

HEALTH SCRUTINY COMMITTEE

TUESDAY 12 JANUARY 2021
7.00 PM

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

Contact: Paulina Ford, Senior Democratic Services Officer at
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AGENDA

Page No

1. Apologies for Absence

2. Declarations of Interest and Whipping Declarations

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification" that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.

3. Minutes of the Health Scrutiny Committee Meeting Held on 3 November 2020 3 - 10

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

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any 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. East Of England Ambulance Service NHS Trust (EEAST) Response To CQC Inspection Report And Overview Of Performance In The Peterborough Area 11 - 26

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6.	Report On The Consultation Process And Cambridgeshire And Peterborough Clinical Commissioning Group Governing Body Decision To Relocate The Urgent Treatment Centre And GP Out Of Hours Service Peterborough	27 - 64
7.	Managing COVID-19 Public Health Update	<u>REPORT TO FOLLOW</u>
8.	Monitoring Scrutiny Recommendations	65 - 70
9.	Forward Plan of Executive Decisions	71 - 120
10.	Work Programme 2020/2021	121 - 126
11.	Date of Next Meeting	
	<ul style="list-style-type: none"> • 10 February 2021 – Joint Scrutiny of the Budget • 15 March 2021 – Health Scrutiny Committee 	

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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

Co-opted Member (Non-Voting): Parish Councillor June Bull

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 THE HEALTH SCRUTINY MEETING
 HELD AT 7PM TUESDAY 3 NOVEMBER 2020
 VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE**

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

Officers Present:	Dr Liz Robin, Director of Public Health Paulina Ford, Senior Democratic Services Officer
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Also Present:	Dr Kanchan Rege, Deputy Chief Executive Officer, North West Anglia NHS Foundation Trust (NWAFT) Taff Gidi, Company Secretary, North West Anglia NHS Foundation Trust (NWAFT) Val Thomas, Public Health Consultant Jan Thomas, Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Marek Zamborsky, Head of Mental Health Commissioning, Cambridgeshire and Peterborough CCG Susan Mahmood, Representing Healthwatch
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18. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Barkham.

19. DECLARATIONS OF INTEREST

Item 5. Update on North West Anglia NHS Foundation Trust's Green Travel Plan

Councillor Hemraj declared a pecuniary interest in Item 5 in that she worked for the North West Anglia NHS Foundation Trust (NWAFT) and would participate in the discussion but would not take part in a vote should any recommendations be made.

20. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 21 SEPTEMBER 2020

The minutes of the Health Scrutiny Committee meeting held on 21 September 2020 were agreed as a true and accurate record.

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

There were no requests for Call-in to consider.

22. UPDATE ON THE NORTH WEST ANGLIA NHS FOUNDATION TRUST GREEN TRAVEL PLAN

The Deputy Chief Executive Officer, North West Anglia NHS Foundation Trust introduced the report which provided an update on the North West Anglia NHS Foundation Trust Travel Plan.

The Deputy Chief Executive Officer acknowledged that parking had been a long term problem at Peterborough City Hospital, causing frustration for both staff and patients. The Travel Plan had therefore been drawn up in 2016, in part, to address the parking problem. However, the plan had been given a lower priority whilst attention was diverted to the merger with Hinchingsbrooke Healthcare Trust to form North West Anglia NHS Foundation Trust. Following the merger, an assessment took place to consider and harmonise parking services across all sites. Further delay followed at the beginning of 2020 when the pandemic took hold. This brought about changes to working practices with more staff working from home and more patients attending appointments virtually via video conferencing and therefore less patients and staff visiting the hospital site. Since the pandemic started car parking for staff had become free of charge. Following the lifting of restrictions in July which had been in place due to the pandemic there had been further congestion as more staff had returned to the site.

The Committee were advised that the next steps would include the appointment of a Project Manager to implement the Green Travel Plan. There would also be the introduction of Automatic Number Plate Recognition technology through a car parking management company to monitor and limit the number of people who could park on site. Discussions with Stagecoach would resume with a view to introducing discounted travel for staff members along with a formal agile working policy. There was also a commitment to extend the car parking facilities on site and the installation of electric charging points.

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

- Members expressed concern that, although much work went into formulating Green Travel plans, often they did not come to fruition and wanted to know if the targets outlined in the original 2016 plan had been achieved. Members were informed that the 2016 plan had not been implemented because it was paused during the merger process and then a refreshed plan was commissioned to cover all sites of the newly merged organisation. This refreshed plan is what the Trust is now implementing.
- Nudge technics would be used to discourage staff from bringing their cars to the site and to use public transport and bicycles. One issue was that more parking permits had been issued than parking spaces available which led to frustrations from those who had paid for a space but were unable to park. Going forward parking permits would therefore be restricted to the number of spaces available.
- The plan would be futureproofed through the introduction of more virtual appointments. For example, Doctors and consultants could be allocated one day per week working from home, reducing the aggregate mass of people wanting to park on site.
- Buses set down at the front of the hospital except at peak times when alternative drop down points were used further from the main entrance. Patients who experienced mobility difficulties could request an appointment outside of peak times to avoid the additional walk to the hospital front door.
- Discussions would resume with Stagecoach regarding alternative bus routes, including an arterial bus route to avoid people taking two buses to reach the hospital. The Combined Authority, who now had responsibility for travel in Peterborough, were also considering an arterial bus route and members felt it would be useful to consult with them also.

- The carpark management system, using number plate recognition, would be used to monitor staff parking areas. Patients would continue to use the existing park and payment on exit method.
- Members expressed concern that insufficient hospital parking was impacting nearby residential areas. Members were informed that the project manager, once appointed, would investigate all parking issues, including residents parking and link with the local authority to consider providing an alternative entrance/exit to and from the site.
- Allocating fewer parking permits would be implemented in conjunction with encouraging staff to use different methods of transport to avoid a further impact on local residential parking. Currently everyone who applied for a parking permit was issued with one even though there were not sufficient spaces to accommodate all users which would need to change.
- The park and ride proposal would be considered further in conjunction with the local authority.
- Members were aware that a lot of hospital appointments were being cancelled to accommodate urgent patients and cancer care which could lead to a reduction in patient choice and appointment availability. The Deputy Chief Executive Officer advised the Committee that they would be mindful of the accessibility agenda and would try in the first instance to arrange a telephone appointment for those with accessibility issues. If this was not possible then every effort would be made to try and arrange an appointment which met the patients' needs.
- Some Members had received complaints regarding difficulties in contacting the hospital to discuss appointments. The Deputy Chief Executive Officer acknowledged that accessibility needed to be improved to enable patients to more easily be able to change their own appointments. Patient initiated follow up was also being considered as some follow up appointments were not always necessary; this would also reduce the number of visits to the hospital.
- Members suggested putting in place a differential charging scheme amongst employees to encourage car sharing by charging those who did not car share. Members were reminded that car-sharing was not currently being encouraged during the pandemic.
- Members suggested that the hospital contact the Combined Authority who were now the Transport Authority and were currently exploring circular bus routes which could tie in with discussions with Stagecoach regarding circular bus routes via the hospital.
- Members expressed concerns that the (*Automatic Number Plate Recognition*) ANPR would be extended to visitors and patients. Members were advised that payment for parking would be made at the end of the visit for patients and visitors to allow for any length of stay at the hospital.
- Patients could be offered appointments at local community hospitals nearer to where they lived and offered virtual appointments where possible to avoid having to visit the hospital site.
- The Healthwatch Representative expressed concerns relating to those patients who were not familiar with or felt confident using technology and preferred to be seen in person. Members were advised that no-one would be made to engage with healthcare in a manner they were not comfortable with.
- The Deputy Chief Executive Officer advised that work on the Green Travel Plan would commence within the current financial year although efforts were currently being diverted toward the second wave of the Covid-19 pandemic.
- Members sought reassurance that the Green Travel Plan would work once the current pandemic had been brought under control. Members were advised that measures such as remote appointments had already been introduced to reduce patient attendance to the site longer term. Part of the NHS Long Term Plan had been to reduce follow up appointments by 30% which had already been implemented and achieved. Reducing hospital visits would also reduce carbon emissions.
- Some elements of the Green Travel Plan were not within the control of the Trust and required co-operation from the Local Authority and partners.

ACTIONS AGREED

The Health Scrutiny Committee **RESOLVED** to note the progress made to date by North West Anglia NHS Foundation Trust in moving forward its Green Travel Plan and future plans within the context of responding to the global pandemic.

23. MANAGING COVID-19: PUBLIC HEALTH UPDATE

The report was introduced by the Director for Public Health which provided the Committee with an update on the Covid-19 pandemic and its management within Peterborough.

The Committee were informed of the latest epidemiology data which had been made available since the publication of the report. The latest data indicated that there had been an increase from 80 cases per 100,000 for week ending 5 October to 139 cases per 100,000 of population in Peterborough as of week ending 28 October 2020, meaning there were about 282 Covid-19 cases in Peterborough at the end of that week. Regional average for the East of England was 102 cases per 100,000 of population with the England average being 282 cases per 100,000 of population.

Cases were distributed across Peterborough and not confined to a particular area and were present in both rural and urban areas in all communities, with the highest rates being in the younger population. Although the number of cases was rising, Peterborough was ranked lower than the national average and Dr Robin thanked everyone for their efforts in keeping the number of cases down.

Dr Robin reinforced that it was crucial for people to continue to follow the guidelines, maintain the 2 metre social distance rules, frequent hand washing, wearing of face coverings when out and ensuring that self-isolating was adhered to if tested positive for Covid-19. If symptoms occurred people must get a test.

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

- The Committee thanked the Public Health Team for all their hard work and for keeping Members informed.
- The case numbers quoted in the report were from test results and were therefore an underestimate as not everyone would get symptoms and therefore not everyone with Covid-19 would be recorded through a test. The figures published by the Office for National Statistics (ONS) included survey results from a random sample of the population who were tested on a regular basis and indicated that about 1 in 100 people tested positive for Covid-19 in the most recent period.
- Some Members had experienced difficulty in obtaining a flu vaccination locally and sought an explanation. The Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) advised that the flu vaccination programme this year had been the biggest that had ever been undertaken and confirmed that there was plenty of vaccine available in the country and pharmacists and GP's could apply for additional vaccines if needed. It was very important that everyone invited to have a flu vaccine did have one and therefore if the local pharmacist did not have any stock then the local GP should be contacted to arrange an appointment. The Accountable Officer asked that the CCG be informed if Members were aware of local shortages.
- Members were concerned that vulnerable people would not have access to the flu vaccine during the next lockdown which was due to start on 5 November and some GP surgeries were not open. Members suggested that vulnerable patients who were in hospital or in a care home could be given the vaccine whilst in hospital or the care home. Members were advised that it had been well publicised that people should continue to access health services during lockdown and to attend their GP surgeries to get the flu vaccine.

- Members pointed out that there were some residents that had not left home since the first lockdown in March and were now scared to leave the house. The Director of Public Health agreed to take that observation back to the Flu Vaccination Planning Forums and Health Protection Board.
- Members suggested using local television news channels to publicise the flu vaccination programmes to reach senior citizens and the Accountable Officer agreed to take this suggestion back to the Health Protection Board.
- Grant monies had been received by Peterborough and Cambridgeshire for the Test and Trace programme and more was being achieved by combining the funding received. Pillar two testing was commissioned by the Department for Health and Social Care and funded nationally which included the mobile testing, the Gladstone Street testing stations and drive through testing.
- Accessibility of testing and turnaround times were similar across the country as tests were undertaken at national centres although results for postal testing and care home testing had been taking longer than those from the drive through centres. Tests were prioritised in areas of greatest need where the highest number of cases were.
- Walk in access was again available at the local testing centre and turnaround times had improved.
- Mosques in Peterborough had been particularly good at practicing Covid safety and passing messages on within their community.
- National regulations to be introduced in the forthcoming lockdown would restrict congregational services and places of worship would only be open for individual prayer.
- Members asked if the spray flu vaccine which was used for children, could be sent to vulnerable people by post. The Director for Public Health did not know the answer but agreed to provide a written response to the committee.
- Members were concerned that delays in receiving test results led to delays for the Track and Trace Team. Members were advised that the national Test and Trace system reached about 75% of cases effectively and the remainder were referred to the local team after 24 hours who had a good rate of success.

ACTIONS AGREED

The Health Scrutiny Committee **RESOLVED** to note and comment on the Managing Covid-19: Public Health update report and requested that the Director of Public Health find out if it was possible to provide the spray flu vaccine by post to vulnerable people who were unable to leave their home.

24. PROVISION OF HEALTHCARE FOR HOMELESS ROUGH SLEEPERS DURING WINTER MONTHS AND THE IMPACT OF COVID

The Consultant in Public Health introduced the report which provided the Committee with information about the impacts of the COVID-19 pandemic upon the Homeless population and how any benefits secured during the period would be maintained.

The Committee were informed that homelessness and poor housing had been associated with poor health and the pandemic had instigated further investigation into housing and wellbeing of the homeless. The Government directive to ensure those rough sleeping were rehoused resulted in around 80 people being rehoused within a week and 140 homeless people being rehoused at the peak of the pandemic. This was a good example of how partners and service providers had worked together to look at how services could be provided in a different way.

Healthcare inequalities were exacerbated for the homeless during the pandemic and mental health, general health and drug and alcohol issues continued to be of concern amongst the homeless. Services were delivered to address these issues in unprecedented ways and the number of Hepatitis C vaccines administered had greatly increased.

Planned care, crisis mental health care and specialist outreach housing provision were provided through the 111 services and CPFT (*Cambridge and Peterborough Foundation Trust*) outreach workers. Bespoke funding was provided for additional proactive training for the service providers so that they could give mental health first aid to their service users.

The NHS Long Term Plan included a £2m investment for mental health services in Peterborough which meant that four dual diagnosis workers were employed by CPFT supporting co-operation between CPFT and Drug and Alcohol Services.

Meetings had taken place between primary and community services with the Lighthouse Project to encourage access to services already available.

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

- The area-wide Trailblazer team had created a new protocol for people with substance misuse, mental health and housing issues in order to create a longer-term guide for staff on these issues, which were particularly challenging where they occurred together. Cambridgeshire and Peterborough was one of the Ministry of Housing, Communities and Local Government's (MHCLG) Homelessness Prevention Trailblazers across England.
- It had become clear that in order for the homeless and rough sleepers to access the health services they needed, service providers needed to better understand the needs of the homeless population and work together in a much more flexible way.
- Members were impressed and praised the work of the Lighthouse Project which was part of the Trailblazer team.
- The Chief Executive of the Lighthouse Project had been included in consultations with the CCG in considering access to bespoke healthcare services for rough sleepers.
- Peterborough were part of a mental health networking forum in which Local Authorities shared lessons learnt which allowed the LA to pick up on regional and national learning.
- National funding would be available over the next three years from central government and through the Mental Health Programmes. Twenty national sites would qualify for bespoke investment for mental health services for rough sleepers. Peterborough had not been successful in the first tranche as other localities had been considered in greater need, however future local investment was anticipated.
- Members expressed congratulations on the excellent work that had been done as a city to get rough sleepers into accommodation very quickly during the pandemic. Officers advised Members that one of the great learnings during this very difficult situation was that enormous resources and pragmatic solutions could be pulled together almost overnight when it was needed, and lessons learnt would be taken forward.
- The rough sleeper situation was continuing to be monitored.
- The Chairman thanked officers for all the good work that had been undertaken to support and assist the homeless rough sleepers in Peterborough.

ACTIONS AGREED

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

25. MONITORING SCRUTINY RECOMMENDATIONS

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

- The Committee requested that a follow up letter be sent to MP's with regard to the following recommendation: *The Health Scrutiny Committee RECOMMENDED 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.* The Director for Public Health advised that she had met with the MP's concerning this matter and lobbying was ongoing. One issue was that a lot of funding was now being redirected to deal with the COVID-19 pandemic. Dr Robin would consult with the Chief Executive and the Acting Director of Finance to ascertain what the current situation was with regard to lobbying for additional funding and if a further letter would be appropriate at this time.
- Members felt that any additional government funding towards the Public Health Grant should not be given for a specific purpose so that Public Health could choose where best to spend the money in line with local priorities.

ACTIONS AGREED

The Health Scrutiny Committee **RESOLVED** to note the contents of the report and note the actions outstanding and requested that the Director for Public Health consult with the Chief Executive and the Acting Director of Finance to ascertain what the current situation was with regard to lobbying for additional funding, and if appropriate write a follow up letter on behalf of the Committee 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.

26. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the forthcoming month. Members were invited to comment on the plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

The Committee requested further information on the following decisions:

- Page 58 item 22 Tender for the services of the Dementia Resource Centre Peterborough - KEY/17AUG20/04 - The re-procurement of the Dementia Resource Centre and its services. Why was the service being re-procured? Had the first procurement exercise failed?
- Page 69 and 75 Extension to the Mental Health Anti-Stigma Contract until 31st March 2021 and Anti-Stigma Mental Health Work – Were these decisions the same, how did they differ

ACTIONS AGREED

The Health Scrutiny Committee **RESOLVED** to note the report and considered the current Forward Plan of Executive Decisions requesting additional information on the following decisions:

1. Extension to the Mental Health Anti-Stigma Contract until 31st March 2021 - Non-Key
2. Anti-Stigma Mental Health Work - Non-Key
3. Tender for the services of the Dementia Resource Centre Peterborough - KEY/17AUG20/04

27. WORK PROGRAMME 2020/2021

Members considered the Committee's Work Programme for 2020/21 and agreed to note the items as included and requested that the following item be added to the work programme for a future meeting:

- Members requested a report from the East of England Ambulance Service as it had been noted that a recent Care Quality Commission (CQC) inspection report had put them into special measures.
- The Senior Democratic Services Officer informed the Committee that the outcome of the consultation on the proposals to relocate the urgent treatment centre and GP out of hours service to the Peterborough City Hospital would be known in the next few days. The Cambridgeshire and Peterborough CCG would send a briefing note to the Committee to inform them of the outcome.

ACTIONS AGREED

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2020/21 and requested that the Senior Democratic Services Officer write to the East of England Ambulance Service NHS Trust, and request a report for the January meeting on what actions were being taken in response to the outcome of the recent CQC Inspection report.

28. DATE OF NEXT MEETING

- 11 November 2020 - Joint Scrutiny of the Budget Meeting
- 12 January 2021 – Health Scrutiny Committee

The Chairman closed the meeting by thanking Dr Robin on behalf of the Committee, for the excellent work being carried out by herself and the Public Health Team during the pandemic. The Committee were thankful for all the work being done to keep the people of Peterborough safe during these unprecedented times.

Chairman
19:00 - 21:03

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
12 JANUARY 2021	PUBLIC REPORT

Report of:	East of England Ambulance Service NHS Trust (EEAST)	
Contact Officer(s):	Luke Squibb (Head of Operations – Cambridgeshire and Peterborough) Jessica Watts (Head of Improvement Programmes)	Tel. 07850 648575

**EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (EEAST)
RESPONSE TO CQC INSPECTION REPORT AND OVERVIEW OF
PERFORMANCE IN THE PETERBOROUGH AREA**

RECOMMENDATIONS

It is recommended that the Health Scrutiny Committee note the contents of the EEAST Report to Peterborough City Council Health Scrutiny Committee attached at Appendix 1

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Health Scrutiny Committee following a request by the Committee in response to an email received from the East of England Ambulance Service NHS Trust Chair advising of the outcomes of a recent [Care Quality Commission inspection report](#) published on 30 September 2020.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to update Members on the work of East of England Ambulance Service NHS Trust, and action taken in response to the CQC Report.
- 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 Please refer to Appendix 1 – EEAST Report to Peterborough City Council Health Scrutiny Committee.

4. CONSULTATION

- 4.1 N/A

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 The intent of this report is to update the Committee and provide some insights into the work of the ambulance service to adapt and to improve its performance through sustainable development of the workforce and culture.

6. REASON FOR THE RECOMMENDATION

6.1 There are no recommendations as the report is for information only.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 This report is for information only, as a basis for questions.

8. IMPLICATIONS

Financial Implications

8.1 N/A

Legal Implications

8.2 N/A

9. BACKGROUND DOCUMENTS

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

9.1 [*East of England Ambulance Service NHS Trust CQC Inspection Report – 30 September 2020*](#)

10. APPENDICES

10.1 Appendix 1 – EEAST Report to Peterborough City Council Health Scrutiny Committee

EEAST Report to Peterborough City Council Health Scrutiny Committee

Cambridgeshire & Peterborough Sector

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Report Period: 2019-2020
Date of Report: 22nd December 2020

1. Executive Summary

1.1. The purpose of this paper is to provide a briefing on the implications of the CQC Report on EEAST, dated September, and to provide an update and overview of Ambulance Performance in the Peterborough area.

1.2. At the end of September, the Care Quality Commission (CQC) published an inspection report into our Trust. Part of that report highlighted the concerns many of our staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day. The subsequent decision to put EEAST into Special Measures is something that EEAST welcomes, as it has brought with it additional personnel and resources, designed to help us improve.

1.2.1 In October, we launched our own anonymous harassment survey to gather more in-depth feedback from our permanent staff, volunteers and students - on their current and historical experiences. Over 2,000 - just under half of those eligible - responded. The findings show that colleagues at every level of the Trust are experiencing, have experienced or witnessed a wide range of unacceptable behaviour including bullying and harassment on the grounds of race, gender, sexual orientation and disability. They have also told us this behaviour is taking place at every level in the organisation: from manager to staff, staff to managers, colleague to colleague and even patients to staff.

1.2.2 We have not waited for the survey before acting where we need to. Over the past few weeks, we have also asked staff to speak up and speak out. Many staff have taken this brave step - either to a line manager, our Freedom to Speak Up Guardian or directly to the executive. We have acted on these concerns. We have intervened to stop poor behaviour, addressed grievances earlier and updated outdated policies. We have heard directly how we can and should change our culture.

1.3 The ambulance response programme (ARP) standards were introduced in October 2017 (Appendix 1). The NHS Operational Planning and Contracting Guidance 2020/21 for urgent and emergency care includes the following in relation to ambulance performance:

- a) For the proportion of patients who arrive in Emergency Departments by ambulance, we will continue to work with the system on safely reducing avoidable conveyance to emergency departments. Further work is needed to ensure ambulances are swiftly available to respond to other incidents and calls, therefore continued focus with acute trusts on avoiding ambulance handover delays at hospital is required, as well as to eliminate 'corridor care'.
- b) Ambulance services should ensure they meet the ambulance response time constitutional standards.

In Peterborough, EEAST performs well, in comparison with the challenges of rurality we face in many other locations across the East of England. This performance is affected this winter by the pressures from handover delays at the hospitals and the national state of emergency as a result of Covid19. We continue to work collaboratively with system-partners to overcome challenges.

1.3.1 For the ambulance service the factors at play in Peterborough, in relation to handovers at the local hospitals, are in relation to the efficiency of circulation in our systems. System-partners have a degree of control in this, and we work closely with the acute trust and the CCG.

1.3.2 Ambulances mostly do not sit at base during shift, they are mostly mobile between locations, with patients, and at hospitals. Crews begin each shift from their Ambulance

station and take up a set of data-engineered response positions. These enable us to shorten the distance and time we can expect to take, to reach the maximum proportion of the area population, of which Peterborough City is a part.

- 1.4 The interaction between ambulance circulation on the road and reducing hospital handover delays is crucial. EEAST and our hospital partners have been working together to implement processes to support re-circulation of ambulances under high pressures, which are usually transient, but can become extended.

2 CQC Report

- 2.3 At the end of September, the Care Quality Commission (CQC) published an inspection report into our Trust. Part of that report highlighted the concerns many of our staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day.
- 2.4 In October, we launched our own anonymous harassment survey to gather more in-depth feedback from our permanent staff, volunteers and students - on their current and historical experiences. Over 2,000 - just under half of those eligible - responded.
- 2.5 The findings show that colleagues at every level of the Trust are experiencing, have experienced or witnessed a wide range of unacceptable behaviour including bullying and harassment on the grounds of race, gender, sexual orientation and disability. They have also told us this behaviour is taking place at every level in the organisation: from manager to staff, staff to managers, colleague to colleague and even patients to staff.
- 2.6 We have not waited for the survey before acting where we need to. Over the past few weeks, we have also asked staff to speak up and speak out. Many staff have taken this brave step - either to a line manager, our Freedom to Speak Up Guardian or directly to the executive.
- 2.7 We have acted on these concerns. We have intervened to stop poor behaviour, addressed grievances earlier and updated outdated policies. We have heard directly how we can and should change our culture. All the information provided will be used, and in confidence, to tackle poor behaviour and improve the Trust's culture for the long term.
- 2.8 Some examples of the action we have taken include:
- Specialist Culture Support Teams working with managers across EEAST
 - Wellbeing support and provision is being reviewed, promoted and improved
 - Instigated a Trust wide review of all cases that involve sexual harassment
 - Independent investigators appointed to strengthen and speed up some HR processes.
 - Coaching and support put in place for managers
 - New management development programme introduced
 - Speak up, speak out, stop it message introduced into organisation
 - Disciplinary policy being reviewed.
- 2.9 The feedback from staff and managers in areas where interventions have taken place is that they are already noticing a positive difference, but we will regularly assess work and progress. The survey will be carried out again in a year's time to check how staff are feeling and how much progress has been made.
- 2.10 We all want EEAST to be an excellent place to work. We want every member of staff to be treated equally, fairly and considerately. We are taking the approach that one case of inappropriate behaviour is one case too many.

- 2.11 The leadership will not tolerate poor behaviour. We are making it very clear to every member of staff through a new campaign and in all our engagement with them that: if they are being bullied or harassed we want you to Speak Up; if they see other people being bullied or harassed we want them to Speak Out against it, and if they are bullying or harassing others, they must Stop.
- 2.12 We have shared these findings with our staff and are holding engagement sessions with them as part of our ongoing improvement work. We provide regular assurance to the CQC, NHSE&I and other partners on progress. We continue to update stakeholders and partners on our action plan. We hope that our progress so far, the support we have already received and the extra help which will result from Special Measures will provide additional reassurance that we will get the right culture, leadership and quality in place permanently at EEAST for our staff and our patients.

3 Performance Overview

Patients in the Peterborough City area continue to experience better performance than other sectors of the East of England Ambulance Trust. Achieving standards. EEAST are delivering consistently against all national standards in all categories in the Peterborough area.

3.3 North Cambridgeshire (Peterborough) sector continues to provide a good level of response to our patients, in comparison with other Sectors within the EEAST footprint. All national performance standards have been met throughout the 20/21 financial year to date in Peterborough.

North Cambridgeshire	Standard	National Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
	C1 Mean	07:00	05:53	05:22	05:00	05:45	05:26	05:41	05:31	05:22
	C1 90th	15:00	09:56	09:05	08:29	09:48	09:13	09:23	09:01	08:45
	C2 Mean	18:00	11:16	09:42	10:31	12:56	15:44	16:45	16:40	14:11
	C2 90th	40:00	20:57	17:50	19:53	26:44	36:31	37:23	37:37	31:11
	C3 90th	02:00:00	51:01	49:12	57:46	01:05:49	01:23:58	01:39:18	01:56:56	01:43:01
	C4 90th	03:00:00	01:08:12	01:21:09	02:06:22	02:10:39	01:55:32	02:17:43	02:56:06	00:31:31

Trust	Standard	National Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
	C1 Mean	07:00	07:56	06:17	06:34	06:41	07:08	07:06	07:07	07:38
	C1 90th	15:00	14:06	11:25	12:01	12:27	13:20	13:12	13:13	14:04
	C2 Mean	18:00	21:47	14:51	16:57	19:12	22:25	22:55	23:45	24:58
	C2 90th	40:00	46:28	28:48	34:05	39:11	46:46	47:04	48:43	52:44
	C3 90th	02:00:00	01:44:32	01:08:33	01:25:48	01:41:12	02:14:03	02:22:47	02:32:25	02:41:46
	C4 90th	03:00:00	02:39:02	02:06:46	02:13:08	02:20:10	02:49:31	02:54:27	03:19:22	03:51:37

3.4 In Peterborough, the main challenges to EEAST performance are:

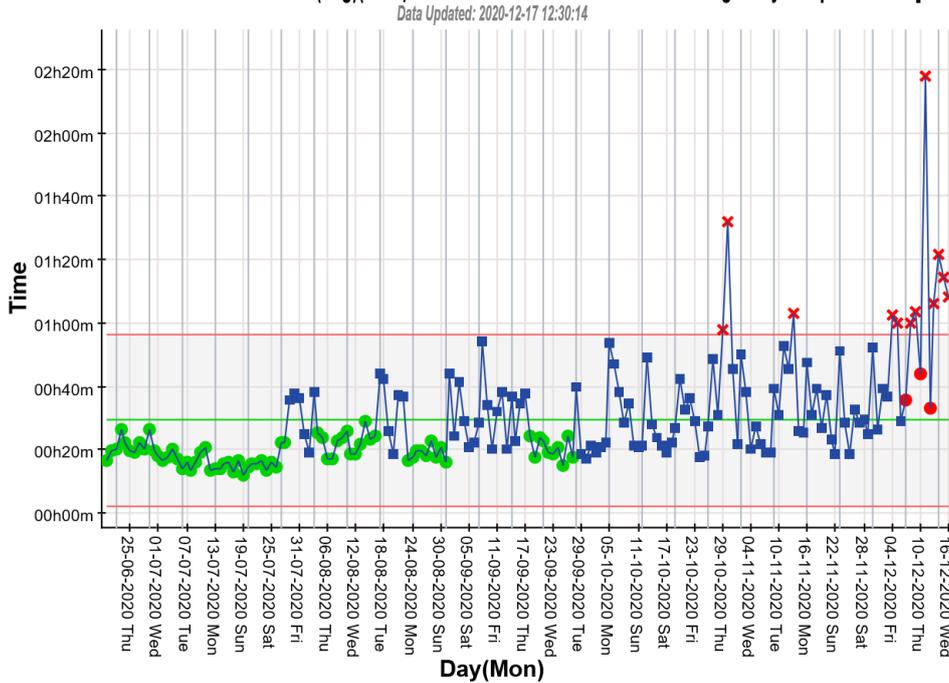
1. Delays at the front door of Emergency Departments. Regionally this has an impact on our ability to deliver a safe service, through lost ambulance hours, ability to respond in the community and supporting staff wellbeing.
2. Continuing year on year increased demand on the 999 service, including an increase in primary care conditions.
3. Resources used to support rurality in nearby parts of Cambridgeshire and nearby parts of Norfolk.

3.5 In Peterborough, EEAST uses a versatile scheme of Urgent Tier Vehicles to ensure Health Care Professional (HCP) calls receive a timely response to convey these appropriate patients into ED whilst ensuring emergency resources are available for 999 calls within the community. This risk based approach ensures the patients within Peterborough receive the right response at the right time.

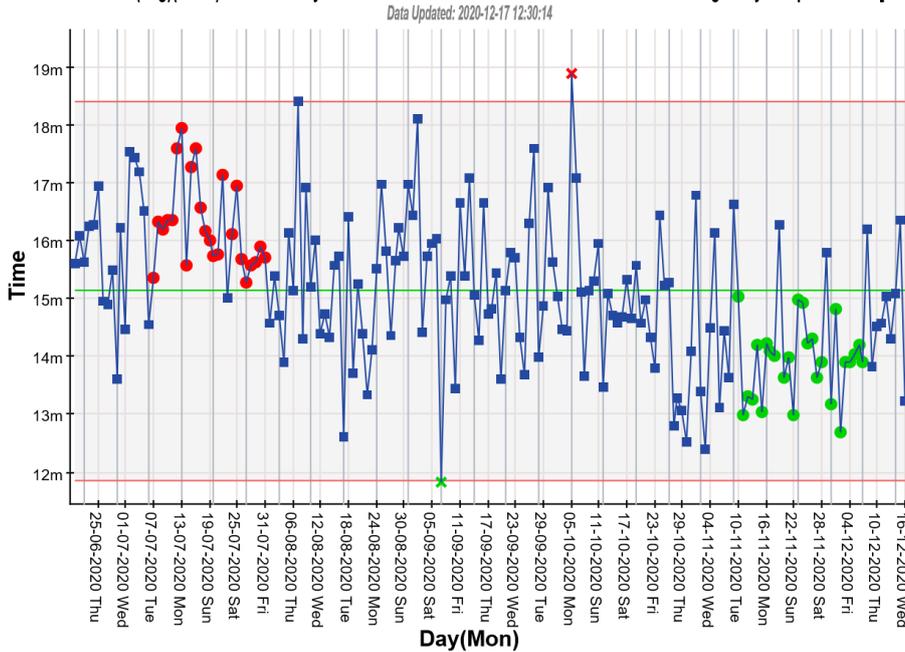
3.6 EEAST use "Power BI" data and "Informatics" to continually analyse and identify changing patterns of hotspots, differentiating between transient and persistent challenges. This can lead management to adjust response-point changes, sometimes weekly, according to operating conditions and behavioural changes.

3.7 Handover performance at Peterborough City Hospital:

Arrive Treatment Centre to Handover (avg)<6hr) : Month of Year * Acute * Peterborough City Hospital - A&E [RGN80]



Handover to Clear (avg)(0-6hr) : Hour of Day * Month of Year * Year * Is Acute = True * Peterborough City Hospital - A&E [RGN80]



3.8 Hospital delays can and do significantly impact upon EEAST’s ability to provide a sufficient response. As ambulances are held at Emergency Departments, more and more on-the-road resource is lost and it is quite common that when this occurs, after bringing in available temporary support from the next nearby resources, we will be forced to hold 999 patients in queue, for allocation once an available resource becomes clear at handover. These patients, as they wait, are constantly re-arranged by order of clinical priority and will be “welfare-called” by clinicians, deployed by EEAST in our 999 Control centres, who can escalate or de-escalate priority as required, making judgement-calls on patients whose condition may be worsening or stabilising.

- 3.9 Within EEAST we continue to work with CCG and acute colleagues at all levels to reduce the impact of these delays as much as possible, and to reduce the overall delay. Hospital Arrival Liaison Officers (HALOs) are deployed at Peterborough City Hospital 12 hours per day 7 days a week. They help provide a smoother transition of flow for patients and support at times of delay and increased demand, and act as the conduit between the trusts to identify barriers to timely patient handovers. These are currently in place and funded until the end of the financial year, but are subject to funding to be agreed between the Ambulance Commissioning Consortium and the Trust.
- 3.10 As part of the national “phase 3” COVID-19 response the NHS Chief Executive wrote to NHS Trust Chief Executives and CCG Accountable Officers on 31 July asking them to prepare for winter.
- 3.10.1 A key element of this preparation is focussed on having a range of new offers in place for patients with low acuity /low complexity urgent care needs. This has been brought together under expanding “111 First”. The public will be encouraged to contact 111 if they have an urgent care need to allow them to be directed to the right service that can meet their needs quickly. The 111 service has access to pre-bookable slots in emergency departments, a range of same day emergency care clinics and to a 2-hour urgent response from the community.
- 3.10.2 By pre-booking a range of urgent care services within hospitals and the community we would expect to see reduced congestion in Emergency Departments that will free up resource to improve ambulance handover. The system has received a soft-launch, and at the time of writing there are no issues manifesting for EEAST.
- 3.11 The EEAST management team meet weekly to review performance and take action that may support areas where performance recovery is needed. Actions are also reviewed where specific planning is needed e.g. seasonal or event planning.
- 3.12 In summary, performance is at the upper end within the EEAST area and achieving all ARP standards. Notwithstanding, we see performance as a continual challenge as we work towards consistently achieving all the ARP standards across the Trust.

4 Projects and Progress (including Resilience Planning):

4.1 Co-response - Currently within EEAST, we have several community-based resources, this ranges from members of the public responding within their local area, to the co-responder role. We currently have 800 CFR's split into 250 schemes trust wide. We co-locate at Dogsthorpe, Stanground and Whittlesey Fire Stations, regularly working alongside the Fire and Rescue Service.

4.2 Other partnership initiatives operated by EEAST in Cambridgeshire and Peterborough include:

4.2.1 Advanced Paramedics in Urgent Care – from 1st April 2021, Primary Care Networks will have full funding, under the Additional Roles Retention Scheme (ARRS), for the recruitment of Paramedics. This could represent a significant loss of many of our most experienced staff across the East of England region. To mitigate this, we are developing a collaborative working model with PCNs for the rotation of appropriately qualified staff into Primary Care.

Currently, we have two Norfolk pilot sites which, initially addressed COVID-19 symptomatic patient visits but, in close collaboration with PCN Clinical Leads, this has developed to include specific patient cohorts. We have been successful in embedding Advanced Paramedics into home-visiting elements of Primary Care and are able to offer the practices a reliable resource for the treatment of patients.

Our Norfolk initiatives will benefit Cambridgeshire and Peterborough in time, by informing our wider regional offer for a robust and efficient framework for rotational working and will contribute to moderating the number of staff directly recruited to PCNs. We are invested in our staff and in offering opportunities for development and diversification and the Primary Care setting offers our staff this opportunity of learning and progress within a new clinical setting.

4.2.2 EEAST are in the early stages of piloting a dedicated mental health car for Peterborough whereby a paramedic will work directly alongside a mental health practitioner to ensure patients receive appropriate treatment and support when most vulnerable. Working in collaboration with CPFT First Response Service this car will enhance the service available to patients through joint working and sharing of resources across the wider healthcare system.

4.3 CCG-led workstreams include:

4.3.1 National “NHS111-First” model commenced December 2020.

- Mobile patients are advised to contact the Emergency Department prior to an attendance in at hospital.
- Patients contact 111 and if they need to attend an Emergency Department, they will have the chance to be booked into a time slot in the Emergency Department.
- 111 services are also be able to book directly into Secondary Care “clinics”, such as Surgical admission areas or same day Emergency Care “hot” clinics.

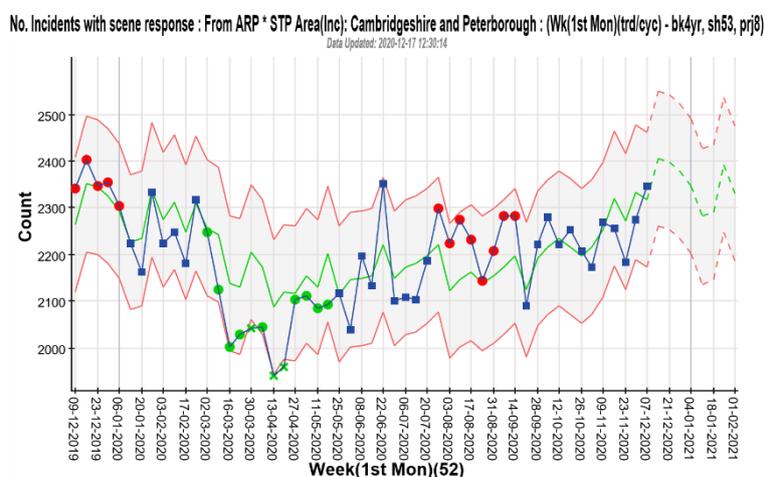
The national expectation has been that 20% of these mobile patients will be booked into a service rather than self-presenting to the Emergency Department, these services could be community services, as well as Primary Care services.

The reasons behind the move for patients to contact NHS111, are to try and stop any potential overcrowding in the Emergency Departments, to prevent potential infection spread with Covid-19 and Flu, which are big concerns this winter.

- 4.4 Collectively the above schemes and actions have sustained our performance to our patients. As part of the new annual resilience planning (as opposed to ‘winter planning’) the learning will be taken forward to form the ongoing performance plans.

5 Impact of Covid19

- 5.1 During the first wave of Covid incident response across Cambridgeshire and Peterborough reduced significantly as was seen across the rest of the region. Overall attendances also significantly reduced during the first wave along with hospital bed occupancy which provided flow through ED and the ability of the hospitals to offload patients within the national standard of under 15 minutes. The reduction in activity throughout Peterborough has been short lived as ED attends have now returned to normal levels and in some weeks our incidents attended have tracked above the ‘seasonal norm’.



- 5.2 Contributors to a reduction in overall staffing levels over the COVID-19 period have included:

- staff affected directly by COVID-19 sickness
- those affected by test, track & isolate

In order to minimise the impact of the reduction of staffing we maximised use of our alternative resources including fire fighters and students, in addition there was a significant amount of overtime worked. The net affect was an increase in patient facing staff hours. We are starting to experience another rise in the reduction of our workforce relating to COVID stand downs and sickness as we move through the second national lockdown.

6 How EEAST operates in the field, to minimise risk of COVID-19 infection to staff and patients.

- 6.1 The trust has comprehensive safe practice guidelines, IPC training, IPC policies and an audit schedule. Following the increased risk during the pandemic there are some key risk mitigation strategies that were implemented. The guidance we have shared with staff has evolved as the national guidance has developed.
- 6.2 Peterborough Station is regularly IPC-audited and is a high-compliance COVID-secure site.
- 6.3 Increased vehicle cleaning capacity of Make Ready teams to perform emergency decontamination and routine cleaning. During this time routine cleaning compliance was increased significantly in levels of compliance with standards.
- 6.4 Dissemination of information to all staff via multiple channels, including station posters, weekly 'newsletter' style updates sent out to stations during the initial phase of Covid, email, updated bulletins on the Trust website, various meeting groups and others.
- 6.5 Weekly managers webinars for information sharing and Q&A session in particular related to infection prevention and control and patient safety.
- 6.6 Daily monitoring of PPE availability and assurance that a consistent supply of the correct PPE was available in all areas, with central oversight.
- 6.7 Development and implementation of COVID working safely guidance for non-clinical areas including the implementation of COVID safety checkpoints on premises to defer symptomatic persons from entering the workplace and a Test and Trace process adopted to follow up for contacts to be stood down and test referrals made.
- 6.8 Station changes, incorporating risks assessments, including facilitating social distancing where possible e.g. moving furniture and one-way systems where possible and instructions to wear surgical masks where social distancing cannot be met. Installation of screens in buildings where multiple staffs occupy smaller spaces.
- 6.9 Development of a Trust Test & Trace procedure for monitoring symptomatic cases and contacts, working in conjunction with regional Health Protection Teams and NHS Test & Trace contact tracers.
- 6.10 Modifications to infection prevention audit process to include assessment of COVID Secure status incorporating station modifications and staff PPE compliance and adequacy of vehicle decontamination at patient handover points.

6.11 Collaborative working with relevant national groups to ensure consistency and best practices are being adopted by the Trust.

6.12 Procurement of respirator hoods for staff for whom masks do not match their fit testing.

7 EEAST Workforce and Corporate Strategy

We hope that our progress so far, the support we have already received and the extra help which will result from Special Measures will provide additional reassurance that we will get the right culture, leadership and quality in place permanently at EEAST for our staff and our patients.

7.1 EEAST published its Corporate Strategy in the summer, with copies sent to the OSC and a full launch to all stakeholders and staff. The strategy defines the EEAST vision into four “Goals”, relating to staff, quality and performance, partnership and innovation, and sustainability – both environmental and financial. Each of these goals now requires several “supporting strategies”, on which each part of the organisation is currently focusing:



7.2 EEAST has continued recruitment across the whole Trust, with ongoing training courses regularly completing each month. We have seen considerable success with our recruitment drive in Peterborough with the area currently fully established up to current budgeted levels of staff. The attrition rates of staff leaving Peterborough have reduce dover the past 12 months and this increase in stable workforce has enabled Peterborough to perform well against national performance targets. We continue to welcome qualified experienced staff into the area from across the country and have robust mentoring and support processes in place to ensure that all learners are supported to achieve their full potential and complete their learner journeys with EEAST. We continue to recruit into our current funded schemes such as HALO’s to ensure the number of operational frontline staff remains consistent and in line with budgeted establishment. Our Non-Emergency Patient Transport (NEPTs) team has recruited into all remaining vacancies with recruitment checks currently ongoing.

Control room staffing (in both Call handling and Clinical Roles) has increased as a direct result of COVID-19 demand but has remained positive against previous years.

7.3 It takes approximately 5 years to train a fully qualified paramedic - 3 years to study to BSc level before applying to the HCPC to become a qualified Paramedic, followed by an 18 month 2-year period of preceptorship and consolidation.

There is a focus locally to develop staff within which relates to the model of utilising alternative resources to support with ambulance cover as well as improving retention. An example of this ongoing currently is a trial for NEPTs Ambulance Care Assistant (ACA) staff to provide A&E cover.

7.4 Following the successful support from Cambridgeshire Fire & Rescue Service staff in our Covid response, we have offered three of those staff bank contracts as non-clinical drivers – working with our clinically trained staff in delivering patient care thereby helping to alleviate the loss of staff through COVID track/trace and sickness.

7.5 NHS England have mandated that PCNs (Primary Care Networks) recruit one WTE advanced paramedic to support GP resources and increased caseload, due to the high numbers of GPs approaching and taking retirement. While not able to replace GPs, these paramedic staff are able to take on some of the time-consuming patient assessment duties, freeing GPs to do more of what only GPs can do, which is to prescribe a fuller range of drugs and other treatments and to make referrals to specialists. In order for EEAST to help retain our specialist Advanced Paramedics and not lose them to PCNs, where their paramedic skills will fade, we have begun trialling rotational models whereby we operate a 24/7 team of specialists and rotate them through PCNs in the hope that, if successful, PCNs forge alliances to buy into our teams, producing a win-win for our staff, our patients and our stakeholders. We are using Norfolk as a test-location for this in a 'proof of concept' phase.

8 Conclusion

8.1 The CQC Report and NHS Special Measures are enabling EEAST to address the serious cultural issues across the organisation, and improvement work is now moving at pace.

8.2 On performance, the picture is complex across the whole of EEAST, and, despite the large number of initiatives and changes implemented, regionally we continue to experience challenges with ambulance performance. These will always be possible, under extreme peaks of demand, with hospital delays which needs to be seen as a system-issue. The North Cambridgeshire System is constantly vigilant, continuing to adapt and modify processes and approaches, to ensure that we maintain the good performance in Peterborough, while supporting more rural areas nearby, when appropriate.

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
12 JANUARY 2021	PUBLIC REPORT

Report of: Jessica Bawden	Director of Primary Care, Medicines Optimisation & Out of Hospital Urgent & Emergency Care Collaborative, Cambridgeshire & Peterborough Clinical Commissioning Group	
Caroline Walker	Chief Executive, North West Anglia NHS Foundation Trust.	
Jane Coulson	Senior Engagement Manager, Cambridgeshire and Peterborough Clinical Commissioning Group	ianecoulson@nhs.net

REPORT ON THE CONSULTATION PROCESS AND CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY DECISION TO RELOCATE THE URGENT TREATMENT CENTRE AND GP OUT OF HOURS SERVICE PETERBOROUGH

RECOMMENDATIONS
It is recommended that the Health Scrutiny Committee notes the content of this report.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health Scrutiny Committee following a request by the Committee on 20 November 2020 following concerns raised by Cllr Sandford and Co-opted Member Parish Councillor June Bull regarding the consultation process undertaken for the proposals to relocate the UTC and Out of Hours GP service to the hospital site.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to address questions made by councillors after the Governing Body considered the outcome of the consultation report,

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 Please reference reports submitted to this committee on **7 July 2020** link below:
<https://democracy.peterborough.gov.uk/documents/s41751/4.%20Proposal%20to%20relocate%20the%20Peterborough%20Urgent%20Treatment%20Centre%20Report%20-%2007072020.pdf>
 Minutes of that public meeting can be found here:
<https://democracy.peterborough.gov.uk/documents/s42336/3.%20Draft%20HSC%20Minutes%2007072020.pdf>
 Also, Interim report submitted to this committee on **21 September 2020**, link below:

<https://democracy.peterborough.gov.uk/documents/s42338/6.%20Interim%20Report%20on%20proposals%20to%20relocate%20the%20UTC%20-%20HSC%20-%20200921.pdf>

Minutes of that public meeting can be found here:

https://democracy.peterborough.gov.uk/documents/s42689/3.%20Draft%20Minutes%20-%20HSC%20-%202021092020.doc_.pdf

3.2 Cambridgeshire and Peterborough Clinical Commissioning Group (The CCG) submitted a report to the Committee on 7 July 2020 outlining the case for a public consultation with regard to proposals to relocate the Urgent Treatment Centre and GP Out of Hours Services from the City care Centre in Peterborough to the Peterborough City Hospital site. The proposals had been discussed with this committee in various updates on urgent and emergency care in Peterborough since January 2018. The committee had given its support to proposals to unite urgent and emergency care in Peterborough in one location during these previous discussions. The report on 7 July 2020 formally outlined these proposals and set out the proposed consultation process

3.3 **The National Direction for Urgent Care Services in the NHS**

The NHS Long Term Plan published 7th Jan 2019 describes five major changes to the NHS service model. Chapter 2 is related to the following:

“The NHS will redesign and reduce pressure on emergency hospital services”

In addition, the national principles and standards associated with Urgent Treatment Centres (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 (ED) 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 meet both objectives effectively, which in practice will mean that access to the ED is via UTC referral only or via ambulance.

In order to meet these national standards, the CCG proposed to relocate the UTC and the GP Out of Hours services from the City Care Centre on Thorpe Road to the Peterborough City Hospital site in Bretton, Peterborough to create a single point of access for urgent and emergency care service for the people of Peterborough.

3.4 **The Proposed Service Model**

There will be a single urgent and emergency care system in Peterborough, accessed through a single ‘font door’ based at the Peterborough City Hospital site in Bretton.

This will be a co-locating of existing services at this stage. The initial proposal was to make the changes for Winter 2020. Following public consultation this timeframe was extended to allow proper time for relocation planning and reassure the public during the COVID-19 pandemic.

All of the organisations involved agreed to work collaboratively to make this a success. There will be some changes to work patterns and methods to ensure these changes are successful.

Previous engagement with staff through a series of workshops highlighted that staff wanted to be part of an integrated urgent care service so that they can fully use their advanced skills and competencies within an acute environment as well as being able to develop further with the necessary acute training and supervision.

Patients will no longer have to make decisions for themselves about how serious their illness or injury is, there will be single point of access for all of these services on one site.

Providers from the North System Resilience Group (SRG) and their respective boards agreed in principle to co-locate the UTC and Out of Hours (OOHs) services into a single acute site

service model.

4 PUBLIC ENGAGEMENT

- 4.1 In Sept to December 2019 the CGG had a BIG conversation with people of Peterborough and Cambridgeshire. This was not a consultation, but had a great response from the public and gave us a good indication of what the public want from future health services.

One of the questions asked in the BIG conversation directly relates to these proposals. The question and the responses we received are given below:

Q9 When you feel unwell, but it is not an emergency, and you need to see someone to talk about it, would you:

ANSWER CHOICES	RESPONSES	
Like one place to contact for advice and treatment which can book you an urgent appointment with the right service, within two days or sooner if need be	72.85%	4,113
Prefer to use the services you know are available and see how quickly you can be seen, such as A&E, Minor Injury Units, Urgent Care Centres, GP out of hours or GP urgent appointment	27.15%	1,533
TOTAL		5,646

Fig 1. Question nine graph exported from SurveyMonkey

People told us that they are often confused by the range of services. They sometimes aren't in a position to decide what is and isn't an emergency. When a person you care about needs help or is in pain then it can feel like an emergency, and you take them to where you know they will get help.

- 4.2 The Big Conversation was about a range of issues and it gave the CCG a good understanding how people are thinking of using their NHS in the future.

5. CONSULTATION

- 5.1 The specific question of moving the GP out of hours service and the UTC in an integrated model was addressed in the formal public consultation on the proposals ran from 4 August to 30 September 2020.

The consultation was to notify the public of the proposed services changes and to gather public views on these proposals.

We received a large amount of feedback during the consultation, responses to the online survey, meetings attended, emails received and through social media channels. Appendix B sets out the key feedback, response and mitigations from this consultation which were reported to the CCG Governing Body to consider as part its decision-making. Before the report had reached the CCG GB, it was also presented to the CCG Integrated Performance and Assurance Committee (IPAC).

- 5.2 **Legal requirements**

This consultation document was drawn up in accordance with the following legal requirements and guidance:

Cabinet Office Consultation Principles July 2012

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions.

The full consultation principles document can be accessed via the Cabinet Office website at: <https://www.gov.uk/government/publications/consultation-principles-guidance>

Section 14Z2 Health and Social Care Act 2012

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

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

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

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

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

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

The consultation which ran from 4 August to 30 September discharged these duties. A consultation is not a vote or a referendum. The feedback received needs to be considered by the CCG Governing Body in its decision-making processes alongside that of clinicians, staff, national policy and standards and other commissioning considerations. The consultation feedback is one part of a range of wider considerations that the Governing Body take into account as part of the decision-making process, while ensuring any necessary mitigations.

Mills and Reeve in its advice on ‘Ten Rules for running an effective, lawful public consultation’ states that public bodies should:

6. Take the responses into account before making a final decision

NHS bodies are not bound by the views of the public. Consultation is not a vote. It is, however, essential that you put the public's views in front of the decision makers and that they take those views into account when reaching their decision.

<https://www.mills-reeve.com/insights/legal-publications/ten-rules-for-running-an-effective-lawful-public-consultation>

6. SUPPORT FOR PROPOSALS

6.1 Peterborough Health Scrutiny Committee

At the meeting on **7 July 2020** the Peterborough health Scrutiny Committee recorded the following in the published minutes:

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.
<https://democracy.peterborough.gov.uk/documents/s42336/3.%20Draft%20HSC%20Minutes%20-%202007072020.pdf>

At the meeting on **21 September 2020** the Peterborough Health Scrutiny Committee recorded the following in the published minutes:

ACTIONS AGREED

The Health Scrutiny Committee considered the report and RESOLVED to:

1. Note and comment 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, and
2. Requested that the Chief Executive NWAFT present the draft version of the Green Travel Plan to the next committee meeting in November.

https://democracy.peterborough.gov.uk/documents/s42689/3.%20Draft%20Minutes%20-%202021092020.doc_.pdf

The Green Travel Plan was presented to the Peterborough health Scrutiny Committee for discussion at its meeting on 3 November 2020.

Cambridgeshire and Peterborough Healthwatch

The CCG received a letter from Healthwatch on 29 September 2020, it is attached in full as part of appendix 3. In this letter Healthwatch said:

‘We were uncertain at how effective a consultation process would be at a time when conventional meetings were not possible. We are however aware that the CCG has received a large number of responses to its survey and so have managed to reach a good number of people. We are pleased that people are taking up this opportunity to have their views heard.’

‘From our participation in a range strategy and planning meetings, Healthwatch Cambridgeshire and Peterborough understands the advantages of a fully integrated urgent and emergency service. Co-locating the Urgent Treatment Centre (UTC) will undoubtedly help patients receive the correct type of care at the right time. ‘

People tell us that they are unclear about where to go and what they should do to get the medical help they need. The multiple options that people have cause confusion. Co-locating the urgent and emergency elements of the service should simplify the situation. Linking to the ‘Think 111’ campaign will be beneficial to patients and the public, as well improving efficiency of the health system.

Healthwatch also set out a number of mitigations that it wanted to see the CCG GB to take into account:

‘If the consultation responses show a majority of people who responded object to the move, Healthwatch Cambridgeshire and Peterborough strongly recommends that the CCG makes its decision and mitigating actions taking into account that local sentiment.

Mitigations

If the proposal is approved Healthwatch Cambridgeshire and Peterborough recommend that the following mitigations are put in place to ensure maximum public confidence:

- Public communications to assure the public that robust infection control procedures are in place.

- Public communications regarding the relocation need to clearly explain to people what they should do and where they should go to get the help they need. This information should be coherent with Think 111 messages.
- The relocation does not take place until there is adequate space to undertake safe indoor triaging and there is adequate waiting space to allow for social distancing.
- Clear instructions to patients regarding the safety steps they must take if attending.
- Monitoring of the parking situation.
- Patient feedback is collected from everyone attending the relocated UTC to ensure that people's experiences are analysed, implications understood, and the information is used to adapt the service as and when required.

These mitigations and recommendations were included in the recommendation to the CCG GB as outlined in appendix 2.

Urgent and Emergency Care Collaborative

A formal response to the consultation was received from the UEC Collaborative on 29 September 2020, in which they gave their support to the proposals:

'The relocation will provide a high degree of resilience to the PCH Emergency Department (ED) providing a single point of access for patients that can cater for all their UEC needs. With related services all in one place, we believe will enhance the experience and the quality of care for our patients.

Furthermore, as the model matures, we expect there to be some financial economies of scale, thus contributing to the overall system financial balance.'
The full response is included as part of appendix 3.

7. RESPONSES AND MITIGATIONS

- 7.1 The full end of consultation report detailing all of the responses and the mitigations presented to the CCG GB are presented as appendix two to this report.

The main issues raised by the consultation were:

COVID-19 pandemic

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

CCG response

The North West Anglia NHS Foundation Trust has been working hard to ensure that all areas of the Peterborough City Hospital site are safe for patients who are visiting for reasons other than COVID-19.

The site has been developed to have red and green zones to ensure that infection from COVID-19 is reduced as much as possible and as with national guidelines, everyone attending site is required to wear a face covering, sanitise their hands and comply with social distancing.

People are encouraged to book a test online if they have symptoms of COVID-19 or use the NHS 111 telephone or online services if they need advice on how to manage their symptoms. People who present with symptoms of COVID-19 are directed to particular areas (red zones) to ensure they are able to be treated appropriately but kept away from people presenting without symptoms.

The Trust wants people to have confidence to attend the site to receive care, whether for planned treatment or clinics or the proposed Urgent Treatment Centre.

City Care Centre Premises

People also told us in the text responses to the survey that they thought that as the Urgent Treatment Centre was proposed to be moved this would mean that the CCG would sell off the City Care Centre in its entirety to developers. The text responses also indicated that people felt that the City Care Centre was a COVID-19 safe venue as patients with COVID-19 were not treated there.

CCG response

The Urgent Treatment Centre is only one of many services that are provided from the City Care Centre (CCC). The proposals are only related to the Urgent Treatment Centre and the GP Out of Hours Service, which occupy a small area on the ground floor, all other services would continue to be provided from the CCC. There are no plans to sell or redevelop this essential health venue, the CCC is purpose built PFI for health and social care services. There is a task and finish group set up to look at how the vacated space can be repurposed including Hospital Outpatient clinics and/or Primary Care Services.

Parking at Peterborough City Hospital

By far the predominant issue raised by this consultation was the issue of parking at the Peterborough City Hospital site. In the text responses around 50% of the responses mentioned parking at Peterborough City Hospital site. Many of these responses said that they would support the proposals if the parking situation could be resolved.

People told us about congestion at the site and the difficulty in finding a parking space at busy times. People also mentioned the parking issues at the City Care Centre site, but this was reported as being less of an issue. People felt that by moving this service this would increase the parking problems.

CCG response

112 additional car parking spaces were created at PCH during March 2020 providing a total of 882 parking spaces and 121 disabled parking spaces allocated for patient and visitor parking. It is worth noting that since the COVID-19 pandemic, the Trust (North West Anglia NHS Foundation Trust) is now operating a significant proportion of outpatient appointments virtually (c45%) 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 for the UTC 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.

During the COVID-19 pandemic many outpatient routine appointments and consultations were moved to remote and virtual appointments. The consultant or specialist team would call, or video call the patient rather than the patient visiting the hospital site.

Currently 45% of all appointments are carried out remotely. This is much more efficient for consultants and specialist teams, as well as benefitting patients as they take up significantly less time and reduce the need for unnecessary travel. These types of appointments will remain as remote appointments, meaning that far fewer people are currently attend the Peterborough City Hospital site. The carparks have been operating at between 40-60% capacity since March 2020. As there are no plans to change this way of working, even post

COVID-19 pandemic, there will be far fewer people attending the hospital resulting in much greater capacity in the hospital carparks. The congestion seen pre-pandemic is not expected to be repeated.

Also, some outpatients services will move over to the City Care Centre to fill the proposed vacated space, further reducing number of people attending the Peterborough City Hospital site.

8. RECOMMENDATIONS PUT TO CCG GB

8.1 The recommendations that were put to the CCG Governing Body in November 2020

Before this report had reached the CCG GB, it was presented to the CCG Integrated Performance and Assurance Committee (IPAC).

IPAC was established by the Governing Body in January 2019. The Committee provides scrutiny of delivery and assurance processes for quality, finance, performance, and contract management including activity and will oversee delivery of the CCG Improvement and Assessment Framework. The Committee is also responsible for Operational Risk Management.

At the IPAC meeting in November the proposals and the subsequent feedback from the consultation was thoroughly discussed by the members of that committee. Following this discussion, the IPAC were happy with the recommendations to the GB.

The end of consultation report presented as appendix 2 was presented to the CCG Governing Body (GB) for its meeting in public on 3 November 2020. The Governing Body has a majority of clinicians and also has lay members. The Governing Body considered the responses alongside the clinical integrated model being proposed at PCH and national policies, workforce and other considerations

The Governing Body also looked at the mitigations being made in relation to public concerns by the hospital around public confidence during Covid and also parking and congestion.

The GB approved the following recommendations:

- It is recommended that the CCG GB agree to the proposals to relocate the Urgent Treatment Centre and the GP Out of Hours service from the City Care Centre to the Peterborough City Hospital site, subject to mitigations around people's concerns about infection control and parking and congestion at the PCH site.
- It is recommended that the CCG plan for this relocation to take place **no earlier than 1 April 2021**. People have told us that during this time of the COVID-19 pandemic they would prefer services to remain as they are. This timeframe will allow us time to ensure that segregation planning and estates work at the Peterborough Hospital site is complete. This timeframe would mean the relocation could be done outside of winter when there are already increased pressures on our urgent and emergency care services. Also, that IT, mobilisation and estates planning can be completed. A UTC collaborative Steering Group is meeting fortnightly to oversee this process.
- It is recommended that the CCG continue to work with NWAFT to monitor the parking and traffic flow at the Peterborough City Hospital site and any changes to public transport systems in Peterborough. The Trust have green travel plans in development and the CCG will work with them and the Council to ensure that the plans meet the needs of local people and staff using the site

- It is recommended that the CCG ensures wide-reaching, accessible and timely communications to ensure that people are aware of the relocation, how to access help through 111 and where to go when they have an urgent care health need.
- It is recommended that the CCG continues to work closely with NWAFT on mobilisation plans to ensure that all necessary infection prevention and control (IPC) measures are in place to ensure safety of people attending the relocated services. Also, to ensure that all IPC measures are communicated to people who attend the service.
- It is recommended that the CCG work with service providers to ensure that Patient experience feedback is collected, analysed, and the information is used to adapt the service as and when required.

9. RECOMMENDATION

9.1 It is recommended that the committee note the contents of this report

10. BACKGROUND DOCUMENTS

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

10.1 BIG Conversation Report on Feedback presented to CCG GB on 4 February 2020
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/resources/assets/inline/full/0/20186.pdf>

BIG Conversation report on feedback annex A presented to CCG GB on 4 February 2020
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/governing-body-papers-2019-20/>

Healthwatch Community Values Panel ‘talking about urgent and emergency care’ feedback report presented to CCG GB on 4 February 2020
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/resources/assets/inline/full/0/20189.pdf>

Proposals for the relocation of the urgent treatment centre and GP out of hours service in Peterborough – report to Peterborough Health Scrutiny Committee for 7 July 2020
<https://democracy.peterborough.gov.uk/documents/s41751/4.%20Proposal%20to%20relocate%20the%20Peterborough%20Urgent%20Treatment%20Centre%20Report%20-%2007072020.pdf>

Consultation Process Plan Urgent Treatment Centre Peterborough and GP Out of Hours Peterborough base relocation proposal – report to Peterborough Health Scrutiny Committee for 7 July 2020
<https://democracy.peterborough.gov.uk/documents/s41752/4.%20Appendix%201%20-%20Consultation%20Process%20Plan%20UTC%20relocation%20V2.pdf>

Minutes of the Health Scrutiny Committee held at 6pm on 7 July 2020
<https://democracy.peterborough.gov.uk/documents/s42336/3.%20Draft%20HSC%20Minutes%2007072020.pdf>

Interim report on the relocation of the proposals to relocate the urgent treatment centre and GP out of hours service Peterborough
<https://democracy.peterborough.gov.uk/documents/s42338/6.%20Interim%20Report%20on%20proposals%20to%20relocate%20the%20UTC%20-%20HSC%20-%200921.pdf>

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 in Bretton, Peterborough - End of consultation report presented to CCG GB on 3 November 2020

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/resources/assets/inline/full/0/22305.pdf>

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/resources/assets/inline/full/0/22306.pdf>

11. APPENDICES

1. Consultation process plan
2. 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 in Bretton, Peterborough. End of consultation report.
3. Letters of support from Healthwatch and from the Urgent Emergency care Collaborative

WORKING DOCUMENT

Consultation Process Plan

**Urgent Treatment Centre Peterborough and GP Out of Hours
Peterborough base relocation proposal**

Proposed consultation 4 August to 29 September 2020

V2

Jane Coulson

Background

Why are we consulting now?

Process

Pre-consultation

Cambridgeshire and Peterborough CCG will:

- Use the feedback received from the BIG conversation to inform the direction for this relocation move.
- Use the Citizen's Panel feedback on Urgent and Emergency care gathered by Healthwatch as part of the BIG conversation to inform the direction for this relocation.
- Prepare a full and comprehensive consultation document that explains the programme and the options for consultation in clear plain English.
- Translate a summary consultation documents into key community languages, if requested
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Prepare an Easi-read document for people who prefer to read with pictures and easy text.
- Ensure that drafts of the full consultation documents and questions for consultations are shared with the following groups:
 - UEC collaborative
 - CCG Governing Body
 - Health Scrutiny Committees from Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Lincolnshire
 - The CCG Patient Reference Group (PRG)
 - Healthwatch organisations from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
- Ensure that the final consultation document reflects feedback from these groups.

Consultation

Cambridgeshire and Peterborough CCG will:

- Have copies of the consultation documentation available on the website from the first day of the consultation and throughout the consultation.
- Have rich text versions of the documentation on the CCG website as close to the start of the consultation as possible.
- Distribute these documents via email to:
 - GP practices
 - Pharmacies

- Stakeholder database
 - MPs
 - Local Medical Committee
 - Local Pharmaceutical Committee
 - Peterborough Council for Voluntary Services
 - Health Scrutiny Committees, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire,
 - Health and Wellbeing Boards, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire,
 - CCG Patient Reference Group
 - Patient Forum Groups
 - Healthwatch organisations, Peterborough and Cambridgeshire, Northamptonshire, Hertfordshire,
 - Cambridgeshire Community Services NHS Trust
 - Cambridge University Hospitals NHS Foundation Trust
 - Cambridgeshire and Peterborough NHS Foundation Trust
 - East of England Ambulance Service NHS Trust
 - North West Anglia NHS Foundation Trust
 - Royal Papworth NHS Foundation Trust
 - Queen Elizabeth Hospital NHS Trust
 - Unions
 - NHS England/Improvement Area Team
 - Police
 - Fire
 - Urgent Care Cambridgeshire
 - Herts Urgent Care
 - Lincolnshire Community Health Services NHS Trust
 - North Cambridgeshire Hospital, Wisbech MIU
 - Princess of Wales Hospital, Ely MIU
 - Doddington Community Hospital MIU
 - St. Neots Walk-in Centre
 - Cambridgeshire and Peterborough Combined Authority
 - Brookfield
- Send media release to all local media outlets at the start of the consultation and at strategic points in the consultation to ensure widespread media coverage.
 - Use Facebook and Twitter, and other social media resources to raise awareness of the consultation. This will be a key component of this consultation. We will use targeted Facebook local groups to ensure that people from across the whole of Peterborough are aware of the consultation and have an opportunity to share their views.
 - Ensure that translations are made available on request in key community languages.
 - Ensure that all translations are available on the CCG website when requested.
 - Ensure that all responses received in other languages are translated into English and included in the response reports.
 - Log all calls received with regard to the consultation
 - Collate all letters and emails received as part of the consultation
 - Ensure that all virtual meetings are recorded.
 - Attend meetings with the following key stakeholder groups during consultation:
 - Health Scrutiny Committees in Cambridgeshire, Peterborough

- Health Scrutiny Committees in Northamptonshire and Hertfordshire on request.
- Healthwatch Cambridgeshire and Peterborough
- CCG Patient Reference Group
- Health and Wellbeing Boards in Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Norfolk (on request).

Post Consultation

A report to be produced on the consultation responses

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

Press release on the outcome of the consultation

Feedback to staff via email, staff briefings and iConnect

Feedback to members via, Members news and Members email

Legal requirements

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

Cabinet Office Consultation Principles July 2012

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

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

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

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

Section 14Z2 Health and Social Care Act 2012

14Z2 Public involvement and consultation by clinical commissioning groups

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

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

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

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

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

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

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

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

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

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

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

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

Criteria for Significant Service Change

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

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

CCG Constitution Section 5.2.

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

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

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

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

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

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

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

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

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

- (i) the publication of documents to disseminate relevant information about the commissioning arrangements;
- (ii) regular attendance at key meetings, forums and events for the purpose of listening to the views of patients and the public, providing information about and explaining actions being taken or considered by the CCG, and answering questions;
- (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events;
- (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails and other suitable means;
- (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms;

e) in the implementation of the arrangements described above, acting consistently with the following principles:

- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements;
- (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes;
- (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it;
- (iv) using plain language, and sharing information as openly as is reasonably practicable;
- (v) treating with equality and respect all patients and members of the public who wish to express views;
- (vi) carefully listening to, considering and having due regard to all such views;
- (vii) providing clear feedback on the results of patient and public involvement.

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

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

NHS Accessible Information Standards.

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

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

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

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

The Accessible Information Standard came into effect in July 2016



**Cambridgeshire and
Peterborough**
Clinical Commissioning Group

**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 in Bretton,
Peterborough.**

End of consultation report

5 August to 30 September 2020



1. Purpose of the report

This report is to inform Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) Governing Body of the responses and feedback received during the consultation on to relocate the Urgent Treatment Centre and GP Out of Hours Service in Peterborough.

2. Background

The NHS Long Term Plan, that 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.

The services proposed to be relocated in the consultation 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.

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.

The 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.

The consultation ran from 5 August to 30 September 2020. The consultation was to notify the public of the proposed services changes and to gather public views on these proposals.

3. Raising awareness

Before the consultation began, the CCG worked with our local Healthwatch, Peterborough Health Scrutiny Committee, the Patient Reference Group to raise awareness off the proposals and to ensure that the consultation documents were clear and easy to understand. We presented the draft proposals to the Peterborough Health Scrutiny Group on 7 July.2020 and took an interim consultation report to their meeting on 21 September 2020.



4. Distribution

A comprehensive consultation document was developed with feedback from key stakeholders, we included as much information as possible to ensure that people understood the proposals.

Alongside this document we developed a short survey to support the consultation and gather feedback.

On our website we created an area for the consultation, with a separate page for the full document, so that people using voice to text, or translation software could access the consultation. On the webpage for the consultation we created a weblink to the pdf of the consultation document so people could download and share with wider networks.

The link to the survey was also on this webpage.

We emailed the full consultation document and information to a wide range of people using the CCG stakeholder network as well as encouraging our colleagues in our partner organisations to share wider. We also made use of networking connections across the Local Authority, Voluntary Sector and Healthwatch to ensure that the consultation was widely distributed.

During the consultation we used four social media platforms to engage with the public and staff: Facebook, Twitter, Instagram and LinkedIn.

5. Public virtual meetings

As part of the consultation planning, we arranged to hold two virtual public meetings. Public meetings are a part of most consultations, however, due to COVID-19 restrictions we could not hold face to face public meetings. Healthwatch Peterborough and Cambridgeshire Chair and Chief Officer agreed to chair these meetings and a panel of people from across all the partners were on hand to answer questions and respond to comments from members of the public

The public meetings were planned for:

- Wednesday 19 August 5pm to 6.30pm
- Thursday 10 September 5.30pm to 7pm

Attendance at the virtual public meetings was not high with three people dialling into the first meeting and eight dialling into the second. These numbers were similar to the public meetings held to support the BIG conversation which ran from September to December 2019.

As well as the planned public meetings we attended the Greater Peterborough Patient Forum and the Healthwatch Peterborough Forum to discuss the proposals and listen to views and answer questions.



6. Media coverage

Media	Details	Date
Peterborough Telegraph	Plans unveiled to relocate Peterborough's walk-in centre to city hospital	6 July 2020
Peterborough Telegraph	Concerns over car parking if Peterborough's walk-in treatment centre moves to hospital	9 July 2020
Peterborough Matters	Plans to move urgent treatment, out of hours GP services to Peterborough City Hospital	9 July 2020
Peterborough Telegraph	Consultation launched on proposed relocation of Peterborough's Urgent Treatment Centre	5 August 2020
Peterborough Matters	Consultation begins on proposed relocation of walk-in centre	5 August 2020
Peterborough Telegraph	A&E performance and moving Peterborough's Urgent Treatment Centre discussed at online health trust meeting	9 September 2020
Peterborough Telegraph	Peterborough residents can have their say on Urgent Treatment Centre location plans	9 September 2020
Peterborough Telegraph	Plans to relocate Peterborough's walk-in centre to city hospital unpopular, consultation feedback shows	19 September 2020
Peterborough Telegraph	Last day to have your say on plans to move walk in centre to Peterborough hospital	30 September 2020



7. Response details

The responses below include the numbers of people who visited our website, and the numbers of people who saw our social media posts. The response number in bold are those who commented or sent us a response.

Activity		Responses
Survey responses		1008
Website	Visits	2216
	Downloads	249
Attendance at public meetings		10
Attendance at other meetings		30
Emails received		16
Organisation responses		2
Facebook	Comments	11
	Shares	91
Twitter	Retweets	11
	Reach	6200
Total		9844

8. Responses from other organisations

We received responses from:

- Healthwatch Cambridgeshire and Peterborough
- Urgent and Emergency Care Collaborative

These responses are attached in full as appendix one.

9. Feedback

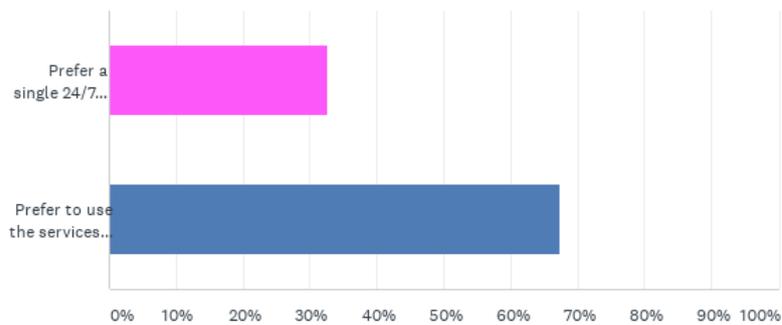
We received a large amount of feedback during the consultation, responses to the online survey, meetings attended, emails received and through social media channels.

In the following sections you will see the responses to the questions asked during the consultation as well as themes that were collated from all of the responses we received. We have not reported each individual response but have read them all and reported on the common themes and the most common responses that we received.



The responses reported below are a combination of feedback we received at meetings we attended, as well feedback through social media, from emails received, and on the returned surveys. 83% of people who replied to the survey took the opportunity to share their views with us through the free text option.

Q1 When you feel unwell, but it is not an emergency, and you need to see someone to talk about it, would you:



Answer Choices	Responses	
Prefer a single 24/7 hospital-based access point to go for advice and treatment which can book you an urgent appointment with the right service?	33%	360
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?	67%	744
Total		1104

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:

The response to this question in 2019 was that 73% 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.

The responses to this question in the current consultation survey reflect that people would prefer to use the services they already know, with 67% 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.



CCG response

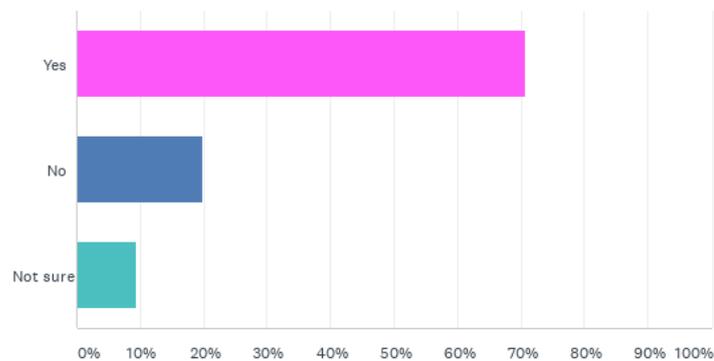
The North West Anglia NHS Foundation Trust has been working hard to ensure that all areas of the Peterborough City Hospital site are safe for patients who are visiting for reasons other than COVID-19.

The site has been developed to have red and green zones to ensure that infection from COVID-19 is reduced as much as possible and as with national guidelines, everyone attending site is required to wear a face covering, sanitise their hands and comply with social distancing.

People are encouraged to book a test online if they have symptoms of COVID-19 or use the NHS 111 telephone or online services if they need advice on how to manage their symptoms. People who present with symptoms of COVID-19 are directed to particular areas (red zones) to ensure they are able to be treated appropriately but kept away from people presenting without symptoms.

The Trust wants people to have confidence to attend the site to receive care, whether for planned treatment or clinics or the proposed Urgent Treatment Centre.

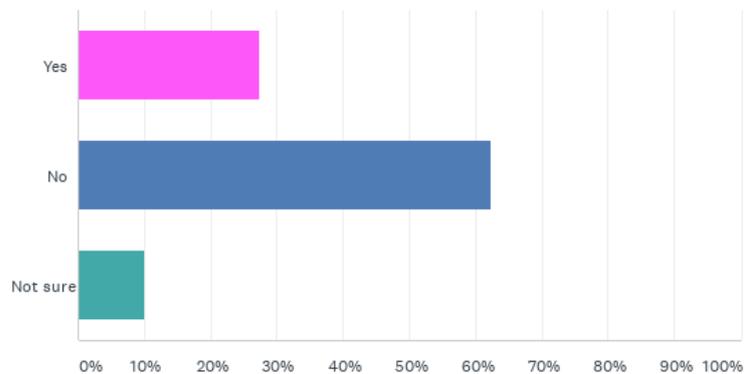
Q2 Do you understand the reasoning behind the proposals to move to the Urgent Treatment Centre to the Peterborough City Hospitals site?



Answer Choices	Responses
Yes	71% 783
No	20% 221
Not sure	9% 104
Total	1108



Q3 Do you agree with the proposals to move the Urgent Treatment Centre to the Peterborough City Hospital site to create a single access point for urgent care?



Answer Choices	Responses
Yes	28% 304
No	62% 691
Not sure	10% 112
Total	1107

The responses to this question and the text and email responses suggest that people would prefer for the services to remain separate and in their current locations.

The text responses to the survey tell us that people think that the City Care Centre on Thorpe Road is a much more accessible venue than the Peterborough City Hospital site due to its central location, proximity to the bus station and public transport links.

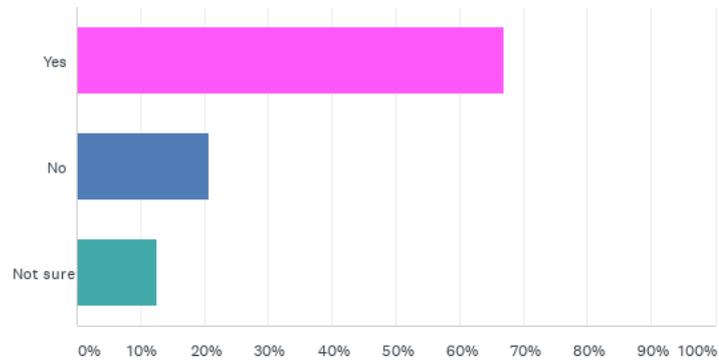
People also told us in the text responses to the survey that they thought that as the Urgent Treatment Centre was proposed to be moved this would mean that the CCG would sell off the City Care Centre in its entirety to developers. The text responses also indicated that people felt that the City Care Centre was a COVID-19 safe venue as patients with COVID-19 were not treated there.

CCG response

The Urgent Treatment Centre is only one of many services that are provided from the City Care Centre (CCC). The proposals are only related to the Urgent Treatment Centre and the GP Out of Hours Service, which occupy a small area on the ground floor, all other services would continue to be provided from the CCC. There are no plans to sell or redevelop this essential health venue, the CCC is purpose built PFI for health and social care services. There is a task and finish group set up to look at how the vacated space can be repurposed including Hospital Outpatient clinics and/or Primary Care Services

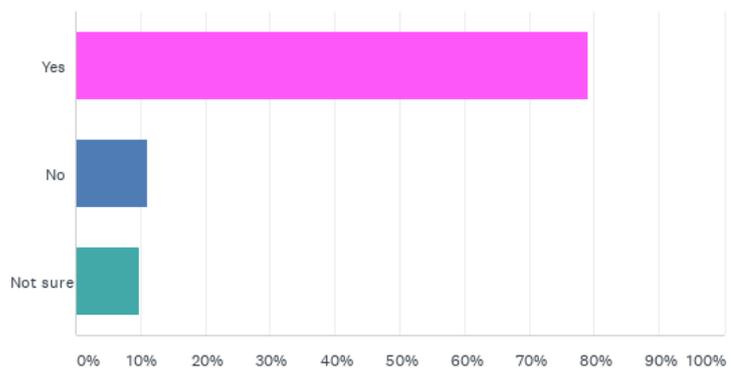


Q4 When you feel unwell, would you be willing, if assessed as not requiring hospital-based services to call or go online to NHS 111 as an alternative means of accessing healthcare?



Answer Choices	Responses
Yes	67% 740
No	21% 229
Not sure	12% 138
Total	1107

Q5 Are you happy for NHS 111 to book you an appointment at the most appropriate service to meet your needs?



Answer Choices	Responses
Yes	79% 872
No	11% 123
Not sure	10% 109
Total	1104



The responses show that people have confidence in the 111 service to give advice or direct people to the right service.

CCG response

Since September staff in the Emergency Department at Peterborough City Hospital have been redirecting patients who do not need to be seen in the Emergency Department. This involves directing patients to the services and advice provided by 111. The pilot has been very successful in redirecting patients to alternative services with positive feedback and also to provide direct booking to see their GP. An average of 19% of walk-in patients are currently being redirected.

Other issues raised

Parking at Peterborough City Hospital

By far the predominant issue raised by this consultation was the issue of parking at the Peterborough City Hospital site. In the text responses around 50% of the responses mentioned parking at Peterborough City Hospital site. Many of these responses said that they would support the proposals if the parking situation could be resolved.

People told us about congestion at the site and the difficulty in finding a parking space at busy times. People also mentioned the parking issues at the City Care Centre site, but this was reported as being less of an issue. People felt that by moving this service this would increase the parking problems.

CCG response

112 additional car parking spaces were created at PCH during March 2020 providing a total of 882 parking spaces and 121 disabled parking spaces allocated for patient and visitor parking. It is worth noting that since the COVID-19 pandemic, the Trust (North West Anglia NHS Foundation Trust) is now operating a significant proportion of outpatient appointments virtually (c45%) 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 for the UTC 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.

During the COVID-19 pandemic many outpatient routine appointments and consultations were moved to remote and virtual appointments. The consultant or specialist team would call, or video call the patient rather than the patient visiting the hospital site.

Currently 45% of all appointments are carried out remotely. This is much more efficient for consultants and specialist teams, as well as benefitting patients as they take up significantly less time and reduce the need for unnecessary travel. These types of appointments will remain as remote appointments, meaning that far fewer people are currently attend the Peterborough City Hospital site. The carparks have been operating at between 40-60% capacity since March 2020. As there are no plans to change this way of working, even post COVID-19 pandemic, there will be far fewer people attending the hospital resulting in much greater capacity in the hospital carparks. The congestion seen pre-pandemic is not expected to be repeated.

Also, some outpatients services will move over to the City Care Centre to fill the proposed vacated space, further reducing number of people attending the Peterborough City Hospital site.

Support for the relocation

In the text responses and in some of the emails we received people told us that they fully supported the proposals. Some told us that this should have been done when the Peterborough City Hospital was built, and they didn't understand why it had taken so long.

Others supported the idea of a single place to go, so people are not having to travel from one place to another if they have got it wrong. Others supported stronger triage so that people were directed to the right services. Others liked the idea of the support of wider diagnostics on site.

People suggested that we should also co-locate a pharmacy service to ensure that people who needed prescriptions could access them easily, and also that people could also be re-directed to this service all on one site.

CCG response

We welcome support for the proposals, as well as all suggestions and comments from the public. We will ensure that pharmacy provision is considered and discussed as part of this relocation project work.

Public transport and City Centre location

In the responses people told us that the City Care Centre is in a very accessible location for people who walk there or need to take public transport. Peterborough has a hub and spoke bus route pattern with all buses heading into or through the



City Centre bus station. People felt this was an important point to realise as people would need to take more than one bus to reach the Peterborough City Hospital in Bretton. People also referred to the service as a walk-in service and felt this wouldn't be possible if it was located in Bretton.

CCG response

The CCG recognises that the current City Care Centre location is closer to the City Centre than the Peterborough City Hospital site in Bretton, however previous travel survey data tells us that very few people travel to the Urgent Treatment Centre on foot, or by bus. The buses that travel along Thorpe Road do not stop very close to the City Care Centre and therefore people are still expected to walk some distance. The buses to the Peterborough City Hospital site stop at the doors to the hospital. The Peterborough City Hospital site is served by a number of Stagecoach buses, and although this may mean longer journeys for some people, but not for everyone. The majority of people who attend the Urgent Treatment Centre or need to attend the GP Out of Hours services, do so by car.

Improvements to availability of GP appointments.

People told us that they use the Urgent Treatment Centre when they cannot get an appointment at their GP practice, or are given a GP appointment in a few days times. They prefer to go somewhere where they know they will be seen on the day, even if it means waiting. People told us that if more GP appointments were available on the day, or when people wanted them then they wouldn't need to use other services as much. People felt there should be more GPs.

CCG response

The CCG acknowledges that there is a national shortage of GPs, and recruitment to our GP practices has been an issue it is working hard to address. We are working with GP practices to develop innovative ways of delivering services to patients, using Primary Care Networks (PCNs) to share specialist services and be responsive to local needs. The COVID-19 pandemic has seen some dramatic changes to how GP services are being delivered in our communities in order to ensure that patients are safe and can be seen in a way that does not put them or our staff at risk. GP practices are providing remote consultations with patients via telephone or video calls where it is clinically safe to do so. They are also seeing patients face to face when they need to in the GP practice. We are working hard to ensure that appointments are available and to improve appointment systems that practices use for patients to book appointments. Across all GP practices just over 10,000 on the day appointments are delivered These are a mixture of telephone, virtual and face to face appointments. Some will be planned activity i.e. cervical screening clinics or childhood vaccinations and immunisations.

Emergency department capacity and waiting times

People told us that they had concerns that the proposed service relocations would make waiting times even longer. They felt that the waiting times at the Emergency Department at Peterborough City Hospital were already too long and adding more patients into that service on this site would make this worse. People



also had concerns regarding capacity of the waiting areas, and the building to cope with more services and patients as this was often at capacity already.

CCG response

Floor plans have been developed for setting out where in Peterborough City Hospital the new services could be located.

Design plans include proposals to remodel existing space to provide dedicated UTC clinical, triage, reception and waiting room facilities, alongside expansion of overall UTC clinical capacity through a new modular building to create new clinical assessment and treatment rooms, providing double current capacity at Peterborough City Care Centre.

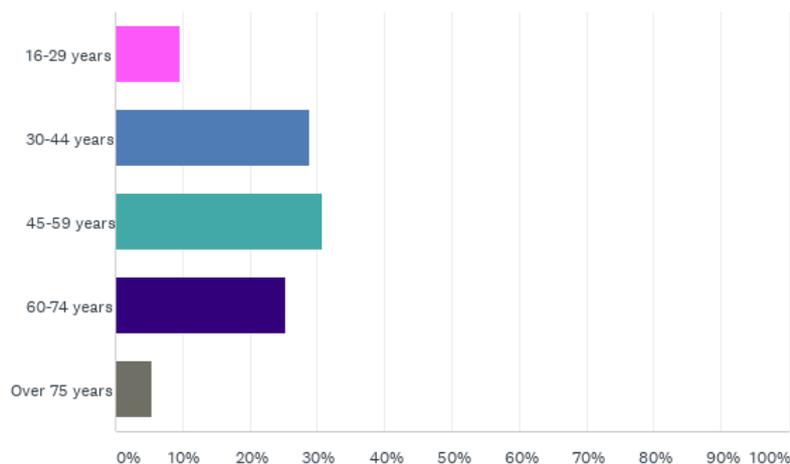
The new area will increase waiting room capacity from that currently provided at Peterborough City Care Centre and complies with new guidance on infection prevention controls and social distancing.

Remodelling of the existing facilities will also include four new streaming pods at the front of the remodelled Urgent and Emergency Care (UEC) Lobby area. The streaming pods will be used to provide rapid clinical assessment on arrival, directing patients to the appropriate clinical service to ensure patients receive the right care, in the right place, the first time.

Plans have been developed for mobilisation of the new UTC pending the outcome of this consultation.

10. Demographics

Q7 Can you tell us which of the following age band you belong to?



Answer Choices	Responses
16-29 years	10% 106
30-44 years	29% 318
45-59 years	31% 338



60-74 years	25%	278
Over 75 years	5%	60
Total		1100

The demographic information we collected as part of the survey gave us information detailing the age of the people responding. From the graph above it is clear that we had a good spread of ages responding to this survey across most age ranges.

We asked people to describe their ethnicity in a free text box, most people responding to the survey used the term British, white, English or European. A lot of different definitions for ethnicity were used, with many people saying this information was irrelevant or skipping this question altogether.

Top free text responses	Responses	
White British	45%	468
White	22%	225
British	11%	118
English	10%	104
European	1.5%	16
Caucasian	1.5%	15
Asian	1%	12
Human	1%	10
Other responses	7%	77
Total		1045

The geographic information allowed us to see that the survey responses were coming in from across all of the Peterborough postcode areas. The most responses came from the postcode areas to the south of the city, followed by the city centre and Bretton postcodes.

Answer Choices	Responses	
PE2	23%	251
PE7	18%	189
PE1	13%	144
PE3	11%	123
PE6	9%	99
PE4	9%	97
Other postcode areas	17%	257
Total		1077

11. Recommendations



- It is recommended that the CCG GB agree to the proposals to relocate the Urgent Treatment Centre and the GP Out of Hours service from the City Care Centre to the Peterborough City Hospital site, subject to mitigations around people's concerns about infection control and parking and congestion at the PCH site.

It is recommended that the CCG plan for this relocation to take place **no earlier than 1 April 2021**.

People have told us that during this time of the COVID-19 pandemic they would prefer services to remain as they are. This timeframe will allow us time to ensure that segregation planning and estates work at the Peterborough Hospital site is complete.

This timeframe would mean the relocation could be done outside of winter when there are already increased pressures on our urgent and emergency care services. Also, that IT, mobilisation and estates planning can be completed. A UTC collaborative Steering Group is meeting fortnightly to oversee this process.

- It is recommended that the CCG continue to work with NWAFT to monitor the parking and traffic flow at the Peterborough City Hospital site and any changes to public transport systems in Peterborough. The Trust have green travel plans in development and the CCG will work with them and the Council to ensure that the plans meet the needs of local people and staff using the site
- It is recommended that the CCG ensures wide-reaching, accessible and timely communications to ensure that people are aware of the relocation, how to access help through 111 and where to go when they have an urgent care health need.
- It is recommended that the CGG continues to work closely with NWAFT on mobilisation plans to ensure that all necessary infection prevention and control (IPC) measures are in place to ensure safety of people attending the relocated services. Also, to ensure that all IPC measures are communicated to people who attend the service.
- It is recommended that the CCG work with service providers to ensure that Patient experience feedback is collected, analysed, and the information is used to adapt the service as and when required.

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Appendix Three – responses from other organisations.

Healthwatch Cambridgeshire and Peterborough

Relocation of Peterborough Urgent Treatment Centre: Our response

The consultation

Healthwatch Cambridgeshire and Peterborough welcomed the opportunity to comment on the consultation materials and process and are pleased to see that changes were made as a result of suggestions.

We were uncertain at how effective a consultation process would be at a time when conventional meetings were not possible. We are however aware that the CCG has received a large number of responses to its survey and so have managed to reach a good number of people. We are pleased that people are taking up this opportunity to have their views heard. As well as promoting the survey and hosting discussions at the Healthwatch Peterborough Health and Care Forum, we have assisted the consultation process by providing an independent chair for both online meetings.

The CCG are to be commended for setting up online public meetings for local people to ask questions regarding the proposed relocation. Unfortunately, few local people took up the offer to join these meetings. However, it was a helpful session for those people that did participate, having direct access during the session to the CCG staff leading the consultation and the partner stakeholder team.

Advantages and disadvantages of the relocation

Summarised below are the key points that we have heard from local people, contextualised by our knowledge of the local health and care system.

From our participation in a range strategy and planning meetings, Healthwatch Cambridgeshire and Peterborough understands the advantages of a fully integrated urgent and emergency service. Co-locating the Urgent Treatment Centre (UTC) will undoubtedly help patients receive the correct type of care at the right time.

People tell us that they are unclear about where to go and what they should do to get the medical help they need. The multiple options that people have cause confusion. Co-locating the urgent and emergency elements of the service should simplify the situation.

Linking to the 'Think 111' campaign will be beneficial to patients and the public, as well as improving efficiency of the health system.

The Community Values Panel, facilitated by Healthwatch, and reporting to the CCG in January 2020, prioritised the following values when considering the topic of access to urgent and emergency care:

- Those most in need to be seen first
- It is OK to redirect people to a range of services
- People need better information and signposting.

We are aware of media reporting that suggests a majority of local people are not in favour of this change of location. The UTC was originally set up close to the centre of Peterborough to allow ease of access. We have heard concerns from local people regarding access by public transport to Peterborough City Hospital (PCH) and that some people living in the city centre will find it difficult to get to the hospital. This may be a minority of people but they will undoubtedly feel a significant impact. We are aware that currently many people use their own, or their family's car to attend the UTC. We know that in the past there have been pressures on parking at PCH, but this situation is much relieved by lower numbers of patients attending the hospital in person. However, this is likely to change in future when there is a return to more face to face provision and visiting.

In our Covid-19 survey people told us that they are concerned about the safety of hospitals. People may experience anxiety and will require reassurance that hospitals are safe places to attend.

At the public online consultation meetings we heard concerns about the necessary IT infrastructure being in place, and whether the building adaptations required will be completed on time. These complex matters of implementation, including public communications, will need a great deal of effort should the proposal be approved. We heard of offers from community leaders to help with future engagement.

If the consultation responses show a majority of people who responded object to the move, Healthwatch Cambridgeshire and Peterborough strongly recommends that the CCG makes its decision and mitigating actions taking into account that local sentiment.

Mitigations

If the proposal is approved Healthwatch Cambridgeshire and Peterborough recommend that the following mitigations are put in place to ensure maximum public confidence:

- Public communications to assure the public that robust infection control procedures are in place.
- Public communications regarding the relocation need to clearly explain to people what they should do and where they should go to get the help they need. This information should be coherent with Think 111 messages.
- The relocation does not take place until there is adequate space to undertake safe indoor triaging and there is adequate waiting space to allow for social distancing.
- Clear instructions to patients regarding the safety steps they must take if attending.
- Monitoring of the parking situation.
- Patient feedback is collected from everyone attending the relocated UTC to ensure that people's experiences are analysed, implications understood and the information is used to adapt the service as and when required.

Sandie Smith (CEO)

Healthwatch Cambridgeshire and Peterborough

29 September 2020



Cambridgehire & Peterborough NHS UEC Out of Hospital Collaborative

G.11 Office Unit
Allia Future Business Centre
Peterborough United Football Club
London Road
Peterborough
PE2 8AN

29th Sept 20

Telephone No: 01733 666670

Dear Sir/Madam

Urgent & Emergency Care (UEC) Collaborative – Formal Response to the Relocation of the Peterborough Urgent Treatment Centre (UTC) to the Peterborough City Hospital (PCH) site – Public Consultation

The UEC Collaborative is comprised of local NHS providers (see annex A) involved in the delivery of Urgent & Emergency Care. The collaborative has as part of our Integrated Delivery Plan (IDP) featured the relocation of the UTC to the PCH site as a key programme of work and therefore we are collectively all in supportive of the move.

The relocation will provide a high degree of resilience to the PCH Emergency Department (ED) providing a single point of access for patients that can cater for all their UEC needs. With related services all in one place, we believe will enhance the experience and the quality of care for our patients.

Furthermore, as the model matures, we expect there to be some financial economies of scale, thus contributing to the overall system financial balance.

Kind regards

Mustafa Malik
Co Chair

John Martin
Co Chair

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
12 JANUARY 2021	PUBLIC REPORT

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

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

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

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

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

The Scrutiny Committees will:

- (a) *Review and scrutinise the Executive, Committee and officer decisions and performance in connection with the discharge of any of the Council's functions;*
- (b) *Review and scrutinise the Council's performance in meeting the aims of its policies and performance targets and/or particular service areas;*
- (c) *Question Members of the Executive, Committees and senior officers about their decisions and performance of the Council, both generally and in relation to particular decisions or projects;*
- (d) *Make recommendations to the Executive and the Council as a result of the scrutiny process.*

3. **TIMESCALES**

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

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

5. **ANTICIPATED OUTCOMES OR IMPACT**

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

6. **REASON FOR THE RECOMMENDATION**

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

7. **BACKGROUND DOCUMENTS**

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

- 7.1 Minutes of meetings held on 5 November 2018, 18 September 2019, 7 January 2020, 20 May 2020, 3 November 2020

8. **APPENDICES**

- 8.1 Appendix 1 – Recommendations Monitoring Report

HEALTH SCRUTINY COMMITTEE

Updated: 4 JANUARY 2021

Outstanding recommendations from 2018/2019 and 2019/2020

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	PRIMARY CARE UPDATE PETERBOROUGH	The Health Scrutiny Committee RESOLVED to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee.	Update provided by the CCG on 22/12/2020 The Primary Care Team have recently completed an exercise across all primary care providers to identify areas for improvement in relation to patient access to GP services. As part of this exercise the team have reviewed telephone response rates, website access and front door messaging. The results of this exercise have been collated and shared with our Local Medical Committee for review. Any immediate concerns have been addressed, but our intention is to share our findings with practices with a view to addressing any highlighted areas for improvement. Part of this process will also include sharing examples of good practice within our CCG footprint. Unfortunately, the CCGs Primary Care Team response to COVID Mass Vaccination Programme has taken priority and so this work has been paused until the New Year. In the	Ongoing Monitoring requested by Committee at 18 September 2019 meeting.

				meantime, the CCG has developed a local toolkit and suite of supporting documents to support practices to review current practice and implement improvements where possible.	
18 September 2019	Director of Public Health	BEST START IN LIFE STRATEGY AND CHILDREN'S PUBLIC HEALTH SERVICES	The Health Scrutiny Committee RECOMMENDED 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.	At its meeting held on 3 November 2020 the Committee requested that a follow up letter be sent to MP's with regard to this recommendation. The Director for Public Health advised that she had met with the MP's concerning this matter and lobbying was ongoing. One issue was that a lot of funding was now being redirected to deal with the COVID-19 pandemic. Dr Robin would consult with the Chief Executive and the Acting Director of Finance to ascertain what the current situation was with regard to lobbying for additional funding and if a further letter would be appropriate at this time. Dr Robin to provide a verbal update at the meeting on 12 January 2021.	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	NORTH WEST ANGLIA NHS FOUNDATION TRUST - WINTER PREPARATIONS 19/20	The Health Scrutiny Committee considered the report and RECOMMENDED that the pilot scheme currently being used at Hinchingsbrooke Hospital was progressed further and implemented at	A report on the outcome of the consultation on the proposed relocation of the Urgent Treatment Centre and its integration with 111 and GP out of hours will be presented to the next meeting of the Committee on 12 January 2021.	Ongoing

			Peterborough City Hospital.		
7 January 2020	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group / Chief Executive, North West Anglia NHS Foundation Trust	NORTH WEST ANGLIA NHS FOUNDATION TRUST FINANCIAL UPDATE	The Health Scrutiny Committee considered the report and RECOMMENDED 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.	Report was presented to the Committee at its meeting on 3 November 2020.	Complete
7 January 2020	Director of Public Health / Chairman of Health Scrutiny Committee	UPDATE ON QUALITY IN PRIMARY CARE SERVICES	It is RECOMMENDED 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.	Update as of 10/9/20: 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.	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>20 May 2020 Joint Scrutiny Meeting – Response to COVID-19</p>	<p>Cllr Fitzgerald, Cabinet Member for Adult Social Care, Health & Public Health / Dr Liz Robin, Director of Public Health</p>	<p>Peterborough City Council’s Response to COVID-19</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>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 Peterborough to be involved.</p>	<p>Ongoing</p>

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
12 JANUARY 2021	PUBLIC REPORT

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

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

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

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

The Scrutiny Committees will:

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

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

3. TIMESCALES

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

4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The Forward Plan contains those Executive Decisions which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken

after 2 February 2021.

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: 4 JANUARY 2021

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 or by telephone on 01733 452460.

All decisions will be posted on the Council's website: 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 2 FEBRUARY 2021

<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 INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
None.							

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>1. Disposal of freehold in Centre of the City - KEY/12JUN18/01 To delegate authority to the Corporate Director of Growth and Regeneration to sell the property</p> <p>76</p>	<p>Councillor Seaton, Cabinet Member for Finance</p>	<p>December 2020</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@pe terborough.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>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>

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>2. To approve the awarding of contracts to external providers following a competitive tender exercise led by Cambridgeshire County Council - KEY/25JUNE18/02 Cambridgeshire County has recently conducted a tendering exercise to establish a Dynamic Purchasing System for the provision Supported Living Services for Adults with a Learning Disability (Reference number: DN311905). Peterborough City Council is the named authority under this arrangement and would want to commission care and support packages (call-off).</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>December 2020</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 & 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>3. Adoption of the “Dynamic Purchasing System” (DPS) procedure for Public Health contracts with Primary Care providers – KEY/10DEC18/01 To seek the approval to adopt the “Dynamic Purchasing System” (DPS) procedure for contracts with Primary Care providers for the duration of up to five years. The proposals have been approved by the Cambridgeshire and Peterborough Joint Commissioning Board.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>December 2020</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>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
4.	<p>Vehicle removal for Parking contravention – KEY/15APR19/02 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>	Councillor Walsh, Cabinet Member for Communities	December 2020	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
79								
5.	<p>Approval for contract to be awarded to Skanska to deliver design of Eastern Industries Access Phase 1 scheme - KEY/10JUN19/01 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>	Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments	December 2020	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.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>08</p> <p>6. Approval for contract to be awarded to Skanska to deliver design of A1260 Nene Parkway Junction 15 Improvement scheme – KEY/10JUN19/02 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>Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2020</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>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
7. 81	<p>Contract for remedial works by PCC to the Stanground Bypass – KEY/2SEP19/02</p> <p>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>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2020</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South and Hargate and Hempstead</p>	<p>Relevant internal and external stakeholders</p> <p>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>8. Approval of funding for the provision of accommodation to reduce homelessness KEY/14OCT19/01 – 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>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</p>	<p>December 2020</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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<p>9. Introduction of Civil Enforcement of Bus Lane and Bus Gate contraventions pursuant to the Transport Act 2000 - KEY/09DEC19/02 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>Councillor Irene Walsh, Cabinet Member for Communities</p>	<p>December 2020</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal stakeholders. 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>

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
<p>10. Disposal of land at 7-23 London Road, Peterborough - KEY/06JAN20/01 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>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2020</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@peteborough.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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85	<p>11. The disposal of former playing fields at Angus Court, Westtown, Peterborough - KEY/06JAN20/02 Approval to dispose of former playing fields and Angus Court</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2020</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: tristram.hill@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>12. Approval for Framework for Early Intervention and Prevention Services KEY/27APR20/02 - Approval for Pseudo Framework for the commissioning of Early Intervention and Prevention Services in Peterborough</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</p>	<p>March 2021</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@camb ridgeshire.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>13. Re-implementation of the Millfield, New England, Eastfield and Embankment Public Space Protection Order – KEY/11MAY20/01 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>Councillor Irene Walsh, Cabinet Member for Communities</p>	<p>December 2020</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 & 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@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>

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<p>14. Award of Community Alarm (Lifeline) Contract to commence 1/4/2021 – KEY/8JUN20/01 Award of Lifeline contract to successful bidder following formal procurement process.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</p>	<p>December 2020</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards.</p>	<p>Relevant internal and external stakeholders. 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>15. Supply of Agency Staff to the Council – KEY/8JUN20/02 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>Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation</p>	<p>December 2020</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All wards.</p>	<p>Relevant internal and external stakeholders. 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>16. Acquisition of a freehold commercial property in Peterborough City Centre – KEY/8JUN20/03 - Acquisition of a freehold property for a community hub.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2020</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>

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17.	<p>Mental Health and Autism (Adults) Accommodation Framework - KEY/20JUL20/03 The Award of a Framework for the provision of accommodation based support for Adults with Mental Health needs and/or Autism.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</p>	<p>December 2020</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>18. 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 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>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2020</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Hargate & 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@petborough.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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19.	<p>Tender for the services of the Dementia Resource Centre Peterborough - KEY/17AUG20/04 - 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	December 2020	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
20.	<p>Purchase of new Fleet and Plant for Environment Base Services – KEY/31AUG20/04 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>	Councillor Marco Cereste , Cabinet Member for Waste, Street Scene and the Environment	December 2020	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders	Kitran Eastman, Managing Director, Peterborough Ltd kitran.eastman@peterboroughlimited.co.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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21.	<p>8 month extension to the Interim, Respite and Reablement beds in Peterborough – KEY/14SEP20/01</p> <p>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>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</p>	<p>December 2020</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>
22.	<p>Pupil Forecasts – Adoption of Multipliers for Forecasting Education Provision Arising from New Developments – KEY/28SEP20/01</p> <p>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>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and University</p>	<p>December 2020</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 clare.buckingham@cambridgeshire.gov.uk</p>	<p>Methodology Paper from Business Intelligence Service will be an Appendix to the Report</p>

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23.	<p>Disposal of Whitworth Mill – KEY/28SEP20/02</p> <p>The decision concerns a proposal to sell Whitworth Mill to an under bidder following the withdrawal of the previous bidder.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2020</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Fletton and Stanground</p>	<p>Relevant internal and external stakeholders.</p> <p>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: Dave.Anderson@peterborough.gov.uk</p>	<p>Property Agents report</p>
24.	<p>Proposed transfer of the management for the Energy Hub from the CPCA to PCC – KEY/28SEP20/03</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>Councillor Marco Cereste, Cabinet Member for Waste, Street Scene and the Environment</p>	<p>December 2020</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, elliott.smith@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>25. Agency Worker extensions – KEY/28SEP20/04 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>Councillor David Seaton, Cabinet Member for Finance</p>	<p>December 2020</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders. Legal and Procurement</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>26. Sale of the freehold of the London Road Stadium and the Allia Business Centre – KEY/12OCT20/01 Sale of the freehold of the London Road Stadium and the Allia Business Centre</p>	<p>Councillor David Seaton, Cabinet Member for Finance</p>	<p>January 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Fletton and Stangr ound</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. 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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27.	<p>Recommission Children and Young People's Emotional Wellbeing and Mental Health Services in Peterborough and Cambridgeshire – KEY/16NOV20/01</p> <p>To approve a Section 76 Agreement with Cambridgeshire and Peterborough Clinical Commissioning Group for the delivery and Children and Young People's Emotional Wellbeing and Mental Health Services.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>February 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Helen Andrews, Children's Commissioner, 01223 728577 Helen.Andrews@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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28.	<p>Heads of Terms for Peterborough's Towns Fund Investment Plan – KEY/16NOV20/02</p> <p>The Cabinet will be asked to agree the terms of an award of funding from the UK Government in support of the projects set out in Peterborough's submission to the Towns Fund</p>	Cabinet	18 January 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	There was consultation via the Towns Board prior to submission of the bid. Further consultation will be undertaken once it is known which projects are to be supported by the Government	Dave Anderson 01733 452468 Dave.Anderson@peterborough.gov.uk	Letter of award from Government may contain some exempt clauses.
29.	<p>Decision to re-establish a Housing Revenue Account - KEY/16NOV20/03</p> <p>The decision recommended is that the Council agrees to re-establish a Housing Revenue Account, enabling the authority to begin a programme of housing development and acquisition of affordable social housing to meet local housing need.</p>	Cabinet	15 March 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	This decision follows and earlier decision of the Council to explore the option of re-opening the Housing Revenue Account. The decision to move forward with the proposal has been shared with local Housing Associations for comment.	Mohamed Hussein, mohamed.hussein@peterborough.gov.uk, 07866474953	Housing Revenue Account Business Case.

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30.	<p>Joint Cambridgeshire County Council and Peterborough City Council Transport Services DPS - KEY/7DEC20/01 - Joint Cambridgeshire County Council and Peterborough City Council Transport Services DPS for all Education and social care transport procurement.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>March 2020</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>Agreed at RIT Board and Joint Commissioning Board</p>	<p>Bryony Wolstenholme - Passenger Transport Operations Tel: 01733 317453 Email: bryony.wolstenholme@peterborough.gov.uk</p>	<p>Joint Commissioning Board decisions 25.08.2020/ RIT Board 19.02.2020</p>
31.	<p>Variation to the Council's Operational Services Agreement (Peterborough Serco Strategic Partnership Contract): Modification to scope of the PSSP Contract - KEY/7DEC20/02 - Variation to the Council's Operational Services Agreement (Peterborough Serco Strategic Partnership Contract): Modification to scope of the PSSP Contract - Business Transformation & Strategic Improvement Service Support element</p>	<p>Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation</p>	<p>December 2020</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Christ Yates, Finance, 01733 452527, chris.yates@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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32.	<p>Approval of City Parking Strategy – KEY/21DEC20/01 Cabinet approval is sought for the findings and recommendations of a City Parking Strategy commissioned by the Council from external subject matter experts Royal Haskoning.</p>	Cabinet	1 Feb 2021	Growth, Environment and Resources Scrutiny Committee	All City Centre Wards	Consultation has not yet commenced	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.
33. 97	<p>Mechanism selected for the supply of agency workers – KEY/21DEC20/02 – Options appraisal being undertaken for the Council's future supply of agency workers beyond expiry of the current contracts. This decision recommends the option that should be taken forward in the long term.</p>	Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation	December 2020	Growth, Environment and Resources Scrutiny Committee	N/A	Legal, procurement, market analysis.	Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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<p>34. Procurement of 22 one bedroom flats for the accommodation of people who have previously been rough-sleepers – KEY/04JAN21/01 - The decision is to approve the use of £625K capital grant towards the purchase of 22 one bedroom flats. There is a further decision to approve borrowing of up to £1,675,000 from Public Works Loan Board towards the purchase of the 22 one bedroom flats.</p>	<p>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Consultation with MHCLG and Homes England</p>	<p>Mohamed Hussein Interim Director of Housing: Needs and Supply, Tel:07866 474953, Email: mohamed.hussein@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>35. Note the approval by the Combined Authority of £800k capital grant to PCC to develop a “Cafe Culture” in the City - KEY/04JAN21/02 - Note the successful collaboration with the local business community which enabled the successful CPCA grant application. To recognise the potential for the cafe culture project to alter the fortunes of the city Approve the Capital Review Group recommendation to support the project with £183k capital funding Authorise the Director of Law and Governance in consultation with the Acting Corporate Director Resources, to enter into such legal agreements as may be required to give effect to the recommendation above and the development and operation of the cafe culture project in the city centre including a grant agreement with CPCA and any property agreements</p>	<p>Councillor David Seaton, Cabinet Member for Finance</p>	<p>Jan 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Ongoing consultation with businesses in the city, including surveys and face to face engagement</p>	<p>Jay Wheeler, Economic Development, Tel: 07951 942995, Email: jay.wheeler@pete.rborough.gov.uk</p>	<p>CMDN Build Back Better: Cafe Culture Project</p>

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100	<p>36. Housing Related Support Grant Agreements 2021/2022 – KEY/04JAN20/03 - The award of specific grants for Housing Related Support, which will be funded through the Housing Related Support Programme (formerly Supporting People Programme), to the following organisations for the period of 12 months, 1 April 2021 to 31 March 2022:</p> <p>Longhurst Group (formerly Axiom Housing Association) – Hostel Accommodation and Drop-in Services Cross Keys Homes – Hostel Accommodation Cambridgeshire & Peterborough YMCA – Hostel Accommodation Peterborough Women’s Aid – Refuge Service Futures Housing Group – Hostel Accommodation Home Group – Hostel Accommodation</p>	<p>Councillor David Seaton, Cabinet Member for Finance</p>	<p>January 2021</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders</p>	<p>Russ Carr, Care & Repair Manager Email:russ.carr@peterborough.gov.uk Tel: 07920 160806</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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37.	<p>Approval to enter into Section 256 / Section 75 for Youth Offending Service - 04 Psychology provision - KEY/04JAN21/04 - This decision is to seek approval to enter a Section 256 agreement with the Cambridgeshire and Peterborough Clinical Commissioning Group for income for the YOS Psychology Service. It will also seek approval to enter a Section 75 agreement for Cambridgeshire and Peterborough Foundation Trust to provide the YOS Psychology Service.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>January 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Laura Fordham, Assistant Commissioner in the Children's Commissioning Team Email: laura.fordham@peterborough.gov.uk, Tel:07984 647160</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>38. Transfer of undertaking relating to Local Transport Functions, from Peterborough City Council to the Cambridgeshire and Peterborough Combined Authority - KEY/04JAN21/05 - Return by way of transfer to Cambridgeshire and Peterborough Combined Authority (CPCA) of the local transport functions (set out at Article 8 of the Cambridgeshire and Peterborough Combined Authority Order 2017 (SI 2017/251)) which were delegated to Cambridgeshire County Council and Peterborough City Council by way of the CPCA Board Decision of 29.01.2020. The delegation ends on 31 March 2021, after which the undertaking will be delivered by the Cambridgeshire and Peterborough Combined Authority.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>January 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Charlotte Palmer, Group Manager - Highways and transport, Tel:01733 453538, Email: charlotte.palmer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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103	<p>39. Support for the sustainability of the Adult Social Care market – KEY/18JAN21/01</p> <p>1. Approve an additional expenditure to the Adult Social Care market providers in 2020/21 to help with service sustainability.</p> <p>2. Delegate the implementation of service sustainability payments to the Corporate Director, People and Communities</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</p>	<p>January 2021</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Gurdev Singh, Head of Service, P&C Commissioning. M: 07747 455016 gurdev.s.r@cambbridgeshire.gov.uk</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>
	<p>40. Purchase of a property in Peterborough City Centre to be used for housing – KEY/18JAN21/02</p>	<p>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</p>	<p>January 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p> <p>Consultation is in its early stages as commercial negotiations are still in progress.</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@pete.rborough</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>

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<p>41. Approval for contract to be awarded to Skanska to deliver detailed design and full business case for Eastern Industries access improvement scheme – KEY/18JAN21/03</p> <p>The Council has previously received funding of £319k from the Cambridgeshire and Peterborough Combined Authority (CPCA) to deliver the strategic outline business case for Eastern Industries access improvement scheme. Now that these stages are complete, the CPCA is in the process of awarding a further £531k so that the detailed design and full business case can be undertaken. The additional funding for the scheme subject to approval will now total £850k. Approval is required for the contract to be awarded to Skanska to undertake detailed design and full business case for the scheme.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>January 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>East</p>	<p>Relevant internal and external stakeholders</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, 01733 317465, lewis.banks@peterborough.gov.uk</p>	<p>Meeting minutes confirming award and Strategic Outline Business Case detailing objectives and proposals of scheme to be delivered.</p>

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42.	<p>Novation of the IS Highways Service from Skanska to M Group Services – KEY/18JAN21/04</p> <p>Permission is sought to honour the Novation of contracts from Skanska to M Group Services following its acquisition</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>January 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Charlotte Palmer, Group Manager – Transport and Environment, Email: charlotte.palmer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>43. Affordable Warmth Strategy 2021 - 2025 & the Housing Renewals Policy 2021 – 2024 - KEY/18JAN21/05 - This CMDN seeks the Cabinet Member for Adult Social Cares' approval of the Affordable Warmth Strategy 2021 – 2025 which sets out the schemes, to tackle fuel poverty for the vulnerable and low income residents. In addition, approval is sought to adopt the refreshed Housing Renewals Policy 2021 - 2024 to provide assistance to vulnerable householders. The Policy also details the circumstances in which persons will be eligible for assistance and how the amount of any assistance will be calculated. The Policy explains the conditions that will apply to the provision of assistance and how and in what circumstances any assistance made may be repaid.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</p>	<p>January 2020</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p> <p>Both documents on the Consultation pages of website until 31/12/2020</p>	<p>Sharon Malia, Housing Programmes Manager, Tel:07920 160632 Email: sharon.malia@pe-terborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

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

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY DECISIONS

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

PREVIOUSLY ADVERTISED DECISIONS

<i>DECISION REQUIRED</i>		<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
1.	<p>Disposal of former Barnack Primary School caretaker house - Delegate authority to the Corporate Director of Growth and Regeneration to dispose of the property.</p>	<p>Councillor Seaton, Cabinet Member for Finance</p>	<p>December 2020</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>NVA</p>	<p>Relevant internal and external stakeholders.</p>	<p>Stuart Macdonald, Property Manager. Tel: 07715 802 489. Email: stuart.macdonald@peterborough.gov.uk Bill Tilah (Bill.Tilah@nps.co.uk)</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>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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110	<p>2. Approval of the leasehold disposal of a brownfield site to a care provider – 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>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2020</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, tristram.hill@nps.co.uk</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>

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3.	<p>Modern Slavery Statement To review and agree for publication an updated Statement in compliance with the Modern Slavery Act 2015.</p>	<p>Councillor Walsh, Cabinet Member for Communities</p>	<p>December 2020</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, rob.hill@peterborough.gov.uk</p> <p>Amy Brown, Senior Lawyer and Deputy Monitoring Officer, Amy.brown@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>
4.	<p>Leisure Facility Options Appraisal - Cabinet Member approval to proceed with the development of a business case to test the viability of a new leisure facility in the city</p>	<p>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</p>	<p>December 2020</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>N/A</p>	<p>None at this stage</p>	<p>Dave Anderson Interim Development Director Tel: 07810 839657 Email: Dave.Anderson@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>5. Adoption of Housing Related Support Commissioning Strategy - 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.</p>	<p>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</p>	<p>December 2020</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>N/A</p>	<p>N/A</p>	<p>Lisa Sparks, Commissioner - Housing Related Support, Tel: 07900163590, Email: lisa.sparks@cambridgeshire.gov.uk</p>	<p>Housing Related Support Strategy, Cambridgeshire and Peterborough</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
6.	COVID Local Economic Recovery Strategy (LERS) - Comment on the draft strategy prepared by Cambridgeshire and Peterborough Combined Authority (CPCA)	Cabinet	December 2020	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	Tom Hennessy (tom.hennessy@opportunitypeterborough.co.uk) and Steve Cox (steve.cox@peterborough.gov.uk)	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>7. Variation to the delegation agreement between Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) regarding the delivery of the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire This decision seeks authorisation to vary the Delegation and Partnering agreement to account for the increase in the value of PCC financial contributions to CCC in respect of the Agenda for Change pay increase. Agenda for Change is a nationally agreed UK-wide package of pay, terms and conditions for NHS staff. Under this deal, which came into effect in 2018, was the agreement for all NHS staff employed at the top pay points at bands 2-8c were to receive a 6.5% cumulative pay increase over a 3 year period.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</p>	<p>December 2020</p>	<p>Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Amy Hall, Children's Public Health Commissioning Manager, 07583040529</p>	<p>CMDN to authorise delegation of HCP commissioning functions from PCC to CCC - https://democracy.peterborough.gov.uk/mglssueHistoryHome.aspx?Id=22331&PlanId=395&RPID=0</p>

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115	8.	Selective Licensing of Private Rented Property - Approval to consult on Selective Licensing of Private Rented Property	Cabinet	1 February 2020	Adults and Communities Scrutiny Committee	All Wards	Minimum of 10 week public consultation with persons likely to be affected by the designation and consider any representations made in accordance with the consultation	Kerry Leishman, Head of Operations for Environmental Health & Licensing Tel: 01733 453502 Email: kerry.leishman@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
	9.	Joint PCC and CCC IT Service Management System To approve the procurement of a new joint Peterborough City Council [PCC] and Cambridgeshire County Council [CCC] IT Service Management [ITSM] system.	Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation	January 2021	Growth, Environment and Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders. G-Cloud Procurement Process	Damian Roberts, Project Manager. T: 07485 594522 E: damian.roberts@peterborough.gov.uk	CMDN and PID

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
116	<p>10. Marshfields Special School Redesignation Decision – A decision on whether or not Marshfields Special School should be redesignated from Moderate Learning Difficulties to Learning Difficulties.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and University</p>	<p>February 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>Dogsthorpe</p>	<p>Relevant internal and external stakeholders.</p> <p>Statutory process as outlines in the Prescribed Alterations Guidance for Maintained Schools has been followed. This included a 4 week formal consultation period and an online consultation evening.</p>	<p>Rachael Pinion, Area Education Officer for Peterborough, 07788389703, rachael.pinion@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>

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

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

DIRECTORATE RESPONSIBILITIES

RESOURCES DEPARTMENT 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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HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2020/2021

Updated: 4 JANUARY 2021

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

	<p>Contact Officers: Louise Mitchell, Director of Strategy and Planning, C&PCCG</p>		
	<p>Managing COVID-19 Public Health Update</p> <p>Contact Officer: Dr. Robin, Director of Public Health</p>		
	<p>Innovation and Collaborative Working In Light Of COVID-19</p> <p>Contact Officer: Louise Mitchell, Director of Strategy and Planning, C&PCCG / Jan Thomas, Accountable Officer, C&PCCG</p>		
	<p>Review Of 2019/2020 and Work Programme For 2020/2021</p> <p>To review the work undertaken during 2019/20 and to consider the work programme of the Committee for 2020/2021</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>3 NOVEMBER 2020 Draft Report 15 October</p>	<p>North West Anglia NHS Foundation Trust Update on Progress with the Green Travel Plan</p>		

Final Report 22 October	Contact Officer: Caroline Walker		
	Managing COVID-19 Public Health Update		
	Contact Officer: Dr. Robin		
	Provision of Healthcare for Homeless Rough Sleepers during winter months and the impact of COVID		
	Contact Officer – Val Thomas / Marek Zamborksy		
	Monitoring Scrutiny Recommendations To monitor progress made on recommendations made at the previous meeting.		
	Contact Officer: Paulina Ford, Senior Democratic Services Officer		
Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.			
Contact Officer: Paulina Ford, Senior Democratic Services Officer			
Work Programme 2020/2021 To consider the Work Programme for 2019/2020			
Contact Officer: Paulina Ford, Senior Democratic Services Officer			

11 NOVEMBER 2020 Joint Scrutiny of the Budget Meeting	Medium Term Financial Strategy 2021/22 to 2023/24 Contact Officer: Peter Carpenter		
12 JANUARY 2021 <i>Draft Report 21 December</i> <i>Final Report 28 December</i>	Managing COVID-19 Public Health Update Contact Officer: Dr. Robin		
	East of England Ambulance Service NHS Trust Response to CQC Inspection Report and Overview of Performance in the Peterborough Area Contact Officer: Luke Squibb, Head of Operations Cambridgeshire and Peterborough		
	Report on the Consultation Process and Cambridgeshire and Peterborough Clinical Commissioning Group Governing Body Decision to Relocate the Urgent Treatment Centre and GP Out of Hours Service Peterborough Contact Officer: Jessica Bawden, Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group		
	Monitoring Scrutiny Recommendations To monitor progress made on recommendations made at the previous meeting. Contact Officer: Paulina Ford, Senior Democratic Services Officer		

	<p>Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2020/2021 To consider the Work Programme for 2019/2020 Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>10 FEBRUARY 2021 Joint Scrutiny of the Budget Meeting</p>	<p>Medium Term Financial Strategy 2020/21 to 2022/23</p> <p>Contact Officer: Peter Carpenter</p>		
<p>15 MARCH 2021 <i>Draft Report 24 February</i> <i>Final Report 3 March</i></p>	<p>Managing COVID-19 Public Health Update</p> <p>Contact Officer: Dr. Robin</p>		
	<p>Cabinet member for Adult Social Care, Health and Public Health Portfolio Progress Report</p>		
	<p>Impact of COVID-19 on the Mental Health of Peterborough Residents</p> <p>Contact Officer:</p>		

	<p>Relocation of Urgent Treatment Centre and GP Out of Hours Service Progress Report</p> <p>Contact Officer: Jessica Bawden, Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group</p>		
	<p>Monitoring Scrutiny Recommendations</p> <p>To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>Items pending:</p>			