

ADULTS AND HEALTH SCRUTINY COMMITTEE

TUESDAY 9 NOVEMBER 2021
7.00 PM

Venue: Sand Martin House, Bittern Way, Peterborough, PE2 8TY

**Contact: Paulina Ford, Senior Democratic Services Officer at
paulina.ford@peterborough.gov.uk, or 01733 452508**

AGENDA

Page No

1. Apologies for Absence

2. Declaration 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 Adults and Health Scrutiny Committee Meeting held on 21 September 2021 **3 - 10**

4. Call in of any Cabinet, Cabinet Member or Key Officer Decision

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) Report On Progress On CQC Inspection Target And Overview Of Performance In The Peterborough Area **11 - 22**

6. North West Anglia NHS Foundation Trust COVID Recovery Plan For Elective Care and Winter Pressures **23 - 42**

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11.	Date of Next Meeting	

17 November 2021 – Joint Meeting of the Scrutiny Committees
11 January 2022 – Adults and Health Scrutiny Committee

Emergency Evacuation Procedure – Outside Normal Office Hours

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Committee Members:

Councillors: Eley (Chair), Ansar Ali, S Barkham, C Burbage, S Farooq, S Hemraj, S Qayyum, B Rush (Vice Chair), B Tyler and S Warren

Substitutes: Councillors: C Fenner, A Iqbal, N Sandford and H Skibsted

Non Statutory Co-Opted Members

Parish Councillor June Bull, Independent Co-opted Member (Non-voting)

Parish Councillor Neil Boyce, Independent Co-opted Member (Non-voting)

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

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
TUESDAY 21 SEPTEMBER 2021
VENUE: SAND MARTIN HOUSE, BITTERN WAY, PETERBOROUGH**

Committee Members Present: Councillors G. Elsey (Chair), A. Ali, S Barkham, C Burbage, S. Farooq, H. Skibsted, S. Qayyum, B. Rush (Vice Chair), B. Tyler, S. Warren and Co-opted Member Parish Councillor June Bull

Officers Present Jyoti Atri, Director of Public Health
Charlotte Black, Director of Adult Social Care (DASS)
David Beauchamp, Democratic Services Officer
Janet Dullaghan, County Lead for Autism Strategy – virtually

Also Present: Dr Gary Howsam - GP and Chair of Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) Governing Body - virtually
Dawn Jones- Head of Primary Care Commissioning, Cambridgeshire & Peterborough CCG - virtually
Jan Thomas, Chief Executive Officer, Cambridgeshire & Peterborough CCG – virtually
Saqib Rehman – representing Healthwatch

12. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor S. Hemraj (Cllr H. Skibsted was in attendance as a substitute).

13. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Agenda Item 6. - Primary Care Update – Relating to Access to Primary Care During the COVID-19 Pandemic

Cllr Qayyum declared in interest as a GP at the Central Medical Centre. Cllr Qayyum would continue to participate but would leave the meeting during any discussion relating to the Central Medical Centre.

14. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 13 JULY 2021

The minutes of the Health Scrutiny Committee meeting held on 13 July 2021 were agreed as a true and accurate record.

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

There were no call-ins received at this meeting.

16. ALL AGE AUTISM STRATEGY CONSULTATION REPORT

The report was introduced by the County Lead for Autism Strategy which supports the aim for Cambridgeshire and Peterborough to be an autism friendly place where autistic children and adults can live full and rewarding lives, within a society that accepts and understands them. The vision is for both Cambridgeshire and Peterborough to be recognised as autism friendly places to live, where people with autism of all ages have access to equal opportunities.

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

- Members requested that the County Lead for Autism Strategy provides the Committee with more information on psychoeducation, including who was eligible for it.
- The three main factors explaining the predicted increase in the number of people in Peterborough with autism were the general increase in population, an increase in the rate of children being diagnosed and the waiting list to diagnose adults.
- Members asked how many employers were currently signed up to the Disability Confident scheme and the how officers planned to increase this further. Officers responded that they would work with schools and colleges, organise seminars and liaise with local employers to educate them on how to be disability-friendly (e.g. making reasonable adjustments). These measures were aimed at increasing the number of neurodiverse people and people with learning disabilities applying for jobs.
- Members asked how they could effectively direct residents to the appropriate support. Officers responded that they were happy to assist with this and could provide regular updates to the Committee on autism.
- Members commented that parents had contacted them to say they had been forced to home-school their autistic children due to there being an unsuitable environment for them at school. Officers responded that this issue was integrated with the SEND strategy and parents had a wide range of experiences from negative to positive. Finding teachers with the appropriate experience was important. Teachers should be trained to have the awareness and ability to support autistic children.
- Members requested that the County Lead for Autism Strategy and the Head of Primary Care Commissioning provide Cllr Barkham with information on the different education options available to autistic children and initiate discussions with education officers on how schools could be assisted to provide better support for autistic children to avoid the need for home schooling.
- Some members felt that positive experiences were limited. While welcoming the Strategy, members asked if sufficient resources were in place to properly support people. Officers responded they had been working to integrate services and the more this was done, the greater the likelihood was of winning bids for funding. Despite investment in the child and adult pathways, gaps remained in provision and these needed to be highlighted.
- Officers were working to do as much as possible to support the needs to diverse communities but acknowledged that further work was needed. Officers welcomed the input of diverse communities.
- There needed to be an increased focus on gathering statistics relating to autism and diversity.
- Work was underway as part of the SEND strategy to bridge the gap in support between ages 18 and 25. It was recognised that there was a gap in the diagnosis of adults in Peterborough, which health colleagues were trying to address through investment in the pathway, and long waiting lists.

- Members requested that the County Lead for Autism Strategy and the Head of Primary Care Commissioning ensure that information and phone numbers were up to date on the website for the Local Offer
- Members asked if they had plans to run job schemes and fairs again. Officers responded that some schemes were in place, e.g., employer working groups. It was important to encourage young people to have aspirations as well as encouraging employers to be willing to employ them. It was recognised that the 16+ offer needed to be improved to facilitate this.
- Members asked from what age services could be accessed and if achieving early diagnoses of autism was beneficial. Officers responded that the early diagnosis of autism was a priority and this could take place with the help of midwives and early years settings. Once a child was on the pathway, the experiences of parents were positive. Training and awareness were important to ensure that those with autism were referred to the pathway, as was listening to people's lived experiences.
- Members commented that although the report highlighted progress, the process of gaining a diagnosis was still extensive and tying up pathways could improve outcomes. Community paediatricians could potentially make diagnoses. Officers responded that one of the strands of their work was the diagnostic pathway and they would be happy to invite the relevant officer to a future meeting of this Committee.
- It was recognised there was a gap in service provision with many people in the areas covered by the Cambridgeshire and Peterborough Foundation Trust (CPFT) and Cambridgeshire Community Services (CCS) NHS Trust not knowing where to access mental health services. The new partnership, referenced on page 46 of the reports pack, would aim to address this.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to:

1. Comment and note the contents of the proposed All Age Autism Strategy for Cambridgeshire and Peterborough.
2. Respond to the consultation on the All Age Autism Strategy.
3. Request that the County Lead for Autism Strategy provides the Committee with more information on psychoeducation, including who was eligible for it.
4. Request that the County Lead for Autism Strategy and the Head of Primary Care Commissioning provide Members with information on the different education options availability to autistic children and initiate discussions with education officers on how schools could be assisted to provide better support for autistic children to avoid the need for home schooling.
5. Request that the County Lead for Autism Strategy and the Head of Primary Care Commissioning ensure that information and phone numbers were up to date on the website for the Local Offer

17. PRIMARY CARE UPDATE – RELATING TO ACCESS TO PRIMARY CARE DURING THE COVID-19 PANDEMIC

The report was introduced by the Chair of the Cambridgeshire & Peterborough CCG Governing Body and the Head of Primary Care Commissioning, Cambridgeshire and Peterborough CCG. The report updated the committee on access to Primary Care services during the COVID-19 pandemic.

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

- Members asked when face to face GP appointments would resume. Officers responded that GPs had been open throughout the COVID-19 pandemic, with face-to-face appointments still offered where clinically necessary or when the patient thought it would be useful. At start of the pandemic, GPs were instructed to triage people before coming until the surgery to prevent the spread of COVID. This was the initial reason for telephone appointments. In July 2021, 234,000 patients had same-day face to face appointments, out of a total of 483,000 appointments. Individual anecdotes did not always correspond well the reality of the situation.
- Members asked if Stanground Surgery would be closing to provide booster vaccinations. Officers responded that this was not yet known as the booster programme had only just started. There had been issues caused by GPs surgery's providing vaccinations, but surgeries had been instructed to do so.
- Members asked if the measures cited in the report would be sufficient to address the lack of face-to-face appointments. Officers responded that the workforce crisis predated the pandemic. Despite the promise of extra GPs by 2024, there had been a 4.5% reduction in their number at a time when the ratio of patients to GPs was increasing by 10%. GPs were doing more complicated work for more people. Mitigations included the introduction of specialists to work alongside GPs, e.g., physiotherapists and mental health workers. Overall, there was a lack of GPs and underinvestment in GP services.
- Members commented that people were asked to ring 111 at the weekend but could not get through. Officers responded that an out of hours service was available, which was accessed via 111. It was recognised that the resilience of the 111 service needed to be improved.
- Officers commented that standardisation of services had both advantages and disadvantages and there was both wanted and unwanted variation. For example, it might be beneficial for a service to adapt to local needs. 83% of people were happy with the GP service they received and the media coverage of the issue was often irresponsible.
- Members asked if consideration had been given to using specific clinics for specific needs. Officers responded that GPs would always have a role in directing people to the right place as the only 'specialist generalists'.
- Members requested an update on the shortage of flu jabs and blood tests in Peterborough. Officers responded that these were national issues. Regarding blood tests, tests had been received from Europe and the United States and the service should return to normal soon. Regarding the flu jabs, one company could not honour their contract but flu vaccinations would still take place and no further delays were expected. There were 20,000 deaths from flu per year and it was vital that flu and COVID-19 vaccinations took place.
- Members asked what was being done to tackle waiting times in A&E. Officers responded that there was unprecedented pressure across the whole system. Some people had not accessed services during the pandemic following advice not to pressure the healthcare system. Work was underway to provide alternatives to A&E such as pharmacies and minor injuries units and to discourage people from using it unless necessary. There were separate issues faced by ambulance trusts with high demand making it difficult to maximise flow through hospitals. These issues were being tackled via a number of measures, e.g. patient education, moving patients to the most appropriate parts of the system and encouraging people to call 111 in the first instance for advice and signposting. The 111 service now had the capacity to do this.
- The Urgent Treatment Centre (UTC) had been relocated and required some bedding in but it did provide a COVID pathway away from A&E. An update could be given in 12-18 months. It was a testament to staff that it was performing well despite pressures.
- Members commented that once people spoke to a GP, their experiences were good but there were often accessing the service in the first instance due to phone queues in the morning. Officers responded that online triage and calls through the day were intended to address this issue but lack of capacity could cause morning queues. Practices might be able to extend the number of lines. Using a centralised call centre

instead might result in people being referred to the wrong services. 68% of people found it easy to contact their practice, an improvement on 2020 and 60% saw a clinician when they wanted or sooner. These positive statistics were not reflected in media coverage.

- Members asked for officers' assessment of the likelihood of local and national strategies increasing the number of GPs. Officers responded that work was underway to encourage medical students to pursue general practice. Staff retention was more of an issue than recruitment with more GPs leaving the profession than entering it. There were an increasing number of patients per GP and people needed to understand the other options were available for their healthcare needs.
- Members commented that many people phoning surgeries at 8am did not have a critical need for an appointment and asked if people needed to be made more aware of the option to book online. Officers agreed this was an issue and raised concerns that returning to only holding face-to-face appointments would result in less people being treated.
- Members asked why few flu deaths had been recorded in the last two years and if they had been lost in the COVID-19 figures. Officers responded that the COVID death figures referred only to those who died within 28 days of a positive test and did not identify a cause of death. In addition, COVID-19 public health measures such as mask wearing, and social distancing would have reduced the prevalence of flu.
- Members praised the good work of GPs under difficult circumstances and asked what Councillors could do to improve their situation. Officers responded that people listened to Councillors, and they could help communicate that the need for improvements needed to be balanced with public behaviour. The mistreatment of healthcare staff needed to be called out.
- Members praised the decision of the CCG to reintroduce IVF treatment.

AGREED ACTION

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to:

1. Note the contents of the Primary Care Update.
2. Request that the Chair of the CCG Governing body provides an update report to the Committee in 12-18 months on the performance of the relocated Urgent Treatment Centre.

18. UPDATE REPORT ON THE DEVELOPMENT OF INTEGRATED CARE SYSTEM FOR CAMBRIDGESHIRE AND PETERBOROUGH

The report was introduced the Chief Executive Officer, Cambridgeshire and Peterborough CCG which provided information on the development of the Integrated Care System (ICS)

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

- Members asked if there would be a process for assessing workforce needs across the system. Officers responded that it was required that the Integrated Care Board would deal with the strategic plan for the workforce and work closely across health and social care. However, the current proposals did not align the delivery of care and the delivery of health. Other officers added that Adult Social Care would be working closely with health partners to integrate these services.
- Members asked how the success of the Integrated Care System would be measured. Officers responded that there were short, medium and long term plans with associated Key Performance Indicators (KPIs). Changing from the CCG to the ICS would not immediately produce improvements but it would be beneficial to assess what was learnt during the pandemic and continue to deliver the benefits of this going forward.

- Members requested that the Chief Executive Officer, CCG, provides a future KPI report on the performance of the new Integrated Care System vs. the Clinical Commissioning Group, with a particular focus on equalities. Officers cited the diabetes programme as a good example of tackling inequalities.
- Members asked how officers would integrate health and social care closer to home. Officers responded that subsidiarity would be the key principle. Services needed to be accountable to communities with local teams given the freedom to operate. Good community solutions would be pursued.
- Members asked for confirmation that payment to private providers could only be made at tariff price to prevent competition for services based on price and asked how this would be achieved. Officers responded that during the COVID-19 recovery, officers were keen to make use of all available capacity. There had been excellent support from the independent sector, e.g. elective surgery and it was important that close work would continue. The introduction of the ICS would change procurement processes and how to channel as much of this as possible through the NHS as well as ensuring good relationships with partners such as independent providers to share assets and workforce correctly. A transition away from a 'pay as you go' model had already taken place. The pricing structure in the independent sector was still different and they were still paid on a unit basis. This would change over time. However at present, until the NHS and independent sector could be bought under a single agreement, the CCG still had two commercial agreements. The CCG benefited from good value contracts and did not pay more to the independent sector for services than the NHS.
- Members asked if officers thought that a ban on competition and a prevention of the payment of non-tariff prices could be part of government legislation currently being considered by the House of Commons. Officers responded that they needed to be open minded in how to achieve the best services possible. However, it was agreed that running a competitive procurement process might not be the best use of resources and the banning of competition for core NHS services in the new legislation was a sensible move. However, it would not be beneficial to lose the engagement and innovation of private sector colleagues for other services.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to:

1. Note the progress of the Developing Integrated Care System (ICS)
2. Request that the Chief Executive Officer, CCG, provides a future KPI report on the performance of the new Integrated Care System vs. the Clinical Commissioning Group.

19. MONITORING OF SCRUTINY RECOMMENDATIONS

The Democratic Services Officer introduced the report which enabled the committee to monitor and track the progress of recommendations made to the Executive or Officers at previous meetings.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report.

20. FORWARD PLAN OF EXECUTIVE DECISIONS

The 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.

There were no further comments by members.

AGREED ACTIONS

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

21. WORK PROGRAMME 2021-22

The Democratic Services Officer introduced the item which gave members the opportunity to consider the Committee's Work Programme for 2021/22 and discuss possible items for inclusion.

Members requested that Democratic Services program in a report or briefing note on access to NHS Dental Services. It was agreed that this would be discussed further at the Group Representatives Meeting.

AGREED ACTION

The Health Scrutiny Committee **RESOLVED** to

1. Note the work programme for 2021/22.
2. Request that Democratic Services program in a report or briefing note on access to NHS Dental Services. It was agreed that this would be discussed further at the Group Representatives Meeting.

22. DATE OF NEXT MEETING

9 November 2021 – Adults and Health Scrutiny Committee
17 November 2021 - Joint Scrutiny of the Budget Meeting

7.00PM - 8.36PM

CHAIRMAN

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
9 NOVEMBER 2021	PUBLIC REPORT

Report of:	East of England Ambulance Service NHS Trust (EEAST)	
Contact Officer(s):	Chris Lewis – Public Affairs Officer	Tel. 07892 763011

EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (EEAST) REPORT ON PROGRESS ON CQC INSPECTION TARGET AND OVERVIEW OF PERFORMANCE IN THE PETERBOROUGH AREA

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

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following the request of the committee to update on progress since our previous report which was presented in January 2021.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide committee members with updates on:

- Progress towards the targets set by the CQC
- Action taken since the Trust's Ofsted Report
- COVID-19
- Planning for winter pressures

2.2 This report is for the Adults and 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 Adults and 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

Equalities Implications

8.3 N/A

Rural Implications

8.4 N/A

9. BACKGROUND DOCUMENTS

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

9.1 [East of England Ambulance Service NHS Trust, Ofsted Monitoring Visit Report – 10 June 2021](#)

10. APPENDICES

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

Peterborough

**Report Period: to September 2021
Date of Report: October 27, 2021**

1. Executive Summary

1.1 EEAST has been making good progress on meeting the actions identified in the CQC report and our Executive team continue to work with our organisational coach and improvement directors to develop a plan for continued and sustained improvement through a transformation framework that will move the Trust out of special measures status as soon as possible.

The Trust recognises that improvement will take time and will be built on key foundations of:

- Culture
- Workforce
- Capacity and capability
- System working
- Measuring impact and performance

1.2 **Tom Abell** (formerly Deputy Chief Executive at Mid and South Essex NHS Foundation Trust) is now in post as our new permanent Chief Executive. This is an important step in building a stable and successful executive team.

1.3 We have worked with Health Education England to source an alternative education provider for our apprentices since our funding was withdrawn following an inspection by Ofsted.

1.4 We have recently signed a contract with MediPro and are working closely with them to ensure minimal disruption to learners.

2.0 Improvement programme

2.1 In September 2020, the Care Quality Commission (CQC) published an Inspection report into our Trust. Part of that report highlighted the concerns many staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day.

2.2 The Trust continues to make good progress with the actions identified by the CQC report. This progress is checked and challenged by regional NHS England with the CQC and other stakeholders including NHS partners, Healthwatch, union, education and professional bodies.

Of the 178 actions of the CQC report, 69% are complete, with a further 18% rated green or green-amber in terms of confidence in delivery.

Areas of lower confidence (amber rating) are few and relate to delivering to the timescale rather than concerns on the ability to deliver the actions *per se*.

As we move forward, we will focus on measuring success by the confidence we have in the sustainability of the changes we have put in place.

Tom Abell has taken up his post as our new permanent Chief Executive. This is an important step in building a stable and successful executive team.

2.3 Special Measures

The Executive team continue to work with our organisational coach and improvement directors. Together, we are delivering a plan for continued improvement through a transformation framework to move out of special measures status as soon as possible.

Dedicated funding is being negotiated to support and strengthen key areas such as Freedom To Speak Up and communications. Over 200 staff have spoken to our Freedom to Speak Up Guardian. There have been more than 700 sessions with advice and support provided to managers and staff. Behind this, a huge number of other actions have taken place, but we know there is more to be done to embed and sustain change.

2.4 Equality and Human Rights Commission (EHRC)

The Trust has finalised an action plan with the EHRC with agreement on the actions and measures required. Importantly, the actions have been underway whilst our agreement with the EHRC under Section 23 of the Equality Act 2006 has been finalised.

The actions are included and monitored through our Quality Improvement Plan. There are clear monitoring points with the Commission to provide them with assurance on our progress.

2.5 Ofsted

An Ofsted team visited EEAST in June to inspect our apprenticeship education and training programmes. The focus of this monitoring visit was on safeguarding.

Whilst Ofsted recognised we have made improvements in addressing concerns raised by the Care Quality Commission in 2020, they identified an ongoing risk to our apprenticeship students being exposed to poor behaviour and feeling less able to raise concerns. The outcome of the review was 'Insufficient Progress'.

As a result of this inspection the Education and Skills Funding Agency (ESFA) terminated our education provider contract.

We worked closely with Health Education England to source an alternative provider and recently signed a contract with the education provider MediPro.

We are working closely with MediPro to ensure minimal disruption to learners and we have a specific performance team who lead on workforce planning that will take steps to mitigate any risks caused by the outcome of this.

To address the issues raised by the CQC, the Trust has invested in a culture programme and campaign to tackle poor behaviour and encourage all learners and staff to raise any concerns. We have also provided additional support for managers to ask about – and challenge – behaviour in the workplace

Additionally, the Trust has taken a number of actions to address the specific concerns of Ofsted, including:

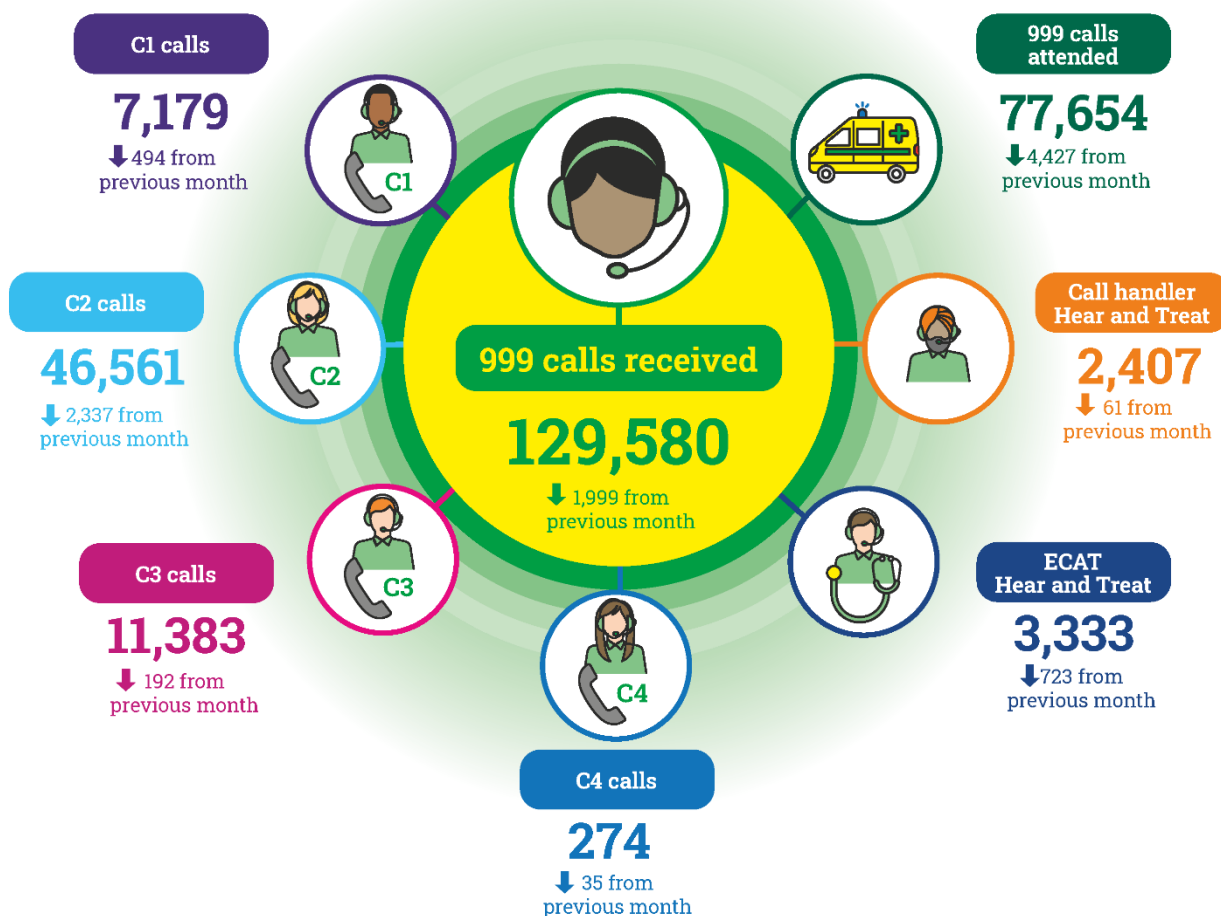
- Reviewing and strengthening processes for mandatory safeguarding training to ensure learner and staff knowledge of safeguarding is recorded, updated and monitored
- Putting checks in place to make sure all relevant staff and students in the future complete safeguarding training
- Using data more effectively and intelligently to identify if different staff groups are having a different experience at work, rather than relying on general survey data
- Reviewing and learning from issues around how education and training at the Trust is managed and delivered, including working with Health Education England.

3.0 Region-wide performance overview

Monthly Performance Dashboard



September 2021 Data for 1-31 August 2021



KEY:

- 999 calls received:** Total number of 999 calls received in our three control rooms (AOCs) in Bedford, Chelmsford and Norwich.
- C1 calls:** Total number of calls requiring an immediate response to a potentially life-threatening illness or injury.
- C2 calls:** Total number of calls classed as an emergency for a potentially serious condition.
- C3 calls:** Total number of calls classed as urgent where some patients may be treated in their own home.
- C4 calls:** Total number of calls classed as less urgent where some patients may receive advice over the phone or be referred to another service such as a GP or pharmacist
- 999 calls attended:** Total number of 999 calls that received a response from a clinician either by phone or face to face.
- Call handler Hear and Treat:** Total number of calls triaged by call handlers as not requiring an ambulance response.
- ECAT Hear and Treat:** Total number of calls managed by emergency clinical advice and triage (ECAT) clinicians not requiring an ambulance response face to face.

Performance summary

North Cambridgeshire Sept 2021



We have seen a steady increase in demand over the summer months, and the NHS nationally experiencing a post-lockdown increase in acute and seriously ill patients. However, patients in the Peterborough area continue to experience better performance than other sectors of the East of England, though we continue to be challenged at peak times and in certain areas.

Activity

Number of contacts received **5,681** - a decrease from August's figures (5,716)

Face-to-face incidents attended **3,181** (decrease from 3,288 in August)

Hear and Treat **371** (10.44%) compared with 390 (10.60%) in August.

Response times (previous month in brackets)

C1 Mean **07.24** [07.06]

C2 Mean **30.31** [31.41]

C3 Mean **1.28.41** [1.34.58]

C4 Mean **4.58.13** [2.21.29]

Overall Trust for August

Number of contacts received **132,042**

Face-to-face incidents attended **66,732**

Hear and Treat call **7,338** (9.91%)

C1 Mean **09.54**

C2 Mean **48.34**

C3 Mean **2.30.36**

C4 Mean **3.17.37**

Other issues:

Hospital handovers

Hospital delays are significantly impacting upon EEAST's ability to provide a sufficient response.

EEAST continues to work closely with CCG and acute hospital colleagues at all levels to reduce the impact of these delays.

- 4.1 Patients in North Cambridgeshire broadly experience faster response times than the mean times across the whole region.
- 4.2 In line with activity in Urgent and Emergency Care across the NHS, there has been a significant increase in demand for services since the end of the national COVID-19 lockdown and the easing of social restrictions.
- 4.3 The Trust is now operating at REAP 4 (Resource Escalation Action Plan 4). The national REAP framework is designed to maintain effective and safe operational and clinical response for patients. REAP 4 is the highest escalation alert for ambulance trusts, and is currently the status of a number of ambulance Trusts across the country.
- 4.4 Throughout the COVID-19 pandemic, and particularly during periods of lockdown, there was reduced access to healthcare services. Fewer people were calling ambulances and fewer patients were being admitted to hospital for elective care. We experienced lower call volumes and fewer delays at hospitals.
- 4.5 Patients are now calling us again, but later than they might otherwise. So, our patients are sicker and have more complex care needs. This is true of both physical and mental health issues.
- 4.6 Response times are rising across all categories of call. The impact of increased demand is also being felt at acute trusts where we have seen a corresponding increase in ambulance turnaround times.
- 4.7 Nationally, there has been a rise in hospital attendances and patient handover delays with 6.4% of all handovers taking over 60mins.
- 4.8 We continue to work with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Admissions Liaison Officers at each of the acute trusts to facilitate handovers and ensuring that patients receive care in the most appropriate setting for them without being taken to hospital unnecessarily.

5.0 Other Projects and Progress

5.1 Body worn cameras

As part of a national pilot to reduce violent assaults and threats of violence against ambulance staff, East of England Ambulance Service is introducing body worn cameras. The 12-month pilot started initially at Waveney Ambulance Station in June and is being rolled out to 18 other sites across the region. EEAST will share data from the use of the cameras with NHS E/I to analyse in real time the effectiveness of the pilot in reducing assaults on staff.

5.2 The system has been evaluated for use by a Caldicott Guardian – the designated senior person responsible for protecting the confidentiality of people’s health and care information. London Ambulance Service, North East Ambulance Service and South Western Ambulance Service are trusts that have already rolled out the cameras. Discussions are in place to extend the pilot beyond the initial 12-month period.

5.3 Co-response

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 Community First Responders split into 250 schemes trust-wide.

5.4 Late finish programme

Late finishes have a big impact on staff’s homelife and wellbeing and we have been trialling a new programme to reduce late finishes (<https://ntk.eastamb.nhs.uk/news/trial-aims-to-reduce-late-finishes-for-dsa-and-rrvs.htm>).

The trial started (Phase 1) in early August in two dispatch groups: West Norfolk and West Hertfordshire.

The main expected benefit is a reduction in the frequency and length of late finishes.

Other anticipated benefits include:

- Improvement in road staff well-being due to reduced impact on personal lives.
- Reduced fatigue and, consequently, improved staff safety.
- Reduction in late starts and thus better resource availability at shift start due to:
 - oncoming crews less likely to have to wait for a returning vehicle.
 - fewer crews coming in late for their following shift.
 - Time available for off-going crews to ensure vehicle is ready for the next shift.
- Reduced frequency of oncoming crews needing to go Out of Service to restock/refuel or deal with vehicle maintenance issues.
- Associated cost savings in reduced incidental overtime.
- Improved ‘Handover to Clear’ times.

Following the success of Phase 1 above, the trial was extended to include the whole of the Sustainable Transformation Partnership (STP) areas of Hertfordshire, West Essex and Norfolk and Waveney as Phase 2, and further expanded with Phase 3 from 11 October 2021 to include Mid & South Essex STP, Suffolk & North Essex STP and Chelmsford AOC areas. The remaining areas of the Trust will be included from 8th November 2021

6.0 COVID-19

We have continued to adapt to the latest phase of the COVID pandemic.

- 6.1** Having completed the course of two doses of vaccine for more than 90% of our staff, putting us in the top 20 of trusts for staff vaccination rates, we are now commencing offering staff a booster dose.
- 6.2** As restrictions on the general public have been eased, we have retained procedures to keep our frontline workforce COVID secure.
We are now aiming to ensure our support services teams can return safely to offices or adopt a hybrid approach in line with the Government's roadmap.
- 6.3** As expected, we are seeing an increase in call volume in line with the easing of COVID restrictions. The Trust is using dynamic resourcing and planning to ensure it meets the additional demand expected as lockdown measures continue to be lifted.
- 6.4** Operational teams are working with national colleagues to prepare for any future potential spikes in cases. We continue to monitor and mitigate the COVID risks to our staff and patients - and we are actively reminding all staff of the importance of following the latest COVID protocols at all times.

7.0 Preparing for Winter

EEAST, along with the rest of the NHS, are anticipating further activity this winter. As the COVID-19 pandemic continues, we work with regional colleagues to prepare for an increase in patients

- 7.1** As we plan for increased demand across the winter months, we are:
- Recruiting extra people to work within our Ambulance Operation Centres to take 999 calls or support the dispatch of emergency ambulances.
 - Increasing overtime levels for existing and experienced staff.
 - Setting contingency plans in place to draw on support from partners within the military and fire and rescue services to assist with our emergency and non-emergency services if required.
 - Wherever appropriate, not sending ambulances to non-urgent patients and directing them to more appropriate services. Currently we manage around 10% of our patients through Hear and Treat where self-care advice is given over the phone, and we also direct around 1,500 patients per week to other sources of help. Nationally this is around 11.5% of calls.
 - Increasing the use of private ambulance services who work with us.
 - Using social media and our other channels to encourage people to use other services where they can, such as 111 and 111 Online, pharmacies and their GPs.

8.0 Conclusion

The additional guidance and support we are receiving as a consequence of the CQC Report and being in Special Measures, are enabling EEAST to address the serious cultural issues across the organisation, and work is now moving at pace.

We are making good progress towards our improvement targets and being taken out of Special Measures.

- 8.1** On performance, the picture remains complex across the whole of EEAST, and, despite the large number of initiatives and changes implemented regionally enabling us to meet national standards across the region, we continue to experience challenges with ambulance performance at some locations and during extreme peaks of demand.

Hospital handover delays are a system-issue and we have resourced this with HALO officers to work closely with the CCGs and colleagues in Acute Hospitals to identify and resolve these issues collaboratively.

- 8.2** To get the latest information about EEAST, including an update from the Chief Executive, please subscribe to our newsletter for stakeholders: [InTouch EEAST](mailto:info@eastamb.nhs.uk)
www.eastamb.nhs.uk/intoucheeast.htm

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
9 NOVEMBER 2021	PUBLIC REPORT

Report of:	North West Anglia NHS Foundation Trust	
Contact Officer(s):	Caroline Walker, Chief Executive Phil Walmsley, Chief Operating Officer Taff Gidi, Company Secretary and Head of Corporate Affairs	

COVID RECOVERY PLAN FOR ELECTIVE CARE AND WINTER PRESSURES

RECOMMENDATIONS
It is recommended that the Adults and Health Scrutiny Committee note the approach North West Anglia NHS Foundation Trust (<i>the Trust</i>) will take to prepare for winter to support emergency and elective activity.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following a request from the committee.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update the Adults and Health Scrutiny Committee the approach the Trust will take to prepare for 2021/22 winter to support emergency and elective activity.

2.2 The plan has been developed in consultation with staff, ensuring lessons learnt from winter 2020/2021 and the experience gained through the COVID pandemic, are reflected in our approach.

2.3 The Trusts winter plan will form part of a wider system plan with input from all provider partners and the North ICB that will be submitted to NHS England/NHS Improvement (NHSE/I). The Trusts plan is expected to be presented to the Board in a draft format in September 2021 and sent to NHSE/I at the end of October 2021.

2.4 It is important to note that this will remain a live document, to adapt to changing pressures across the winter. It is intended to address issues across all patient pathways (i.e. Emergency, elective, women and children's, diagnostics and outpatients). The Trust will work towards sign off of a final winter plan by end October 2021.

2.5 The plan contains the context, our current understanding of what the issues will be across winter, and the proposed actions to address these issues.

2.6 It is important to note that the Trust winter plan has a number of systemwide dependencies. Therefore, the Trust works with its partners across and health and social care. This is covered in a systemwide winter plan.

2.7 This report is for the Adults and 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

Where are we?

3.1 Demand and Capacity Modelling indicates a 70 bed deficit.

3.2 We know it will be a difficult winter due to:

- difficulty in recruiting staff;
- a tired workforce;
- a limited response from supporting organisations due to staffing issues;
- a surge in winter activity of more complex patients, which is likely to be greater than usual, due to patients returning to the NHS care; and
- compounded by the possibility of a further COVID and flu wave.

3.3 We have an agreed winter plan in place to address these issues.

What are we doing?

3.4 We are increasing our wellbeing offer to staff.

3.5 We are working with partners to support patients to stay at home.

3.6 We are providing additional/ongoing support:

- Trust spend of £1.5million for winter;
- Trust spend of £2million for elective work; and
- Cambridgeshire & Peterborough system spend of £12million.

3.7 We are increasing capacity.

3.8 One of our key focus areas is on vaccinations.

Where are we aiming to be?

3.9 We want to provide the support required to ensure the wellbeing of staff.

3.10 We are aiming to manage the emergency pressures including:

- reducing ambulance handover delays; and
- reducing patient time in ED.

3.11 We aim to deliver the Elective targets i.e.:

- No over 104 week
- Maintain waiting list from Sept 2021
- Reduce over 52 week waits
- Maintain diagnostic delivery

4. CONSULTATION

4.1 *Not applicable.*

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 To update the committee on the Trust's plans in preparation for winter to support emergency and elective activity.

6. REASON FOR THE RECOMMENDATION

6.1 Update report requested by the committee.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 *Not applicable.*

8. IMPLICATIONS

Financial Implications

8.1 Additional/ongoing support:

- Trust spend of £1.5million for winter;
- Trust spend of £2million for elective work; and
- Cambridgeshire & Peterborough system spend of £12million.

Legal Implications

8.2 *Not applicable.*

Equalities Implications

8.3 *Not applicable.*

Rural Implications

8.4 *Not applicable.*

9. BACKGROUND DOCUMENTS

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

9.1 See attached slides in the appendices which provide additional background information including the assumptions informing this paper.

10. APPENDICES

10.1 Appendix 1 - North West Anglia NHS Foundation Trust Winter Plan Presentation 2021/22

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NWAngliaFT Winter Plan 2021/22

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Winter Plan 2021/22

The plan outlines the approach the Trust will take to prepare for winter to support emergency and elective activity

The plan has been developed in consultation with staff, ensuring lessons learnt from winter 2020/2021 and the experience gained through the COVID pandemic, are reflected in our approach.

The Trusts winter plan will form part of a wider system plan with input from all provider partners and the North ICB that will be submitted to NHS England/NHS Improvement (NHSE/I). The Trusts plan is expected to be presented to the Board in a draft format in September 2021 and sent to NHSE/I at the end of October 2021.

It is important to note that this will remain a live document, to adapt to changing pressures across the winter. It is intended to address issues across all patient pathways (i.e. Emergency, elective, women and children's, diagnostics and outpatients). The Trust will work towards sign off of a final winter plan by end October 2021.

The plan contains the context, our current understanding of what the issues will be across winter, and the proposed actions to address these issues



Context



Introduction

This coming winter is likely to be difficult due to a number of key issues. These are difficulty in recruiting staff, a tired workforce and a limited response from supporting organisations due to similar staffing issues. Along with this the Trust expects to see a surge in winter activity of more complex patients, which is likely to be greater than usual, due to patients returning to the NHS care. This will be compounded by the possibility of a further COVID wave.

The Trust has adapted its operating model to protect its staff and patients during the pandemic. The impact of these changes will become more significant as the Trust sees an increased level of activity, particularly through the winter period as occupancy levels increase in line with usual seasonal variation.

Changes to support Covid care include:

30

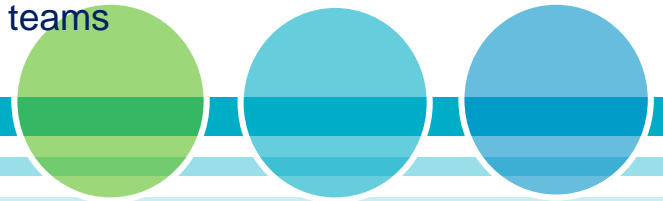
- Separation of ED into Red and Green (R/G) pathways to ensure IPC compliance;
- R/G wards to manage positive and negative Covid patients;
- Maintain surge ITU capacity in excess of baseline levels
- Separation of diagnostic activity;
- Routine swabbing to support inpatient ward management;
- Implementation of staffing models to minimise cross over between R/G patients to reduce risk of nosocomial transmission.

The Trust will model a number of assumptions for winter over the coming weeks, including updated bed modelling across all sites. This information will further inform development of our plan and support decision making in terms of those areas most critical for investment



Winter assumptions

- If bed occupancy is over 90% there will be pressure on the Emergency Department causing a risk to ED exit block.
- Occupancy above 92% will lead to greater risks of patients for admission waiting in the department over 6 hours. The average bed occupancy has been 94% over the four years prior to COVID.
- If there is no specific lockdown measures, and with no mandatory mask wearing or social distancing measures, winter will likely lead to an increase incidence of airborne communicable diseases, which could lead to a rise in cases of flu, COVID and RSV. Lack of prior year exposure to RSV could increase the risk of paediatric admissions.
- There is a risk of coronavirus variants emerging and spreading in the community that are more transmissible, and more likely to lead to hospitalisation, particularly in unvaccinated or clinically vulnerable groups (including children).
- Universities, schools and care homes are key points of transmission for many of the respiratory viruses.
- Non-elective care has a greater bed pressure load on the hospital than elective care.
- There will be a strong focus on vaccinating staff for Covid and Flu. Protecting health staff against sickness will be important as increased staff sickness puts additional strain on services and places a risk to patient delay and patient safety
- As more government supports are withdrawn, economic harm caused by the pandemic, is likely to lead to widening poverty and health inequalities, and will have a disproportionately high impact on the health of people living in areas of deprivation
- Internal winter funding available to £1.5M will be spent to support admission avoidance, improved patient flow, improved discharge and overarching support to the operational teams



Plan overview

NWAngliaFT will work with local providers, local authorities and regional teams to review their plans to ensure alignment of services across all providers, building on what we have learnt during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services. Transforming community and urgent and emergency care to prevent inappropriate attendance at Emergency Departments (ED), improve timely admission to hospital for ED patients and reduce length of stay. Working collaboratively across systems to deliver on these priorities.

NHS England have said the following 4 points MUST be addressed/included within the winter planning :

1. Ensure those who do not meet the 'reasons to reside' criteria are discharged promptly. All systems are asked to improve performance on timely and safe discharge, as well as taking further steps that will improve the position on 14+ and 21+ day length of stay.
2. Flu vaccination programme
3. Maximise community pathways of care for ambulance services referral, as a safe alternative to conveyance to Emergency Departments
4. To minimise the effects of emergency department crowding, continue to develop NHS 111 as the first point of triage for urgent care services in your locality, with the ability to book patients into the full range of local urgent care services, including urgent treatment centres, same day emergency care



Resilience Improvement

Since last winter the Trust has taken a number of steps to improve resilience. These include:

- Revised senior management structure to strengthen operational capacity and coordination.
- Clarification of the roles within the senior medical, nursing and service managers for managing winter pressures to be in line with best practice.
- Reviewed and updated the related policies and procedures relating to bed and site management along with ensuring on-call requirements meet the needs set out within the NHS England EPRR (Emergency Preparedness Resilience and Response) core standards.
- Revised operational policies and procedures for patient flow, discharge, length of stay, bed management, escalation, and capacity in the hospital out of hours and at weekends.
- Used IT and live performance dashboards in real time to support bed and site management and decision making, ensuring forecasting drives planning assumptions
- Improved management of surges in demand with EEAST/EMAS and other partners through working more collaboratively.
- The use of revised and clear concise action cards to inform decision making at Operational, Tactical and Strategic levels related to OPEL escalation.
- Invested in the estate to facilitate better patient flow and escalation.
- Collaboratively working with Peterborough and Cambridgeshire CCG and other partners with working emphasises of:
 - Accessible and responsive primary care to avoid admissions
 - Effective patient transport to enable timely discharge
 - Community Services especially rehabilitation and rapid response to avoid admissions.
 - Embedding early supported discharge processes commenced during Covid 19
 - System wide working- reducing perceived or actual barriers to safe timely care provision



Current Issues



Bed Modelling

In order to understand actions we could take to support a reduced bed occupancy and therefore better staff experience and patient care, an external agency was used to undertake a comprehensive bed modelling assessment for NWAFT. There are a number of opportunities outlined in the following slides that will be implemented across the winter period. Without further actions to improve the current position it is likely that we will be approximately 70-90 beds deficit from delivering the expected bed occupancy. The headline opportunities identified are:

- Increased use of HH for elective work – 10 beds impact
- Increased use of SDEC to reduce admissions/LoS – 41 beds
- Reduction in LoS for some pathways supported by external organisations – 81 to 96 beds
- Reallocation of medical / surgical beds for winter 2021/22 – 12 beds

The first three are the focus of the spend to support increase in winter capacity.



Key planning assumptions: current adult bed capacity

36

PCH wards	Funded beds	Available beds
Medical Assessment	27	
Medical Short Stay	31	
B11 (stroke)	34	
Haem/Onc (medicine)	20	
B1 (isolation)	14	
Cardiac (medicine)	29	
A3 (medicine)	34	
A8 (medicine)	35	
A9 (medicine)	34	-9 from Oct
A10 (medicine)	36	
B6 (medicine)	35	
B12 (medicine)	35	
B14 (medicine)	34	
Surgical Assessment	7	
A2 (surgery)	35	
A4 (surgery)	35	
A15 (surgery)	12	
B5 (trauma)	35	
B7 (trauma)	32	
Women's Health	12	+8
Total from October	566	557
		+8

HH wards	Funded beds	Available beds
Acute Assessment	21	
Medical Short Stay	30	
Apple (stroke)	25	
Cherry (medicine)	25	+5
Plum (medicine)	29	
Pear (medicine)	18	+12
Walnut (medicine)	30	
Bay (surgery)	30	
Birch (orthopaedics)	25	+5
Daisy (surgery)	21	
Aspen (escalation/isolation)	0	+7
Poplar (escalation/isolation)	0	?
Total	254	+29



Bed Occupancy opportunities: in-hospital length of stay

Analysis of baseline activity data suggests that there are opportunities to offset demand for acute adult inpatient beds at NWAFT through:

- Increased ambulatory emergency care and reduction in associated overnight stays
- Increased day surgery and reduction in associated overnight stays
- Right-sizing of the acute bed base and reduced unnecessary ward moves and outliers

Pre-Covid, up to 64 occupied beds could be released across the Trust by fully optimising these in-hospital pathways.

Top clinical conditions and procedures ranked by size of opportunity can be found in supporting information.

Opportunity	PCH	HH
Right-sizing the acute bed base	9 beds	3-4 beds
Ambulatory emergency care pathways	28-29 beds	13 beds
Elective surgery	4 beds	6 beds
In-hospital total	41- 42 beds	22-23 beds

While these opportunities focus on high-volume routine/typical pathways and patients, there will be some overlap with the frail/older patients with more complex needs which are addressed on the next page.



Bed Occupancy opportunities: system-wide pathways

- Analysis of baseline activity data suggests that there are opportunities to offset demand for acute adult inpatient beds at NWAFT through standardisation of acute hospital lengths of stay for:
 - Patients with dementia/delirium co-morbidities
 - Patients receiving palliative care
 - Patients discharged to new care home placements
 - Other patients aged 75+
 - Pre-Covid, up to 96 beds could be released across the Trust by fully optimising these system-wide pathways.

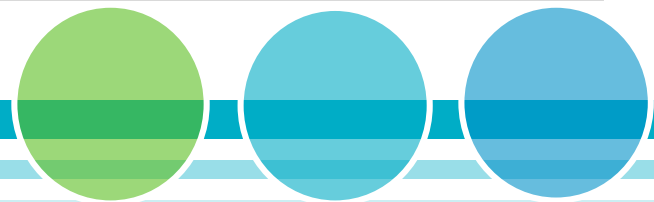
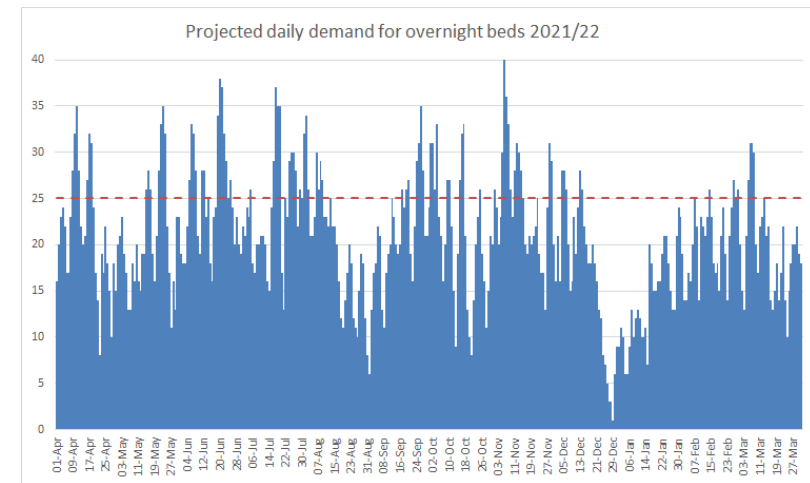
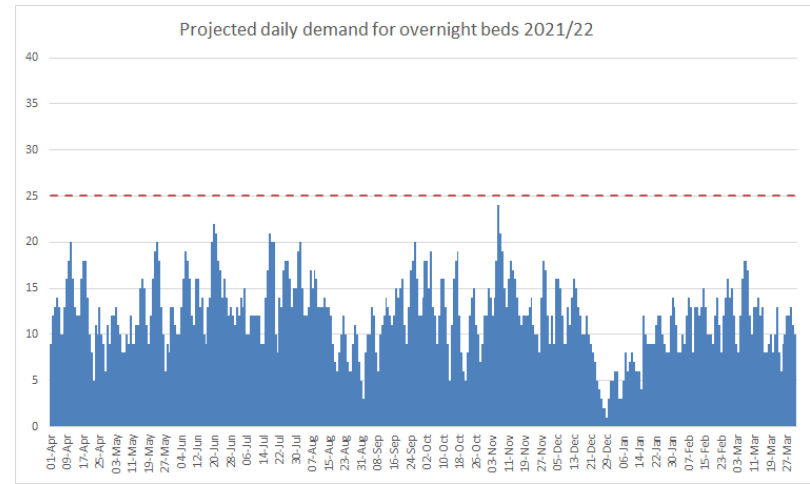
Opportunity	PCH	HH
Mental health needs	14-17 beds	7-9 beds
End-of-life care needs	4-5 beds	1-2 beds
Delayed care home transfers	18 beds	5 beds
Other age-related needs	20-27 beds	9-14 beds
In-hospital total	57-67 beds	24-29 beds

These opportunities focus on reducing hospital stays extended for non-acute/medical reasons and will therefore include some stranded patients, those who are medically fit, and delayed transfers of care.



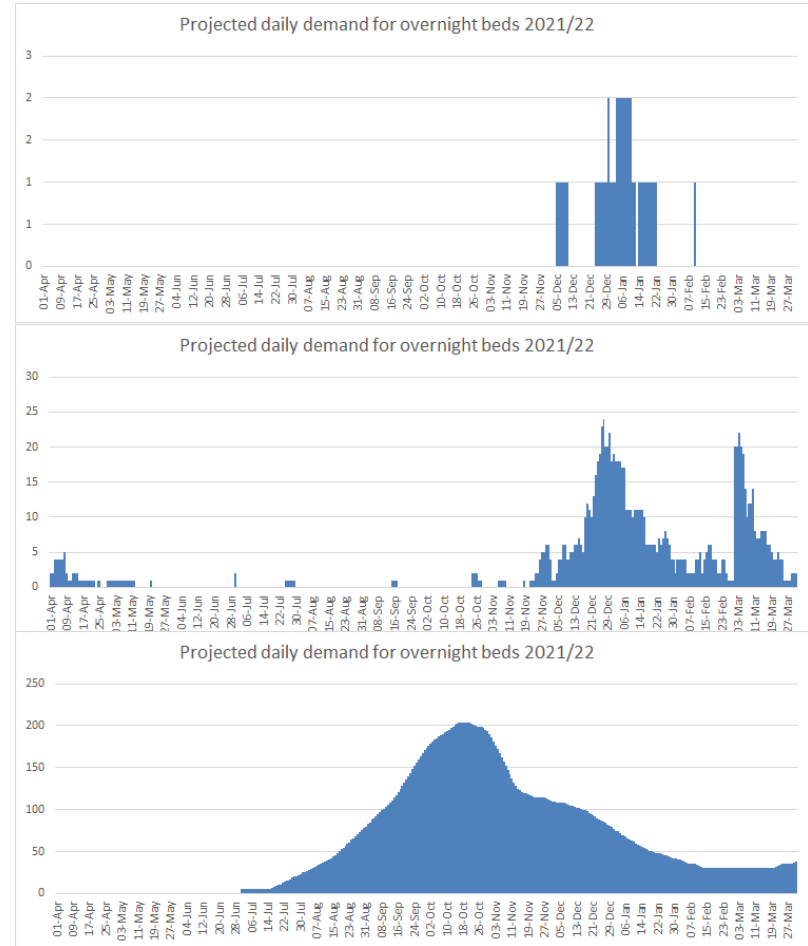
Key planning assumptions: elective activity recovery scenarios

- The modelling assumes a return to pre-Covid levels of elective inpatient admission, as well as allowing for additional non-recurrent activity while waiting list backlogs are addressed.
- The charts opposite illustrate potential levels of bed occupancy for elective orthopaedics at HH based on Apr-Jun 2021 (top) and a return to pre-Covid occupancy (bottom).
- The daily variation in the bottom chart is probably exaggerated because it combines pre-Covid PCH and HH orthopaedics; consolidation onto HH plus LoS opportunities will mean that the 25-30 beds available on Birch is the optimum capacity required and would accommodate more than 100% of pre-Covid activity
- Equivalent analysis for general surgery indicates that 21 beds on Daisy would also accommodate more than 100% of pre-Covid activity.



Key planning assumptions Sept 2021: infectious respiratory disease scenarios

- Three infectious respiratory diseases have been considered: RSV, influenza and Covid-19, using projections from The Academy of Medical Sciences.
- RSV is expected to be 40% above normal levels among the general population and mostly affects children, so the projected impact on adult beds is 1-2 beds (top chart opposite).
- 40 Influenza is expected to be 2.2 times normal levels, which would result in an additional peak of 24 beds (middle chart opposite).
- The scale and timing of another Covid-19 peak is uncertain, and could occupy anywhere between 50 and 200 beds at NWAFT between now and the end of the year. Our analysis suggests that the current trajectory is 4-6 weeks behind the AMS projections, and that it is too early to tell whether the peak has already been reached or is still to come.



Planned Winter Schemes



Scheme summary

- we need to support attendance avoidance as much as possible, with redirection and navigation of those who do arrive to the right service first time
- We need to extend some of our alternative services to take flow from ED
- We will need to focus on reducing the Inpatient length of stay
- We will manage an increase in respiratory infections (COVID/Flu/Others) as well as an increased demand for critical care
- We expect to see ongoing challenges across all staffing groups



ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
9 NOVEMBER 2021	PUBLIC REPORT

Report of:	Will Patten, Director of Commissioning	
Cabinet Member(s) responsible:	Councillor Irene Walsh, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Will Patten Director of Commissioning Email: will.patten@cambridgeshire.gov.uk	Tel. 07919 365883

RELATIONSHIP BETWEEN THE COUNCIL AND PRIVATE SECTOR COMMERCIAL PROVIDERS (ADULT SOCIAL CARE)

RECOMMENDATIONS	
FROM: Will Patten, Director of Commissioning	Deadline date: N/A
It is recommended that the Adults and Health Scrutiny Committee note and comment on the contents of this report.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following a request from the Chair at the agenda setting meeting held on 27 September 2021.

2. PURPOSE AND REASON FOR REPORT

To provide an overview of the Council's relationship with Adult Social Care Providers.

2.1 The purpose of this report is to provide an update to the Committee on the Council's commissioning relationship with providers of adult social care across Peterborough and to enable the Committee to review the outcomes of the approach adopted.

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

- Adult Social Care.

2.3 This supports the corporate priority of:

- Achieve the best health and wellbeing for the city

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 Statutory Duties under the Care Act 2014

4.1.1 Independent sector providers play a critical role in ensuring Peterborough City Council can meet its statutory duties under the Care Act 2014 and it is therefore important all parts of the adult social care service work hand in hand with the market.

4.1.2 Under the Care Act 2014, the Council has a statutory duty for market shaping and commissioning of adult care and support services. There is an expectation in the Care Act that market shaping will happen in collaboration with relevant partners. This includes:

- Market shaping: engaging with stakeholders to understand the current local supply and demand for services and predict or anticipate what the future needs are likely to be based upon the changing needs and aspirations of people who use services.
- Commissioning: determining at a strategic level what care and support services in the marketplace should be designed, delivered, monitored and evaluated.
- Procurement: specific function of buying or acquiring a service.
- Contracting: contract management ensures that the services continue to be delivered in line with what has been commissioned.

4.2 Commissioned Provision - Context

4.2.1 Peterborough City Council (PCC) holds a significant number of contracts with independent sector providers for the provision of adult social care services (ASC), with 82% of the adult social care budget spent on commissioning of provision from the independent sector. The majority of care home and domiciliary care provision in Peterborough is commissioned on a spot purchase basis with frameworks in place with our providers. Across Peterborough, there are 36 Care Quality Commission (CQC) registered care homes and 57 CQC registered community providers.

4.2.2 We also have a range of block contracted provision in place. Peterborough City Council current holds 131 block contracts with 111 providers predominantly relating to the following areas:

- Direct Payments Support
- Carers Respite and Support
- Learning Disabilities – Day Opportunities and Supported Living
- Extra Care Services
- Community Equipment
- Mental Health provision
- Prevention and Early Intervention – Voluntary Sector

4.3 How we work collaboratively with local providers

4.3.1 Interaction, engagement and collaboration takes place with our providers across a range of areas on a regular and ongoing basis:

- **Strategic Commissioning:** Commissioners work with local providers to review existing services, develop new and creative solutions to meeting the growing demand for adult

social care and engage with the market as part of the development of procurement approaches.

- **Contract Management:** Contract Managers are the main point of contact for providers we currently hold a contract with. Through a range of interfaces, which include monthly forums, one to one meetings and virtual newsletters, Contract Managers work with providers to ensure they can maintain and deliver quality services, achieve value for money and manage any risks arising.
- **Brokerage:** The Brokerage Team are responsible for placing individual packages of care for either domiciliary care, supported living, extra care or care home provision with local providers. This means they are in daily contact with many providers, building up a good understanding of current good practice, challenges and pressures. This is communicated with the Contract Management Team to enable them to liaise with and support providers.
- **Social Work Operational Teams:** Providers see and support many service users daily and therefore hold a detailed understanding of the needs, preferences and personal challenges each individual faces. Recognising this, Social Workers often work in partnership with providers in managing a change in need and undertaking a review of an existing care package amongst other activities.

4.3.2 A number of examples of how we have supported and worked with providers in practice are outlined below.

4.3.3 **Responding to the COVID-19 Pandemic:** The pandemic has had a significant impact on our providers, including:

- Impacts on workforce due to sickness absence, the isolation and cohorting of staff, health and wellbeing due to the stressful working environments and the introduction of mandatory vaccinations in care homes.
- Cost pressures primarily as a result of increased workforce costs and the introduction of infection and prevention control measures.

4.3.4 The impact of COVID-19 is still with us and continues to present challenges to our providers. However, Covid created opportunities for us to work much closer with our providers, and this contact has led to an overall better understanding and relationship with Providers. To date, the Council have supported and engaged with local providers in the following ways:

- **Distribution of Local and Central Funding:** The distribution of local and National funding such as an initial 10% emergency uplift by the Council, payment to plan, Infection Control Funding (ICF), Rapid Testing and the Workforce Funding Grant were led by feedback received from providers. Distribution of the discretionary element of the ICF was collaboratively agreed and included feedback about its impact from providers who received the non-discretionary ICF.
- **Improved Communication and Engagement:** Communication, engagement and collaboration with our providers has significantly improved over the period of the pandemic which has benefited both the Council and providers. The quality, frequency and types of communication have increased and there has also been an improvement in the consistency of communication undertaken across adult social care, our NHS Partners and public health. Communication is undertaken through a range of different interfaces:
 - **Provider Forums** – The forums include providers from across Cambridgeshire and Peterborough with the frequency of forums varying from twice a week to the current 2-weekly position. They are run based on care category across care homes, home care, supported living, day services and housing related support. Forum membership has extended over time to include Public Health, the CCG, provider alliance groups, on and off framework providers and a wealth of experts such as infection control teams, medicine management and end of life support. All forums are very well attended with positive feedback received from providers.

- **Provider Newsletter** - In the initial days, weeks and months of the pandemic, information advice and issues changed frequently, and a newsletter was developed as the single route to the market in response to the demands. The newsletter was compiled jointly with the CCG and Public Health and initially distributed 3 times a week. Provider feedback about the newsletter and forums were that it was a critical support mechanism and hugely valued. The Newsletter and Forums remain in place the latter being used for multi-agency Winter Education Sessions.
- **Dedicated Email Address** - A dedicated email address was identified to providers at the outset of the pandemic. This was manned 7 days a week throughout 2020 and over the 2020/21 Winter covid surge. This facilitated an immediate and direct response to providers and continues to be heavily used as a point of Provider/Council supportive interface.
- **Outbreak Management Support** - Prior to the Pandemic, when providers experienced an outbreak of an infectious disease such as Norovirus or Influenza, communication and support was coordinated by the Health Protection Team. This resource was insufficient and too removed from local providers and after the initial report of an outbreak, a complete wrap around service was provided by the council. This included:
 - daily contact during an outbreak 7 days a week,
 - a joint Health and Care support function including coordination of Primary Care when needed.
 - practical advice about Infection control Management
 - staffing support when in crisis due to an outbreak
 - provision of emergency PPE
- **Vaccination Roll Out** - The Council were fundamental in the coordination of the Covid Vaccination plan working to develop and implement the plan for Care Homes and leading the access to vaccinations for the wider Social Care Workforce. This was very much valued by providers who felt the Council had once again prioritised support to them.
- **Market Management and Investment** - We have also provided a range of indirect financial support through workforce support and guaranteed capacity funding, including:
 - The use of volunteers and redeployment of resources to support providers' capacity within the early stages of the pandemic
 - Emergency access to Personal Protective Equipment prior to national supply being made available from central government
 - Local wellbeing support offer developed for the provider workforce
 - Continued to fund day services, which have closed, where staff can be redeployed to alternative critical service provision.
 - Continuing to pay for home care packages and direct payments where individuals were chosen to be cared for by relatives throughout the pandemic.
 - Sustained funding of transport arrangements at 75% of contract value.
 - Cash flow for providers has been supported through the introduction of 4 week in advance payments for bed-based care, rather than 4 weeks in arrears.
- **10% Fee Uplift:** In recognition of the immediate challenges that were presented to the independent sector, the Council took a decision to support the market financially through the award of a 10% emergency uplift in provider rates. This was seen as an essential step in both support and commitment to our providers and further demonstrated the Council's ability to act in an emergency situation to support the independent sector to continue to provide quality care to the people of Peterborough.

4.3.5

Throughout the pandemic there have been peaks in demand for services across health and social care which have required a system response, particularly to avoid admission to hospital and support timely hospital discharge into the community as part of the Discharge to Assess initiative. The relationships developed throughout Covid have positioned us firmly as a partner

and providers have 'rallied' to identify mechanisms to ensure continuity of care working with the Council to this end. With most providers considering and some actioning their business continuity plans the open communication plans are providing us with early identification of risk. This enabled us to develop and implement a rapid, flexible response to meet this need, which included the commissioning of the following additional capacity:

- Additional residential and nursing beds to support hospital discharge at the outset of the pandemic
- Expansion of community equipment service to provide 7-day access
- Additional discharge car capacity
- Emergency placement capacity for Mental Health and Learning Disabilities to support admissions avoidance
- Designated settings capacity (9 beds at Butterfly Unit) in line with national requirements for those being discharged as covid positive who were not able to safely isolate in their usual care home
- Extra Care provision
- Live in Carer block contract provision
- Expansion of the Carer's sitting service and 'what if plans'
- Additional capacity to support 7 day working across social care and brokerage
- Expansion of Enhanced Response Service into Peterborough

4.3.6

Workforce & Capacity: An analysis of the National Minimum Dataset obtained by Skills for Care indicates that providers operating across the independent sector within Peterborough will face significant challenges in recruitment and retention and it is likely that this will be exacerbated to some extent by the impact of Brexit. Analyses undertaken for 2020/21 indicate the following trends are taking place within Peterborough:

- In Peterborough there were an estimated 6,400 jobs in adult social care, split between local authorities (3%), independent sector providers (89%) and jobs working for direct payment recipients (8%). This has grown by 12% since 2012 and is likely to increase by another 31% by 2035.
- It is estimated that the staff turnover rate in Peterborough was 35.5%, which was similar to the region average of 30.9% and higher than England, at 29.5%. This may be due to the higher level of reliance in Peterborough on non-British nationalities amongst the workforce.
- Nationality varied by region, in England 83% of the workforce identified as British, while in the Eastern region this was 82%. An estimated 77% of the workforce in Peterborough identified as British, 13% identified as of an EU nationality and 10% a non-EU nationality
- The majority (78%) of the workforce in Peterborough were female, and the average age was 41.6 years old. Workers aged 24 and under made up 9% of the workforce and workers aged over 55 represented 20%

4.3.7

Market competition is also a key challenge to improving recruitment and retention. Whilst the unemployment rate within Peterborough is slightly higher than the national average at 4.8%, salaries within alternative industries such as leisure and retail remain competitively high in comparison to adult social care, making it difficult to attract new recruits to the sector. In the immediate term, we know from provider feedback that current workforce issues are a daily pressure, and in turn the Council which has been exacerbated by both COVID-19 and BREXIT.

4.3.8

The Council has been engaged in a significant level of partnership working with local independent sector providers and the wider health and care system, with the aim of tackling workforce challenges across the sector. The Council have worked with local providers to invest in a recruitment campaign with the support of the Workforce Capacity Grant issued during the

pandemic period. In the period of time it was running, the #BeACareWorker campaign. The content of the campaign has been shortlisted for an International Content Marketing Award.

4.3.9 **Cost Increases and Inflationary Uplifts:** The Council has developed and implemented a local uplift strategy, which included the commitment to increase local homecare rates over 5% over two years from 2019-20 to 2020-21. We have now developed an adult social care inflationary uplift strategy for 2021/22 which assesses feedback from the local market and considers this in the context of known inflationary pressures in formulating a set of recommendations to support the market.

4.4 Provider Feedback

4.4.1 Overall, we have received a positive response from the market over the course of the pandemic. Below are some examples of feedback received from providers:

- *“You have given us great guidance over the last 9 months, informative and knowledgeable and when we don’t have the answers very quick to investigate and respond. In a year where we have had conversations about something we never thought we would experience, it has been a great support to myself and my team.”*
- *“I think the way in which you and your teams have supported us throughout the last year has been exemplary, and as I deal with many other Councils, I can say that you are by far a leading example. We all get feedback that sometimes isn’t great so it’s important to share the good too!”*
- *“We would like to say thank you from the company regarding the contract rate increase which we are very pleased to receive. This will certainly help with the additional costs that I am sure will be incurred over the coming months but will also allow us to say a further thank to our staff for their hard work, commitment and dedication that they have shown over the last 12 months. We are very mindful of the extreme costs that the LA has faced over the last year and that I am sure will continue for a while to come, I would like to reassure you that we will continue to deliver our service to the best of our ability and work with you in achieving the desired outcomes whilst looking at efficiency savings in the delivery of the service. We look at ourselves as being very lucky at how this terrible virus has not affected us in the same way as many, but also proud that the staff have worked to correct procedure in keeping everyone safe. Thank you for all your support and guidance that you have given all of us during the last 12 months.”*

4.5 Future Priorities

4.5.1 In line with the national picture, local providers in Peterborough are currently facing a range of unprecedented challenges and it is fundamental that we continue to work collaboratively with providers to address these as we move forward, ensuring that we build on work to date and lessons learnt.

Cost Pressures

4.5.2 The Covid-19 pandemic has structurally changed the care market. These changes have been seen regionally and nationally and include:

- infection control measures now part of the cost base,
- reduced bed-based occupancy levels,
- reduced alternative income streams of group-based services such as self-funders,
- legacy costs from the first wave of Covid-19 (Block beds), and
- increased needs and therefore costs to meet those needs.

- 4.5.3 Outside of COVID-19, the sector has continued to deliver provision at a comparatively low cost in the face of rising costs over a number of years. The National Living Wage has seen a cumulative increase of 23.8% since 2016-17, with the increase in 2020-21 being notably higher than usual at 6.2%. The recent government announcement on the increase to National Insurance will also impact on the resilience and sustainability of providers.
- 4.5.4 The need to support the sustainability and development of providers has also been prioritised and incorporated into business planning processes through the development of a three-year inflation forecast for providers based on the figures and projects currently available to us. Projections will be reviewed on an annual basis and sense checked against feedback received through negotiations taking place within the previous year.
- 4.5.5 We will continue to distribute national funding to support the market (e.g. Infection Control Funding), ensuring that discretionary elements are distributed in consultation with local providers.
- 4.5.6 *Workforce and Capacity*
As we transition from a Covid Pandemic, to an Endemic, we are seeing fragility in the market mainly as a result of workforce pressure. Providers are reporting higher levels of workforce attrition compared to recruitment, workforce burnout with competitive rates of pay from the retail and Leisure Industry.
- 4.5.7 This emphasises the need for the development of a Local Workforce Strategy with Central Government support. More work is required to establish a 'Career in Care' for those delivering front line services on behalf of adult social care and ensure access to opportunities and progression is made available to support the sector to improve on current recruitment and retention.
- 4.5.8 *Increasing Demand and Complexity*
Demand for adult social care services is increasing, as is the complexity of need people are presenting. Development of new approaches to delivery and the provision of care will prove critical to meeting rising demand in a way which meets individual outcomes in a financially sustainable way both now and in the future. The Council cannot and does not do this alone, recognising that working with providers as partners is key to addressing current and future gaps in capacity.
- 4.5.9 Key to this is the Market Position Statement which was co-produced with local providers and can be found here: [Introduction and overview - Peterborough City Council](#). Whilst this document is due to be reviewed and updated, many of the themes remain relevant. At present, Peterborough is working with several other Councils as part of the ADASS Regional Network to undertake a regional market position statement. Once this is complete, the local market position statement will be updated and developed collaboratively with providers.
- 4.5.10 As we begin to work towards a 'new normal' following the pandemic, we have a key opportunity to reshape provision, to move away from the traditional offering of residential home provision to deliver more flexible, local, person-centred solutions based around peoples' homes, that promote independence. In seeking a shift in focus towards a more localised, placed based approach which is focused on commissioning for outcomes rather than outputs, we will seek to involve providers at the earliest possible stage from development of strategies and assessments of needs right the way through to procurement.
- 4.5.11 *Adult Social Care Reforms*
On the 7th September 2021, Government announced their proposals for social care reform in their white paper, ["Build Back Better: Our plan for health and social care"](#).

4.5.12 The Government also announced £36bn of investment in the health and care system over the next three years to tackle the Covid backlogs, adult social care reform, and bring the health and social care system together on a long-term sustainable footing. This funding will be raised through a 1.25% increase in National Insurance Contributions (NICs). Over the next 3 years, social care will receive £5.4bn of this funding to implement the social care reforms set out in the White Paper.

4.5.13 The reform proposals will potentially introduce additional financial costs and risk to the local providers. We await detailed funding proposals before we are able to determine the full implications. However, the key areas of risk, as we currently understand them:

4.5.14 The white paper outlines the following commitments to reform social care, which we believe may impact adult social care:

- **Introduce a cap on personal care costs:** a lifetime cap on care costs of £86,000 will be introduced from October 2023. The White Paper states that this “will apply regardless of where someone lives, how old they are, what their condition is, or how much they earn”.
- **Provide financial assistance to those without substantial assets:** the state will cover all care costs for anyone with assets under £20,000. Anyone with assets between £20,000 and £100,000 will be expected to contribute to the cost of their care on a means tested sliding scale basis.
- **Harmonisation of care costs:** The White Paper states that “we will ensure that self-funders are able to ask their Local Authority to arrange their care for them so that they can find better value care”.

4.5.15 *Potential Impact of these Changes*

Our initial interpretation is that there will be implications to local providers. The Government has not yet published either detailed costings or how it intends to fund the additional financial pressures on local government. Whilst government has stated it plans to cover the costs of implementing these changes from the £5.3bn set aside for social care. We don't yet know what funding formulas will be applied in terms of our allocation and if there will be a gap.

- **Funding for ongoing Pressures and Demand for Social Care:** The announcement doesn't directly sight additional funding to help us deal with social care pressures and increased levels of need. The white paper seems to indicate that local authorities will have to fund their “demographic and unit cost pressures” from a combination of “council tax, social care precept and long-term efficiencies”. The white paper then goes on to say, effectively, that social care funding “will be determined in the round at the Spending Review in the normal way”. Usually, the spending review negotiations will focus on how much of the increase in resources will be funded from council tax and how much by the Treasury. We would expect the same in the 2021 spending review and we will have to wait until budget in October 2021 and the Local Government Finance Settlement in December to understand the full implications.

There is also an additional risk in that the additional funding for the NHS will increase their activity levels in the short term and place more pressure on social care, without the additional resources to cope.

- **Changes to care cost cap and financial assessment limits:** In reality, the number of older people breaching the cap is likely to be relatively small. It is more likely to impact on working age adults with long-term care costs due to the lifetime of those care costs being longer and self-funders who typically pay more for their care. Changes to the financial assessment limits will result in the new £100,000 limit being over 4 times higher than the current limit of £23,250, this potentially means that more people will be eligible for support than under the current system. The local authority will potentially have a financial liability to fund more packages of care, as a result of both of these changes. The £86k cap applies to care costs and not accommodation costs, but we are not clear how this will be applied in practice. Currently costs for residential and nursing care are paid for as a single fee, inclusive of all accommodation, food and care costs. How this will impact on providers is yet not clear and there will be a need to understand the implications for business models and fees.

- **Increased Costs of Care - Market Impact**

Introduction of the 1.25% Health and Social Care Levy: There will be a requirement for employers to contribute towards the new levy, representing an increase to employer based NICs for our providers.

In the October 2021 budget, Government announce a 6.6% increase to the National Living Wage (NLW) to increase the rate to £9.50 per hour. Whilst this will offset some of the tax burden for low income workers, it will present an additional pressure to providers to cover the cost of increased wages.

The White Paper indicates that public sector employer costs will be covered by government, however it is unclear whether this will extend to covering the impact of wider independent provider costs.

- **Market Equalisation of Care Costs:** The White Paper states that “we will ensure that self-funders are able to ask their Local Authority to arrange their care for them so that they can find better value care”. Self-funders typically pay higher rates than the local authority and so any equalisation of market rates will potentially result in increased rates for local authorities. We do not know the level of fees that self-funders pay over and above local authority rates, though some reports have indicated that this could be up to 50% higher (County Care Markets Report).

4.5.16 A key priority over the coming months is to fully understand the new reforms and the impact that this will have for our providers. We will be working closely with providers, as more information on the reforms become available to enable to us to have a robust view of impact and work collaboratively to address some of the additional pressures this may present.

5. CONSULTATION

5.1 This report is for the purposes of providing an update to Committee.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Positive and collaborative relationships with adult social care providers will have an impact on outcomes for individuals who receive care and support.

7. REASON FOR THE RECOMMENDATION

7.1 The purpose of this report is to provide an update to the Committee on the Council's commissioning relationships with providers of adult social care and to enable the Committee to review the outcomes of the approach adopted.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The report provides an update on the Council's relationships with adult social care providers. There are therefore no alternative options considered.

9. IMPLICATIONS

Financial Implications

9.1 The detailed implications of the announced reforms to Social Care are still awaited. Once received, a detailed assessment of the ongoing financial risk can be made.

Legal Implications

9.2 *There are no significant legal implications.*

Equalities Implications

9.3 *There are no significant equalities implications.*

Rural Implications

9.4 *There are no significant rural implications.*

Carbon Impact Assessment

9.5 This is a report to update Committee on the Council's commissioning relationship with providers. There are no carbon impacts related to this report.

10. BACKGROUND DOCUMENTS

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

10.1 *None*

11. APPENDICES

11.1 *None*

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
9 NOVEMBER 2021	PUBLIC REPORT

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

MONITORING SCRUTINY RECOMMENDATIONS
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RECOMMENDATIONS	
FROM: Director of Law and Governance	Deadline date: N/A
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <p>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.</p>	

1. ORIGIN OF REPORT

- 1.1 The former Health Scrutiny Committee now the Adults and 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 Adults and 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 AND KEY ISSUES

- 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 the Adults and Health Scrutiny Committee meeting held on 13 July 2021.

8. APPENDICES

- 8.1 Appendix 1 – Recommendations Monitoring Report

ADULTS AND HEALTH SCRUTINY COMMITTEE

Updated: 28 OCTOBER 2021

Meeting date	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
13 JULY 2021					
	Director of Adult Social Care, Charlotte Black	ADULT SOCIAL CARE RECOVERY PLAN UPDATE	2. The Adults and Health Scrutiny Committee RECOMMENDED that the Chair write to the local MP's requesting that they lobby central Government to push for greater devolved powers and funding for Peterborough.	Response from the Chair: <i>Having discussed this recommendation with the Director of Adult Social Care and the Cabinet Member for Adult Social Care, Health and Public Health the Chair was advised that PCC was in regular contact with central government about the funding position for the Council and in regular dialogue about how this could be improved. The Chair has therefore considered this recommendation and decided that a letter is not necessary at this moment in time as a result of these discussions. However, the Committee would continue to monitor the situation and if in time see no further evidence of this current work proving successful, would revisit this recommendation and agree a future course of action.</i>	Ongoing

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
9 NOVEMBER 2021	PUBLIC REPORT

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

FORWARD PLAN OF EXECUTIVE DECISIONS

RECOMMENDATIONS	
FROM: Senior Democratic Services Officer	Deadline date: N/A
<p>It is recommended that the Adults and 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 Adults and Health Scrutiny Committee outlining the content of the Forward Plan of Executive Decisions.

2.2 This report is for the Adults and 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 22 November 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: 22 OCTOBER 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 Fitzgerald (Leader of the Council), Cllr Steve Allen (Deputy Leader); Cllr Ayres; Cllr Cereste; Cllr Hiller; Cllr Walsh; Cllr Coles and Cllr Simons.

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 22 NOVEMBER 2021

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
Laptop procurement - KEY/22NOV21/01 – Award of contract for laptop devices 61	Councillor Marco Cereste, Cabinet Member for Digital Services and Transformation	December 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Kevin Halls, IT Finance Contract Manager Email: kevin.halls@cambridgeshire.gov.uk Tel: 07880053901	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
Healthwatch Service - KEY/22NOV21/02 - Approval to enter into an agreement for the provision of Healthwatch Service	Councillor Irene Walsh, Cabinet Member for Integrated Adult Social Care, Health and Public Health	March 2022	Adults and Health Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Sarah Bye Senior Commissioner Tel: 07468 718793 P;o	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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>Councillor Coles, Cabinet Member for Finance</p>	<p>October 2021</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>

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<p>2. 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 Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>October 2021</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Val Thomas, Consultant in Public Health Val.Thomas@cambridgeshire.gov.uk 01223 703264/ 07884 183374</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>3. Contract for remedial works by PCC to the Stanground Bypass – KEY/2SEP19/02 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>October 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South and Hargate and Hempsted</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>65</p> <p>4. 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, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>October 2021</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>
<p>5. 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>October 2021</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.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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<p>6. The disposal of former playing fields at Angus Court, Westown, 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>October 2021</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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7.	Acquisition of a freehold commercial property in Peterborough City Centre – KEY/8JUN20/03 - Acquisition of a freehold property for a community hub.	Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments	October 2021	Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders.	Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov	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).
867	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.	Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University	October 2021	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Agreed at RIT Board and Joint Commissioning Board	Bryony Wolstenholme - Passenger Transport Operations Tel: 01733 317453 Email: bryony.wolstenholme@peterborough.gov.uk	Joint Commissioning Board decisions 25.08.2020/ RIT Board 19.02.2020

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9.	<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 Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>October 2021</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>
10.	<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>	<p>Councillor Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>October 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Legal, procurement, market analysis.</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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11.	<p>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, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>October 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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70	<p>12. Extension of the Delivery of Leisure and Cultural Services – KEY/15MAR21/02 Extension of the delivery of Cultural Services by City Culture Peterborough, and Leisure Services by Peterborough Limited for three years to rationalise and reorganise service delivery in light of the effects of COVID-19. The 3-year extension will give time to properly reorganise, and allow time for the culture and leisure sectors to rebuild in time for future delivery options to be explored from 2024, including direct provision, working with partners, the establishment of a cooperative delivery model, or a public tender exercise..</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>October 2021</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Pete Carpenter, Corporate Director Resources, 01733 452520, Peter.Carpenter@Peterborough.Gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

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<p>13. Bretton Court Redevelopment Scheme – KEY/15MAR21/04 1. Approve the surrender of the Council's lease for the ground floor retail units of Bretton Court dated 28th June 2019, subject to the conditions to set out below and to be formalised within the Deed of Surrender</p> <p>2. Approve the Council entering in to an Agreement for Lease for the ground floor retail units of the new development scheme at Bretton Court, subject to the terms set out below</p> <p>3. Subject to the terms of the above Agreement for Lease being satisfied, to approve the Council entering in to a New Lease or the ground floor retail units of the new development scheme at Bretton Court</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>October 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Bretton</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Harris, Senior Estates Surveyor, NPS Peterborough Email: helen.harris@nps.co.uk Tel: 01733 384534 Mobile: 07920 160181</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. Approval for application of Government funding for a heat network - KEY/29MAR21/02 The Peterborough Integrated Renewables Infrastructure (PIRI) is designing a low carbon heat network for Peterborough. In order to develop the designs an application for Government Grant funding will be required and this decision is to provide approval for that application.</p>	<p>Councillor Simons, Cabinet Member for Waste, Street Scene and Environment</p>	<p>October 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Consultation have been undertaken with the engaged advisors</p>	<p>Elliot Smith - Commercial Manager; Energy, Infrastructure and Regeneration. Tel: 07506536565 Email; 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. 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>15. PCC Homecare Framework – KEY/12APR21/02 The extension of the PCC Homecare Framework for 12 months, plus delegated approval. Contract states three years, plus up to seven years, in 12 months increments. Due to be extended in September 2021, for 12 months.</p>	<p>Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>October 2021</p>	<p>Adults and Health Scrutiny Committee</p>	<p>West</p>	<p>Relevant internal and external stakeholders</p>	<p>Ruth Miller, 07795046754, ruth.miller@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>
<p>16. 64-68 Bridge Street, dilapidation works – KEY/26APR2021/02 – Approval to carry out dilapidations works at 64-68 Bridge Street, Peterborough.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>October 2021</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@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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17.	Purchase of Home to School vehicles for Aragon Direct Services - KEY/26APR2021/07 - Purchase of Home to School vehicles for Aragon Direct Services including coaches and minibuses.	Councillor Simons, Cabinet Member for Waste, Street Scene and Environment	October 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders	James Collingridge, Head of Environmental Partnerships, Tel: 01733864736, Email: james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
18.	Fleet Procurement - KEY/26APR2021/08 - Formal tender for various Fleet vehicles for Aragon Direct Services including areas such as Street Cleansing and Property Maintenance	Councillor Simons, Cabinet Member for Waste, Street Scene and Environment	October 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders	James Collingridge, Head of Environmental Partnerships, Tel: 01733864736, Email: james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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75	<p>19. Peterborough City Council Housing Related Support Procurement / Commissioning - KEY/24MAY21/02 – To Procure / Commission Peterborough City Council Housing Related Support Services. Service redesign and change form annual Grant Agreements to longer term contracts.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>October 2021</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Soft market testing is underway. A Housing Related Support Commissioning Strategy has been agreed and has received all the relevant approvals.</p>	<p>Sharon Malia, Housing Programmes Manager Sharon Malia - Housing Programmes Manager, 01733 237771, Email: sharon.malia@pe-terborough.gov.uk</p>	<p>To be submitted, Housing Related Support Commissioning Strategy for Cambridgeshire & Peterborough 2020 - 2022. Procurement / Commissioning information.</p>
	<p>20. Integrated Community Equipment Service contract award and Section 75 Agreement - KEY/24MAY21/03 - Award of contract following re-procurement of the Integrated Community Equipment Service and approval to enter into new Section 75 Agreement with C&PCCG. Contract start April 2022.</p>	<p>Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>October 2021</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders. Attended all Healthwatch Partnership Boards in 2019 prior to preparation of service specification.</p>	<p>Diana Mackay, Commissioner (Adults - Early Intervention & Prevention), Tel: 07879 430819, Email: diana.mackay@cambridgeshire.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
	<p>21. Approval to commit funding for a bespoke specialist placement for a four year period 2021-2025 – KEY/07JUN21/01 Approval to commit funding for a specialist regulated bespoke placement for a period of four years from 2021-2025.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>October 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>Not yet known as property has yet to be located /decided upon.</p>	<p>Extensive consultation has taken place and is on going amongst all system stakeholders and interested parties.</p>	<p>Helene Carr - Head of Service Children's Commissioning.. Contact: 07904909039: email - helene.carr@pete-terborough.gov.uk</p>	<p>The decision will include an exempt annexe. By virtue of paragraph 2, Information which is likely to reveal the identity of an individual.</p>

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22.	A1139 Safety Barrier - KEY/21JUN21/03 - To replace and upgrade the failing VRS along the central reservation and structures on the A1139.	Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments	October 2021	Growth, Environment and Resources Scrutiny Committee	Fletton, Stangr ound, Dogsth orpe and Hampt on	Social media and advanced warning signs	Leanne Bevilacqua Senior Engineer Email:leanne.bevilacqua@peterborough.gov.uk Tel: 07920 160 766	Budgets were added to the programme in 2019/20 via paper that went to CRG in December 2018 The Budget added was for 1.4m each year until 2023/24
23.	Community Alarm (Lifeline) Services: (i) delegation of function to Cambridgeshire County Council for new service users and; (ii) direct award for legacy service users – KEY/19JUL21/01 Community Alarm (Lifeline) Services: (i) delegation of function to Cambridgeshire County Council for new service users and; (ii) direct award for legacy service users.	Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health	November 2021	Adults and Health Scrutiny Committee	All Wards	Procurement, Finance, Legal, Cambridgeshire County Council	Diana Mackay, Commissioner (Early Intervention & Prevention) Adult Services, Tel: 01223 715966, Diana.Mackay@cambridgeshire.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
24.	Culture Strategy - KEY/2AUG21/01 - To adopt the City's Culture Strategy - A culture board, steering group and smaller delivery groups will be set up to represent stakeholders from a variety of culture groups to scrutinise the actions and delivery from the strategy, its recommendations, visions and values and consultation processes.	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities	December 2021	Adults and Communities Scrutiny Committee	All Wards	Consultation has been taking place for the past 6 months within the city, speaking with many cultural groups, faith groups, commercial organisations, culture and leisure operators, disability groups and voluntary groups.	Jamie Fenton - Partnership Manager, Culture, Sport and Leisure, Email: jamie.fenton@peterborough.gov.uk – Tel: 07976382756	Currently the documents are the visions and values paper and the emerging recommendations paper the consultant has produced, these will be shared with scrutiny on 05th July for an update to progress

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<p>25. Active Lifestyle and Sports Strategy – Refresh – KEY/2AUG21/02 - A review of the Active Lifestyles and Sports Strategy following the impact of Covid-19 and services across the city. Since the strategy was adopted in 2018/19 there have been significant developments with the culture and leisure services being delivered by new operators, the demise of certain stakeholders and a stronger importance of working with public health so they are aligned with physical activity for residents health and wellbeing, both physically and mentally.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>April 2022</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Currently in early stages of the review, working with Cambridgeshires Active Partnership, Living Sport a outline plan of a steering group and consultation will be delivered. This will also align with Sport England’s new 10 year strategy which is being launched in 2021 along with a new funding framework.</p>	<p>Jamie Fenton - Partnership Manager, Culture, Sport and Leisure, Email: jamie.fenton@pet erborough.gov.uk – Tel: 07976382756</p>	<p>Current Strategy will be used as a good starting point, this will have statistics updated, a new steering group developed and a new way to evidence actions/outcomes by stakeholders</p>

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78	<p>26. Capita Revenue & Benefits Academy system migration to cloud – KEY/30AUG21/01 -</p> <p>To approve the award of contract for the procurement of ICT cloud-based services from Capita UK Limited</p> <p>through to a Framework Agreement for the period 1st September 2021 to 31st August 2026 for a value of £630,000</p>	<p>Councillor Marco Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>October 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Data has been gathered from the existing on premises system and been analysed by Capita to inform their proposal. Capita's proposal has been shared with internal stakeholders and Serco who process on behalf of the council. Feedback has been collated and sent back to Capita to allow them to amend their proposal and draft the contract</p>	<p>Jason Dalby, ICT Project Manager, Tel:07931 176848, Email: jason.dalby@pet erborough.gov.uk</p>	<p>Project Brief, Business Case, Specification of Requirements, Capita proposal, data protection and climate impact assessments</p>

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<p>27. Anglia Ruskin University Peterborough - Next Steps-KEY/13SEP21/01 – 1) Recommendation to Full Council to repurpose £1.9m PCC contribution to university enabling infrastructure in MTFS 2) Enter the CPCA Getting Building Fund Grant agreement to provide a new surface car park supporting regional pool customer parking; 3) In the event of LUF bid success, transfer LUF grant funding to PropCo1 and delegate authority to the Strategic Director for Place and Economy and the Corporate Director Resources and SC to complete the transfer on the receipt of funds 4) In the event of LUF bid success, revise PCC's PropCo share allocation position up to reflect the Phase 3 LUF funding allocation 5) In the event of LUF bid success, nominate the Corporate Director Resources as an additional PCC director to the PropCo Board with amended PCC voting rights 6) In the event of LUF bid success, confirm PCC land transfer area for Phase 3 with accompanying independent valuation</p>	Cabinet	15 November 2021	Children and Education Scrutiny Committee	Central	CPCA and ARU have been consulted as university programme partners, otherwise internal stakeholders only	Emma Gee, Assistant Director, Growth & Regeneration, Tel: 07983 345184, Email: emma.gee@pet erborough.gov.u k	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>28. To approve a delegated Partnership Agreement for procuring Appropriate Adult services and Reparation Services across Cambridgeshire and Peterborough – KEY/11OCT21/01 To approve a delegated partnership agreement giving Cambridgeshire County Council authority to procure and award Appropriate Adult (PACE) and Reparation service contracts for Cambridgeshire and Peterborough on Peterborough City Council's behalf.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>October 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 Commissioning Manager 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>
<p>29. Academy conversion of a maintained school – KEY/11OCT21/02 Delegation of Authority to negotiate and agree details of the Academy Conversion.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>October 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>Werrington</p>	<p>Not applicable at this stage. As part of the DfE process school will have conducted required consultations.</p>	<p>Clare Buckingham, Strategic Education Place Planning Manager (CCC and PCC), clare.buckingham@cambridgeshire.gov.uk, 01223 699779</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>30. Approval to enter into a Section 75 Partnership Agreement with Cambridgeshire and Peterborough NHS Foundation Trust – KEY/11OCT21/03 This agreement will ensure the provision of CPFT mental health specialist working with mental health practitioners who are part of multiagency Family Safeguarding teams working as part of children's social care safeguarding teams.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>October 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 Commissioning Manager 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>
<p>31. Disband Peterborough City Market from Laxton Square and relocate to a new location – KEY/11OCT21/04 As part of the Northminster development, the current market site is required to be decommissioned and the site vacated in early 2022. The proposal to the Cabinet Member will be to disband the current market, serve all appropriate legal notices to existing traders and authorise officers to develop an alternative market location.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>October 2021</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Consultation with market traders will take place over the details of the new market location and transition from the existing site,</p>	<p>Ian Phillips - Head of Communities and Partnerships Integration ian.phillips@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

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>32. Appointment of Multidisciplinary Design Team for the Peterborough Museum Extension Project – KEY/11OCT21/05 Confirmation will be required to appoint the Multi-disciplinary Design Team for the Peterborough Museum Extension. The design team will be procured via the Homes England Framework of Suppliers. The procurement process is currently underway with Expression of Interest Issued, overseen by Peterborough City Council Procurement Officer.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>October 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Procurement exercise managed by PCC Procurement team, published notice via Homes England Framework</p>	<p>Rebecca Close, Project Manager, rebecca.close@peterborough.gov.uk, 07813785953</p>	<p>CMDN will be prepared once procurement of project is completed recommending award.</p>
<p>33. Traffic Signals Maintenance Funding – KEY/25OCT21/01 - Approve the award of £500k to Milestone Infrastructure to upgrade the traffic signals at the Taverners Road / Lincoln Road junction following a successful funding bid to the Department for Transport</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>October 21</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, Park and North</p>	<p>Consultation will be undertaken as part of this project</p>	<p>Lewis Banks, Transport & Environment Manager, Tel:01733 317465, Email: lewis.banks@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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
83	34. Allotment Fees and Charges – KEY/8NOV21/01 Cabinet Member Decision Notice	Councillor Nigel Simons, Cabinet Member for Waste, Street Scene and the Environment	November 2021 Growth, Environment and Resources Scrutiny Committee	All Wards	Consultation with the Allotment Consortium of Peterborough	James Collingridge, Head of Environmental Partnerships, 01733 864736, james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
	35. Approval for contract to be awarded to Milestone to deliver the new traffic signals maintenance fund – KEY/8NOV21/02 The Council has been awarded £500k as part of the Department for Transport traffic signals fund. The Lincoln Road / Taverners Road signalised junction will be upgraded using this funding.	Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments	November 2021 Growth, Environment and Resources Scrutiny Committee	Central, Park and North Wards	Consultation will be undertaken during the design phase of the scheme	Lewis Banks, Transport & Environment Manager, 01733 317465, lewis.banks@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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>
<p>Werrington Fields and Ken Stimpson Secondary School - Following a public meeting held on 20 September 2021 at Ken Stimpson School, a decision needs to be taken on whether or not to proceed with plans to erect a fence to enclose part of the school's playing fields. The area is currently open access to the public. The school has not been using the area for over two years due to concerns over the safeguarding risk to the young people attending the school.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>November 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>Werrington</p>	<p>Public meeting held on 20 September 2021 at Ken Stimpson School. Prior to this, a detailed background information document was circulated to interested parties.</p>	<p>Hazel Belchamber, Assistant Director: Education Capital & Place Planning, Tel: 07833481406, Email: hazel.belchamber@cambridgeshire.gov.uk</p>	<p>Cabinet Member Decision Notice, Background Information Document</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PREVIOUSLY ADVERTISED DECISIONS

<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>	
<p>1.</p> <p align="center">86</p>	<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 Coles, Cabinet Member for Finance</p>	<p>October 2021</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Bill Tilah, Estates Surveyor Email: 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>

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. 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>October 2021</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>
<p>3. Modern Slavery Statement To review and agree for publication an updated Statement in compliance with the Modern Slavery Act 2015.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>October 2021</p>	<p>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>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
4.	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	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities	October 2021	Communities Scrutiny Committee	N/A	None at this stage	Emma Gee Email: emma.gee@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>5. 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 Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>October 2021</p>	<p>Adults and 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?lId=22331&PlanId=395&RPID=0</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.	Selective Licensing of Private Rented Property - Approval to consult on Selective Licensing of Private Rented Property	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities	October 2021	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	Michael Kelleher Assistant Director - Housing Tel: 01733 452586 Email: michael.kelleher@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7.	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 Cereste, Cabinet Member for Digital Services and Transformation	October 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
91	<p>8. Approval of the Peterborough Sufficiency Strategy Every top tier local authority is required to publish a sufficiency strategy. This must set out how we seek to avoid children coming into care through the provision of family support services, and identify steps that we are taking to ensure that we have sufficient placements for children in care in our area, so that as many children and young people in care can live locally, provided that this is in their best interests.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>October 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>There has been widespread consultation including with children and young people in care.</p>	<p>Lou Williams: Director of Children's Services, 07920160141, lou.williams@peterborough.gov.uk</p>	<p>Scrutiny Report</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
9.	Domestic Abuse Safe Accommodation Strategy As part of the Domestic Abuse Act, Peterborough City Council is required by statute to submit a Safe Accommodation Strategy to MHCLG by 31st October 2021.	Cabinet	15 November 2021	Communities Scrutiny Committee	All Wards	The strategy will be developed with key partners in housing and specialist domestic abuse services.	Vickie Crompton, Domestic Abuse & Sexual Violence Partnership Manager, vickie.crompton@cambridgeshire.gov.uk	The strategy will be informed by a Needs Assessment which is currently in draft
10. 92	Adoption of a Refreshed Statement of Community Involvement - To approve the adoption of a Refreshed Statement of Community Involvement	Cabinet	15 November 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	Emma Naylor, Senior Strategic Planning Officer Tel: 863881 Email: emma.naylor@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

<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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ADULTS AND HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2021/2022

Updated: 29 OCTOBER 2021

Meeting Date	Item	Indicative Timings	Comments
<p>13 JULY 2021 <i>Draft Report 24 June</i> <i>Final Report 1 July</i></p>	<p>Co-opted Member Report To agree to the appointment of co-opted members to the committee for the municipal year 2021/2022. Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Managing COVID-19 Public Health Update Contact Officer: Emmeline Watkins / Joyti Atri</p>		
	<p>Cambridgeshire and Peterborough Adult Social Care Partnership Boards – 2020 – 2021 Annual report Contact Officer: Charlotte Black and Debbie McQuade</p>		
	<p>Adult Social Care Recovery Plan Update Contact Officer: Charlotte Black and Caroline Townsend</p>		
	<p>Review Of 2020/2021 and Work Programme For 2021/2022 To review the work undertaken during 2020/21 and to consider the work programme of the Committee for 2021/2022 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>21 SEPTEMBER 2021 <i>Draft Report 2 September</i> <i>Final Report 9 September</i></p>	<p>Primary Care Update – Relating to Access to Primary Care During the Covid-19 Pandemic</p> <p>Contact Officer: Jessica Bawden, C&P CCG</p>		
	<p>Update Report on the Development of the Integrated Care System for Cambridgeshire and Peterborough</p> <p>Contact Officer: Jan Thomas, C&PCCG</p>		
	<p>All Age Autism Strategy Consultation Report</p> <p>Contact Officer: Janet Dullaghan/Jane Coulson</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>Work Programme 2021/2022</p> <p>To consider the Work Programme for 2021/2022</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>9 NOVEMBER 2021 Draft Report 14 October Final Report 21 October</p>	<p>East Of England Ambulance Service NHS Trust (EEAST) report On Progress On CQC Inspection target and Overview Of performance In The Peterborough Area</p> <p>Contact Officer: Chris Lewis, East of England Ambulance Service NHS Trust</p>		
	<p>Covid Recovery Plan for Elective Care and Winter Pressures</p> <p>Contact Officer: Taff Gidi, NWAFT</p>		
	<p>To Scrutinise the Relationship between the Council and Private Sector Commercial Providers (Adult Social Care)</p> <p>Contact Officer: Will Patten</p>		

	<p>Monitoring Scrutiny Recommendations 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 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 2021/2022 To consider the Work Programme for 2021/2022</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>17 NOVEMBER 2021 Joint Scrutiny of the Budget Meeting</p>	<p>Medium Term Financial Strategy 2022/23 to 2024/25</p> <p>Contact Officer: Peter Carpenter</p>		
<p>11 JANUARY 2022 <i>Draft Report 15 December</i> <i>Final Report 22 December</i></p>	<p>Adults Safeguarding Annual Report</p> <p>Contact Officer: Charlotte Black and Jo Procter</p>		

	<p>Portfolio Progress Report from the Cabinet Member for Integrated Adult Social Care, Health and Public Health including the Adult Services Self-Assessment</p> <p>Contact Officer: Charlotte Black and Tina Hornsby</p>		
	<p>Monitoring Scrutiny Recommendations 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 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 2021/2022 To consider the Work Programme for 2021/2022</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>9 FEBRUARY 2022 Joint Scrutiny of the Budget Meeting</p>	<p>Medium Term Financial Strategy 2022/23 to 2024/25</p> <p>Contact Officer: Peter Carpenter</p>		

15 MARCH 2022 <i>Draft Report 23 February</i> <i>Final Report 2 March</i>	Update on relocation of the Urgent Treatment Centre and GP Out of Hours Service Peterborough including North West Anglia NHS Foundation Trust Update on Progress with the Green Travel Plan.		
	Contact Officer: Jane Coulson / Taff Gidi		
	Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough (2020-24)		
	Contact Officer: Jyoti Atri / Emmeline Watkins		
	CPFT Section 75 Mental Health - Annual report		
	Contact Officer: Sarah Bye		
	Adults Social Care Annual Complaints Report 2020-2021		
Contact Officer: Charlotte Black / Belinda Evans			
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			

Future Reports:	KPI report on the performance of the Integrated Care System vs. the CCG – to be presented in approximately 18 months - Contact Officer: Dr Gary Howsam		
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