up to 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>No charge for first 30 mins</li> <li>£2.00 for up to 2.5 hours</li> <li>£3.00 between 2.5 – 3.5 hours</li> <li>£4.00 between 3.5 – 4.5 hours</li> <li>£5.00 between 4.5 – 5.5 hours</li> <li>£6.00 between 5.5 – 6.5 hours</li> <li>£10.00 Over 6.5 hours</li> </ul>

**Table 3 Parking cost comparison between sites**

The above table indicates no significant difference between site parking costs.

Whilst the primary mode of transport is car this does raise the issue of parking. On the City care centre site there is a limited number of spaces (82) of which 5 are for disabled patients. There is, however, significant additional car parking capacity at the PCH site including ?? disabled and ??mums and toddlers’ slots.

An analysis of bus routes/timetables bus from the City Centre to the PCH site are frequent and should not deter patients from attending should the relocation be approved see table 3.

Stagecoach No 4				
Day	Start	stop	interval	Journey time
Mon - Fri	0613	1953	Every 20 mins	15 mins
Saturdays	0623	2003	Every 20 mins	
Sundays	0936	1736	hourly	

Stagecoach 2 via South Bretton				
Day	Start	stop	interval	Journey time
Mon - Fri	0646	2307	Every 12 mins from 0958	21 mins
Saturdays	0700	2307	Every 12 mins from 0958	
Sundays	0944	2307	Every 30 mins	

Stagecoach 3 via North Bretton				
Day	Start	stop	interval	Journey time
Mon - Fri	0646	2307	Every 12 mins from 0958	21 mins
Saturdays	0700	2307	Every 12 mins from 0958	
Sundays	0944	2307	Every 30 mins	

**Table 4 Bus routes from the City centre to PCH source: Stagecoach website**

A standard one-way Taxi charge from Queensgate Bus station to the PCH site has also been reviewed

- Initial Charge: £3.30
- Distance costs: £2.19
- Traffic related costs: £0.55

Estimated price: £6.10

It is important when looking at transportation to consider the age distribution of patients attending the UTC to ensure that age is not a barrier to the way in which patients will access the new site.

Interestingly when looking at the age distribution of attendances the biggest patient cohort attending the UTC were in the 0-9years age bracket c20%. When you look at the older people's category >69 years the numbers of attendances are relatively small only 6.9% of the total attendances. This is 4% lower than the overall demographic split across the Peterborough unitary authority based on 2019 populations see fig 5.

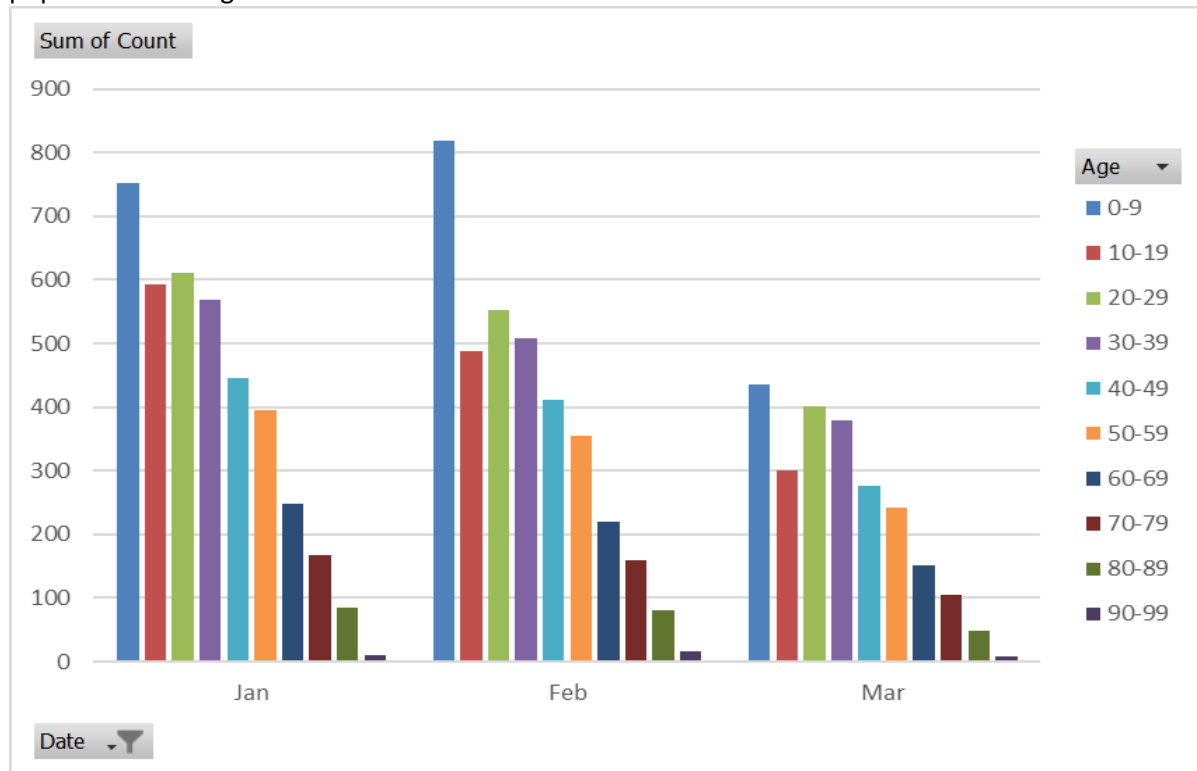


Fig 6 3 months of attendances in 2020 source: LCHS System1 analysis

In summary we know from the above analysis that the primary mode of transport is care, only an extremely small number of patients walked or used public transport including taxis. There are good public transport & road links to the PCH site. Parking is plentiful at PCH with abundant disabled and family parking in addition, there is little or no difference in parking charges.

##### **5. Access to emergency contraception at Hospital may be more intimidating?**

From the analysis of age and gender (see fig 6) we know that there are more younger females than men using the UTC service.

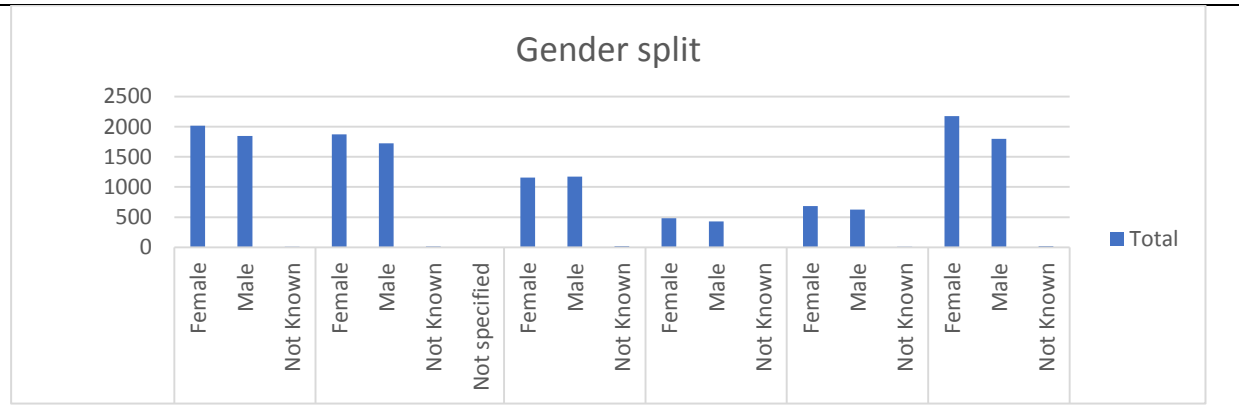


Figure 7 UTC attendances Gender Split source LCHS System1 analysis

When looking at the UTC most common presentations whilst there is a correlation on what patients attend for, nothing stands out that could be associated with the younger female groups. Emergency contraception is available at both Pharmacies and GP practices as well as the UTC.

May-19		% of Attends	Jun-19		% of Attends
No abnormality detected (finding)	435	12%	No abnormality detected (finding)	464	13%
Patient walked out (finding)	200	5%	Urinary tract infectious disease (disorder)	180	5%
Upper respiratory infection (disorder)	186	5%	Upper respiratory infection (disorder)	149	4%
Tonsillitis (disorder)	139	4%	Patient walked out (finding)	148	4%
Urinary tract infectious disease (disorder)	117	3%	Tonsillitis (disorder)	127	4%
NULL	106	3%	NULL	83	2%
Sprain of ankle (disorder)	98	3%	Attention to dressing of skin (procedure)	78	2%
Lower respiratory tract infection (disorder)	63	2%	Sprain of ankle (disorder)	71	2%
Otitis media (disorder)	56	2%	Sprain of ankle (disorder)	70	2%
Infectious gastroenteritis (disorder)	54	1%	Cellulitis (disorder)	66	2%
Aug-19		% of Attends	Sep-19		% of Attends
No abnormality detected (finding)	636	9%	No abnormality detected (finding)	640	9%
Urinary tract infectious disease (disorder)	196	3%	Urinary tract infectious disease (disorder)	180	3%
NULL	130	2%	Patient walked out (finding)	176	2%
Upper respiratory infection (disorder)	113	2%	Upper respiratory infection (disorder)	159	2%
Tonsillitis (disorder)	111	2%	Tonsillitis (disorder)	105	1%
Patient walked out (finding)	106	1%	Sprain of ankle (disorder)	91	1%
Allergic disposition (disorder)	103	1%	NULL	83	1%
Cellulitis (disorder)	99	1%	Sprain of knee (disorder)	61	1%
Lower respiratory tract infection (disorder)	81	1%	Abscess of skin AND/OR subcutaneous tissue (disorder)	59	1%
Sprain of ankle (disorder)	73	1%	Otitis externa (disorder)	58	1%
Nov-19		% of Attends	Dec-19		% of Attends
No abnormality detected (finding)	636	9%	Upper respiratory infection (disorder)	493	6%
Upper respiratory infection (disorder)	236	3%	No abnormality detected (finding)	477	6%
Urinary tract infectious disease (disorder)	194	3%	Patient walked out (finding)	320	4%
Patient walked out (finding)	185	3%	Urinary tract infectious disease (disorder)	158	2%
Tonsillitis (disorder)	138	2%	NULL	150	2%
NULL	110	2%	Patient walked out (finding)	148	2%
Lower respiratory tract infection (disorder)	86	1%	Tonsillitis (disorder)	141	2%
Cellulitis (disorder)	64	1%	Otitis media (disorder)	94	1%
Lower respiratory tract infection (disorder)	63	1%	Sprain of wrist (disorder)	60	1%
Sprain of knee (disorder)	61	1%	Abscess of skin AND/OR subcutaneous tissue (disorder)	59	1%

Table 5 10 Most frequent Diagnosis source LCHS System1

### 6. Those sleeping rough or housing insecure

According to an article in the Peterborough Telegraph, Peterborough has one of the highest rates of homelessness in the country. Whilst numbers are notoriously difficult to count in November 2018 there were in the region of 1100 homeless people with 31 sleeping rough on the streets.

By default, homeless people are likely to have multiple health problems, research indicates that although they might be registered with a GP due to their circumstances are unlikely to use Primary care. In many cases a substantial number of people use hospital services for treatment instead of going to see a GP.

As well as 24/7 treatment Hospitals also provide beds and hot food, which can bring welcome respite to those sleeping rough or homeless, whereas the UTC has no beds and no means of providing free food. Therefore, the relocation of the UTC to the PCH site is assessed as having no material impact on this group of people.

***7.Those belonging to the Gypsy Roma and Traveller community***

This group are notoriously difficult to engage with due to the nature of their lifestyle/culture. In many respects this demographic group are likely to use hospital services over that of a UTC as the hospital is open 24/7 and is well known publicly as providing emergency care via A&E as a strong brand.

Whilst data is extremely thin on traveller usage of NHS services, it is important the Public Consultation reaches out to this community to seek views where at all possible.

Stage 5 questions – Monitoring and Evaluation

Date completed:

Please describe how you will monitor and evaluate the impact that your decision has on inequalities.

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 7</b>
<b>21 SEPTEMBER 2020</b>	<b>PUBLIC REPORT</b>

Report of:	Jan Thomas, Accountable Officer – CAMBRIDGESHIRE and Peterborough Clinical Commissioning Group	
Contact Officer(s):	Louise Mitchell, Director of Strategy and Planning	Tel:07870982676

**INNOVATION AND COLLABORATIVE WORKING IN LIGHT OF COVID-19**

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

It is recommended that the Peterborough Health Scrutiny Committee discuss the innovations and collaborative work that has been developed during the COVID-19 pandemic and note the recovery planning work already undertaken to date.

**1. ORIGIN OF REPORT**

1.1 This report is submitted to Peterborough Health Scrutiny Committee following a request from the scrutiny members and Chair present at the Group Representatives meeting on 3 August.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to provide information requested by the Committee for consideration.

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:  
Part 3. Scrutiny of the NHS and NHS providers.

**3. BACKGROUND AND KEY ISSUES**

3.1 Since the Covid outbreak began, our response within the Cambridgeshire and Peterborough health and care system has been to ensure we have the capacity to support and treat patients, to maximise survivorship and to keep staff safe.

The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) continues to implement Phase 2 of the system-wide recovery Plan and to progress plans for Phase 3. We are completing the modelling of capacity available in detail so we can understand the demand for each of our services. Alongside this we are reviewing the constraints on this capacity and identifying solutions to resolve these.

As well as our focus on recovery, we are required to maintain our Incident Response, and ensure that we have robust arrangements in place, if there is a further peak in Covid-19 cases, or a second wave. The CCG continues to chair the system-wide Health Gold meeting of Chief Executives and Accountable Emergency Officers across the health system, and to co-chair the Cambridgeshire and Peterborough Local Resilience Forum Strategic Co-ordination Group. We

continue to ensure we have the right resources in place to man our Incident Co-ordination Centre Function.

From a multiagency perspective, the Strategic Co-ordination Group is overseeing the progress of the Local Health Protection Board which has been built on existing structures. It is now meeting weekly and is chaired by the Chief Executive of Cambridgeshire County Council and Peterborough City Council.

## **4.0 INNOVATION AND COLLABORATIVE WORKING**

### **4.1 Care Homes**

As the COVID-19 pandemic progressed, it quickly became clear that the 174 Care Quality Commission (CQC) registered nursing and residential homes in Cambridgeshire and Peterborough would need significant additional support at speed from both the NHS and Local Authorities (LA).

In early April, the LA and Cambridgeshire and Peterborough CCG developed a Standard Operating Procedure to agree a joint way of working to support local care homes. This early work ensured that we had a collaborative approach well in advance of the peak.

In line with national guidance 'COVID 19 Hospital Discharge Service Requirements' the CCG worked with the Local Authority to identify and commission spare capacity in the care home sector to aid speedy discharge from hospital. The LA acted as lead commissioner, putting block agreements in place for an agreed period of six months for 340 residential and nursing beds across Cambridgeshire and Peterborough.

A national capacity tracker was introduced to gather data from care homes on the number of vacancies, staffing levels, COVID outbreaks and Personal Protective Equipment (PPE). Care homes were required to complete this daily and the information was used to inform the LA and CCG Quality Teams of developing situations. The CCG contracts team have supported providers to register and encourage regular updating.

Prior to the pandemic alongside the LA Quality and Contracting teams, the CCG already had a very proactive care home support team focussed on delivering high quality training and support in care homes, with Infection Prevention and Control (IP&C) nurses well connected, although there were solid foundations to build upon, additional resources were required due to the rapidly increasing work. Both the LA and CCG identified Senior Leaders to coordinate the work and the CCG redeployed additional staff from the Continuing Health Care Team.

The CCG has recognised that this sector will require additional ongoing support from the NHS and has committed additional staffing resource to its Infection Prevention and Control (IP&C) team and Care Home team to ensure the sector continue to have training and support as required.

**4.1.2 Training** – we recognised early on the need for training around PPE application and understanding legislation to support Mental Capacity Act and Deprivation of Liberty Safeguards during isolation.

An incident lead and a social worker has been assigned to each home to support and identify needs. Ensuring a good level of knowledge across all care homes has been vital to minimising the spread of COVID-19.

We offered a range of training options including reactive training tailored to the individual needs of the home (delivered virtually or on site), and intensive training where CCG Nurses were redeployed to work alongside care home staff to ensure IP&C measures and the application of PPE were accurate, sufficient and operating well.



The CCG's 2 infection control Nurses had received national training on the use of PPE and by the 29 May 2020 the CCG had 12 'super trainers' and a further 56 locally trained staff including social workers and District Nurses. The team trained staff across a total of 157 homes.

#### 4.1.3 **Infection Prevention Control and Swabbing -**

The CCG recognised the need to ensure there was a consistent approach to Infection Prevention and Control (IP&C) across the health and Social Care System. A System wide IP&C meeting was introduced (this now reports to the Health Protection Board) Chaired by Jan Thomas and attended by the NHS Provider Directors of Infection Prevention (DIPC) as well as representation from Public Health, Public Health England and Primary Care.

The CCG also recognised the need for additional expertise in Infection Prevention and has increased resource within this specialist team

The CCG was fortunate to already have a commissioned provider, Commisceo, providing care home testing for Influenza-like illness. Public Health England 'turned off' this screening, allowing us to switch to requests for COVID-19 swabbing in Care homes and other residential settings.

This commenced on 20 March 2020 and will continue as necessary. The approach to swabbing is driven nationally and the CCG continues to adapt local process in response to national requirements. In particular for the care home sector it has caused some complexities as initially there was capacity constraints at laboratories which meant delays in swab results, the CCG worked closely with PHE to mitigate this and arranged for the CCG IP&C Lead to receive results directly in order to be able to support homes and residential settings to instigate any necessary actions to minimise spread of infection. The complexities with swabbing continue for care homes in that they need to access both Pillar one and Pillar two testing routes, the CCG and Local Authority continue to support the sector with training and guidance to facilitate them accessing swabbing in a timely manner.

#### 4.1.4 **Technology** – our digital team worked closely with care homes to ascertain their current digital capacity for enabling functions such as remote ward rounds. Many homes have now been provided with equipment to allow for virtual monitoring of residents' vital signs and early reporting of any changes or anomalies. Care homes have been provided with:

- Pulse oximeters
- Temperature probes
- Blood Pressure monitors and cuffs

As well as training and tablet computers to allow for remote consultations with Primary Care and other clinical staff.

#### 4.1.5 **Medications** – Our system has come together to create a collaborative medicines optimisation clinical service model for care homes with all partners contributing to the delivery of our model.

We have been working closely with GP Practices and community pharmacies to ensure that care home residents receive their medications by managing supplies and reducing the impact of stock shortages, and also implementing new processes for online ordering to reduce face to face contacts.

This has been vital for all patients, but particularly with respect to the availability of palliative care medications.

#### 4.1.6 **GP and wider health team support** – our local GPs have been working hard to provide our care homes with the support they need to care for their patients.

As with all patients this work has often relied on virtual consultations in the first instance, with visits when clinically necessary.

Each care home has a named lead clinician and we are rolling out multi-disciplinary team working via Microsoft Teams, including GP practice, community services and care home staff.

We have also developed a suite of End of Life Care guidance which encompasses care homes, including 24/7 support via our local hospices, and rapid access to GP clinical advice out of hours.

4.1.7 **Communications support** – we have provided media management support to homes where required, including linking in with the LA and Public Health England (PHE) to ensure accurate and consistent messages are shared.  
The CCG has also supported the LA with their weekly video conferences held with care home and domiciliary providers with clinical experts to offer advice and answer queries.

4.1.8 **Daily updates** – care homes and other care providers receive daily updates sent jointly from the CCG and LA.

All new guidance, testing processes, suppliers for PPE, medicines optimisation updates, information on national trackers, support for remote working offers and a huge range of other information has been distributed daily through these updates.

## 4.2 **Mental Health**

Mental health and Learning Disabilities Services adopted the whole system response to COVID-19.

We ensured System collaboration and links with the Community Resilience Group.

Our key principles throughout the incident management were:

- patients and staff safety,
- patients voice and co-production, and
- collaboration with our voluntary sector

Below examples demonstrate some of responses we deployed across mental health and learning disabilities services.

4.2.1 **Crisis Services** - all key crisis support services are continuing to operate at full capacity to provide both non-urgent and urgent support.

A non-urgent Lifeline helpline has been introduced, providing support Mon-Fri from 9am to 2pm and from 2pm to 11pm seven days a week.

The service is alleviating pressure on urgent crisis services such as the First Response Service. The system has been successful in securing £50,000 of national monies to expand the service and extend from three to six months.

4.2.2 **Local Mental Health Campaign** ‘#Now We are Talking’ Lifeline has been promoted through the #Now We’re Talking campaign.

The next stage of the campaign is the distribution of 35,000 leaflets to extend promotional work through traditional routes in addition to social media.

The aim is to ensure we reach people that are not able to access information via digital means.

4.2.3 **Bereavement Support** - more than 60 staff across voluntary and statutory organisations have received bereavement training delivered by Cruse Bereavement Care.

Take up has been excellent from a variety of organisations, particularly those staff supporting the Lifeline Telephone Service.

The CCG also recognised that care home were facing the tragic loss of their residents over a short period of time, and by way of support commissioned three different health and wellbeing services providing access to counselling and support which has been utilised by many of the local homes across they system

4.2.4 **Virtual Memory Assessments** - a pathway for virtual memory assessment for older people is being developed collaboratively by a number of providers nationally.

The Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Clinical Director for Older People’s Mental Health is part of this group and virtual memory assessments are expected to go live in the next few months.

- 4.2.5 **Children and Young People's Services** - teams have been working to provide appropriate crisis support during the outbreak.  
Fullscope (a collaborative of third sector providers) have been awarded additional resources from the CCG COVID-19 fund and Peterborough Council for Voluntary Services to provide a wellbeing call service for Children and Young People (CYP) up to 18 years of age.
- Work across the system has begun to develop a Multiagency approach for CYP's Mental Health. The aim is to extend further and include other statutory and voluntary sector providers to have joint assessment of referrals with the aim of reducing bounce between services that CYP often experience.
- 4.2.6 **Services for People with Learning Disabilities and Autism** - it is a testament to the local system work that the mortality rate of people with learning disabilities as far as we know, is no different to the last year. Whilst national data indicates 134% increase in mortality of people with learning disabilities due to COVID-19.
- A fully comprehensive approach in response to COVID -19 was put in place for people with Learning Disabilities that includes the following interventions:
- Introduction of additional community crisis beds
  - Case load stratification to enable a proactive, preventative approach to patient/carer support and management
  - Wellness and care calls to patients
  - Links made to the vulnerable people coordination hub
  - Implementation of required reasonable adjustments and national guidance
- The learning disabilities, complex cases and quality teams have worked together since the outbreak to ensure reasonable adjustments were put in place in acute settings for people with learning disabilities.
- 4.2.7 **MH Inpatient Settings** - supporting patients and staff across mental health inpatient settings has been a priority during the outbreak and subsequent restoration phase.  
Although many MH services are now moving towards restoration, issues around inpatient staffing are causing a ripple effect across CPFT and may continue to do so for some time.
- The Sustainability and Transformation Partnership Mental Health and Learning Disability Board is working collaboratively with key partners to look at solutions that will help over the next few months.
- 4.2.8 **Minority Ethnic Groups and Mental Health** - a task and finish group has been set up with representatives from minority ethnic groups, third sector organisations and primary care to inform Mental Health (MH) and Learning Disability (LD) restoration and recovery plans.
- The group has identified 'access to services' as a priority theme which includes specific areas such as interpreting, language and cultural narratives in mental health and reviewing data around access to services.
- This group is currently focused on the community mental health exemplar in Peterborough and will move to supporting system developments around MH and LD over the next few months.
- 4.3 **Primary Care**
- From early March 2020, Cambridgeshire and Peterborough Health System has been in a state of national emergency and 'Command & Control' in response to the threat of widespread Covid-19 population infection. In reaction to this, we have worked with GP practices, GP Federations, Local Medical Committee (LMC) leads, medicines optimisation leads, NHS 111 provider colleagues and wider system partners to ensure sustainability and business continuity of our

primary care services for patients, whilst reducing the risk of infection to patients and staff whilst still providing the best quality care.

During this time, we have developed numerous new ways of working and embedded digitally enhanced best practice to dramatically reduce footfall in practices, manage suspected Covid-19 patients safely (in practice and the community). We have also maintained GP clinical oversight of high-risk patient groups and community Covid and non-Covid patient management pathways.

#### 4.3.1 **New ways of working**

##### **General Practice:**

- IT and Digital solutions to allow remote working functionality for all practices
- 100% telephone triage for on the day /routine demand, enabling most patients to be treated remotely, but face to face consultations and home visits are still taking place where clinically necessary.
- Video/Telephone Consultation software used in all practices for on the day demand and high-risk patient groups i.e. in care homes
- All practices using electronic prescribing
- Hot/cold designated areas in practices to keep patients safe.
- Contingency Plans in place if required to manage demand surges, staffing crises, practice closures for branch sites, use of hot and cold sites within geographic localities, working with the Federations and the Granta Primary Care Network (PCN)
- Significant system work to produce and agree Primary and Community management pathways in place e.g. Covid Primary Care Pathway, End of Life Care flowchart and symptom management guidance
- Additional support to Herts Urgent Care and COVID Clinical Assessment Centre (C-CAS) to manage COVID calls
- Collaborative approach to managing and changing provision within community services
- Clear communications to care homes about access to primary care and community care
- Daily practice sitrep calls introduced which enables early support to practices from the CCG and Federations, including the provision of PPE for primary care and pharmacies
- Increased clinical oversight and multidisciplinary teams (MDT) intervention for care homes
- Working with Federations and Local Medical Committee (LMC) to ensure 'Test and Trace' practice workforce and site operational sustainability

#### 4.3.2 **NHS 111/Out Of Hours (OOHs) – Herts Urgent Care (HUC):**

- Joint approach between GP practices and HUC to manage Bank Holiday demand
- Re-purposing of Extended Access service to provide on the day capacity and clinical triage support to the NHS 111 service
- Rapid adoption of processes agreed for GPs providing remote triage capacity to NHS 111 and GP out of hours services
- All practice systems re-configured to accept direct booking of patients from the national NHS 111 Covid Clinical Assessment Service
- Remaining EMIS practices enabled for direct booking from NHS 111. EMIS is a software used in GP practices for keeping patient electronic records and managing appointments and prescriptions etc.
- Use of remote consultation software in Out of Hours bases
- Leading work for NHSE East of England Region for NHS 111 front door solutions and direct booking into Emergency Department (ED) and other in-hospital Same Day Emergency Care (SDEC) services

#### 4.3.3 **Community Pharmacy & Medicines Optimisation**

- Collaborative working with Local Pharmaceutical Committee (LPC) and system Chief Pharmacists
- Improved engagement with community pharmacists
- Support given with staff shortages

- PPE and screens supported
- Sourcing and management of medicines shortages
- Communications to the system and escalation of issues nationally

#### 4.3.4 Recovery plan for primary care

As we move into the recovery phase we would like to move to a new version of 'normal' for primary care services. This will involve maintaining and building on some of the new ways of working, as well as continuing to work with system partners to ensure integrated and efficient care provision for patients. We believe this can be achieved in the following ways:

1. Ongoing work with primary care partners to ensure latest digital innovations and equipment are used to continue remote consultations, both with on the day demand and high-risk patient groups i.e. care home residents
2. Explore at pace remote clinical consultations, including Advice & Guidance, and outpatient clinics for clinician to clinician, and patient to clinician, diagnosis across our system, including community, primary care and acutes
3. Work with provider and primary care partners and care homes using remote clinical consultation software to same level as primary care to benefit both patient, and clinician to clinician, interaction and introduce training and equipment for diagnostics
4. Maintain use of electronic prescribing in all practices and in Herts Urgent Care/NHS 111 to ensure efficiency and increase on the day demand turnover
5. Think more strategically about branch site/community hub usage for low-risk and routine primary care activity to ensure more local care for patients
6. Work with system partners to ensure smooth and efficient referral routes and pathways to community and acute services for patients
7. Continue to work with the LMC and GP Federations for day to day management of and give support to practices
8. Continue work to enable transfer of low acuity patients from East of England NHS Ambulance Trust (EEAST) to the local NHS 111 Clinical Assessment Centre (CAS)
9. Complete evaluation of Urgent and Emergency Care (UEC) Collaborative pilots
10. CCG teams will continue to work and support local Community Pharmacies building on existing and new connections, to develop Community pharmacy as an integral part of local PCNs, in collaboration with NHS England
11. Seek to improve communication links with our Community Pharmacy partners, through innovative IT solutions, such as Pharma outcomes
12. Support and work with Community Pharmacies to ensure equitable, safe and timely access of medicines to our patients, by supporting resolution of staffing issues, opening hours and delivery queries

The way we have worked over the last few months, both in crisis management and recovery thinking is similar to the work already undertaken within the UEC 'Roundtable' Collaborative. This mode of collaborative working has extended across the systems and can be the vehicle to achieve all the above and promote system working, but a higher level of interaction and guidance from primary care partners would be required.

Many elements of the NHS Long Term Plan for Primary Care have been achieved or work has commenced ahead of schedule over the past few weeks. The Covid-19 crisis has presented us

all with challenges but also many opportunities and we should take stock of these now and plan what the new 'normal' will look like for services and patients collaboratively.

We are now focusing on how we can improve patient communications so that people understand that while there might be notices on doors and doorbells, Primary Care is very much 'open for business'. These precautions are for the safety of patients and staff alike. As with the rest of the country, we are operating on a telephone triage first process where a clinician speaks to the patient and agrees whether a call, video consultation or face to face appointment is clinically needed. They may also just be able to give advice over the phone, there and then.

## 5. RECOVERY PLANNING

### 5.1

In April we began planning our approach to restarting work that had been paused due to Covid. This work was undertaken in the context that we would have to live with the disease until a vaccine or treatment becomes available. It was also undertaken with the knowledge that a potential second wave was possible and therefore we needed to retain the ability to quickly 'step up' capacity to deal with Covid cases should this be required. We have continued to monitor the data around case numbers since April and use this information to inform our plans.

Our initial plans assumed a period of 12-18+ months of managing Covid disease alongside a sustainable model for non-Covid healthcare. Our goal, as a system, was to implement a sustainable clinical and operating model for this period, allowing for future increases and decreases in case numbers, and with the primary aim of maximising the survivorship of patients and protecting our staff

We have had an opportunity to use the recovery period to think about how our services should run and to make our recovery plan and the system's transformation plan one and the same thing.

A further aim of the recovery planning process was to ensure that as we began to restart services, we captured and sought to incorporate the benefits of the new ways of working introduced during the peak of Covid, with the aim of embedding them in future ways of working. We have undertaken work to review the positive changes introduced during Covid so that we can decide whether to retain them or to go further and make more radical changes.

We have also sought to act on the clinical view of prioritisation, including ongoing clinical prioritisation of the waiting list across all procedures so that those at most risk of harm are treated most quickly. In addition, we have sought to provide the public with the confidence to seek care where appropriate and necessary. This has included ongoing clinical prioritisation of the waiting list across all procedures so that those at most risk of harm are treated most quickly.

We agreed a set of core principles to guide planning

- a) Maximise health benefit in the context of limited resources
- b) Stay close to the clinical evidence base
- c) Reduce health inequality
- d) Focus on clinically designed whole pathway interventions

To support our ongoing approach to recovery planning we have set up a Recovery Oversight Group. This group brings together Chief Operating Officers and Directors of Strategy from across the system, from the local authority and the NHS, to lead the recovery process. The group is leading four domains to focus on specific aspects of recovery:

#### Domain 1: Out of hospital care

- Primary Care and Medicines Optimisation
- UEC Collaborative
- Community Care
- Care Homes/Continuing Healthcare
- Mental Health Services
- Discharge to assess

#### Domain 2: Clinical Interface

- Advice & Guidance
- Medicines Optimisation
- Direct Access Diagnostics
- Prioritisation of Service Start

#### Domain 3: Hospital Care

- Older People
- Diagnostics
- Electives Care
- Cancer
- Critical Care
- Urgent Care & Flow

#### Domain 4: Maternity & Children's Services

- Maternity
- Children's Services

Our current focus is on restoring services to pre-Covid levels and work is undertaken through the groups listed above to achieve this.

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

- 6.1 Peterborough Health Scrutiny Committee members are invited to note the collaborative and innovative work that has taken place during the COVID-19 pandemic and the resulting good practice. Also, to note the steps taken by the CCG towards recovery planning.

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<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 8</b>
<b>21 SEPTEMBER 2020</b>	<b>PUBLIC REPORT</b>

Report of:	Dr Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Dr Liz Robin, Director of Public Health	Tel. 01733 207176

<b>MANAGING COVID-19: PUBLIC HEALTH UPDATE</b>
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<b>R E C O M M E N D A T I O N S</b>	
<b>FROM: Director of Public Health</b>	<b>Deadline date: N/A</b>
It is recommended that the Health Scrutiny Committee notes and comments on the Managing Covid-19: Public Health update.	

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Health Scrutiny Committee following a request made at the Health Scrutiny Committee Group Representatives meeting held on 3 August 2020, as part of the 2020/21 Health Scrutiny Committee work programme.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to provide updated information to the Committee on the Covid-19 pandemic in Peterborough and its management.

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

1.Public Health

2.3 This report links to Corporate Priorities 6 and 7:

6. Keep all our communities safe, cohesive and healthy  
7. Achieve the best health and wellbeing for the city

2.4 This report supports the Children in Care Pledge:

We will help encourage you to be **healthy**

**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 response to the Covid-19 pandemic dominated the work of Peterborough City Council staff during the lock-down period and continues to require significant staff capacity across the Council. The Covid-19 response has previously been scrutinised at Joint Meetings of the Scrutiny Committees in May and July.

4.2 The Council's Senior Leadership Team continues to co-ordinate our response, with a Test and Trace Gold Group, which includes both the Chief Executive and Director of Public Health, meeting three times per week. The Local Resilience Forum (LRF), a partnership of local agencies, continues to hold a Strategic Co-ordinating Group twice a week, to co-ordinate the multi-agency response.

### 4.3 The Covid-19 Contain Framework

Guidance for local authorities and local decision-makers on containing and managing COVID-19 outbreaks at a local level was published on Friday 17th July as the 'Covid-19 Contain Framework'. This document sets out how NHS Test and Trace and the Joint Biosecurity Centre (JBC) will work with local authorities, Public Health England (PHE) and the public to contain and manage local COVID-19 outbreaks.

Upper tier local authorities, such as Peterborough City Council and Cambridgeshire County Council, are leading local outbreak planning, within a national framework, and with the support of NHS Test and Trace, PHE and other government departments.

4.4 Wherever possible, actions to address outbreaks of COVID-19 will be undertaken in partnership with local communities, on the basis of informed engagement and consent. Upper Tier Local Authorities will have powers to close individual premises, public outdoor places and prevent specific events. This means that Upper Tier Local Authorities will no longer have to make representations to a magistrate in order to close a premises. Premises which form part of essential infrastructure will not be in scope of these powers. These new powers will allow Local Authorities to act more rapidly to contain outbreaks linked to a specific setting.

The powers to close down whole sectors of business in a local area, or to restrict the general movement of people in the area, will remain with Ministers at national level.

4.5 There will be ongoing national monitoring of the epidemiology and trends in Covid-19, and where there are higher or rising levels of Covid-19 cases in a local authority area, national government command structures will designate local authorities into one of three categories:

- area(s) of concern – a watch list of areas with the highest prevalence, where the local area is taking targeted actions to reduce prevalence – for example additional testing in care homes and increased community engagement with high risk groups
- area(s) of enhanced support – for areas at medium/high risk of intervention where there is a more detailed plan, agreed with the national team and with additional resources being provided to support the local team (e.g. epidemiological expertise, additional mobile testing capacity)
- area(s) of intervention – where there is divergence from the measures in place in the rest of England because of the significance of the spread, with a detailed action plan in place, and local resources augmented with a national support

Peterborough has been an 'Area of Concern' since 17<sup>th</sup> July, due to a relatively high rate of Covid-19 cases at that point compared to the national average, which placed the authority in the top twenty nationally, and has stayed in this category since then due to ongoing risk factors.

More information about the Contain Framework is available on:

<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks>

#### 4.6 Implementing the Cambridgeshire and Peterborough Local Outbreak Control Plan

Public health focus recently has been on implementation of our Local Outbreak Control Plan (LOCP), including joint work with the regional Public Health England Health Protection Team to directly manage local clusters and outbreaks.

<https://www.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-covid-19-test-and-trace>

The public health led Surveillance Group meets daily at 9am to review the latest data from Public Health England, NHS Test and Trace, the local NHS and other relevant sources for Peterborough and Cambridgeshire. This information is summarised and passed on to the Outbreak Management Team which works closely with the Public Health England Health Protection Team to oversee the management of local clusters and outbreak of Covid-19, through the work of multi-agency 'cells'. These cells are:

- Care Home Cell
- Schools and Early Years Cell
- Workplace Cell
- Vulnerable Populations Cell
- NHS Healthcare arrangements.

The membership of each Cell includes the agencies relevant to prevent and control outbreaks in that area of work. For example the Care Home Cell includes CCG, Adult Social Care, Public Health and NHS Community Service representatives; while the Workplace Cell has strong input from City Council Environmental Health Officers, who can visit affected businesses and provide advice and monitoring of their infection control and other outbreak control measures.

4.7 The overall implementation of the LOCP is overseen by the multi-agency Cambridgeshire & Peterborough Health Protection Board which meets weekly and is chaired by the Director of Public Health. This Board includes membership from Public Health England and has a strong focus on the local epidemiology of and trends for Covid-19, as well as current plans and actions to prevent and control outbreaks - in order to provide strategic leadership and planning for the future.

The Health Protection Board is supported by the LOCP Programme Delivery Group, chaired by the Chief Operating Officer of South Cambridgeshire District Council. This oversees delivery and monitoring of the LOCP action plan and milestones, with a focus on building the capacity and infrastructure required to manage a potential future surge in Covid-19 cases and outbreaks. This includes identifying and mitigating risks to delivery of the LOCP. The Programme Delivery Group meets weekly and has multi-agency representation from the range of organisations involved in delivering the LOCP.

4.8 The Member-led Local Outbreak Engagement Board, jointly Chaired by Cllr John Holdich from Peterborough City Council and Cllr Roger Hickford from Cambridgeshire County Council, had its first meeting on Friday 10<sup>th</sup> July and met again Friday 7<sup>th</sup> August and Friday 11<sup>th</sup> September. The membership largely reflects the Core Joint Sub-Committee of the Cambridgeshire and Peterborough Health and Wellbeing Boards, but also includes the Public health Portfolio Holder, Cllr Wayne Fitzgerald and the Police and Crime Commissioner, Cllr Ray Bisby. This Board meets in public and provides political leadership and engagement with local residents for outbreak prevention, early identification and control.

4.9 The Finance Sub-Group of the Health Protection Board reviews business cases for allocation of the Test and Trace Grant from national government which is approximately £1,017,883 for Peterborough. It has met and approved funding for:

- Additional Communications staff and campaigns

- Increasing the Environmental Health and associated workforce
- Additional public health staffing for the Outbreak Management Team
- Increased local testing capacity
- Additional training capacity
- Additional staffing for infection control and contact tracing.
- A hardship fund to be administered through community hubs, where vulnerable residents need specific support to self-isolate.

#### 4.10 Local Resilience Forum

The Local Resilience Forum Strategic Co-ordination Group, co-chaired by Gillian Beasley and by Jan Thomas, the CCG Accountable Officer, plays an important role in supporting Covid-19 outbreak prevention and management through bringing together the resources of the wider public sector in Cambridgeshire and Peterborough, when the resources needed go beyond the scope of the Health Protection Board. A document describing the roles and responsibilities of a range of organisations involved in delivering the LOCP has been agreed through the LRF Strategic Co-ordination Group and published alongside our LOCP.

<https://www.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-covid-19-test-and-trace>

The LRF Training and Exercise sub-group delivered a 'virtual' multi-agency emergency planning table top exercise, to test our Local Outbreak Control Plan and the rapid response to a community outbreak. This took place on Monday 20<sup>th</sup> June, and was well attended across the organisations involved. The outcomes of the exercise are under review and are being incorporated into delivery of the LOCP.

#### 4.11 **Covid-19 statistics for Peterborough**

##### Confirmed cases

Several cases of Covid-19 are not tested for or diagnosed, particularly where the person infected does not have symptoms. The rates of testing and diagnosis have also changed significantly during the course of the pandemic - so the numbers and rates of confirmed cases do not provide a full picture of Covid-19 epidemiology over time.

At the time of writing, in the latest reporting week of 24-30<sup>th</sup> August, 42 new lab-confirmed Covid-19 cases were detected in Peterborough.

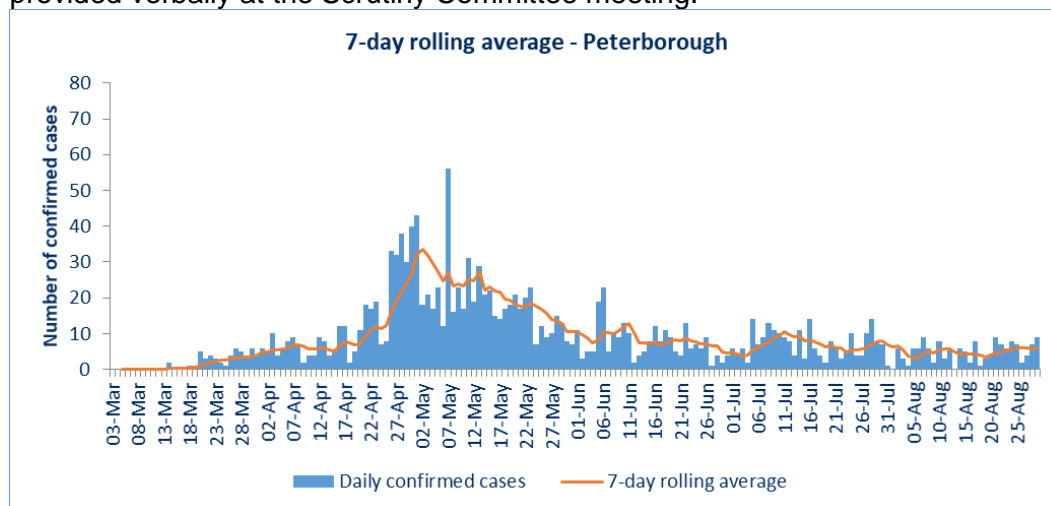
The cumulative rate of Covid-19 cases per 100,000 population in Peterborough (803.4) remains statistically significantly higher than the national rate (519.5).

##### Incidence rate of Covid-19 cases per 100,000 residents

Area	Most recent weekly data (Mon-Sun)			
	Weekly incidence rate from 17 to 23 Aug	Weekly incidence rate from 24 to 30 Aug	Difference in weekly incidence rate from previous week	
Cambridge	6.4	16.8	10.4	↑
East Cambridgeshire	6.7	3.3	-3.3	↓
Fenland	3.9	2.0	-2.0	↓
Huntingdonshire	5.6	5.1	-0.6	↓
South Cambridgeshire	3.1	6.3	3.1	↑
Cambridgeshire	5.0	6.9	1.8	↑
Peterborough	18.8	20.8	2.0	↑
England	12.0	13.6	1.6	↑

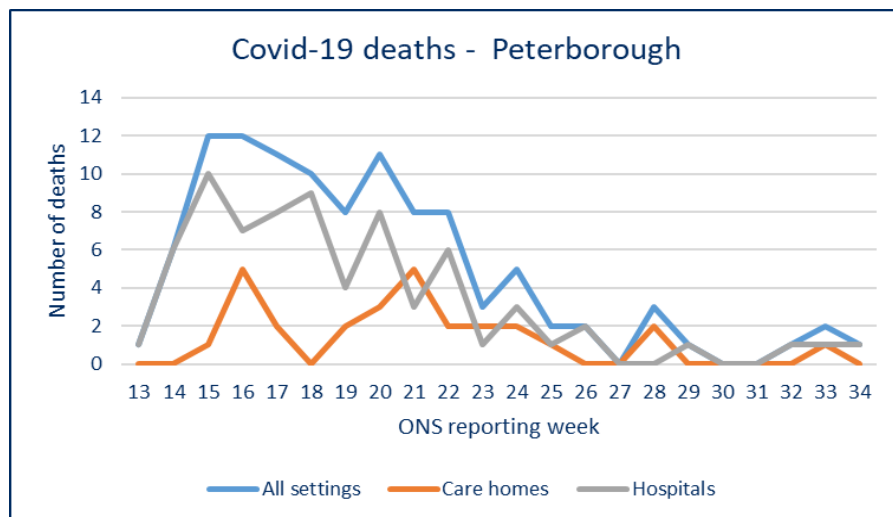
The 7 day rolling average of confirmed cases for Peterborough shows a slight increase since the previous week. Overall, Covid-19 rates have clearly fallen since the peak in April/May and have

been relatively stable from mid-July and during August. Further updates to this figure will be provided verbally at the Scrutiny Committee meeting.



4.12 Deaths

Sadly, there were 108 Covid-19 related deaths recorded in Peterborough from the start of the pandemic up to 21<sup>st</sup> August 2020. Death rates from Covid-19 in Peterborough are below the national average. Death rates have fallen considerably since the peak of the pandemic.

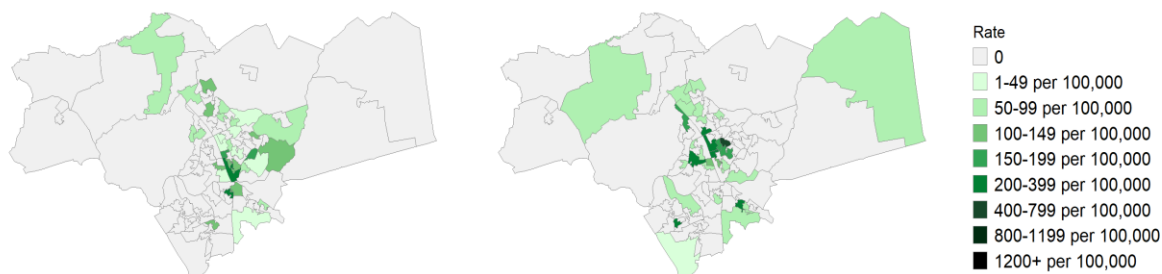


Source ONS published 2<sup>nd</sup> September

4.13 Maps of Peterborough Covid-19 rates in small areas (lower super output area or LSOA) with about 1500 residents each, show a higher prevalence of cases in the central areas of Peterborough, including Millfield and New England. However there is also a spread of cases around the urban areas of Peterborough, and cases come from a wide range of diverse communities.

## PETERBOROUGH COVID-19 rates by LSOA

Prior 14 day period (August 6 2020 to August 19 2020)    Past 14 days (August 20 2020 to September 2 2020)



Case data from SGSS Pillar 1 & 2 testing.  
Contains National Statistics data including 2018 mid-year population © Crown copyright and database right 2020

### 5. CONSULTATION

- 5.1 No consultations have been undertaken by the Council on this paper. However there is close working with community leaders on the overall response to the pandemic, and on preparation of appropriate materials for communication.

Cambridgeshire and Peterborough HealthWatch have gathered views from members of the public and patients on health and social care services during the Covid-19 pandemic.  
[HealthWatch briefing](#)

### 6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 This report provides an update on the current situation with regard to the Covid-19 pandemic and its management in Peterborough, in order to ensure that the Committee has up to date information about this and can conduct appropriate scrutiny.

### 7. REASON FOR THE RECOMMENDATION

- 7.1 The Committee is asked to note and comment on the response to Covid-19 because this is a key issue for health and wellbeing in Peterborough at the current time.

### 8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The Committee could have chosen not to scrutinise updated information on the Covid-19 pandemic and its management in Peterborough. However this would have omitted a key issue for Peterborough residents' health and wellbeing.

### 9. IMPLICATIONS

## **Financial Implications**

- 9.1 Peterborough City Council has received a Test and Trace grant from national government of £1,017,883 to fund the costs of outbreak management. This is allocated through business cases to the Finance Sub-Committee of the Cambridgeshire and Peterborough Health Protection Board. Several costs (e.g. staffing, IT) are shared with Cambridgeshire, which maximises value for money.

The wider financial implications of the Covid-19 pandemic for the Council are very significant and are described in Finance papers to Cabinet and full Council.

## **Legal Implications**

- 9.2 The Coronavirus Act (2020) has brought in new legal powers for the Council in relation to management of outbreaks.

## **Equalities Implications**

- 9.3 Outcomes from Covid-19 have been shown to be worse for older people, men, people with a range of long term health conditions, black and ethnic minority communities, and people living in areas of deprivation. These factors are considered when planning for Covid-19 prevention and outbreak management.

## **Rural Implications**

- 9.4 Rates of Covid-19 infection are generally lower in rural areas than in more densely populated urban areas. Analysis indicates that this is also the case in Peterborough, although cases in rural areas do occur.

## **Carbon Impact Assessment**

- 9.5 This paper is an update rather than review of a decision therefore there are no significant carbon impacts.

## **10. BACKGROUND DOCUMENTS**

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

- 10.1 The Cambridgeshire and Peterborough Local Outbreak Control Plan and the associated Roles and Responsibilities document are available on <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks>

## **11. APPENDICES**

- 11.1 None

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<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 9</b>
<b>21 SEPTEMBER 2020</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 2019/2020 AND WORK PROGRAMME FOR 2020/2021**

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 2019/20 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 2020/2021 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 2019/2020 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 2019/20 by the Health Scrutiny Committee and to consider if further monitoring of these items is required.

To determine the committee's priorities and approve the draft work programme for 2020/2021 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	<b>N/A</b>
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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 2019/20 the Health Scrutiny Committee scrutinised the following items:

#### Information / Update

- Co-opted member Report
- Review of 2018/19 and Work Programme for 2019/2020

#### Monitoring / Calling to Account

- NHS England Response to The Healthwatch Report 'Finding an NHS Dentist In Peterborough And Wisbech'
- Recommissioning Contraception and Sexual Health Services
- Integrated Lifestyle Service Procurement
- Update on Changes in Primary Care Landscape In Peterborough
- Best Start in Life Strategy and Children's Public Health Services
- Primary Care Update to include input from Healthwatch and representative from Local Medical Council
- North West Anglia NHS Foundation Trust - Preparations for winter 2019/20 including plans for flu vaccines
- North West Anglia NHS Foundation Trust - Financial Update, to include any changes in management and vision for the hospital
- Local Response to the NHS Long Term Plan (LTP)
- Portfolio Progress Report the Cabinet Member or Adult Social Care, Health and Public Health to include Update on Heart Disease Mortality - prevention
- East of England Ambulance NHS Trust Service update
- Monitoring Scrutiny Recommendations
- Forward Plan of Executive Decisions

#### Policy / Plans / Consultation

- Communications and Engagement Approach To Delivering The CCG Financial Plan 'The Big Conversation' - Using Our NHS Resources Wisely
- Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough
- Health Scrutiny Committee Meeting Start Time 2020-2021

4.3 **Call-In**  
None

4.4 **Task & Finish Groups**  
None

#### Joint Committees

- 4.5
- Joint Scrutiny of the Budget - 18 December 2019
  - Joint Scrutiny of the Budget – 12 February 2020

4.6 **Recommendations Made**

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

## **5. WORK PROGRAMME 2020/2021**

- 5.1 The Committee is asked to consider the work undertaken during 2019-2020 and make recommendations on the future monitoring of any of these items where necessary.
- 5.2 In preparing a work programme for 2020-2021, 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 a Group Representatives meeting held on 3 August 2020 is attached at Appendix 1 for consideration and approval.

## **6. CONSULTATION**

- 6.1 None.

## **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 None.

## **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 9 July 2019, 18 September 2019, 7 January 2020, and 9 March 2020.

## **10. APPENDICES**

- 10.1 Appendix 1 – Draft Work Programme 2020/2021  
Appendix 2 – Recommendations made during 2019/2020  
Appendix 3 – Part 3, Section 4 – Overview and Scrutiny Functions

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**DRAFT HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2020/2021**

Updated: 30 July 2020

Meeting Date	Item	Indicative Timings	Comments
7 JULY 2020	<p><b>Proposals for The Relocation Of The Urgent Treatment Centre And GP Out Of Hours Service In Peterborough</b></p> <p><b>Contact Officer: Jessica Bawden, Director of External Affairs &amp; Policy, Cambridgeshire and Peterborough Clinical Commissioning Group</b></p>		
	<p><b>Nhs England And Nhs Improvement – East Of England Response To Covid-19 And The Delivery Of Nhs Dental Services In Peterborough</b></p> <p><b>Contact Officer: David Barter, Head of Commissioning, NHS England and NHS Improvement – East of England</b></p>		
<p><b>21 SEPTEMBER 2020</b>  <i>Draft Report 2 September</i>  <i>Final Report 9 September</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 2020/2021.</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		
	<p><b>Interim Report on The Relocation of The Proposals to Relocate the Urgent Treatment Centre and GP Out of Hours Service Peterborough</b></p> <p><b>Contact Officers: Louise Mitchell, Director of Strategy</b></p>		

	<b>and Planning, C&amp;PCCG</b>		
	<b>Managing COVID-19 Public Health Update</b>  <b>Contact Officer: Dr. Robin, Director of Public Health</b>		
	<b>Innovation and Collaborative Working In Light Of COVID-19</b>  <b>Contact Officer: Louise Mitchell, Director of Strategy and Planning, C&amp;PCCG / Jan Thomas, Accountable Officer, C&amp;PCCG</b>		
	<b>Review Of 2019/2020 and Work Programme For 2020/2021</b> To review the work undertaken during 2019/20 and to consider the work programme of the Committee for 2020/2021  <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>3 NOVEMBER 2020</b> Draft Report 15 October Final Report 22 October	<b>Managing COVID-19 Public Health Update and Winter Pressures</b>		

	<p><b>Contact Officer: Dr. Robin</b></p>		
	<p><b>Impact of COVID-19 on the Mental Health of Peterborough Residents</b></p> <p><b>Contact Officer:</b></p>		
	<p><b>Provision of Healthcare for Homeless Rough Sleepers</b></p> <p><b>Contact Officer – Val Thomas / Marek Zamborksy</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 2020/2021</b> To consider the Work Programme for 2019/2020</p> <p><b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b></p>		

<b>11 NOVEMBER 2020</b> Joint Scrutiny of the Budget Meeting	<b>Medium Term Financial Strategy 2021/22 to 2023/24</b>  <b>Contact Officer: Peter Carpenter</b>		
<b>12 JANUARY 2021</b> <i>Draft Report 21 December</i> <i>Final Report 28 December</i>	<b>Managing COVID-19 Public Health Update</b>  <b>Contact Officer: Dr. Robin</b>		
	<b>North West Anglia NHS Foundation Trust (NWAFT) Quality Accounts</b>  <b>Contact Officer: Caroline Walker</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>Work Programme 2020/2021</b>  To consider the Work Programme for 2019/2020 <b>Contact Officer: Paulina Ford, Senior Democratic Services Officer</b>		



<b>10 FEBRUARY 2021</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>15 MARCH 2021</b> <i>Draft Report 24 February</i> <i>Final Report 3 March</i>	<b>Managing COVID-19 Public Health Update</b>  <b>Contact Officer: Dr. Robin</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>		

**Items for 2020/2021 Work Programme:**

- Standalone Report on North West Anglia NHS Foundation Trust Green Travel Plan - to be discussed at September Group Reps
- Decision and Mitigation – Relocation of Urgent Treatment Centre – November

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RECOMMENDATION MONITORING REPORT 2019/20

HEALTH SCRUTINY COMMITTEE

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
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 at 08.00hrs in the morning to book an appointment and report back to the Committee.	<p><b>Update provided by the CCG on 8/9/2020:</b>  <b>During the COVID Pandemic response telephone triage has become the norm. We are aware that some telephony systems struggled early on and are hoping to be able to invest to support where systems have struggled with the level of calls.</b></p> <p>Last update provided September 2019: The CCG can confirm that some practices advise their patients to call at 08.00 hrs to book a same day appointment. We encourage GP practices to work with their PPGs/patients to find the best ways to meet the patient needs. Practices all work in different ways to meet the access needs of their registered populations and offer a variety of different appointment types. Practices that offer triage prior to booking an appointment may also require their patients to call as early as possible so the patient can be called back in good time and offered appointments as necessary.</p>	Ongoing Monitoring requested by Committee at 18 September 2019 meeting.

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
				<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> <p>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.</p>	
18 September 2019	Director of Public Health	<b>INTEGRATED LIFESTYLES PROCUREMENT</b>	The Health Scrutiny Committee considered the report and <b>RECOMMENDED</b> that the Director of Public Health ensure that a more integrated approach is taken across the council with regard to public health outcomes.	Response sent out to the Committee on 20 December 2019	Complete

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
18 September 2019	Director of Public Health	<b>BEST START IN LIFE STRATEGY AND CHILDREN'S PUBLIC HEALTH SERVICES</b>	The Health Scrutiny Committee <b>RECOMMENDED</b> that a letter be sent to the Local MP's asking them to lobby the Secretary of State for Health for an increase in the Public Health Grant for Peterborough.	<p><b>Update as of 10/9/20:</b>  <b>The Director of Public Health also met with both MPs on this subject. There was an increase in the Public Health Grant allocated to Peterborough City Council in April 2020.</b>  <b>This was a national increase rather than specific to Peterborough.</b></p> <p>A letter to the two local MP's asking them to lobby the Secretary of State for Health for an increase in the Public Health Grant for Peterborough had been sent on 18 Dec 2019</p>	Ongoing as requested at Health Scrutiny Meeting held on 9 March 2020
7 January 2020	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group / Chief Executive, North West Anglia NHS Foundation Trust	<b>NORTH WEST ANGLIA NHS FOUNDATION TRUST - WINTER PREPARATIONS 19/20</b>	The Health Scrutiny Committee considered the report and <b>RECOMMENDED</b> that the pilot scheme currently being used at Hinchingsbrooke Hospital was progressed further and implemented at Peterborough City Hospital.	<p><b>Update provided on 8/9/2020:</b>  <b>The proposed relocation of the Urgent Treatment Centre and its integration with 111 and GP out of hours will address many of these concerns. The proposal is currently out to public consultation and an interim report on that will be presented to the Committee in September.</b></p>	Ongoing

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
				<p>Update from CCG – 27/2/2020</p> <p>The 111 pilot at Hinchingbrooke remains ongoing and as such, our evaluation of the effectiveness of the model has not yet concluded. We have multiple phases to the pilot designed to understand the most effective and efficient method of delivery. Our plan remains to complete the initial pilot at Hinchingbrooke and review the evidence base before entering into conversations with system partners, as part of the urgent care collaborative, on whether the model can be adopted long term at all relevant NWAngliaFT sites. The model requires quite a lot of training to establish appropriate rotas and as such isn't suitable for a quick 'lift and shift' approach. If we believe that this is the right approach moving forward, then there will need to be system investment in building the 111 workforce who can deliver this across multiple sites.</p> <p>As an alternative, and to support Peterborough City Hospital through the winter period, we have put in place a nurse-led streaming model in the Emergency Dept at PCH. Patients are reviewed on arrival to ED and, if appropriate for primary care see and</p>	

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
				<p>treat and / or other services, are then assessed and streamed by an Advanced Nurse Practitioner. While the Advanced Nurse Practitioners are not able to directly book into GP appointments, they are able to offer alternative advice on self-care, redirect to other urgent treatment centre facilities or recommend routine GP follow up as appropriate. This came into effect at the end of January, is supported by winter monies and is intended to run until the end of March. This has supported the trust to maintain its A&amp;E four hour waiting time performance for minor injuries, with the trust achieving the standard in January and February to date.</p>	
7 January 2020	<p>Director of External Affairs &amp; Policy, Cambridgeshire and Peterborough Clinical Commissioning Group / Chief Executive, North West Anglia NHS Foundation Trust</p>	<p><b>NORTH WEST ANGLIA NHS FOUNDATION TRUST FINANCIAL UPDATE</b></p>	<p>The Health Scrutiny Committee considered the report and <b>RECOMMENDED</b> that a report be presented to the Committee in the next Municipal Year on public transport access at the hospital and the progress made on the green transport plan.</p>	<p>Report to be programmed into the 2020/2021 Health Scrutiny Committee work programme</p>	Ongoing

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
7 January 2020	Director of Public Health / Chairman of Health Scrutiny Committee	<b>UPDATE ON QUALITY IN PRIMARY CARE SERVICES</b>	It is <b>RECOMMENDED</b> that the Committee write to the Health Secretary and the local MP's outlining concerns that the national contract for GP surgeries was not specific enough. The letter to include specific examples of inconsistencies within the system, including the 8 o'clock appointment system.	<p><b>Update as of 10/9/20:</b>  <b>The draft letter was approved by the Chairman in March but due to the emerging priorities around the COVID-19 pandemic at that time the letter was not sent. However, the letter has now been sent and the committee will be updated as soon as a response has been received.</b></p> <p>Update at 9 March 2020 meeting:</p> <p>The draft letter for the item Update on Quality in Primary Care Services had been prepared using comments raised previously by the Health Scrutiny Committee and had been forwarded to the CCG Primary Care Team for approval prior to being sent. The final draft would be approved by the Chair of the Health Scrutiny Committee and shared with the Committee.</p>	Ongoing.



RECOMMENDATION MONITORING REPORT 2020/21

HEALTH SCRUTINY COMMITTEE

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
<p><b>20 May 2020 Joint Scrutiny Meeting – Response to COVID-19</b></p>	<p>Cllr Fitzgerald, Cabinet Member for Adult Social Care, Health &amp; Public Health / Dr Liz Robin, Director of Public Health</p>	<p><b>Peterborough City Council’s Response to COVID-19</b></p>	<p>That the Director of Public Health explore the option of Peterborough joining the Department of Health’s pilot study of mass testing for COVID 19</p>	<p><b>Update as of 10/9/2020: The University of East Anglia have responded and appreciated Peterborough City Council’s interest in the proposed study. The study was not yet confirmed as going ahead, but they would get in touch with Peterborough in future if there was potential for us to be involved.</b></p> <p>The Director of Public Health has met with Cllr Qayyum to explore the issue and proposed study further.</p> <p>The Director of Public Health then contacted the Director of Public Health for Norfolk who provided background information on the proposed study (for which the final form and funding was not yet confirmed) and provided contact details for the lead academic at the University of East Anglia.</p> <p>Dr Robin has emailed the lead academic at the University of East Anglia to explain that Peterborough City Council would be interested and outline the potential benefits of also carrying out the research with a more diverse population than Norwich.</p>	<p>Ongoing</p>

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## 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) Careers; and</li> <li>c) Special Needs and Inclusion.</li> </ul>	

	<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>
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<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 and community safety);</li> <li>5. Equalities;</li> <li>6. Libraries, Arts and Museums;</li> <li>7. Adult Learning and Skills;</li> <li>8. Targeted Youth Support (including youth offending).</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. Environmental Capital; 4. Economic Development and Regeneration including Strategic Housing and Strategic	

	<p>Planning;</p> <ol style="list-style-type: none"> <li>5. Transport, Highways and Road Traffic;</li> <li>6. Flood Risk Management;</li> <li>7. Waste Strategy &amp; Management;</li> <li>8. Strategic Financial Planning;</li> <li>9. Partnerships and Shared Services; and</li> <li>10. 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 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 It is advised that Members undertake 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>	<b>AGENDA ITEM No. 10</b>
<b>21 SEPTEMBER 2020</b>	<b>PUBLIC REPORT</b>

Report of:	Fiona McMillan, Director of Law and Governance		
Cabinet Member(s) responsible:	Councillor Mohammed Farooq, 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 12 October 2020.

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: 11 SEPTEMBER 2020

# 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/executivedecisions](http://www.peterborough.gov.uk/executivedecisions). 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 12 OCTOBER 2020**

<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>Sale of the freehold of the London Road Stadium and the Allia Business Centre – KEY/12OCT20/01</b></p> <p>Sale of the freehold of the London Road Stadium and the Allia Business Centre</p>	<p><b>Councillor David Seaton, Cabinet Member for Finance</b></p>	<p><b>January 2021</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Fletton and Stanground</p>	<p>Relevant internal and external stakeholders.</p>	<p>Pete Carpenter, Acting Corporate Director Resources, Tel: 01733 452520, 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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<b>COVID-19 Urgent and Surge Community Swabbing Service - delegation of function to Cambridgeshire County Council - KEY/12OCT20/02 - Decision to delegate a function</b>	<b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</b>	<b>31 October 2020</b>	<b>Health Scrutiny Committee</b>	All Wards	Consultation with Public Health	Dr Emily Smith, Consultant Public Health, CCC & PCC, 07788389673 emilyr.smith@cambridgeshire.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.



**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>September 2020</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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2.	<p><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</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>September 2020</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>3. <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>September 2020</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>Cris Green, Commissioner for Learning Disabilities &amp; Autism, 0793261226 6419, cris.green@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. <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>September 2020</b></p>	<p>Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Val Thomas, Consultant in Public Health            Val.Thomas@cambridge-shire.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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5.	<p><b>Vehicle removal for Parking contravention – KEY/15APR19/02</b></p> <p>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>September 2020</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
125								
6.	<p><b>Approval for contract to be awarded to Skanska to deliver design of Eastern Industries Access Phase 1 scheme - KEY/10JUN19/01</b></p> <p>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>	<b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b>	<b>September 2020</b>	Growth, Environment and Resources Scrutiny Committee	East Ward	<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>	Lewis Banks, Principal Sustainable Transport Planning Officer, 01733 317465, lewis.banks@peterborough.gov.uk	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.

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<p>7. <b>Approval for contract to be awarded to Skanska to deliver design of A1260 Nene Parkway Junction 15 Improvement scheme – KEY/10JUN19/02</b>  The Council has previously received funding of £362.4k from the Cambridgeshire and Peterborough Combined Authority (CPCA) to deliver the strategic outline business case and outline business case for A1260 Nene Parkway Junction 15 improvement scheme. Now that these stages are complete, the CPCA is in the process of awarding a further £650k so that the detailed design and full business case can be undertaken. The additional funding for the scheme subject to approval will now total £1,012,400. Approval is required for contract to be awarded to Skanska to undertake detailed design and full business case for the scheme.</p>	<p><b>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2020</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>

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8.  127	<p><b>Contract for remedial works by PCC to the Stanground Bypass – KEY/2SEP19/02</b> To approve works to the Stanground bypass 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>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South and Hargate and Hempstead</p>	<p>Relevant internal and external stakeholders  Standard consultation for highway schemes.</p>	<p>Charlotte Palmer, Group Manager – Transport and Environment, charlotte.palmer@peterborough.gov.uk</p>	<p>To be determined.</p>

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<p>9.</p> <p>128</p>	<p><b>Approval of funding for the provision of accommodation to reduce homelessness</b>  <b>KEY/14OCT19/01</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 Steve Allen, Cabinet Member for Housing, Culture and Recreation</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</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>Peter Carpenter, Acting Corporate Director of Resources  Email: peter.carpenter@peterborough.gov.uk  Tel: 01733 452520</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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129	<p><b>10. Introduction of Civil Enforcement of Bus Lane and Bus Gate contraventions pursuant to the Transport Act 2000 - KEY/09DEC19/02</b></p> <p>To ask the Cabinet Member to authorise the council to exercise its powers as an approved local authority under The Bus Lane Contraventions (Approved Local Authorities)(England) Order 2005 to issue civil penalties for breaches of Traffic regulation orders in relation to Bus Lanes or Bus Gates in Peterborough. Set the level of penalty charge payable for such an offence at £60, reduced to £30 if paid within 14 days. Join the Bus Lane Adjudication Service Joint Committee so arrangements are in place for an individual to appeal against the issue of a penalty charge notice. Authorise the use of approved devices (cameras) to carry out enforcement at sites where it is deemed necessary and the required infrastructure has been put in place.</p>	<p><b>Councillor Irene Walsh, Cabinet Member for Communities</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal stakeholders.</p> <p>Cabinet member for Strategic Planning and Commercial Strategy and Investments will be consulted, as will members from any ward where a bus lane or bus gate is to be enforced.</p>	<p>Adam Payton, Senior PES Officer - Parking Lead, Tel: 01733 452314, Email: adam.payton@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><b>11. Disposal of land at 7-23 London Road, Peterborough - KEY/06JAN20/01</b> Approval to dispose of surplus land to a registered provider for redevelopment to social housing The disposal will be conditional on a successful planning consent; the application has yet to be made.</p>	<p><b>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders.</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@pete rborough.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>There will be an exempt annex with details of the commercial transaction.</p>

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131	<p><b>12. The disposal of former playing fields at Angus Court, Westtown, Peterborough - KEY/06JAN20/02</b> Approval to dispose of former playing fields and Angus Court</p>	<p><b>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>West</p>	<p>A number of consultation events for local residents have been held for both the proposed disposal of land at Angus Court and the creation of new facilities at Thorpe Lea Meadows. Planning approval was secured for the new facilities at Thorpe Lea Meadows. These works are now completed. Consultation and information events to discuss the Council's plans to dispose of land at Angus Court and the creation of a new public play area, were held at West Town Academy took place on 1 November 2018 and 7 March 2019</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: <a href="mailto:tristram.hill@peterborough.gov.uk">tristram.hill@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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132	<p><b>13. Contract Award for the Provision of Children and Family Centres in Peterborough and Cambridgeshire - KEY/20JAN19/01 -</b></p> <p>The contract for the delivery of children's centres is due to expire on 30 September 2020. Therefore a tender process is being undertaken for providers to deliver the services. This is a joint procurement for the Peterborough Children's Centres and Cambridgeshire Child and Family Centres in the South Fenland area. Approval will be sought to award a contract to the successful supplier following a compliant tender process.</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</b></p>	<p><b>September 2020</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards.</p>	<p>Relevant internal and external stakeholders.</p>	<p>Pam Setterfield Children's, Commissioner 07920 160394</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>14. Heltwate Expansion – KEY20JAN19/03</b></p> <p>Expansion of Heltwate Primary School</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</b></p>	<p><b>September 2020</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>Bretton</p>	<p>Public Consultation to be held March 2020 prior to planning submission in April 2020</p>	<p>Vikki Spittalls, Education Capital Projects Officer, vikki.spittalls@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>15. <b>Refurbishments to a Peterborough City Council owned building – KEY/17JAN20/01</b>  The decision is to proceed with refurbishments to a PCC owned building; this building was previously Ofsted Registered as a Children’s Home providing Short Breaks/Respite to children and young people with disabilities and complex needs. The in-house provision was re-designated in November 2018. The premises will now be redeveloped to enable single occupancy residency for a child/young person.</p> <p>This item has been added to the Forward Plan so we are able to proceed with the plans, if/when funding is received from NHSE. The procurement, and the works, need to progress as expediently as possible to allow transition of the child/young person into a residence which has been specifically designed to meet need.</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and University</b></p>	<p><b>September 2020</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>Dogsthorpe</p>	<p>Relevant internal and external stakeholders.</p> <p>As a formal tender process has not commenced, a formal consultation with the nearby residents has not yet been undertaken.</p>	<p>Zoe Redfern-Nichols, Commissioner - Zoe.Redfern-Nichols@peterborough.gov.uk 07583 040523</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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16.	<p><b>A605 Whittlesey Access Phase 2 - Stanground Access: Contract exemption for Cadent Gas works – KEY/17JAN20/02</b></p> <p>Following a CMDN to approve the budget for the A605 Whittlesey Access Phase 2 - Stanground Access highway scheme (DEC19/CMDN/63); a further CMDN is required to seek an exemption from the Council's contract rules to contract with Cadent Gas in order for them to undertake essential works associated with the highway scheme.</p>	<p><b>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South</p>	<p>Relevant internal and external stakeholders.</p> <p>Appropriate level consultation will take place with all relevant stakeholders. This will take place alongside Skanska to ensure consultation details align with delivery programmes and final design details</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer, 01733 317465, lewis.banks@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>A605 Whittlesey Access Phase 2 - Stanground Access - DEC19/CMDN/63 - <a href="https://democracy.peterborough.gov.uk/ideDecisionDetails.aspx?ID=1680">https://democracy.peterborough.gov.uk/ideDecisionDetails.aspx?ID=1680</a></p>

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17.	<b>Amendment to Loan Facility - KEY/2MAR20/04</b> - A decision is required to amend the terms of an existing loan facility	<b>Councillor David Seaton, Cabinet Member for Finance</b>	<b>September 2020</b>	Growth, Environment and Resources Scrutiny Committee	All Ward	Detailed consultation was undertaken in the original decision to offer the loan facility.	Peter Carpenter, Acting Corporate Director of Resources. Email: <a href="mailto:peter.carpenter@peterborough.gov.uk">peter.carpenter@peterborough.gov.uk</a> Tel: 07920160122	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><b>18. Approval for Framework for Early Intervention and Prevention Services</b>  <b>KEY/27APR20/02</b> - Approval for Pseudo Framework for the commissioning of Early Intervention and Prevention Services in Peterborough</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</b></p>	<p><b>December 2020</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Sarah Bye, Senior Commissioner for Early Intervention and Prevention.            Email: sarah.bye@cambridgeshire.gov.uk            Tel: 07468 718793</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>19. Re-implementation of the Millfield, New England, Eastfield and Embankment Public Space Protection Order – KEY/11MAY20/01</b>            The current PSPO for Millfield, New England, Eastfield and Embankment expires in July 2020. Orders can be extended for a further 3 years provided that they are reviewed and extended prior to the order expiring. This decision request will consider the enforcement levels of the current order carried out in the last 3 years, current crime and anti-social behaviour levels for the order area and the outcomes of the consultation with the public and interested parties.</p>	<p><b>Councillor Irene Walsh, Cabinet Member for Communities</b></p>	<p><b>September 2020</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>Central, North, Park and East Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>A consultation will be carried out with the Police &amp; Crime Commissioner, Chief Constable, Ward Councillors, Key Interested Parties directly. A 28 day public consultation will be made available to the public and all other interested parties online on the council's website, with hard copies available on request.</p>	<p>Laura Kelsey, Senior Problem Solving Officer, T: 01733 453563            laura.kelsey@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>



<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</b>
<p><b>20. Award of Community Alarm (Lifeline) Contract to commence 1/4/2021 – KEY/8JUN20/01</b> Award of Lifeline contract to successful bidder following formal procurement process.</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 2020</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards.</p>	<p>Relevant internal and external stakeholders.</p> <p>Public consultation through PCC medium term financial strategy 2020-21</p>	<p>Diana Mackay, Commissioner. diana.mackay@cambridgeshire.gov.uk, 07879 430819</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>21. Supply of Agency Staff to the Council – KEY/8JUN20/02</b> Framework Agency contracts for the supply of staff to the Council expire in September 2020. This process puts in place a replacement set of contract(s).</p>	<p><b>Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards.</p>	<p>Relevant internal and external stakeholders.</p> <p>Normal Contract, no further consultation required further than affected internal stakeholders</p>	<p>Pete Carpenter, Acting Corporate Director Resources, 01733 452520, peter.carpenter@peterborough.gov.uk</p>	<p>Analysis of options and recommended solution</p>
<p><b>22. Acquisition of a freehold commercial property in Peterborough City Centre – KEY/8JUN20/03</b> - Acquisition of a freehold property for a community hub.</p>	<p><b>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders.</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov</p>	<p>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>

<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</b>
<p><b>23. Approval of the adoption of Child Yield Multipliers (0-16 age range) - KEY/06JUL20/02</b>  - To approve the adoption of child yield multipliers for children in the 0-16 age range in order to better inform the planning of early years and education places in new communities and growing communities</p>	<p><b>Cabinet</b></p>	<p><b>16 November 2020</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Clare Buckingham-Strategic Education Places Planning Manager (Cambridgeshire and Peterborough)  01223 699779  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>
<p><b>24. Mental Health and Autism (Adults) Accommodation Framework - KEY/20JUL20/03</b>  The Award of a Framework for the provision of accommodation based support for Adults with Mental Health needs and/or Autism.</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</b></p>	<p><b>September 2020</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All</p>	<p>No further consultation undertaken</p>	<p>Sarah Bye, Senior Commissioner, Tel:07468 718793, Email: sarah.bye@camb ridgeshire.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>25. <b>Review and Re-Implementation of Gating and Designated Public Place Orders (Public Space Protection Orders) – KEY/17AUG20/01</b>  The Local Authority is required to review the Designated Public Place Orders (DPPOs) and Gating Orders across Peterborough and re-implement these (if required) by October 2020 - under the ASB, Crime &amp; Policing Act these orders converted to Public Space Protection Orders in October 2017.</p>	<p><b>Councillor Irene Walsh, Cabinet Member for Communities</b></p>	<p><b>September 2020</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>Orton Longueville Ward, Orton Waterville Ward, Dogsthorpe Ward, Park Ward, North Ward, Paston &amp; Walton Ward</p>	<p>Relevant internal and external stakeholders.   For orders where there is evidence that these are still required the following will be consulted: Statutory consultees, ward councillors, key interested parties and the public.</p>	<p>Laura Kelsey, Senior Problem Solving Officer, Prevention &amp; Enforcement Service 01733 453563  laura.kelsey@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>26. <b>Approval for contract to be awarded to Skanska to deliver detailed design and full business case for A1260 Nene Parkway Junction 32 to Junction 3 improvement scheme - KEY/17AUG20/03</b>  The Council has previously received funding of £352.4k from the Cambridgeshire and Peterborough Combined Authority (CPCA) to deliver the strategic outline business case and outline business case for A1260 Nene Parkway Junction 32 to Junction 3 improvement scheme. Now that these stages are complete, the CPCA is in the process of awarding a further £500k so that the detailed design and full business case can be undertaken. The additional funding for the scheme subject to approval will now total £852.4k. Approval is required for the contract to be awarded to Skanska to undertake detailed design and full business case for the scheme.</p>	<p><b>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Hargate &amp; Hempsted Ward and Orton Longueville Ward</p>	<p>Consultation will be undertaken with members of the public and relevant to inform the detailed design.</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk</p>	<p>Currently the relevant documents for this decision are not available. The minutes of the CPCA Board meeting scheduled for 5 August 2020 will serve as confirmation of the additional grant funding award. The minutes and any supporting documents will be provided once they are made available.</p>

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<b>27.</b>	<p><b>Tender for the services of the Dementia Resource Centre Peterborough - KEY/17AUG20/04 -</b> The re-procurement of the Dementia Resource Centre and its services</p>	Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health	<b>October 2020</b>	Health Scrutiny Committee	All Wards	Consultations with internal and external stakeholders have taken place	Jaynee Ramsurun, Assistant Commissioner - Mental Health, Tel: 07881 500 801 Email: Jaynee.ramsurun@cambridgeshire.gov.uk	Service specification, Cambridge and Peterborough Dementia Strategy
<b>28.</b>	<p><b>Dedication of common land at Tenter Hill – KEY/31AUG20/01</b> To approve the dedication of land to village green status at Tenter Hill.</p>	<b>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</b>	<b>September 2020</b>	Growth, Environment and Resources Scrutiny Committee	Fletton and Stanground	Relevant internal and external stakeholders.  Consultation has taken place between the ward councillor, PCC Legal and the planning department.	Tristram Hill. Strategic Asset Manager, 07849 079787, tristram.hill@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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29.	<p><b>Arrangements for transfer of land for the new Peterborough University – KEY/31AUG20/02</b></p> <p>This report requires a decision to be made on the final form of legal arrangements concerning the transfer of Council owned land at the Wirrina Car Park for the new University, now that Anglia Ruskin has been chosen as the Academic Partner. It seeks approval for a 3 way venture between the Council, CPCA and ARU.</p>	<b>Cabinet</b>	<b>21 September 2020</b>	Children and Education Scrutiny Committee	Central	<p>Relevant internal and external stakeholders.</p> <p>There has been consultation with various partners over plans for the new University. There will be wider public consultation on the first phase buildings through the planning process.</p>	Dave Anderson Interim development Director, 01733 452468, Dave.Anderson@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
30.	<p><b>Integrated Community Equipment Service – KEY/31AUG20/03</b></p> <p>Contract extension to 31/3/2022</p>	<b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</b>	<b>October 2020</b>	Adults and Communities Scrutiny Committee	All wards.	<p>Relevant internal and external stakeholders</p> <p>No additional consultations have been conducted in respect of this decision</p>	Diana Mackay, Commissioner (Adults), 07879 430819, diana.mackay@cambridgeshire.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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<b>31.</b>	<p><b>Purchase of new Fleet and Plant for Environment Base Services – KEY/31AUG20/04</b> Approval for Capital funding to be released from the capital programme to fund the purchase of new fleet and plant for delivering Environment Base Services delivered by Peterborough Limited.</p>	<p><b>Councillor Marco Cereste , Cabinet Member for Waste, Street Scene and the Environment</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Kitran Eastman, Managing Director, Peterborough Ltd kitran.eastman@peterboroughlimited.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>
<b>32.</b> 143	<p><b>8 month extension to the Interim, Respite and Reablement beds in Peterborough – KEY/14SEP20/01</b> The Interim, Respite and Reablement beds in Peterborough are due to expire on 31/03/2021. An extension to 27/11/2021 is requested in order to allow an assessment and redevelopment of a new step up/step down service to reduce hospital admission and facilitate hospital discharge.</p>	<p><b>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Public Health</b></p>	<p><b>September 2020</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>None - not needed at this stage</p>	<p>Alison Bourne, Commissioner, Tel: 01223 703584 Email: alison.bourne@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><b>33. Pupil Forecasts – Adoption of Multipliers for Forecasting Education Provision Arising from New Developments – KEY/28SEP20/01</b> To approve the adoption of child yield multipliers which are one of the forecasting tools used in the planning of education provision in new and expanding communities and inform.</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and University</b></p>	<p><b>November 2020</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>None specifically. This is a forecasting tool but part of the work to develop it involves surveying recent new communities e.g. The Hamptons, Paston and Cardea</p>	<p>Clare Buckingham, Strategic Education Place Planning Manager for Cambridgeshire and Peterborough, 01223 699779 <a href="mailto:clare.buckingham@cambridgeshire.gov.uk">clare.buckingham@cambridgeshire.gov.uk</a></p>	<p>Methodology Paper from Business Intelligence Service will be an Appendix to the Report</p>
<p><b>34. Disposal of Whitworth Mill – KEY/28SEP20/02</b> The decision concerns a proposal to sell Whitworth Mill to an under bidder following the withdrawal of the previous bidder.</p>	<p><b>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>October 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Fletton and Stangr ound</p>	<p>Relevant internal and external stakeholders.  The proposal to dispose of the property was subject to an open market bidding process from November 2019 to January 2020</p>	<p>Dave Anderson Interim Development Director Tel: 07810 839657 Email: <a href="mailto:Dave.Anderson@peterborough.gov.uk">Dave.Anderson@peterborough.gov.uk</a></p>	<p>Property Agents report</p>



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145	<p><b>35. Proposed transfer of the management for the Energy Hub from the CPCA to PCC – KEY/28SEP20/03</b></p> <p>The Energy Hub is one of five hubs created and funded by Central Government, which aims to advance new energy schemes, energy saving programmes, carbon reduction and promote renewables. One of the partners of the Hub is required to act as the coordinating and employing organisation. Until now this has been the CPCA, but subject to agreeing suitable terms it is intended that this role will pass to PCC.</p>	<p><b>Councillor Marco Cereste , Cabinet Member for Waste, Street Scene and the Environment</b></p>	<p><b>October 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Elliot Smith, Commercial Manager - Smart Energy, Infrastructure and Regeneration, <a href="mailto:elliott.smith@peterborough.gov.uk">elliott.smith@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><b>36. Agency Worker extensions – KEY/28SEP20/04</b></p> <p>Authority to extend the current corporate frameworks with agency worker providers for social care, and extend with Reed via the MSTAR framework for the provision of non-social care agency workers.</p>	<p><b>Councillor David Seaton, Cabinet Member for Finance</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Legal and Procurement</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: <a href="mailto:peter.carpenter@peterborough.gov.uk">peter.carpenter@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>

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

**KEY DECISIONS TO BE TAKEN IN PRIVATE**

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

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

**NON-KEY DECISIONS**

<i><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>
None							

**PREVIOUSLY ADVERTISED 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>1. <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>148</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment &amp; Resources Scrutiny Committee</p>	<p>N/A</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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2.	<p><b>Approval of the leasehold disposal of a brownfield site to a care provider –</b> A site has been found for a care home and the Council are currently looking into a leasehold disposal to a care provider who will build a care facility and then contract to provide services to the Council.</p>	<p><b>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Park Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>A forum has been set up by the Combined Authority involving representatives from finance, legal, property and social care.</p>	<p>Tristram Hill - Strategic Asset Manager, 07849 079787, <a href="mailto:tristram.hill@nps.co.uk">tristram.hill@nps.co.uk</a></p>	<p>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>
3.	<p><b>Approval of Funding for the BID project -</b> To approve the provision of funding for the BID project</p>	<p><b>Councillor Seaton, Cabinet Member for Finance</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central Ward</p>	<p>No formal consultation has been done, a programme of business consultation is planned to take place</p>	<p>Jay Wheeler, Economic Development Manger and Dave 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>

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150	<p><b>4. Modern Slavery Statement</b> To review and agree for publication an updated Statement in compliance with the Modern Slavery Act 2015.</p>	<p><b>Councillor Walsh, Cabinet Member for Communities</b></p>	<p><b>September 2020</b></p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Rob Hill, Assistant Director: Public Protection, <a href="mailto:rob.hill@peterborough.gov.uk">rob.hill@peterborough.gov.uk</a></p> <p>Amy Brown, Senior Lawyer and Deputy Monitoring Officer, <a href="mailto:Amy.brown@peterborough.gov.uk">Amy.brown@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><b>5. Peterborough Limited Articles of Association –</b> To alter Peterborough Limited's Articles of Association, and to delegate the power under the Articles.</p>	<p><b>Cabinet</b></p>	<p><b>September 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>James Collingridge, Head of Environmental Partnerships, 01733864376, <a href="mailto:james.collingridge@peterborough.gov.uk">james.collingridge@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>

<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>
6.	<b>Leisure Facility Options Appraisal</b> - Cabinet Member approval to proceed with the development of a business case to test the viability of a new leisure facility in the city	<b>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</b>	<b>September 2020</b>	Adults and Communities Scrutiny Committee	N/A	None at this stage	Dave Anderson Interim Development Director Tel: 07810 839657 Email: Dave.Anderson@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7.	<b>Adoption of Housing Related Support Commissioning Strategy</b> - A Housing Related Support Strategy is being developed for Peterborough and Cambridgeshire. This will set out the commissioning intentions for Housing Related Support Services and identify the commissioning priorities for 2021/22. Once adopted an Action plan will also be developed to monitor implementation.	<b>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</b>	<b>October 2020</b>	Adults and Communities Scrutiny Committee	N/A	N/A	Lisa Sparks, Commissioner - Housing Related Support, Tel: 07900163590, Email: lisa.sparks@cambridgeshire.gov.uk	Housing Related Support Strategy, Cambridgeshire and Peterborough

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

<b>DECISION TAKEN</b>	<b>DECISION MAKER</b>	<b>DATE DECISION TAKEN</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>Transfer of Services from Vivacity to Peterborough Limited and City College Peterborough - AUG20/CMDN/22</b></p> <p>The Cabinet Member approved:</p> <ol style="list-style-type: none"> <li>1. The transfer of services provided by Vivacity to Peterborough Limited and City College Peterborough;</li> <li>2. The proposed client arrangements and the associated processes to re-open services;</li> <li>3. The draft timetable and review process to transfer these services to their final delivery provider;</li> <li>4. The financial remuneration package for Peterborough Limited and City College Peterborough to deliver services in this interim period.</li> </ol>	<p><b>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</b></p>	<p><b>24 August 2020</b></p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>There has been consultation as this is a significant transfer including Staff of Vivacity, Council Cabinet, The Board of Peterborough Limited, The Governors of City College Peterborough, Unions.</p>	<p>Pete Carpenter, Acting Corporate Director Resources, Email: <a href="mailto:peter.carpenter@peterborough.gov.uk">peter.carpenter@peterborough.gov.uk</a>, 07920160122</p>	<p>N/A</p>



## **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

### **BUSINESS IMPROVEMENT AND DEVELOPMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY**

Transformation and Programme Management Office, Business Intelligence, Commercial, Strategy and Policy, Shared Services

### **CUSTOMER AND DIGITAL SERVICES Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY**

IT, Customer Services – contact centres, walk-in customer service sites, reception services and web & digital services;

Communications;

Emergency Planning, Business Continuity and Health and Safety.

### **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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